Big Apple education

By Fred Michmershuizen, today Staff

It’s the last day of the Greater New York Dental Meeting, but there is still plenty to learn.

Courses are being offered through the end of the day today in the lecture halls and on the exhibit hall floor. Offerings include seminars, hands-on workshops and poster presentations. In addition, many companies are offering presentations in their booths.

In the live dentistry arena, located in the 400 aisle, highlights today include “Cosmetic Dentistry 101: The 2018 Team Guide to Digital, CAD & Aligner Success,” presented by Payam Ataee, DMD, MBA, and Shannon Face Brinker, CDA, from 9:45 a.m. to 12:15 p.m.; and “Immediate Tooth Replacement in Full Function,” presented by Sargon Lazarof, DDS, from 2:15 to 4:45 p.m.

Some of the meeting’s other last-day offerings include “Surgical Techniques for the General Dentist,” presented by Hillel D. Ephros, DMD, MD, from 9:45 a.m. to 12:45 p.m. in Room 6009 on the exhibit hall floor; and “How to Negotiate or Renegotiate the Terms and Rental Rates in Your Dental Office Lease,” presented by Jas Banga, from 1:30 to 4:30 p.m. in Room 6228.

Keep in mind that this meeting is an ADA CERP and AGD PACE recognized provider.

Check your show guide or the meeting app for more offerings.
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There’s also a Safe’n’Sure OPT for the Soredex OpTime system. Two other options, the Econo or 3V, provide Safe’n’Sure quality at everyday low prices. While you’re at the booth, be sure to also check out the no-lead protective apron. It’s lighter and easier to dispose of at the end of its service life vs. traditional aprons.

If you’re a dentist returning to a cool climate after the meeting, you might want to pick up a free Fotona scarf in booth No. 3433 and learn all about the: Lightwalker™ the endo, perio, sleep-and-snore, hard- and soft-tissue, dual wavelength laser (Er:YAG & Nd:YAG). With it, you can provide NightLase® snoring treatment, TwinLight™ laser peri and FIFS/SWEEPS® photoacoustic endo.

In the Designs for Vision booths (Nos. 1813, 2012 and 4026) check out the lightweight, cord-free LED DayLite WireLess Mini and the LED Micro, both with high definition imaging technology. The advanced photonic design delivers uniform light distribution with 45 percent more light. Ask about the 45-day free trial and saving $200 when you buy both loupes and an LED headlight.

Head over to the Sonendo booth (No. 1308) where you’ve likely already been intrigued by the GentleWave® and its ability to get from opening to obturation in a single visit with minimally invasive protocol and minimal manual instrumentation. The technology cleans the deepest, most complex parts of the root canal, preserving maximum natural structure and integrity by leaving more dentin intact. Or perhaps even better, depending on the scope of your practice, you can learn about referring your endo patients to a GentleWave system provider.

The countdown to action starts now, with the exhibit hall set to close at 5 p.m.
Future of dentistry: Profession or trade?

By David L. Hoexter, DMD, FACD, FICD
Dental Tribune U.S. Editor in Chief

Today’s average dental student graduates with massive debt, closing in on $300,000 for dental school alone—not even including additional borrowing to cover basics such as rent and food. New dentists start careers under tremendous professional and financial pressure. They must find a way to practice what they’ve trained for—while also retiring the debt.

Postgraduate studies in a specialty can add $300,000 more in debt, again without even including living expenses. Many new specialists are starting careers with more than $700,000 in debt. Against this backdrop, new schools are opening and entrance standards are toughening, all while tuition, total admissions and students per classroom keep increasing.

The trends look great for the schools, but what about for everybody else, especially when viewed with other changes?

Answering that question requires some historical perspective—stretching back to 1905 and what could be viewed as the dawn of modern dentistry: synthesis of the anesthetic procaine (later marketed as Novocain), which ushered in a new era in patient comfort. Around the same time, William H. Taggart patented his lost-wax casting machine, enabling dentists to fabricate fillings and crowns with precision. Another leap came with standardization in amalgams and rotary procedures pioneered by G.V. Black, author of the groundbreaking “Operative Dentistry.” In 1948, the National Institute of Dental Research (renamed in 1998 as the National Institute of Dental and Craniofacial Research) formed in the U.S. as the third National Institutes of Health. In this post-World-War II era, dental schools attracted a generation of students helped by the GI bill. Participants felt proud, and the public benefited from more dentists and improved oral health. New dentists earned respectable incomes and respect as valued leaders in growing communities.

Parallel to advancements in materials and professionalism, dental chairs and operatory equipment were improving. The American Dental Association became an organizing voice, standardizing professionalism and products while building on dominance it achieved over competitor societies through its early support of amalgam. Dental equipment of the era was durable but not friendly. Dentists stood for hours with one leg and foot bearing most of their weight, all while subjected to high-decibel whirring from belt-driven machines—conditions that deterred many from the profession.

Still, dentistry, like most work then, was stable. Most dentists were male, solo practitioners treating patients on their own. It wasn’t until the 1960s that dental auxiliaries and dental hygienists began gaining greater acceptance. The first hygiene school had opened in Connecticut in 1913. But it was later, with schools such as Forsyth and leaders such as Drs. R. Lobene and J. Hein, that dental hygiene emerged as a true profession, dominated by women. Dental assistants, through specialized education and certification, also were gaining recognition for their value.

Dental schools grew in number and class sizes, parallel to expansion of the U.S. and global economies—and dental equipment became easier to use. The G. V. Black foot pedal had given way to belt-driven equipment, which in turn was replaced by air-driven, high-speed equipment. The profession was becoming less strenuous. The spittoon disappeared, and practitioners no longer had to stand fixed on one side of the chair. Why did we have a spittoon by the chair anyway? Studies showed patients used it mainly just to take a break from the procedure.

As the profession advanced throughout the world, so did an international market for dental products and the exchange of ideas across borders. But it was the computer and internet age that fully opened global distribution channels and borderless educational opportunities. The Seiker brothers and, later, the Henry Schein company, created networks that today are making dentistry at its highest level available to all.

In the 1960s, dental implants gained momentum. But materials, sizes and shapes lacked consistency and predictability. Acceptance by the public and academic community was tentative. Successful outcomes with endosseous implants (including root forms), superperiosteal implants and blades were extremely technique-sensitive and not easily transferable. Superperiosteal implants required specifically trained laboratory technicians and special casting techniques with a titanium alloy. Less-than-precise work could easily result in contaminated castings prone to fracture. Before titanium, some metals in use weren’t well accepted by the body. Rejection and unpredictable outcomes weren’t unusual.

Helping the profession through these early days were dedicated implantologists, such as Drs. Leonard Linkow and Isaiah Lew. The first national organization in implantology, pioneering the exchange of knowledge, was the American Academy of Oral Implantology.

By the 1970s, patients were reining in highly adjustable ergonomic comfort, and practitioners were sitting at chairside instead of standing. The plumbing and power lines previously snaking to instruments were wrangled and wrapped. Operatories were more welcoming and comfortable. Dental companies developed innovative and ever-improving instruments and products. Gradually, the public’s attitude toward dentistry changed from being fearful visits prompted by problems to positive visits focused on maintaining good oral health. In the United States, more and more top-caliber students—growing numbers of them women—entered dental schools and the profession.

The 1970s also brought the first society dedicated to aesthetic dentistry. Companies were formulating restorative materials that not only functioned but enhanced appearance. Patients weren’t just looking for relief; they wanted to look good.

By the early 1980s, implantology had gained broader acceptance. Improvement in the quality of life of implant patients around the world was undeniable. In Sweden, Dr. Per-Ingvar Bränemark pioneered use of root-form implants to more effectively secure full dentures in edentulous patients. As more implant companies entered the market, costs dropped, and more patients were able to benefit.

Products and services become popular because they enhance lives, often by enabling people and businesses to make money. But it’s not automatic. Personal computers are a great example. Benefits had to be demonstrated and communicated. That’s the definition of marketing and advertising; meeting desires.

Wonderful new dentistry products are constantly hitting the market. There are wands that scan every detail of a full arch in seconds, transferring an image to the computer and lab or in-office 3-D printer. What once took days is almost immediate. Patients don’t worry about gagging. The practice has fewer products to buy and store. There’s far less clean-up. Time saved by patient and practitioner alike is dramatic, and the models are precise in every detail. This expectation of speed and accuracy
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Acuity is becoming the norm, light years beyond bulky molds and air bubbles in plaster of Paris.

The fully digital practice is becoming commonplace, but at a cost that can be prohibitive for small-practice practitioners burdened by student debt. Soon, laser handpieces will be common, producing quality results in ever-quicker time. Costs of advancements are justified through efficiency and effectiveness gained.

Dental labs and highly trained technicians are setting the pace with much of this technology, but their roles are evolving as in-house options for practices become easier to master.

Underlying these trends, people are more active, more mobile and living longer. The idea of long-term — even multigenerational — relationships between patient and local dentist is fading.

Today in the United States, more than 70 percent of dental-school graduates are women. The impact of marriage, parenthood and spouse’s occupation on dental careers is changing. Dentists are less likely to be anchored to one location for an entire career.

At some point, licensure law must catch up. I’ve never understood restrictions on dental licensing based on state borders and reciprocal agreements. Changes in our industry are putting pressures on licensing to transfer across state lines more like a driver’s license. Massive student debt and flexible, mobile career paths are feeding another trend: large-group practices owned by non-dentists with dentists as employees. Patient relationships with oral-health providers are becoming more brand-based instead of practitioner based.

Economies of scale enable such businesses to keep pace with advancements, wield big advertising budgets and hire professional staff to run the business side of the operation.

Practicing dentistry today is big business — structured around financial concepts — with dentists being incorporated into the new model. There’s nothing wrong with that as long as patient care remains guided by a commitment to ongoing, high-quality professional education, and the labor — dentists — earn incomes that cover student debt and provide a quality of life such work deserves.

Nothing indicates these trends will slow. More top-students are being attracted to a growing number of schools that are squeezing more students into every class, but tuition and student debt keep rising (remember that $300,000 or even $700,000 or more for a specialist). Dental patients are demanding the speed and convenience of the latest digital equipment. And giving patients what they want requires large practices with big budgets and staffing strategies aligned with the flexible career paths desired by today’s new dentists — who are performing more dentistry, faster.

As if created to perfectly serve these trends, a growing mantra among cost-sensitive practices and patients is: Fix it with an implant. Compromised teeth are being extracted and replaced with implants, often in a single visit. Major non-dental financiers have purchased some of the largest implant manufacturers and distributors. Business is good.

Change is the norm. Adaptation to change is our profession’s challenge. Are we a profession or a business? Are the people we treat our customers or our patients? Is there a way to curb the exponential increase in the cost of education, treatment and business?

These trends might be shifting us away from our role as deeply trusted lifelong advisors to our patients and as pillars in our local communities, both core concepts that help define us as professionals.

About the author
David L. Hoexter, DMD, FICD, FACD, is director of the International Academy for Dental Facial Esthetics and a clinical professor in periodontics and implantology at Temple University, Philadelphia. He is a diplomate in the International Congress of Oral Implantologists, the American Society of Osseointegration and the American Board of Aesthetic Dentistry. He lectures throughout the world and has published nationally and internationally. He has been awarded 12 fellowships, including FACD, FICD and Pierre Fauchard. He has a practice in New York City limited to periodontics, implantology and esthetic surgery. Contact him at (212) 355-0004 or drdavidlh@gmail.com.
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OHA reveals changes to annual gala

By Oral Health America Staff

Oral Health America’s Gala, held on the eve of the Chicago Dental Society’s Midwinter Meeting, will now be named the Champions for Change Gala to emphasize the organization’s mission and work. Benefiting OHA for 29 years, the gala will take place from 5:30 to 9 p.m. on Wednesday, Feb. 20, 2019, at Soldier Field’s iconic United Club, midway between McCormick Place and Chicago’s Loop.

OHA is introducing a new format in a new venue that reflects attendees’ desire for increased networking, an opportunity to learn more about OHA’s programs through visual communications and fresh entertainment.

The Champions for Change Gala will offer an elegant but more interactive evening, with an opportunity to reserve tables along with open seating. The program will be shorter and enhanced with a video depicting the work of OHA.

Entertainment during the cocktail hour will include the electric violins, which drew rave reviews in 2018, along with a dynamic children’s choir and jazz trio during dinner.

The Champions for Change Gala brings together more than 600 dental and industry professionals and supporters from more than 300 companies, dozens of private practices and several other organizations—all to raise money for OHA-supported initiatives throughout the United States.

Funds raised at the gala are critical for providing services to more than 50,000 low-income children as well as education and online resources for more than 350,000 older adults and their family caregivers.

“Our gala helps shine light on the work OHA does for Americans across the lifespan. The funds raised allow OHA to continue our mission and ensure that oral health is a right, not a privilege,” said Beth Truett, president and CEO of OHA. “We are excited about the Champions for Change Gala. We’ve spent time talking with past attendees and sponsors and have incorporated their feedback to make the 2019 gala more fun and more meaningful for our guests and more impactful for OHA.”

Additionally, OHA will honor Dr. Larry Coffee, founder of the Dental Lifeline Network, with the Champion for Change Award for his dedication to bringing together 15,000 dentists to provide sponsored care for more than 100,000 adults who are aging, challenged by a developmental disability or needing oral care to qualify for a lifesaving medical procedure. Coffee started the Dental Lifeline Network in 1974 in response to his sister’s health needs.

OHA hopes to see all of its friends, partners and donors on Feb. 20 at the Champions for Change Gala. Visit OHA’s website (oralhealthamerica.org) to learn about OHA’s innovative programs and communications efforts that promote oral health across the lifespan. Take advantage of Early Bird pricing on gala tables and tickets by visiting oralhealthamerica.org/gala or by contacting Liz Kelly at (312) 836-9900 or Liz.Kelly@oha-chi.org.

About Oral Health America

Oral Health America’s mission is to change lives by connecting communities with resources to drive access to care, increase health literacy and advocate for policies that improve overall health through better oral health for all Americans, especially those most vulnerable. Through Smiles Across America®, which serves 501,000 children annually; the Wisdom Tooth Project®, which reaches thousands of older adults; and the Campaign for Oral Health Equity, which prioritize oral health alongside other chronic diseases, OHA helps Americans of all ages understand the importance of oral health for overall health. For more information about OHA, visit oralhealthamerica.org.
EyeSpecial adds features for faster and easier use

Pre-programmed shooting modes enable digital camera users to navigate through tasks without extensive photographic skills or experience.

By Shofu Dental Staff

According to Shofu Dental, capturing high-quality clinical photographs in a predictable and consistent manner has been the hallmark of EyeSpecial C-II, the first digital camera designed exclusively for dentistry.

A fourth-time recipient of the prestigious Cellerant’s Best in Class Technology Award, the EyeSpecial C-II captures images for case documentation, diagnosis and treatment planning, patient communication and education, insurance verification, legal documentation and dental lab collaboration.

Proprietary to Shofu’s camera are dental-specific, pre-programmed shooting modes that enable clinicians, assistants, hygienists and dental laboratory technicians to navigate through their photography tasks without the need of extensive photographic knowledge or experience.

In a similar method, an operator will choose STANDARD MODE to achieve anterior and buccal intraoral photographs, and MIRROR MODE to accomplish extraoral images.

For every step of any photo series, the EyeSpecial will automatically select the appropriate f-stop, aperture and focal length to deliver an ideal photograph, leaving an operator with the selection of a pre-programmed mode.

Incorporating intuitive, high-tech functions tailored specifically for dentistry, the EyeSpecial camera is designed to handle dental applications without requiring any retro-fitted add-ons. Specifically, one of the more useful features of Shofu’s camera is the ISOLATE SHADE MODE, which instantly grays out the gingival tissue to improve visual perspicacity for accurate shade analysis and communication with a dental laboratory technician.

When combined with a draw/edit function, which allows for making notes directly on images, this attribute may be of value for an effective treatment evaluation or a discussion about the progress or challenges in a treatment modality.

Equipped with a cropped-frame, high-resolution sensor and ultra-innovative FlashMatic module, a proprietary system of ring and dual-point flashes, Shofu’s camera demonstrates true-color reproduction and an exceptional depth-of-field range, according to the company.

Here in New York

For a live demonstration and to learn how the new EyeSpecial C-III can improve communication with your dental laboratory and patients, stop by the Shofu booth, No. 4408.

The EyeSpecial also possesses anti-shake attributes to ensure clear images. The panoramic LCD screen of the camera is larger than displays and viewfinders of typical digital single-lens-reflex (DSLR) and point-and-shoot cameras, and it can be operated with a gloved hand.

The screen employs gridlines that facilitate a proper image alignment, helping reduce the risk of photographing patients at an incorrect angle.

Engineered to provide functionality, the ultralight (weighing ca. 1 lb) EyeSpecial camera complies with the most stringent infection control protocols. The heavy-duty camera’s body is water-, chemical- and scratch-resistant, and it can be swiftly disinfected with a sterilizing towelette, virtually eliminating the possibility of cross-contamination.

The latest model of this smart camera, EyeSpecial C-III, is packed with plenty of milestone upgrades, including a larger sensor, a faster processor, optimized software and a higher resolution LCD screen, all of which will help the entire dental team achieve their photography tasks in a more intuitive, faster and easier fashion, the company asserts.

For a live demonstration and to learn how the new EyeSpecial C-III can improve communication with your dental laboratory and patients, visit Shofu’s booth, No. 4408.
By Henry Schein Staff

Opening a dental practice is a daunting task, especially for a young dentist. When Dr. Ishwinder Saran decided in 2015 to take the leap and open his own practice in Long Island City, N.Y., he felt overwhelmed navigating the business side of dentistry. He needed a partner who could guide him through the process. He needed help bringing his vision to life. He needed Henry Schein.

Saran called a Henry Schein representative who helped him through the process of building a practice, every step of the way. They worked together to secure an office space, visiting several potential spaces before finding the ideal location. The representative then worked with an architect to optimize the office design, ensured that Saran installed the proper equipment to create the best patient experience, and finally recommended a contractor who brought Saran’s dream into reality. Today, LIC Dental Associates is thriving with five practicing dentists and eight dental staff members, treating patients six days a week.

“When I decided to start my own practice, I needed help with just about everything, and I wanted to work with a company that was more than just a supplier to make my dream come true,” Saran said. “I wanted a partner who could guide me on designing, financing and operating my practice, and that’s why I turned to Henry Schein. The team at Henry Schein was with me every anxious step of the way, and that’s why I rely on Henry Schein.”

Saran relied on Henry Schein and its network of trusted advisors for information, education and consultation on the solutions needed to open his practice. He continues to embrace the company’s full-service model, relying on Henry Schein for his business solutions, which help grow and manage his practice; clinical solutions, ensuring his office stays on the leading edge of patient care; supported by technology solutions, to improve efficiency and enhance the patient’s experience; and supply chain solutions, to deliver the right products at the right time.

#RelyOnHenrySchein is Henry Schein’s new brand campaign that puts the spotlight on Henry Schein customers. Through a collection of stories, #RelyOnHenrySchein provides health-care professionals with a platform to share their unique experiences in managing productive and efficient practices.

The campaign initially featured three dental practices and their unique stories that reflect the company’s mission to help clinicians be more successful so they can focus on delivering the best quality care. More customer success stories are under production.

To watch Saran’s story and other #RelyOnHenrySchein stories, visit www.henryschein.com/relyonus.

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³ Yokoyama Y et al. (2009) Oral Health 77:49-56. c 2018, All rights reserved. SONDENDO, the SONDENDO logo, GENTLEWAVE, the GENTLEWAVE logo and SAVING TEETH THROUGH SOUND SCIENCE are trademarks of Sonendo, Inc. See also www.sonendo.com/intellectualproperty. US5126945MM0529Rev02
By Dr. Rolando Nuñez

Restorative dentistry is evolving and clinicians are embracing more conservative and protective materials in their practices. There is no need to unnecessarily remove tooth structure to generate retention due to the advancements of bonding techniques and protocols. And even though tooth preparations need to follow certain guidelines, much can be achieved with adhesive dentistry conservatively.

Another approach is offering protective treatment utilizing materials that are more tissue friendly and provide some sort of interaction between the material and the remaining tooth structure. Mineral Trioxide Aggregate (MTA) is one such material.

Introduced in the 1990s, MTA became a revolutionary material in endodontics. Many studies have shown its effectiveness in clinical applications, such as perforation repairs, apexifications, pulpotomies and pulp capping. After its success as an endodontic material, companies started developing products that could contain products like calcium and fluoride, which can be released via an ion exchange.

Products like BISCO’s TheraCal LC® resin-modified calcium silicate pulp protectant/liner has been successfully received by dental professionals. TheraCal LC contains similar ingredients of MTA, such as calcium silicate, which are responsible for providing the ability for hydroxyapatite crystal deposition upon contact with the dentin structure.1

This type of reaction became possible because of the development of a new generation of self-adhesive cements that not only bonds to dentin, enamel, zirconia, metal and composite without the use of an additional primer, but also provides calcium and fluoride release to the tooth structure.

BISCO took this research and focused on the development of a new generation of self-adhesive cements that can contain products like calcium and fluoride, which can be released via an ion exchange.

The role of calcium in the generation of an alkaline pH and protective properties2-6 of the dentin/pulpal complex has been documented during the past few decades. It is well known by dentists, both clinicians and researchers, that calcium ions when released upon contact with the tooth structure will have a positive effect in the recovery of the pulp and tooth.

BISCO took this research and focused on the development of a new generation of self-adhesive cements that not only bonds to dentin, enamel, zirconia, metal and composite without the use of an additional primer, but also provides calcium and fluoride release to the tooth structure.

TheraCem ® self-adhesive resin cement is not only convenient to use because it will bond to zirconia and most substrates with no priming or etching required, but most important, it will release calcium and fluoride ions, providing an alkaline pH after 30 minutes of polymerization.7

TheraCem contains MDP, a functional or adhesion promoting monomer, as part of its formulation. MDP is responsible for achieving a strong bond without the use of additional primers to the restorative surface. TheraCem is dual-cured, easy to clean, and it provides an alkaline pH.

These new materials, that are more compatible with the tooth, will certainly lead to the development of new technology, which should aim at protecting the remaining dental structure, and in some way, aid in the remineralization of the tooth. And whether these materials are intended to be used as pulp-capping agents, liners, bases or cements, they will have an impact on the clinical approach of restorative dentistry and our patients.

The age of “drill and fill” is over.

References are available upon request from the publisher.
“Safety is our best marketing tool”

“When we designed our office, we put a large window in our sterilizing room. People asked why we wanted patients to see dirty instruments. Easy—we want them to see how effectively we practice and trust that everything is completely sterile for their safety. And because it’s unique and cool, their word-of-mouth becomes our best marketing tool.”

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Village Park Advanced Cosmetic and Family Dental

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Timing: October 1 – December 31, 2018
midmark.com/safety
Are state dental boards shifting toward heat sterilization for low-speed handpieces?

By Preventech Staff

Depending on the state where you practice, the answer may already be "yes." According to the Organization for Safety, Asepsis and Prevention (OSAP), 11 states have specific policy statements requiring heat sterilization of all handpieces between patients within the state dental practice acts.¹ The remaining 39 states directly or indirectly provide the CDC guidelines as recommendations for infection control in the dental practice. Ultimately, the structure of the dental practice is governed by the individual state dental boards and its legislative processes; therefore, each practitioner should review and remain up-to-date with his or her state’s dental rules and regulations.

Today when making a decision to purchase or replace your low-speed (hygiene) handpieces, heat tolerance and the handpiece’s ability to undergo a number of autoclave cycles daily already is or soon could be a critical factor in your office staying compliant with the state dental practice act. Currently the CDC guidelines recommend that "dental handpieces and the attachments should always be heat sterilized between patients." And, “if a semicritical item is heat-sensitive, DHCP should replace it with a heat-tolerant or disposable alternative.”² Preventech, a leader in preventive dentistry products, offers an innovative solution that goes beyond compliance with CDC guidelines. The ĖSA disposable prophy angle fits the Star®, Titan®, Midwest Rhino®, and Shorty® handpieces, connects quickly and easily to the motor and delivers smooth, quiet, consistent performance, the company asserts. Plus you’ll never have to maintain or buy a straight attachment ever again.

For offices that do not have Star or Midwest motors, Preventech offers two ĖSAMATE models, a MW (Midwest) and ST (Star Titan) with a number of economical purchase options. Both handpieces run at 5,000 rpm, are lube-free and weigh just a few ounces. Both models provide proven air-driven performance without the need for batteries or recharging and are backed by a two-year warranty, according to the company.

To learn more and to experience the ĖSA/ĖSAMATE Prophy System in your own hands, visit Preventech at booth No. 4211.

References
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Check out DenMat’s NV PRO3 Microlaser

By DenMat Staff

DenMat’s latest evolution in cordless soft-tissue lasers allows clinicians to deliver the benefits of laser dentistry to each patient, while increasing practice production across all departments.

The pocket-size, wireless NV PRO3 Microlaser is completely portable yet just as powerful as conventional soft-tissue lasers. Weighing only 1.9 ounces and measuring at 6.9 inches, this innovative, handheld design gives you unprecedented freedom in the office and the operatory, according to the company.

The plug-and-play system comes with 12 preset procedural settings optimized for your entire peridontal, restorative and orthodontic treatment needs. The NV PRO3 features a lithium-ion battery with over- and under-charge protection that delivers 30 minutes of continuous operation at 1.2 watts of power, enough for more than 15 procedures on a single charge.

This all-in-one laser is activated by a wireless foot pedal, providing better flexibility and mobility than hand-activated lasers, while allowing access and visibility during posterior procedures without finger fatigue or loss of dexterity, DenMat asserts.

Visit DenMat at booth No. 5010 to receive a hands-on demonstration of the NV PRO3 Microlaser and to hear about the company’s show specials. You may also visit denmat.com.
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Planmeca introduces next generation of imaging
Viso system debuts at AAOMS dental implant meeting in Chicago this week

By Planmeca Staff

Oral surgeons will be among the first dental professionals to experience the new Planmeca Viso™, which debuts at the American Association of Oral and Maxillofacial Surgeons meeting in Chicago this week, immediately following the Greater New York Dental Meeting. Attendees can view Planmeca’s latest entry in digital technology at the AAOMS booth No. 1829.

The new Planmeca Viso imaging system, which includes 2-D, 3-D and an optional cephalometric modalities, offers improved patient positioning, simpler field-of-view adjustments, excellent image quality and intelligent patient-movement correction, according to the company.

Planmeca Viso is designed to capture outstanding images at a low patient dose, the company asserts. With high image quality, exceptional durability and standard Planmeca Ultra Low Dose™ imaging, Planmeca introduces a more efficient imaging workflow, innovative live video patient positioning and intelligent field-of-view adjustments. With a large 25x30 cm flat panel sensor, Planmeca Viso can capture the industry’s largest single scans volume covering the entire maxillofacial area.

Patient positioning is now done directly from the system’s control panel utilizing integrated cameras and a live video view. The operator can see the patient live from the control panel screen for flexible and exact positioning, according to Planmeca. This innovation also allows users to do field-of-view adjustments directly from the live control panel view with the touch of a fingertip.

Another feature for Planmeca Viso is Planmeca CALM™ (Correction Algorithm for Latent Movement) which analyzes and compensates for slight movements during a scan to provide improved diagnostic images and virtually eliminate retakes. Planmeca Viso’s new imaging arm design also provides increased patient space and shorter acquisition times.

Additionally, the system introduces a new way of capturing three-dimensional Planmeca ProFace® facial photos. Equipped with a new upper and lower head support and four integrated cameras aimed at the patient from different directions, Planmeca ProFace covers a larger area than before with enhanced image quality.

“When we started this project, our goal was to create a CBCT system that would offer a fluent workflow and adaptability for different patient sizes and indications — not to mention uncompromised image quality even at the lowest doses,” said Timo Müller, vice president of Planmeca’s X-ray division. “I am happy to say that we have exceeded this goal.”

Planmeca Viso paves the way for the launch of Planmeca 4D™ Jaw Motion. This new Planmeca-exclusive technology is the only CBCT integrated solution for tracking, recording, visualizing and analyzing jaw movement in 3-D, the company asserts. It offers incomparable visualization and measurement data of mandibular 3-D movements in real-time — creating a fourth dimension in diagnostics, according to Planmeca.

The first deliveries of Planmeca Viso have already been completed to some of the largest European markets and the new system has received an excellent reception. The Planmeca Viso and Planmeca 4D™ Jaw Motion are now available in the United States through authorized dealers and distribution partnerships.

For more information, visit www.planmecausa.com.
Dr. Kosinski Knows DenMat

"DenMat is the real deal – high-quality products such as lasers, loupes, impression materials and esthetic and functional restorations make DenMat great. But what sets DenMat apart from the competition is its unparalleled communication, which improves the efficiency of my practice and my proficiency as a dentist."

— Timothy Kosinski, DDS, MAGD

Visit booth #5010 to learn more about DenMat! 800-433-6628 or visit denmat.com
Glidewell launches digital treatment planning

Dental lab utilizes high-precision digital technology to help dentists provide restorative-driven implant treatment

By Glidewell Laboratories Staff

Glidewell Laboratories recently announced that it is now offering digital treatment planning and surgical guide fabrication to implant dentists. Pairing the dental lab’s restorative expertise with three-dimensional treatment planning technology, the new DTP service is devoted to helping clinicians perform implant surgery with maximum safety and predictability while maintaining a prosthetically driven approach throughout treatment.

Digital treatment planning was a natural fit for Glidewell Dental, which has a long history both with implant design and manufacturing and CAD/CAM implant restorations. “The dentists who entrust their implant cases to us have been asking for this for a long time, and our expertise as a dental lab helps us develop digital treatment plans that keep the focus on achieving a beautiful restoration,” said Glidewell Dental President and CEO Jim Glidewell, CDT.

The result of years of extensive R&D, this new Glidewell Laboratories service firmly establishes the industry-leading dental lab in virtually every aspect of implantology. “We continue to be inspired by the dentists out there who work to provide patients with the full circle of implant treatment,” Mr. Glidewell added. “By adding DTP to our implant services, our goal is to align the surgical and restorative phases of treatment in that same spirit of comprehensive care.”

Cases, including a full-arch CBCT scan and a digital or physical impression, can be digitally uploaded via the My Account feature at glidewelldental.com or shipped to the lab. Available for most major guided surgery systems, the DTP service at Glidewell Laboratories combines data conversion, digital treatment planning and surgical guide fabrication as one streamlined, affordable service.

“We’re really excited to help doctors eliminate guesswork and bring their restorative vision to life, from implant placement to delivery of a well-fitting, esthetic restoration,” said Annie Lee, digital treatment planning coordinator. “Many of the general dentists we work with particularly enjoy the enhanced precision and added margin of safety as they make implant treatment a bigger part of their practices.”

Glidewell Dental is making a big rollout of the new service here at the Greater New York Dental Meeting, where hands-on models, drills and surgical guides are available so that attendees can actually perform a simulated guided surgery procedure. Exclusive introductory offers are also available.

Digital treatment plans and surgical guides are available for $295 for the first site, with a $100 fee for each additional site within the same arch. Dentists who sign up for My Account via the glidewelldental.com home page gain access to real-time updates on their digital treatment plans and can check the status of any cases submitted to Glidewell Laboratories.

Glidewell Dental is among the world’s largest providers of custom restorative services and is recognized as an industry-leading materials and devices manufacturer. For more information, visit glidewelldental.com.

rootEX Root Tip Extractor ready to be launched

The German dental company rootEX GmbH & Co KG announced that its new patented rootEX Root Tip Extractor is ready for production. Founded in 2017, the company is currently seeking partners for production and distribution to bring this new technology into the dental market. In contrast to common tools designed for the extraction of tooth fragments, the patented rootEX Root Tip Extractor offers a simple and minimally invasive method for root tip extractions in one piece without complications. The innovative integration of the drilling segment and the retentive segment in one tool allows for the new and unique functionality of the rootEX Root Tip Extractor. The drilling segment makes it possible to clean the root canal and enlarge it or drill into the tooth fragment. Unlike customary tools, which are screwed into the root tip, once twisting of the rootEX Root Tip Extractor can be ruled out so that further cracking of the tooth fragment is prevented. As soon as the drilling segment has penetrated the root canal or the fragment as far as necessary, the retentive element of the rootEX Root Tip Extractor creates a force-locating connection with the tooth fragment, so the extraction of the tooth fragment from the alveolus in one piece is ensured.

In order to obtain production figures for the manufacturing of the rootEX Root Tip Extractor, hundreds of dentists participated in prototype tests or requested samples and information have been surveyed. The results were better than expected. The main goal of this demand survey was to determine the number of root tip extractions. The results show that root tip fractures occur in about 30% of all tooth extractions, which yields approximately 8.3 million root tip extractions according to these projections. Rainer Ganss, CEO of rootEX, states that “If only 10% of this annual requirement for root tip extractions are performed using the rootEX Root Tip Extractor, 1,000,000 units in sales per year in the US is very realistic. With the demand for this technology in the US and Western Europe, we can realistically project a sales volume of 2 million rootEX Root Tip Extractors per year.” At the moment, rootEX is looking for partners that have a manufacturing capacity for the above-mentioned projections to produce drill blanks, or finished root tip extractors. “Because the demand for this technology is very large based on our comprehensive survey, we are ready to begin production, marketing and sales immediately,” according to Ganss.

source: rootEX GmbH & Co KG
www.root-ex.com
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Visit us at the Align Booth 5204
Incisal Edge, a leading lifestyle magazine for dental professionals nationwide, honored America’s finest young practitioners at a three-day event in Manhattan.

The itinerary for 2018 honorees, Incisal Edge’s “40 Under 40,” included an exclusive high fashion photo shoot at Kimpton Hotel Eventi in New York City and a celebration of all that they have achieved thus far in their professional careers. The top young dentists in the nation received the red-carpet treatment by magazine staff and renowned style director Joseph DeAcetis and photographer Sasha Maslov. The photography portfolio they created serves as the centerpiece of the magazine’s fall issue.

Sponsored by dental innovators Hu-Friedy, KaVo Kerr Group and Midmark and led by keynote speaker, Forbes Chief Content Officer Randall Lane, the summit featured panel discussions with industry pros and a Day of Smiles Giveback during which volunteers instructed oral-health education to second- and third-grade students at PS 125, The Ralph Bunche School in West Harlem.

“The Incisal Edge ‘40 Under 40’ illustrate a commitment to driving dentistry forward,” said Chuck Cohen, founder of Incisal Edge dental lifestyle magazine. “We are very proud to honor the brightest rising dental stars in the United States.”

Incisal Edge 40 Under 40 recipients include Taline Aghajanian, DDS; Bryan Bauer, DDS, FAGD, FICOI; Danielle Bauer, DDS, MS; M. Bresler, DMD; Matthew Caligiuri, DDS; Michael Capalbo, DMD; David Choi, DDS; Alan Commet, DMD; Wenfei Wang, DMD; Jon Copeland, DDS; Stephanie Copeland, DDS; Erik Dickerson, DDS, MS; Gregory M. Feldman, DMD, FICOI; Christine D. Ferrell, DDS, MS; Christopher M. Green, DMD; Peter C. Grieco, DDS, DMS; Arash Hakhamian, DDS, FIADEFE, FWAUPS; Araash Hakhamian, DDS, FIADEFE, FWAUPS; Dr. Brian Harris; Danielle Hinton, DMD; Emily F. Howell, DMD; Ellen Im, DDS; Dr. Ellen Im; Bennett Isabella, DDS, FICOI; Malieka Johnson, DDS, CPT; Alexander Kalmanovich, DDS; Brandon Kelly, DDS; Emily Schmalz, DDS, MS; Gurpreet S. Khurana, DMD, MBA; Richard Jay Kim, DMD, FICD, MS, MHCM, DENCOM; Kent McBride, DDS, MS, MMS; Spencer Stiles, DDS, MS, MMS; Mahi Mehr, DDS, MSc; Lynne A. Meriwether, DDS; Eddie Morales, DDS; Jennifer Mullarkey, DMD; Upen J. Patel, DDS, MAGD; Lindsay Pfeffer, DMD, MBE, MS; Tuan Pham, DDS; Bradford L. Picot, DDS; Vipul Saini, DDS; Marq Sams, DMD, MS; Phing Saurer, DDS, PhD; Kate Schacherl, DDS; Ashleigh Sebro, DDS; Carey Tri, DDS; Jessica Tri, DDS; and Andrew Zucker, DDS.
I am Lucy Hobbs

Become a part of the movement that is changing the face of dentistry through networking, innovation, and giving back.

Over the years, The Lucy Hobbs Project has presented numerous events across the country, including networking opportunities, innovation sessions, wellness programs, charitable activities, and of course, our annual celebrations. All of our members share a common goal: connecting with passionate people who want to make a difference for women and dentistry. Our signature events include:

Our Annual Celebration
From emerging leaders and industry icons to mountain movers and up-and-comers, The Lucy Hobbs Project Celebration shines a light on women in the dental profession. In early spring, nominations are solicited for the Lucy Hobbs Project Awards, which recognize six outstanding women in dentistry. Once selected by an esteemed panel of judges, the winners are honored at this ceremony hosted annually in the fall.

Lucy Hobbs Project YOU Events
With an environment that naturally fosters collaboration, innovation, and education, a dental school offers the perfect setting. Each event begins with an informal cocktail hour, that provides the perfect opportunity for networking between students and alumni. Attendees discuss changes and advancements in dentistry, and celebrate women as entrepreneurs.

Regional Events
To continue the conversation after the annual Celebration, Benco hosts regional networking sessions at dental practices across the country. Participating practices are invited to host a keynote speaker and a representative from a local nonprofit organization. This fosters the giveback spirit as defined by the Lucy Hobbs Project.

Be our guest for an evening of cocktails & networking
THE LUCY HOBBS PROJECT MEET-UP IN CHICAGO
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Not a member? Visit thelucyhobbsproject.com to join!
Presidential sites to visit in NYC

By Fred Michmershuizen, today Staff

The current president of the United States hails from New York City. But perhaps you’re more interested in learning about some of our nation’s earlier leaders. If so you are in luck, because there are a number of historic monuments in Manhattan. For Greater New York Dental Meeting attendees who might like to do a bit of presidential sightseeing while they are in town, there are plenty of opportunities. Check out the possibilities listed below.

Federal Hall National Memorial

New York City was our nation’s first capital, and Federal Hall was home to the first Congress, Supreme Court and Executive Branch offices of the U.S. government. It later became a customs house and a sub-treasury building. Today, it is a museum. This is where George Washington took the oath of office as our nation’s first president.

To visit: This historic site is located at 25 Wall St., across from the New York Stock Exchange. By subway, take the 2, 3, 4 or 5 train to the Wall Street station stop. It is open free to the public weekdays from 9 a.m. to 5 p.m. It is closed Saturdays and Sundays. Guided tours, also free, are offered daily at 10 a.m. and at 1, 2 and 3 p.m. More information is available online, at www.nps.gov/feha/index.htm.

Nearby: While you are in the area, you might also want to visit the African Burial Ground National Monument, located at 290 Broadway, a sacred place where both free and enslaved people of African descent were laid to rest. Also close by is the National Museum of the American Indian, which is housed in the Alexander Hamilton U.S. Custom House at 1 Bowling Green.

Grant’s Tomb

Formally known as the General Grant National Memorial, this is where President Ulysses S. Grant and his wife, Julia, are laid to rest. This is the largest mausoleum in North America. Before becoming the 18th president of our nation, Grant was commanding general of the Union Army during the Civil War, and Grant’s Tomb, as it is popularly known, features bronze busts of Grant’s senior generals, battlefield maps, flags and other historical artifacts.

To visit: Go to Riverside Drive and West 122nd Street. By Subway, take the 1 train to the 116th Street-Columbia University stop and walk six blocks north and two blocks west. It’s free of charge and open every other hour each day except Mondays and Tuesdays. Check online, at www.nps.gov/gegr/index.htm, for exact times and more information.

Theodore Roosevelt Birthplace

Located in the Gramercy Park neighborhood of Manhattan, the Theodore Roosevelt Birthplace National Historic Site is open to the public. This is the boyhood home of the 26th president of our country. There are galleries of historical memorabilia, and visitors can watch a film about Roosevelt’s childhood. The rooms are appointed as they were in the 1860s. Free guided tours are offered by park rangers, who are friendly and knowledgeable.

To visit: The house is located at 28 E. 20th St., and it is open free to the public from 9 a.m. to 5 p.m. every day except Mondays and Tuesdays. By subway, take the 6 or R train to the 23rd Street stop. Visit www.nps.gov/thrb/index.htm for more information.

Nearby: While you are in the neighborhood you might also want to stroll through Gramercy Park. Although fenced off and not accessible to the public, you can see a statue of Edwin Booth (brother of John Wilkes), who was a famous actor, and “Janey Waney,” a colorful mobile by the celebrated artist Alexander Calder. Also near the Roosevelt birthplace is Madison Square Park, home to statues of Chester A. Arthur, who was the 21st president, and William H. Seward, who was New York governor, United States senator and secretary of state under Lincoln.

Bonus: If you are hungry after all that walking around, Madison Square Park is also home to the very first Shake Shack!
Doctors get your free Fotona scarf at Booth #3433

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DR. ISHWINDER SARAN
LIC Dental Associates, Long Island City, NY