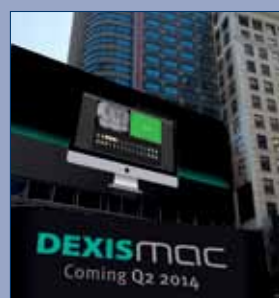


today



DEXIS goes Mac

There's no better place than the Big Apple to announce a new collaboration with another Apple.

»page 9



Scenes from Sunday

Get help with marketing, get an autograph or two and get your picture taken with a giant toothbrush.

»pages 10–13



A brand new look

Crest Oral-B livens up its Greater New York Dental Meeting presence with a revitalized booth.

»pages 14 & 15

Under way once more

By Fred Michmershuizen, *today* Staff

■ Every year right after Thanksgiving, dental professionals from across the country and around the world flock to the Big Apple to attend the Greater New York Dental Meeting (GNYDM). The event, now in its 89th year, is known as the place to be for dental professionals who want to learn about the newest procedures and the most innovative products in dentistry.

On Sunday, opening day of the meeting, the exhibit hall floor was jam packed with meeting attendees looking for new, exciting offerings. On display here at the Jacob K. Javits Center are products and services from hundreds of exhibiting companies.



• It's almost as exciting as Black Friday! Attendees at the 89th annual Greater New York Dental Meeting assemble a few moments before the official exhibit hall opening. (Photos/Fred Michmershuizen, *today* Staff)

»see *SHOW*, page 4

Education of all types

By Chadette Maragh, *today* staff

■ Day one of the 89th annual Greater New York Dental Meeting at the Jacob K. Javits Center offered a plethora of dental education and innovation, as speakers and exhibitors demonstrated groundbreaking technology and thought-provoking seminars to dental professionals.

Here's a sampling of the many educational highlights for the day:

- Medical College of Georgia's clinical professor and periodontist, Dr. Lee H. Silverstein rallied a class of 30-plus



• Howard Golan discusses Biolase's newest innovation in CAD/CAM technology, the Galaxy BioMill System. (Photo/Chadette Maragh, *today* Staff)

»see *EDUCATION*, page 6

AD

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Courses on CAD/CAM, digital workflow

■ Zahn Dental, a Henry Schein company, is sponsoring two hands-on classroom education courses on Tuesday and Wednesday during ColLABoration GNYDM 2013. Courses are structured to promote a team-based approach to patient care where dentists and technicians can interact and learn in a classroom setting.

As more dentists embrace digital technology, many laboratory owners and managers are reinventing their business models. Zahn Dental will provide education courses for C.E. credit to help businesses succeed with the help of clinical and technical best practices. Topics and sessions to be featured at ColLABoration are:

Here at the GNYDM

To register online, visit www.dental.aegis.com/idt/collaboration/attendee. Visit Zahn's booth, No. 425, for lectures, hands-on demos and the latest in digital technology.

• **"Go Digital for Better Dentistry":** 12:30–2:30 p.m. Tuesday with Doug Statham. Attendees will gain a deeper understanding of how digital technology makes a significant impact on dentists' business. They will learn to integrate digital components for treatment planning, as well as learn the latest advances in restorative

materials for delivering the most esthetic restoration — ultimately improving the patient's experience. (Worth two C.E. credits.)

• **"The CAD/CAM Ceramic Update":** 9:45–11 a.m. Wednesday with Markus B. Blatz, DMD, PhD, and Michael Bergler, MDT. Attendees can expect an update on dental esthetics, ceramics and CAD/CAM technology. They will also learn about the importance of a team approach and updated ways of communication between the dental technician and clinician in the digital age. (Worth three C.E. credits.)

ColLABoration workshops are open to all lab technicians, dentists, hygienists and practice staff.

AD

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Booth 833/834

Don't miss 3Shape's lectures, with inspiring topics for dentists and technicians

Scientific Session:
Sunday 9:45 am. CAD/CAM Technology in Implant Abutment Design
Course No: 3070 - Speaker: CDT, MDT Daniel Alter
Wednesday 1:10 pm. Clinical advantages in digital dentistry
Course No: 6040 - Speaker: DDS Jonathan Ferencz

Follow us on:





• From left: David Nolan, Elizabeth Roney and John Belcher of Imagination Dental Solutions (booth No. 2400).



• Aaron Aston, left, and Kellie Nixon of Ritter Dental USA (booth No. 5215).

SHOW *“from page 1”*

today has been combing the aisles of the show floor to see what's new and exciting. In no particular order, here are a just a few of the many highlights.

Sulzer (booth No. 5815) is offering a number of auto-mix tips, including the MIXPACT-Mixer, designed to minimize material waste while providing a consistent, high-quality result. Anja Stouten, product manager, pointed out the benefits of the compact design, which incorporates a higher number of mixing layers internally. The mix tips are available in five different sizes and feature distinctive, colored domes.

Ritter Dental USA (booth No. 5215) is launching a redesigned instrument line here at GNYDM. According to the company, the products are precisely designed and manufactured from German-forged stainless steel.

“Our new instruments are lighter and better balanced than ever before,” said Ritter CEO Fred Battah, in a press release announcing the new instruments. “They are specially designed to appeal to America’s ergonomically conscious dental clinicians.”

Ritter’s instrument line can be purchased in kits that have been organized by specialty clinical applications, including diagnostic, periodontal, surgical, restorative, orthodontic and hygiene.

Dental practitioners looking to remodel their practice with a fun, customizable look might want to check out Imagination Dental Solutions (IDS), a company that creates themed environments.

“From colorful and bright to realistic and sophisticated, we can create any theme. There is no limit to our imagination,” the company boasts in its literature.

The IDS booth (No. 2400) is hard to miss. Just look for the bus with the whale on top. (The whale is wearing braces on its teeth.)

The above-listed offerings are just some of the many finds available this week here in New York. The exhibit hall is open today and Tuesday until 5:30 p.m. and Wednesday until 5 p.m., so be sure to walk down every aisle and take it all in.



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• Anja Stouten of Sulzer (booth No. 5815).

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EDUCATION *from page 1*

dentists in a complimentary course on understanding and performing the basics of the dental suture surgical practice, the Vertical Mattress Technique.

The two-and-a-half-hour seminar included a step-by-step instructional presentation complete with provided dental lab equipment and materials for a truly hands-on experience.

• Dr. Thomas Hirsch, co-inventor of Isovac™ (Isolite's new cutting-edge, dental isolation adapter), kept the fun going with an on-site demonstration of the 2013 Pride Institute Best of Class Technology Award-winning piece. Isovac is an isolation technique solution for oral cavity hygiene management and overall dental productivity and results.



• Dentists Teodora Yordanova and George Sarandev are busy at work during Dr. Lee H. Silverstein's half day seminar.

• Founder and leader of North Shore University Hospital's Laser Assisted Dentistry program, Dr. Howard Golan presented a complete introduction to Biolase's new CAD/CAM restoration technology, the Galaxy BioMill™ System, to a packed afternoon crowd at the Dental Tribune Media Lounge.

The Galaxy BioMill System will utilize 3Shape Corporation's Trios fast and highly accurate intra-oral scanner to capture high-resolution 3-D digital images of the teeth and crown-preparation site, which are then processed through a CAD/CAM software program to design the dental restoration.

The design is then transferred to the Galaxy BioMill to mill the crown using the latest in esthetically pleasing, biological compatible and long-lasting tooth-colored materials.

Sunday's offerings are just the beginning for education-seeking attendees here at the GNYDM. Tomorrow's "Live" Dentistry Arena series includes a patient demonstration with OCO Biomedical's Director of Education and Clinical Affairs, Charles D. Schlesinger, as he explores primary stability and its role in accomplishing osseous fixation during dental implant placement.

This will be followed by a lecture series led by Dr. Gordon J. Christensen discussing the best techniques and materials for dental replacement and restoration.

Core I: Advanced Functional Dentistry — The Power of Physiologic Based Dentistry

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In response to the power and popularity of the Core I program we are bringing it to your area to make it convenient for you to find out how much more there is to dentistry that will change your life and your patients' lives. The LVI Core I program encompasses the principles in physiologic restorative concepts creating excellence in care for your patients and prosperity for you. This program will start you on a path to greater understanding and enjoyment of our profession while creating loyal, enthusiastic and grateful patients!

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In essence, become a mouth doctor with ability to do things you never were taught in dental school. You have patients in your practice RIGHT NOW that can benefit from these concepts and you have the opportunity to change their lives starting the day you return to your office.

And now, instead of you having to go to Las Vegas, LVI is bringing this unique and valuable information to you. Dr. Bill Dickerson, Dr. Heidi Dickerson and Dr. Mark Duncan will present this information in a practical, easy to understand manner where you will feel comfortable presenting these exciting and practice building new options to your patients on Monday. Don't miss this golden opportunity to find out about this incredible world of dentistry that awaits you!

"LVI has given me a new driving force in my career. It has recharged my enthusiasm for dentistry and made me realize that my career choice was not a mistake."

—Dr. Charles Shin, Stouffville, ON

"I wish I would have attended LVI earlier in my career. I still have time to make a difference but this info is too valuable to not be used throughout an entire dental career."

—Dr. Tim Stirneman Algonquin, IL

"Not only did I learn what I didn't know about dentistry, I learned how to help my own long history of pain in the head and neck. Thanks for the missing link."

—Dr. Paul Bell, Denver, CO

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Meet, learn, connect

The Greater New York Dental Meeting is full of prime educational opportunities, and once again, Dental Tribune is doing its part by offering a chance to learn from and connect with some of the industry's key opinion leaders and dental professionals from around the world.

Today, educational sessions will be held in the DT Lounge, located in the Crystal Palace, near the 35th Street Entrance Hall.

Topics on the schedule include "Head to Toe" dental ergonomics with Orasoptic and a discussion of the UNIDI, the Italian Dental Association, by the association's president, Gianfranco Berrutti.

Stop by the DTI Lounge during the show for more information. Refreshments will be provided.

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Oraqix is indicated for adults who require localized anesthesia during scaling and/or root planing. Oraqix is not for injection. Oraqix is contraindicated in patients with known history of hypersensitivity to local anesthesia of the amide type or to any other component of this product. The most common adverse reactions in clinical studies were application site reactions, headaches and taste perversion. For Oraqix prescribing information, warnings and contraindications, see the product insert on opposing page.

References: 1. Oraqix[®] Prescribing Information. 2. van Steenberghe D, Bercy P, De Boever J, et al. Patient evaluation of a novel non-injectable anesthetic gel: a multicenter crossover study comparing the gel to infiltration anesthesia during scaling and root planing. J Periodontol. 2004;75(11):1471-1478.

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Oraqix® is indicated for adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.

CONTRAINDICATIONS

Oraqix® is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product.

WARNINGS

Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents. Methemoglobinemia has also been reported in a few cases in association with lidocaine treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Oraqix® should not be used in those patients with congenital or idiopathic methemoglobinemia and in infants under the age of twelve months who are receiving treatment with methemoglobin-inducing agents. Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysrhythmia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methHb-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the setting of methemoglobinemia. The diagnosis can be confirmed by an elevated methemoglobin level measured with co-oximetry. Normally, methHb levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. The development of methemoglobinemia is generally dose related. The individual maximum level of methHb in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g Oraqix®.

Management of Methemoglobinemia: Clinically significant symptoms of methemoglobinemia should be treated with a standard clinical regimen such as a slow intravenous infusion of methylene blue at a dosage of 1-2 mg/kg given over a five minute period.

Patients taking drugs associated with drug-induced methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine are also at greater risk for developing methemoglobinemia. Treatment with Oraqix® should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment.

PRECAUTIONS

General: **DO NOT INJECT** Oraqix® should not be used with standard dental syringes. Only use these product with the Oraqix® Dispenser, which is available from DENTSPLY Pharmaceutical. Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock. If these reactions occur they should be managed by conventional means.

Oraqix® coming in contact with the eye should be avoided because animal studies have demonstrated severe eye irritation. A loss of protective reflexes may allow corneal irritation and potential abrasion. If eye contact occurs, immediately rinse the eye with water or saline and protect it until normal sensation returns. In addition, the patient should be evaluated by an ophthalmologist, as indicated.

However, Oraqix® should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.

Patients with severe hepatic disease are at greater risk of developing toxic plasma concentrations of lidocaine and prilocaine.

Information for Patients: Patients should be cautioned to avoid injury to the treated area, or exposure to extreme hot or cold temperatures, until complete sensation has returned.

Drug Interactions: Oraqix® should be used with caution in combination with dental injection anesthesia, other local anesthetics, or agents structurally related to local anesthetics, e.g., Class 1 antiarrhythmics such as tocainide and mexiletine, as the toxic effects of these drugs are likely to be additive and potentially synergistic.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:

Carcinogenesis - Long-term studies in animals have not been performed to evaluate the carcinogenic potential of either lidocaine or prilocaine. Chronic oral toxicity studies of o-toluidine, a metabolite of prilocaine, have shown that this compound is a carcinogen in both mice and rats. The tumors associated with o-toluidine included hepatocarcinomas/ adenomas in female mice, multiple occurrences of hemangiosarcomas/hemangiomas in both sexes of mice, sarcomas of multiple organs, transitional-cell carcinomas/papillomas of urinary bladder in both sexes of rats, subcutaneous fibromas/fibrosarcomas and mesotheliomas in

male rats, and mammary gland fibroadenomas/adenomas in female rats. These findings were observed at the lowest tested dose of 150 mg/kg/day or greater over two years (estimated daily exposures in mice and rats were approximately 6 and 12 times, respectively, the estimated exposure to o-toluidine at the maximum recommended human dose of 8.5g of Oraqix® gel on a mg/m2 basis). Complete conversion of prilocaine to its metabolite o-toluidine on a molar basis is assumed. This gives a conversion on a weight basis of about 50% for prilocaine base (dependent on the molecular weights, i.e. 220 for prilocaine base and 107 for o-toluidine).

Mutagenesis - o-Toluidine, metabolite of prilocaine, was positive in Escherichia coli DNA repair and phage-induction assays. Urine concentrates from rats treated orally with 300 mg/kg o-toluidine were mutagenic to Salmonella typhimurium in the presence of metabolic activation. Several other tests on o-toluidine, including reverse mutations in five different Salmonella typhimurium strains with or without metabolic activation, and single strand breaks in DNA of V79 Chinese hamster cells, were negative.

USE IN PREGNANCY:

Teratogenic Effects: Pregnancy Category B

There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Oraqix® should be used during pregnancy only if the benefits outweigh the risks.

Nursing Mothers: Lidocaine and, possibly, prilocaine are excreted in breast milk. Caution should be exercised when Oraqix® is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Very young children are more susceptible to methemoglobinemia. There have been reports of clinically significant methemoglobinemia in infants and children following excessive applications of lidocaine 2.5% topical cream (See WARNINGS).

Geriatric Use: In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS

A causal relationship between the reported adverse reactions and Oraqix® could neither be established nor ruled out.

Following SRP treatment with Oraqix® in 391 patients, the most frequent adverse events were local reactions in the oral cavity. These events, which occurred in approximately 15% of patients, included pain, soreness, irritation, numbness, vesicles, ulcerations, edema and/or redness in the treated area. Of the 391 patients treated with Oraqix®, five developed ulcerative lesions and two developed vesicles of mild to moderate severity near the site of SRP. In addition, ulcerative lesions in or near the treated area were also reported for three out of 168 patients who received placebo. Other symptoms reported in more than one patient were headache, taste perversion, nausea, fatigue, flu, respiratory infection, musculoskeletal pain and accident/injury.

OVERDOSAGE

Local anesthetic toxicity emergency: If other local anesthetics are administered at the same time as Oraqix, e.g. topically or by injection, the toxic effects are thought to be additive and could result in an overdose with systemic toxic reactions. There is generally an increase in severity of symptoms with increasing plasma concentrations of lidocaine and/or prilocaine. Systemic CNS toxicity may occur over a range of plasma concentrations of local anesthetics. CNS toxicity may typically be found around 5000 ng/mL of lidocaine, however a small number of patients reportedly may show signs of toxicity at approximately 1000 ng/mL. Pharmacological thresholds for prilocaine are poorly defined. Central nervous system (CNS) symptoms usually precede cardiovascular manifestations. The plasma level of lidocaine observed after the maximum recommended dose (5 cartridges) of Oraqix® in 11 patients exposed over 3 hours ranged from 157-552 ng/mL with a mean of 284 ng/mL ± 122 SD. The corresponding figure for prilocaine was 53-181 ng/mL with a mean of 106 ± 45 SD.

Clinical symptoms of systemic toxicity include CNS excitation and/or depression (light-headedness, hyperacusis, visual disturbances, muscular tremors, and general convulsions). Lidocaine and/or prilocaine may cause decreases in cardiac output, total peripheral resistance and mean arterial pressure. These changes may be attributable to direct depressant effects of these local anesthetic agents on the cardiovascular system. Cardiovascular manifestations may include hypotension, bradycardia, arrhythmia, and cardiovascular collapse.

Management of Local Anesthetic Emergencies: Should severe CNS or cardiovascular symptoms occur, these may be treated symptomatically by, for example, the administration of anticonvulsive drugs, respiratory support and/or cardiovascular resuscitation as necessary.

DO NOT FREEZE. Some components of Oraqix® may precipitate if cartridges are frozen. Cartridges should not be used if they contain a precipitate.

Do not use dental cartridge warmers with Oraqix®. The heat will cause the product to gel.

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By: Recipharm Karlskoga AB Karlskoga Sweden
Rev. 09/2010

DEXIS releases its photo app

By Robert Selleck, *today* staff

■ DEXIS used the Greater New York Dental Meeting Sunday afternoon to announce the release of the DEXIS photo® app and the upcoming expansion of its imaging products to natively support Apple hardware and the OS X operating system (10.8 or newer).

Adam Palermo, DEXIS product manager, mobile solutions, was one of three DEXIS executives who addressed dental industry media representatives and other guests at an event a half block away from the Javitz Center — at Studio 5 facility in a solid white room suggestive of an Apple advertisement. Palermo prefaced his remarks by sharing statistics on the dramatic growth in the use of mobile apps in dental practices, noting that 42 percent of DEXIS customers already use them and 83 percent are looking for additional apps to use in their practices. And the trend, Palermo said, is in the use of Apple products.

DEXIS Senior Director of Marketing Carsten Franke said the imaging company already had established itself on the PC platform, was now quickly expanding its mobile platforms — and would soon be launching DEXIS for the Mac.

Poorinima Gopalakrishnan, DEXIS product manager, software, explained the new Apple-compatible product in detail, noting: "It's beautiful. It's elegant. It's simple, and it's an intuitive user interface."

Franke listed a number of awards the company has recently received, many based on product-review rankings by various dental media organizations, and he said DEXIS was committed to the development of clinically meaningful uses for mobile devices.

Franke demonstrated how DEXIS photo enables practitioners to send photos directly into the DEXIS Imaging Suite using a newer-model iPhone or iPod touch. Clinicians can frame the shot and capture the photo right into the patient record — wirelessly, automatically and instantaneously — without having to use cards, readers or another manual transfer method.

Dental professionals can capture patient ID photos that can be viewed from any imaging screen in DEXIS, or they can take and send images for the software's extra-oral photo screen. Using the applicable mobile device and DEXIS photo, these tasks can be seamlessly performed when in proximity to and interacting with the DEXIS Imaging Suite software.

Additionally, the images are securely stored within DEXIS.

DEXIS photo will be available on the Apple App store at the end of December. To find out more about DEXIS photo, visit www.dexis.com/apps. DEXIS Mac is under development and is pending regulatory assessment and clearance. No orders can be taken yet, but it is scheduled

to be released in the second quarter of 2014.

Once released, the native OS X software will provide clinicians seamless integration with leading Mac-based practice management programs Viive™ and MacPractice®.

The integration between DEXIS Mac, the DEXIS go® app for patient communication, and the just released DEXIS photo app for extra-oral image acquisition also will expand opportunities for the Mac-based dentist. The apps collectively operate on iPad, iPhone and iPod touch. Recognizing the fact that both patient education



• (Photo/Provided by DEXIS)

and case presentation is immensely important, DEXIS Mac will support both Mac OS X full-screen mode and AirPlay® mode for presenting on larger displays.



DEXIS Senior Director of Marketing Carsten Franke, left, and Adam Palermo, DEXIS product manager, mobile solutions, demonstrate DEXIS photo. (Photo/Robert Selleck, *today* staff)

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Scenes from Sunday



• For 'more than marketing,' visit with the ladies in the green shirts at the GPM Marketing booth, No. 305.



• Walter 'Clyde' Frazier, a former NBA guard for the New York Knicks, signs a basketball for Dr. G.K. Raman of Manhasset Hills, N.Y., at the YourHealthCredit booth, No. 1036.

**Photos by today staff/
Chadette Maragh,
Fred Michmershuizen
and Sierra Rendon**



• Katherine White of Glidewell Laboratories introduces attendees to the company's products, such as BruxZir Solid Zirconia and its All-Inclusive Restorative Packages at the company's booth, No. 5601.



• Dental students attend the General Practice Residency Fair on Sunday at the Crystal Palace Rotunda to gather information from representatives of more than 65 hospital dental residencies.



• Yukari Aritake, far left, helps attendees try out Osada's Enac quartz crystal piezoelectric ultrasonic systems at the company's booth, No. 2910.



• Dina Kammin of Shofu Dental helps attendees at the company's booth, No. 4407.



• Richard Kim helps an attendee at the DoWell Dental booth, No. 1312.



• Biolase's Lisa Minge brings attendees to a complete stop at booth No. 5037.



• Dr. Thomas Hirsch demonstrates Isovac's advanced water retention technology at the Isolite Systems booth, No. 1212.



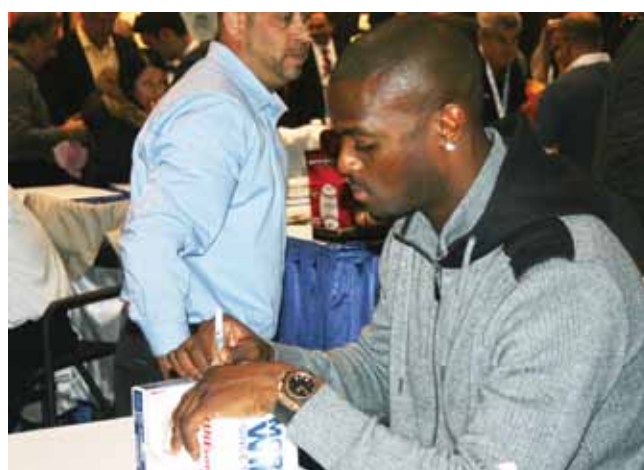
• Glo Science representatives, from left, Marleuan Torres and Toni-Ann Martin shine at the company's booth, No. 1903.



• Meeting attendees stream into the exhibit hall just moments after the official opening Sunday morning.



• Attendees form a line at the Sensodyne booth, No. 5218, to learn more about the company's Repair and Protect Toothpaste.



• Plaxico Burress, a former New York Giants wide receiver and Super Bowl Champion, signs footballs at the Glove Club booth, No. 2405. Check in at the booth for other upcoming celeb signings.



• Denise Manekas and James Espinosa offer information to GNYDM attendees about Dentatus' Atlas Implant System, as well as other innovative products from the company, at booth No. 1714.



• Lucas Walter and other associates at 3Shape stand ready to help at the company's booth, No. 833.



Attendees stream through the aisles Sunday during the Greater New York Dental Meeting.



Dr. Elliott M. Moskowitz and Dr. Laurance Jerrold lead a Sunday session on 'Orthodontic Essentials for the General Practitioner: Learn It Today, Do It Tomorrow' on the exhibition floor aisle.



Josh Coe, left, and Jennifer Gibson of the American Association of Endodontists (booth No. 5611).



Would you prefer lemon-lime or mint-cucumber flavored water? Stop by Valplast International Corp. (booth No. 418) to quench your thirst.



Dr. Sundeeep R. Rawal offers an educational presentation Sunday morning at Nobel Biocare (booth No. 3209).



Have you picked up a lot of brochures and samples? You can get a tote bag to carry it all home in at Mydent International (booth No. 3618).



Are you friends with a power toothbrush? Lashana Jones, left, and Jane Portnoff, RDH, of Crest Oral-B are! Stop by booth No. 1226 to get your picture.



Jon Rosenthal of DMG America (booth No. 3424).



• Dr. Earl O. Bergersen speaks to meeting attendees Sunday afternoon at Ortho-Tain (booth No. 5007).



• The Henry Schein Dental booth (No. 3532).



• Dane Carlson of Seiler Precision Microscopes (booth No. 933).



• Chris Berry of Aseptico (booth No. 4024).



• Dr. Reena Gajjar, left and Barbara Cox of Hands On Training Institute (booth No. 1103).



• Soo Yeon Lim of Jiscop Co. (booth No. 3939).

AD

UNIDI

We would like to invite you to attend Gianfranco Berrutti's lecture at the DTI lounge on 35th Street Entrance Hall at the Crystal



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Gianfranco Berrutti, President of UNIDI



Crest Oral-B aims for ‘best-in-class experience’



Attendees stream in and out of the Crest Oral-B booth, No. 1226, to experience the booth's main theater presentation as well as other special activities. (Photo/Sierra Rendon, *today* staff)

By *today* staff

■ This year promises to be an exceptional one for Crest Oral-B, as The Procter & Gamble Company aims to bring a fresh approach to its Greater New York Dental Meeting booth and reveal exciting updates to its products and programs.

The Crest Oral-B booth here in New York offers an all-new experience that provides a main theater presentation and hands-on demos, as well as an interactive product counter and a Taste the Paste area. At the booth, attendees can check out the Oral-B Deep Sweep Power Brush, which the company says continues to “WOW” consumers.

Also, this year is the third year of the company's successful Pros-in-the-Profession program, and it now has a new option for hygienists to nominate

Here at GNYDM

For more information on Crest Oral-B products or to submit a nomination for the Pros-in-the-Profession program, visit the booth, No. 1226.

themselves, if they so choose.

To learn more about all of the company's latest updates, *today* sat down with John Scarchilli, P&G Global Oral Care Scientific Communications, for a Q&A session to provide all of the company's news.

Thank you for taking the time to talk to us today. Let's start with what's right in front of us. Your booth is attracting quite the crowd, and it looks like you've made some changes to it from past meetings. Could you

tell us a little about these changes and what inspired them?

Of course. There are quite a few changes vs. past years. We've really focused on creating a best-in-class experience for dental professionals that results in a deeper understanding of how Crest + Oral-B partners with dental professionals to help improve patients' lives. The all-new experience is open and inviting for professionals and includes an entertaining main theater presentation and hands-on demos to showcase the technology behind our products.

Additionally, we have an interactive product counter to drive hands-on engagement with our top technology and an iPad application that includes education about our product offering as well as a gaming feature for attendees to enjoy.

We've also designed a Taste the

Paste area, which drives trial and awareness of the variety of paste options we offer, and we are providing to professionals the opportunity for photo opportunities with our Crest + Oral-B product characters or our iconic, spinning globe display that showcases the global presence of The Procter & Gamble Company. Finally, we, of course, wanted to “own” the color blue, so our Crest + Oral-B equity blue is brought to life throughout the full experience.

The great thing about the Crest Oral-B booth is there are a lot of things to see, but what happens if someone is running on a short time frame? What do you suggest they concentrate on?

I'd highly recommend that if you're running short on time, you go through the Crest + Oral-B innovation station and main theater presentation. These

experiences will help dental professionals learn about our top technology, and they will hear our story that brings to life how Crest + Oral-B offers exceptional products and solutions that can help improve patients' lives. To experience both, it will only take about 15 minutes.

Let's talk about some of your products now. Which products are you focusing on for this meeting, and can you tell us a little bit about them?

This year, we are highlighting a couple of great products and technologies in our booth. First, our Oral-B Deep Sweep Power Brush continues to "WOW" consumers. We call it the "Power WOW," referring to that thoroughly clean feeling people get when they first switch from a manual brush to the Deep Sweep Power Brush.

The Oral-B Deep Sweep power brush head was designed to make it easier for a manual brush user to switch to power and get a better clean, up to 100 percent more plaque removal vs. a regular manual toothbrush. The size and shape of the brush head is similar to that of a manual brush and the deep sweeping bristles move side to side to compliment the way many people already brush.

The Deep Sweep brush heads are compatible with any of our Oral-

B Professional Care Series handles. Second, our Crest Pro-Health clinical gum protection product with stannous fluoride technology is proven to reverse gingivitis in four weeks. It does this in addition to providing effective cavity protection and sensitivity protection.

There are a lot of companies offering oral health-care products and services, as we can see from just looking around the exhibit hall. What makes Crest Oral-B products stand out from the crowd?

What makes Crest & Oral-B products stand out is the depth of understanding and consumer research that goes into our products.

For example, when we studied how people are using their power brushes, we found that while many were moving the brush from one tooth to the next, others were moving and positioning the brush in a similar way to how they would use a manual brush. This inspired the Deep Sweep head, which is designed to work with the familiar brushing motion that is ingrained in so many people. The benefit is that manual brush users can make the switch easier and get power brush results.

Another thing I wanted to talk to you

about today is the Pros-in-the-Profession awards program. For those who might not be aware of it, could you give us a brief description of the program?

Pros-in-the-Profession is a program sponsored by Crest and Oral-B. It is designed to recognize, reward and celebrate registered dental hygienists who go above and beyond the call of duty to promote patients' oral health.

This year (2013/2014) is the third year of the program, and the nomination period is currently open. The contest period ends in February 2014, with the last of four winners selected on Feb. 15. Anyone can nominate a hygienist for the program, and this year, hygienists can even nominate themselves. There are four winners selected during the contest period. One has already been selected, and the other three will be selected in December, January and February, respectively.

In addition to a \$1,000 cash reward and exposure and recognition within the dental trade, the winners will receive an all-expense paid trip to Oral-B's Kronberg Innovation Centre in Germany in June 2014. They will get a behind-the-scenes look at what goes into designing, developing and testing the world's

best power brushes.

This year, you've decided to allow hygienists to nominate themselves instead of being nominated by others. What brought on this change, and how do you think it is going over so far?

We allowed hygienists to nominate themselves this year because we've seen so many brilliant stories in the past couple of years of the Pros-In-The-Profession program, and we wanted to ensure that our process allowed for all stories to be captured.

We've been very pleased so far with the quality of the nominations and are continuously impressed with the dedication and professionalism displayed by registered dental hygienists.

If someone out there wants to nominate a hygienist in their life — or even nominate herself or himself — how would they go about that? And can they do that here at the show?

They can nominate someone here at the show, or they can go online to facebook.com/professionalcrestoralb on a computer (not a mobile phone).

Is there anything else you'd like to talk about while I have you here?

No, thank you very much for the time.

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MONDAY
02.12

11:30 - 12:30 | Vanessa Velasco / Tom Lindsey (Orascopic)
"Head to Toe" dental ergonomics with Orascopic
• **lunch & learn**

2:00 - 4:00 | CROIXTURE: Professional Medical Couture
Discover and feel our 2014 collection for dental professionals
• **fashion show**

4:00 - 5:00 | Gianfranco Berrutti (UNIDI)
Idea Dakar 2014. A gateway to African markets
• **happy (dental) hour**

BIOLASE **Orascopic**
CROIXTURE **UNIDI**

Orasoptic puts focus on 'head-to-toe' ergonomics

By Orasoptic Staff

■ For more than 30 years, Orasoptic has been designing and manufacturing award-winning dental loupes with the goal of improving the overall performance, safety and comfort of dentists and dental hygienists around the world. By introducing "head-to-toe" ergonomics, Orasoptic plans to become a new leader for the best ergonomic conditions in a dental practice.

Orasoptic's vision is that every health-care procedure in the world will be performed with superior visualization, under the best ergonomic conditions, to drive the best patient outcomes.

The company is working to achieve its vision through the research and development of cutting-edge dental technology. Much of the inspiration behind Orasoptic's innovative



• The new Ultimatum frame (pictured with loupes). (Photo/Provided by Orasoptic)

products stems from its willingness to keep challenging the status quo throughout the dental industry.

Superior visualization

The people at Orasoptic believe that as long as health-care professionals need superior visualization under the best ergonomic conditions, Orasoptic will remain on the forefront of delivering quality and cutting-edge technology.

Here at the GNYDM

To learn more about the BodyGuard Pro Saddle Stool and other Orasoptic products, visit the Orasoptic booth, No. 1608. You also can learn more on the company's website at www.orasoptic.com.

Orasoptic product developers are aware of the specific needs of the dental industry and engage dentists and hygienists to support new product development.

By listening to and interacting directly with customers, the Orasoptic research and development team is able to understand the needs of dental professionals and translate those needs into award-winning solutions. The resulting products are designed to deliver superior visualization while improving ergonomic conditions that can help prolong dental careers.

Orasoptic recognizes the repetitive stress and strain that a dental professional's body is subjected to on a daily basis. After supporting better posture among health-care professionals for more than three decades with magnification, it should come as no surprise that Orasoptic is launching the BodyGuard® Pro line of ergonomic chairs.

BodyGuard Pro — saddle stool

The new Orasoptic saddle stool delivers an adjustable, antimicrobial seat that is uniquely built for all dental professionals.

The BodyGuard Pro stool allows the clinician to move easily across carpet or hardwood floors with set casters; it reduces cleaning time with the new Silvertex antimicrobial fabric and provides a custom fit for all shapes and sizes. With four simple adjustments, the stool reduces lower back strain, provides an improved balance point and encourages proper sitting for dental practice.

The repetitive stress and strain on a body can take its toll — and Orasoptic's saddle stool is designed to help dental professionals practice in comfort. When paired with the company's award-winning loupes and LED headlights, the BodyGuard Pro stool puts dentists and hygienists one step closer to the complete "head-to-toe" ergonomic practice.

The Ultimatum — new frame for Orasoptic loupes

Developers at Orasoptic not only research and develop cutting-edge technology for superior visualization

but follow the trends with frames that are iconic and fashionable. Orasoptic continues its partnership with the Italian designer Rudy Project and its world-renowned craftsmen to release the Ultimatum frame.

According to the company, the Ultimatum provides a stylish design that meets the high quality and functionality needed to perform everyday procedures in a dental practice. This new frame is uniquely built for the dental industry, meeting safety glass criteria and available with side shields.

Magnification — Loupes

With Orasoptic, dental professionals can experience the difference that high-quality optics can make when performing dental procedures. According to the company, Orasoptic sets the industry standard with the high definition of its loupes, which are renowned for the strong resolutions they provide across a deep and wide viewing field.

Orasoptic loupes help dental professionals practice in comfort. The use of loupes has been associated with decreased back and neck pain, as well as reduced eye fatigue.

Orasoptic loupes are custom manufactured for your unique working distance, angle of declination and facial geometry. The company is so sure that a purchaser of one of its loupes will love it that it offers a 45-day money-back trial period.

All Orasoptic telescopes are also backed by a lifetime warranty, giving you piece of mind and helping to ensure that you will be enjoying your loupes throughout your career. Choose the magnification that is right for you.

Illumination — LED headlights

To complete the "head-to-toe" dental ergonomic practice, Orasoptic offers the perfect companion to your loupe system — an LED headlight. Its headlights will make it easier to navigate your work area and see the critical details that can be missed with the naked eye. Dental LED headlights provide shadowless lighting across the oral cavity to enhance visualization, improve depth of field and reduce eye fatigue.

Applying non-pulsating, constant-current technology, Orasoptic has created the award-winning Endeavour headlight. This lightweight yet powerful LED system features the miniature "gum-drop" headlight that delivers a high-quality focused beam for better visibility, as well as advanced "capacitive touch" controls.

AD

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NiteBite user turns advocate

By Robert Selleck, *today* Staff

■ Kim Stevens, RDH, MBA, OM, has probably placed more NiteBite appliances than any other dental professional in the country. And it's not just because every patient she has given the device to has found relief from their bruxing.

The more likely reason is that

Here at the GNYDM

For more information about NiteBite or other Keystone products, contact Keystone Industries toll-free at (800) 333-3131 or fax (856) 663-0381 or stop by the Keystone Industries booth (IQ Dental Supply, No. 2007) during the Greater New York Dental Meeting.



• Kim Stevens, RDH, MBA, OM, uses the NiteBite not just to address her patients' bruxing — but for her own as well. (Photo/Robert Selleck, *today* Staff)

AD



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Stevens' own lifelong battle with the condition was brought to an end by the simple device — turning her into a credible and persuasive representative.

"Other devices just protect the teeth," Stevens said. "This one stops the grinding. It puts the jaw at rest. It's a restful appliance."

Representing the device's supplier, Keystone Industries, Stevens is in the IQ Dental Supply booth (No. 2007) in the exhibit hall — and she is ready to show you how simple it is to custom-mold and place the appliance.

Stevens learned about the NiteBite two years ago after one of the dentists she works with in northeastern Missouri brought it back from a conference for his wife to try. It worked, and the dentists encouraged Stevens to try it. It worked for Stevens, too, and she was soon recommending it to patients suffering from grinding, clenching, pain, headaches and jaw joint syndrome (TMD or TMJ).

"I have not had one patient say it doesn't work," Stevens said.

So many NitBites were being shipped to the small Missouri towns of Hannibal and Louisiana (home of the two practices Stevens is associated with) that the product's inventor contacted her to find out what was going on.

That's how Stevens ended up taking her NiteBite advocacy national (while continuing to work as a certified oral myofunctional therapist and hygienist at the two practices).

With more than 50 million people (one in six) in the United States experiencing symptoms of bruxing, the market for an effective appliance is immense. However, according to Stevens, the other options rarely provide actual treatment. NiteBite is different, Stevens said, because of its thin construction and placement within the freeway space, which is described as the distance between the physiological rest position and the first point of contact of the upper and lower teeth.

The effect is that the muscles relax — and people stop clenching and grinding their teeth. Associated headaches and tooth and jaw pain can also disappear.



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Photo essay: BruxZir Solid Zirconia meets an anterior esthetic challenge

By Michael C. DiTolla, DDS, FAGD

■ This article illustrates recent advancements by Glidewell Laboratories to improve the esthetic properties of BruxZir® Solid Zirconia restorations. As the lab's research and development department refines its processes, improving the material's translucency, the esthetics continue to improve.

First appointment

We will replace the PFM crowns on teeth #8 and #9 (Fig. 1) with BruxZir Solid Zirconia crowns (Glidewell Laboratories).

First, we take the shade. I use the VITA Easyshade® Compact (VITA Zahnfabrik), which displays the shade in both VITA Classical and VITA 3D-Master® shades. Next, I hold the selected 2M1 3D-Master shade tab to the tooth, along with the 1M1 3D-Master shade tab for contrast.

We photograph the shade tabs in the mouth. I use an Ultradent syringe to place PFG gel (Steven's Pharmacy) into the sulcus of teeth #8 and #9. Next, I use my STA Single Tooth Anesthesia System® device (Milestone Scientific) to anesthetize teeth #8 and #9.

The Razor® Carbide bur (Axis Dental) easily cuts through porcelain and metal substructures, and when used in combination with my KaVo ELECTROtorque handpiece (KaVo Dental), it easily cuts through the existing PFM. I torque the crown with a Christensen Crown Remover (Hu-Friedy).

After using a periodontal probe to ensure I have enough biologic width to safely remove some tissue (Fig. 2), I use my NV MicroLaser™ (Discus Dental) to remove 1.5 mm of tissue. With the margins exposed, I use an



Fig. 1. (Photos/Provided by Glidewell Laboratories)



Fig. 2



Fig. 3



Fig. 4

856-025 bur (Axis Dental) and KaVo ELECTROtorque handpiece to drop the margins to the new gingival level.

My assistant relines BioTemps® Provisionals (Glidewell Laboratories) on teeth #8 and #9 with Luxatemp provisional material (DMG). Using a thin, perforated diamond disc (Axis Dental), we open the gingival embrasures to avoid blunting the interproximal papilla and make sure the gingival

Here at the GNYDM

For more information on BruxZir crowns or to see them for yourself, stop by the Glidewell Laboratories booth, No. 5601.

margins aren't overextended and the emergence profile is flat.

We use TempBond® Clear™ (Kerr Corp.) to cement the BioTemps and loupes to inspect around the temps and gingival embrasures for excess cement.

Second appointment

After two weeks, we remove the temps and clean the preps with a KaVo SONICflex scaler. After trimming the gingival margin with the diode laser, I place an Ultrapak® cord #00 (Ultradent), cutting the cord intraorally on the lingual to avoid any overlap. I place a second cord (Ultrapak cord #2E) before refining the preparation.

As I pack the top #2E cord on tooth #8, the top cord on tooth #9 exposes the margin (Fig. 3). Now we can begin finishing the preps using a fine grit 856-025 bur.

Two moistened ROEKO Comprecap Anatomic compression caps (Coltene/Whaledent) are placed on the preps, and the patient bites with medium

pressure for eight to 10 minutes. The Comprecaps are removed and the top cords pulled.

We syringe medium body impression material around the preparations for the impression and take a bite registration. The temporaries are then replaced.

Third appointment

After two weeks, the temps are off, the BruxZir crowns are approved and we place a layer of desensitizer on the teeth (G5™ All-Purpose Desensitizer [Clinician's Choice]).

I use a Warm Air Tooth Dryer (A-dec) after applying both coats of the G5, while my assistant places Z-PRIME™ Plus (Bisco) inside the crowns. We then load the crowns with a resin-modified glass ionomer cement (RelyX™ Luting Plus Automix [3M/ESPE]) and seat them, using a pinewood stick (Almore International) to ensure they are fully seated and the same length.

In this "after" picture (Fig. 4), there isn't any porcelain on these BruxZir crowns.

I'm not suggesting you suddenly switch all of your anterior restorations to BruxZir crowns, but you may want to consider using it for patients with parafunctional habits or old PFMs, where an esthetic improvement is essentially guaranteed.

AD






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Aseptico

A new Giomer bulk fill restorative

By Shofu Staff

■ Bulk fill resin-based composites are continuing to evolve and improve in terms of quality and esthetics, but despite their growing recognition, many dentists continue to be wary of embracing these newly emerging products.

Recent laboratory research shows their performance has proven to be comparable to traditional multi-increment resin based composites. So why not switch?

Obvious advantages are available with bulk filling, including faster technique, fewer incremental steps that allow easier placement and

potentially less voids because of mass placement.

However, on the opposite side of the spectrum, there could more voids present because of lack of control when the material is placed at one time.

Adequate contact, shrinkage stress and polymerization in the deepest portions of the restoration are additional challenges that have made many dentists concerned. Such complications can result in serious consequences, including debonding of restorations, marginal gaps, discoloration, recurrent caries and patient discomfort because of post-operative sensitivity.

Thanks to advances in technology, dental professionals are now being offered a new alternative – BEAUTIFIL® Bulk Flowable, a bulk fill material with an innovative filler technology that addresses these legitimate concerns.

Preventative properties

Shofu's new BEAUTIFIL Bulk Flowable incorporates Giomer, surface pre-reacted glass filler particles (S-PRG), known to provide continual fluoride release and high recharge when fluoride concentrations are present in the mouth.

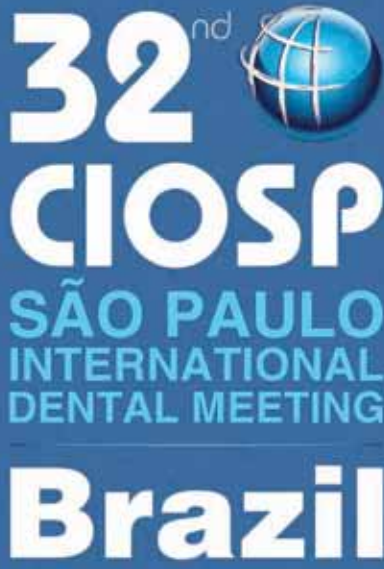
In addition to fluoride, S-PRG filler also releases five other ions: sodium,

strontium, aluminum, silicate and borate, all with known bioactive properties. When exposed to concentrations of lactic acid, these ions contribute to an acid neutralization effect that demonstrates the healing benefits of Gioners.

Depth of cure

The Giomer (S-PRG) filler particles in BEAUTIFIL Bulk Flowable provide an ideally balanced light diffusion and transmission effect that allows the material to be completely light cured up to 4 mm of depth without being too translucent, a known shortfall of other bulk fill composite material.

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These unique optical characteristics are derived from the tri-laminar structure of the S-PRG filler.

Incoming light goes through the glass core but scatters on the surface, allowing an outstanding depth of cure and an opacity that matches the surrounding tooth structure. Finally, there is a material that can have both complete depth of cure and an esthetic, natural look when placed in the patient's mouth.

Polymerization shrinkage and shrinkage stress

The hydrophobic nature of the Giomer filler allows a dense distribution within the resin matrix, thus a higher filler load with low viscosity can be achieved with BEAUTIFIL Bulk Flowable (72.5 width percent and 51.0 volume percent), which helps to reduce polymerization shrinkage and shrinkage stress.

Test results reveal that BEAUTIFIL Bulk Flowable has the lowest shrinkage stress amongst its leading competitors. Lower shrinkage stress can help to prevent postoperative sensitivity, marginal leakage and secondary caries.

Mechanical properties

BEAUTIFIL Bulk Flowable was cut and tested at 1 mm up to 4 mm depths to measure the Vickers Hardness number. The results showed more

Here at the GNYDM

Stop by the Shofu booth, No. 4407, for a live demonstration of BEAUTIFIL Bulk Flowable.



• Scan here to view a live demonstration of Giomer filler neutralizing lactic acid on contact.

than 90 percent hardness at the top surface of each point, outperforming competitive products, according to Shofu, and also showed excellent curing properties to ensure complete polymerization when filled in 4 mm increments.

The material exhibited impressive flexural and compressive strength and high radiopacity to enable accurate diagnosis, according to the company.



• Buy two syringes of BEAUTIFIL Bulk Flowable here during the Greater New York Dental Meeting and get one BEAUTIFIL II syringe free. Visit Shofu booth, No. 4407, for more details. Available in 2.4 Gm. syringes in universal and dentin shades, BEAUTIFIL Bulk Flowable is valued at a suggested retail price of \$37.44. (Photo/Provided by Shofu Dental)

Self-leveling feature

A fast, simple placement procedure is enhanced with self-leveling properties for ideal adaptation in deep cavity preparations, according to Shofu. The BEAUTIFIL Bulk Flowable self-leveling feature reduces the need to manipulate material and further contributes to the faster and easier placement technique associated with bulk fill restoratives.

The choice is yours

BEAUTIFIL Bulk Flowable addresses dental professionals' concerns and overcomes the challenges associated with the bulk fill materials that were first introduced. Combining preventative benefits of Giomer, low shrinkage stress, high depth of cure and an easy placement technique, BEAUTIFIL Bulk Flowable is the new Giomer bulk fill restorative you can trust.

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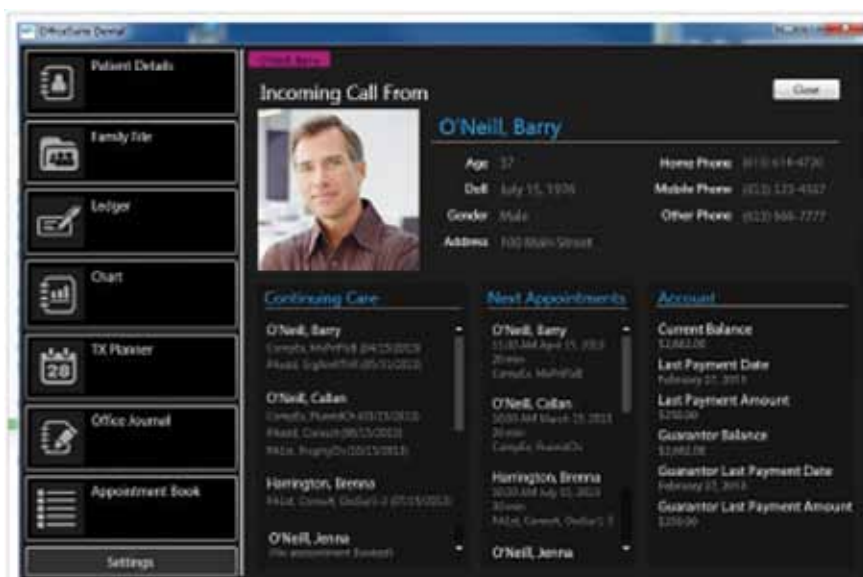
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• (Photo/Provided by Broadview Networks)

OfficeSuite and Dentrix: Increase revenue by maximizing every patient interaction

By Broadview Networks Staff

There are many dental practices vying for new business, and one of the easiest ways to set yours apart is to provide unparalleled customer

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service. At Broadview Networks, we understand all the unique challenges dental practices face, including increasing revenue, improving patient satisfaction, boosting staff productivity and keeping operational expenses to a minimum.

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By having all this data at their fingertips, your staff members can create, confirm or reschedule appointments in seconds for the patient and the patient's family.

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Preventive orthodontics: Is it a logical and predictive procedure?

• Fig. 1a: The Nite-Guide 'C' series worn passively at night prior to the full eruption of the first permanent molars. (Photos/Provided by Ortho_Tain)

• Fig. 1b: The 'G' series worn only while sleeping, which also serves as a retainer until about age 12.



Fig.1a



Fig.1b

By Earl O. Bergersen, DDS, MSD

■ Benjamin Franklin once stated that an ounce of prevention is worth a pound of cure. In the case of preventive orthodontics, it can logically be stated that an ounce of prevention is worth 1.1 pounds of cure.

In a study of the Nite-Guide® preventive procedure involving 167 treated cases compared to 104 non-treated children, Keski-Nisula et al (2008) found that at the end of the procedure there existed 1.9 percent remaining deviations compared to 34.1 percent in the control group. So as a result, Ben Franklin was almost on the mark when it came to preventive orthodontics ($34.1/1.9 = 17.9/16 = 1.1$).

This procedure usually involves wearing a preformed appliance called Nite-Guide (Bergersen, 1995) only while sleeping to guide the erupting permanent teeth into an ideal occlusion. Usually two appliances are involved (Figs. 1a and 1b), and the second and last appliance serves as the retainer until about age 12. Once the permanent teeth erupt straight, the adult collagenous fibers form to stabilize them, which can prevent future relapse.

Because crowding of the lower arch is the most common of the various elements of a malocclusion and, because its orthodontic correction typically occurs at about age 12, the fibers are well-established by this time and usually result in about 75 percent relapse post-retention (Little et al, 1981; Little et al, 1988).

It is logical therefore, to concentrate on the developmental results that are most applicable to the lower arch. A graph (Fig. 2) of crowding changes in non-crowded (Moorrees, 1959) and crowded (Bolton Sample / Bergersen, 1966) non-treated sample cases show that the major developmental increases in incisal crowding occurs during the eruption of these teeth.

Once they are fully erupted, they retain the crowding during further growth of the jaws to age 17. Both groups start out in the deciduous dentition quite similarly; however, by age 8, after the full eruption of the permanent lower incisors has occurred, the resultant crowding is considerably different.

If a preventive technique were to be initiated at the start of the incisal eruption period, a result might occur that would more resemble the non-crowded sample of Moorrees.

Can this increase in crowding be predicted? Referring to Fig. 3, it is easily seen that different degrees

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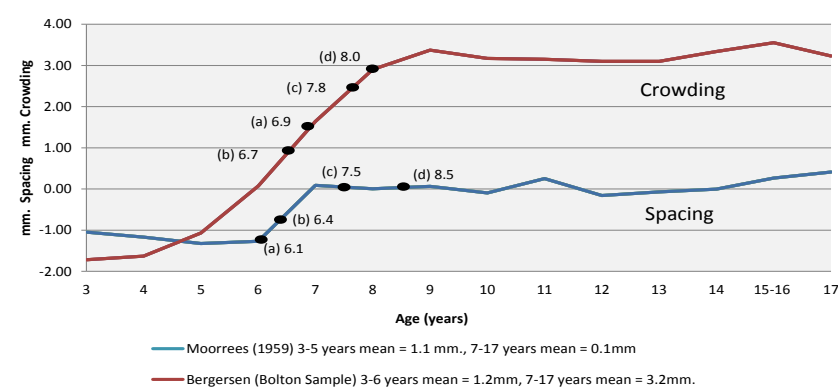
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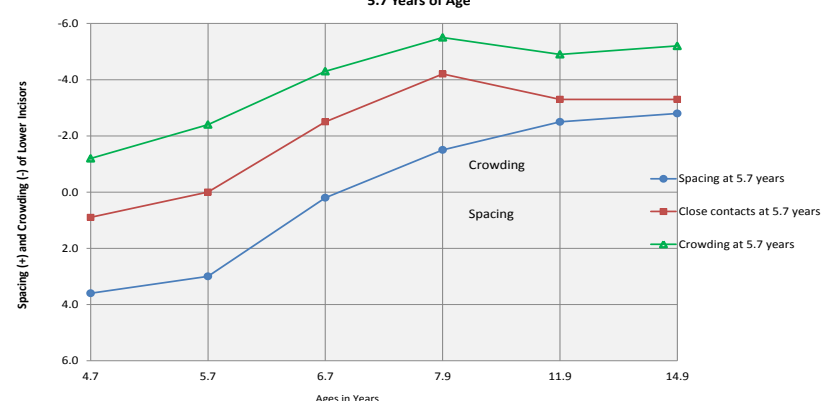
Fig. 2 A Comparison Between the Spacing and Crowding of the Mandibular Incisors of a Normal Minimal Crowded Sample (Moorrees, 1959) and a Crowded Sample (Bolton Study, Bergersen), Males & Females Pooled.



(a) Eruption of Low, 1st, Molar (c) Eruption of Low, Lateral
 (b) Eruption of Low, Central (d) Complete Eruption Low, Incisors

Moorrees N= 19-54
 Bergersen N= 43 longitudinal

Fig. 3 Permanent Incisal Crowding Resulting From Various Degrees of Deciduous Spacing or Crowding at 5.7 Years of Age



Bergersen / Bolton Sample (N=43) of Crowded Adult Dentitions Based on 1st. Eruption of Mandibular Central Incisor = 5.7 Years of Age

Fig. 3: Three samples of potentially crowded cases with varying amounts of deciduous interproximal spacing, no spacing present and crowded deciduous incisors, all of which can result in varying degrees of crowding by 7.9 years of age.

Fig. 2: Crowded (Bolton/Bergersen) and non-crowded cases (Moorrees, 1959) showing the mean changes

of crowding occur depending on whether a child has deciduous mandibular interproximal spacing, closed contacts or actual incisal crowding at 4.7 years of age.

This observation of the mandibular arch is probably the best predictor of potential crowding of all the possible variations according to statistics. Fig. 4 indicates the risk for crowding by age 8 from the observation of deciduous incisal spacing at 5.7 years. Obviously, incisal spacing of 3 mm or less will result in a future crowding risk of 83 percent or higher, which would be a strong indication for preventive intervention.

Another significant principle is to count the number of broken contacts of the lower adult incisal area before ordering their eruption. Potential broken contacts can be predicted before the adult incisors break tissue (Fig. 5), and they do not self-correct as further eruption takes place (Schwarz, 1932).

These broken contacts can predict both the risk of crowding, stated as percentages, as well as the amount of expected crowding (Fig 6).

It should be observed that there is little change in the lower incisal dentition once the incisors are fully erupted (Fig. 2). This indicates that a preventive or interceptive procedure should ideally be initiated as the first adult incisor breaks tissue at around 6½ years of age. Once the teeth are fully erupted, adult collagenous fibers begin their development in order to stabilize these teeth.

Any attempt to correct crowding after the full eruption of these teeth has to deal with the resistance that these fibers produce. An important study (Sanin et al, 1973) indicated that lower incisors that erupt straight at age 8 remain straight 82 percent of the time by age 14, and those that erupted crowded at age 8 remained crowded or increased their crowding by 14 years of age 89 percent of the time.

This research study is very compelling for early intervention in order to obtain straight teeth prior to the collagenous fiber development for their optimum retention. In conclusion,

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'This research study is very compelling for early intervention in order to obtain straight teeth prior to the collagenous fiber development for their optimum retention.'

Deciduous Spacing at 5.7 years of age	Risk of Crowding by 7.9 years of age
6 mm	0%
4 mm	60%
3 mm	83%
1 mm	88%
0 mm (closed contacts)	91%
- 1 mm (slight crowding)	93%

• Fig 4: Risk of crowding by 7.9 years of age from the mandibular incisal spacing at 5.7 years of age. (From Bolton Sample/Bergersen. N=43 serial crowded dentitions)



• Fig 5: Two rotated permanent incisors, which will result in four broken contacts after teeth fully erupt.

Number of Broken Contacts	By 7.9 years of age
0	0 mm
1	1.1 mm
2	1.7 mm
3	2.8 mm
4	4.0 mm
5	5.1 mm

• Fig 6: Relation of mandibular incisal broken contacts to the projected crowding by 7.9 years of age.

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ORTHODONTICS from page 27

preventive orthodontics is a logical procedure and with a careful analysis of the deciduous dentition prior to age 6, can provide important predictive information to aid in the diagnosis of an early developing malocclusion.

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Sulzer Mixpac succeeds against product piracy

Dental mixing tips
copier held in contempt

By Sulzer Mixpac Staff

■ Sulzer Mixpac Ltd. (Sulzer) announced it has gained an order that finds certain dental mixing tips made by Shanghai NSJ Hardware Ltd. (NSJ) infringe Sulzer's Colored Dome trademarks and violate a prior injunction.

On July 11, 2013, the U.S. District Court for the Southern District of New York entered an order that confirmed certain dome-shaped clear body mixing tips made by NSJ of China were prohibited by a prior permanent injunction and found NSJ in contempt for continuing to sell them.

On Nov. 13, 2013, the New York Magistrate judge also recommended that NSJ be sanctioned for the violation of the injunction by ordering it to pay damages to Sulzer and to pay a fine to the court. NSJ is prohibited by the orders from advertising, distributing, selling or offering for sale the clear body mixing tips or any colorable imitations of them in the United States.

MIXPAC mixing tips are an industry leader for two-component static mixing solutions for dental applications, according to Sulzer. The mixing tips have a unique registered trademark dome shape and candy colors (yellow, teal, blue, pink, purple and brown) used with a materials cartridge. The MIXPAC system is also protected by U.S. and certain foreign patents.

MIXPAC dental products are made exclusively by Sulzer Mixpac at its automated factory in Switzerland, where strict quality control, close tolerances and rigid cleanliness standards produce mixing tips of the highest quality, safety and reliability, according to the company.

Sulzer Mixpac is committed to protecting its markets and products. Genuine MIXPAC tips can be identified by the MIXPAC name stamped in the top beveled edge of the tip.

About Sulzer Mixpac

Sulzer Mixpac Ltd. is a leading manufacturer and supplier of cartridge-based metering, mixing and dispensing systems and disposable mixers for reactive multi-component materials. The head office is located in Switzerland. Subsidiaries are located in the United States, Denmark, United Kingdom and China.

Here at the GNYDM

For more information on MIXPAC mixing tips, stop by the Sulzer booth, No. 5815.



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NOMAD Pro 2 increases durability, reliability

■ For almost a decade, Aribex has been quietly ripping the X-ray system off the wall and putting it into the hands of the dental team. Aribex manufactures a handheld, completely mobile X-ray system called the NOMAD.

According to the company, one NOMAD does the work of multiple, wall-mounted X-ray systems, which can save the typical dental practice thousands of dollars in equipment costs. Moreover, because the NOMAD enables dental team members to safely and effectively stay with their patients during X-ray procedures, a bitewing series can be completed in half the time required by a wall-mounted system.

Unlike conventional wall-mount and portable X-ray systems, the NOMAD is lightweight, rechargeable (battery-powered) and can go anywhere. Dental professionals around the world have been choosing the NOMAD as their preferred X-ray device, in and out of the office, with almost 13,000 NOMADs now in use.

Building upon the successes of previous innovation and design, Aribex recently introduced the NOMAD Pro



2, providing the same mobile convenience and cost savings as previous models while increasing durability and performance.

"The Pro 2 is exactly what our customers want," said Ken Kaufman, general manager of Aribex. "We asked our customers how we could improve our marquee product. We listened, designed prototypes, asked for feedback and iterated until we met their requests. The end result of all of that hard work is the Pro 2. It's simply the world's best handheld X-ray system yet."

The newly designed battery handset with infrared connectors, together with a new charging cradle, improves the system's durability and boosts battery performance, said Kaufman.

"One consistent comment we heard from our customers focused on the charging station," said Kaufman. "Our engineers spent hours working with customers, researching new solutions. Our final design is a big improvement, and our customers will agree."

Kaufman said durability also is enhanced by a re-engineered user

interface that is more scratch and moisture resistant.

"The operator environment can be hard on equipment, particularly with our products that are easily carried from operator to operator," said Kaufman. "The NOMAD Pro 2 will stand up to repetitive antiseptic and cross-contamination control."

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If you have an old, 8.5-pound, working NOMAD Dental, and the improved, sleeker, 5.5-pound NOMAD Pro 2 sounds appealing, visit www.aribex.com/trade-in to learn how you can get a \$1,400 rebate when you trade in for a NOMAD Pro 2. Trade in the oldest working NOMAD out there, and you'll be in the running to win a free NOMAD Pro 2.

To learn more, contact your equipment dealer, an Aribex sales representative or visit www.aribex.com. "We're excited to show our customers our new innovations and enhancements," said Kaufman. "We invite our customers to visit our exhibit at booth No. 4131 at the Greater New York Dental Meeting for a special demonstration of our new NOMAD Pro 2."

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Owandy puts total imaging control in your hands

■ Owandy is a manufacturer of dental imaging solutions, and its leadership team describes its latest imaging system as being one of the most unique imaging units available today.

According to the company, with the launch of the I-Max Touch 3D panoramic imaging unit earlier this year, dental professionals everywhere have been able to experience unprecedented simplicity and functionality, thanks in part to the innovative product's SimPlant Pro software.

SimPlant Pro – by Materialise, a supplier of treatment planning software, provides a library that continues to grow, with a combination of more than 8,000 compatible implants

Here at the GNYDM

Dental professionals who purchase the Owandy I-Max 3D from now until the end of December will receive a free iPad Air to enable them to immediately take advantage of the many benefits provided by SIMPLANT's Team-Up! app. For more information, stop by booth No. 4812.

and abutments. It creates surgical drill guides (stents) for effective placement planning and technical assistance.

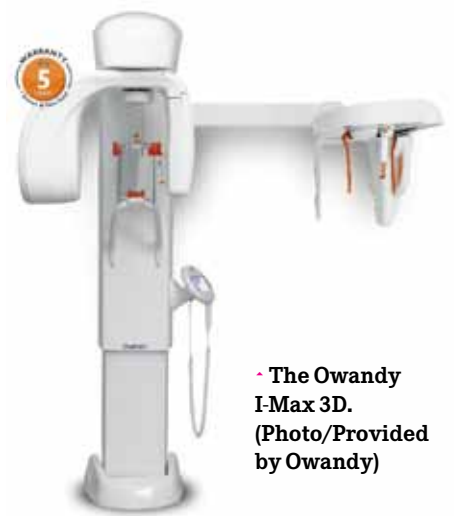
All of this functionality can be easily accessed in the palm of your

hand with the new Team-Up! app from SIMPLANT.

The app facilitates team communication on SIMPLANT cases and is described as being an effective communication tool to use with patients to compellingly explain the benefits of the dental implant treatment plan.

This application for iPad not only enables you to share and view SIMPLANT cases but also helps you easily communicate with everybody involved in the process.

Implant surgeons can now easily team up with their referral dentists, labs and other professional colleagues to discuss an implant planning case – all within the secure



• The Owandy I-Max 3D.
(Photo/Provided by Owandy)

environment of the SIMPLANT cloud.

New Team-Up! app

Dental professionals who purchase the Owandy I-Max 3D from now until the end of December will receive a free iPad Air to enable them to immediately take advantage of the benefits available with SIMPLANT's Team-Up! app.

With Owandy's pursuit of innovation, through the use of controlled laser beams for accuracy, the I-Max 3D panoramic unit allows for universal and precise patient positioning – even for patients with reduced mobility. The acquisition modes feature significantly reduced radiation exposure, resulting in a higher level of patient safety.

The I-Max Touch 3D flat-panel high-definition sensor combines 2-D panoramic and 3-D images acquiring true panoramic and cephalometric X-rays – not just reconstructions – from the 3-D volume. The I-Max 3D offers an enhanced field of view of 9-by-8 centimeters, enabling the entire jaw to be imaged in a single exposure along with 16 panoramic and cephalometric program view options for a more precise diagnosis.

“The I-Max Touch 3D provides an economic solution with high image quality,” says Anish Patel, president of Ashtel Dental/Owandy USA. “The reliable, user-friendly system enables dental professionals to plan an implant procedure quickly, accurately and effectively. The end result is a safer procedure for patients with better outcomes for the clinician.”

The I-Max Touch 3D is the evolution of the I-Max Touch, a 2-D panoramic/cephalometric unit with a long record of success, according to the company.

By changing the sensor, and adding SimPlant Pro 3D imaging/treatment planning software, with a no-charge acquisition PC for volumetric data reconstruction, the original I-Max Touch 2D can be upgraded to provide CBCT (3-D) images. The unit also is 100 percent compatible with the company's native QuickVision imaging software that is bridgeable to most practice management softwares.

For additional information about the I-Max Touch 3D, you can visit the company at www.owandyusa.com.

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NSK launches new products in 2013, plans more for 2014

Engineers start with patient safety and handpiece efficacy, then keep improving versatility, accessibility, visibility, maneuverability and practitioner comfort

By Robert Selleck,
today Staff

More than 17,000 individual parts go into the production of NSK handpieces, and close to 90 percent

of those parts are built and tested in-house by NSK.

This total-control approach in the

Here at the GNYDM

Hold and test for yourself the new handpieces released by NSK in 2013 by visiting the NSK booth, No. 3236. You'll be able to get a closer look at other popular NSK handpieces and products and learn more about products launching in 2014. It's also an opportunity to share your own clinical needs with NSK staff (the result could be a product in your hand sooner than you think).

manufacturing of its products is how the company backs up its slogan, "Expect perfection."

According to Rob Gochoel, NSK Dental director of sales and marketing, the company adheres to that same "expect perfection" philosophy in its commitment to product development. Key to that commitment is the communications chain NSK continues to build in North America — linking dental professionals to NSK product engineers.

Because NSK handles every step of product development in-house — research, design, manufacturing and testing — feedback from customers is quickly funneled directly to the people who can take action.

"We're constantly seeking out and receiving feedback in our product development efforts," Gochoel said. "It's all about making dentists more productive. Coming up with improvements that make dentists' lives easier — and make their patients more comfortable is key."

In 2013, with the year still not over, NSK has launched two major products. At least one more is expected to be out before year's end. And at least two are far enough along that 2014 launches are already on the calendar.

Here's a summary from Gochoel of recently launched and soon-to-launch major products and their release dates:

- **March 2013:** iProphy Air—a handpiece designed for dental hygiene work.
- **May 2013:** Ti-Max Z45L — the world's first 45-degree electric handpiece.
- **October 2013:** Ti-Max X450 series — air-driven 45-degree surgical handpieces with an industry-leading two-year warranty.
- **January 2014:** Ti-Max Z series — a premium air-driven series.
- **March/April 2014:** a new handpiece maintenance unit.

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iProphy Air hygiene handpiece

Launched in March, the iProphy Air handpiece is designed specifically for dental hygienists, with the core design objectives being to minimize hand fatigue, reduce noise, increase versatility and simplify cleaning and sterilization.

NSK literature describes the handpiece as having a slim and easy-to-grasp design that is up to 15 percent lighter and 10 percent shorter than competitive handpieces. The design incorporates NSK's micro machining technology to reduce vibration and achieve "virtually silent operation." On the versatility front, the handpiece works with all standard doriot-style disposable or metal angles and connects directly to all four-hole tubing.

A unique two-part construction enables the handpiece's nose-cone portion to be separately sterilized for proper disinfection and compliance. Additional nose-cones can be bought separately.

The design enables the handpiece to swivel at the user's fingertips for improved maneuverability during polishing procedures.

Ti-Max Z45L electric contra-angle

Among the top requests constantly being analyzed by NSK engineers is this: What can you do to improve accessibility and visibility when working on hard-to-reach molars? The company's latest response, launched in May, is the Ti-Max Z45L.

According to NSK, the handpiece boasts two industry firsts: It's the world's first 45-degree contra-angle electric handpiece, and it has the first two-way water spray function (mist or jet, on demand). According to the company, the overall resulting design provides "effortless access to back molars that a standard contra-angle can't match."

The handpiece's growing legion of fans are finding that less time is needed for sectioning and third-molar extractions compared with the standard contra-angles — reducing stress for both the clinician and patient.

The ability to instantly shift between mist or jet spray via a small switch on the handpiece base, makes it suitable for a range of procedures, such as third-molar preparation and clarifications of the root canal orifice.

The jet spray is used to prevent subcutaneous emphysema in surgical procedures, and the mist spray cools the bur while cutting. The handpiece handles a wide range of burs, from a 20 mm standard bur to a 25 mm bur.

A clean-head mechanism is designed to automatically prevent the entry of oral fluids and other contaminants into the handpiece head — prolonging the life of the bearings. A microfilter prevents particles from entering the water spray system to ensure constant, optimum cooling.

The solid titanium body is 30 percent lighter than stainless steel, while also being more durable and corrosion resistant.

A unique head-cap design creates an "anti-heat system" that helps limit heat generation during treatment — for increased patient comfort and safety.

Watch for more in 2014

More details on upcoming product launches will be available soon on the NSK Dental website, www.nskdental.us. Or you can contact NSK Dental at (888) 675-1675 or info@nskamerica.com.

• The world's first 45-degree electric handpiece: the Ti-Max Z45L from NSK. (Photo/Provided by NSK Dental)



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AD

Adjunctive device picks up where conventional clinical exam leaves off

Tissue fluorescence visualization detects more than the naked eye

■ Adding an adjunctive device to your normal head and neck examination protocol helps to differentiate your practice and may help attract and retain patients. The added benefit of seeing what your unaided eyes cannot means that your exams are more thorough and any suspicions can be quickly investigated for confirmation of oral disease.

A recent study involved oral-cancer screenings for 85 male and female patients considered to be at risk for oral cancer.

All patients were screened in two ways: a conventional clinical examination, consisting of palpation of the face and neck and a naked eye inspection of the oral cavity; and an examination of the oral cavity using a tissue fluorescence visualization



(Photo/Provided by LED Dental)

technology to help detect abnormal oral tissue.

The combination of the conventional and VELscope® Vx exams detected 13 lesions that were biopsy-confirmed to be either malignant or pre-malignant, five of which were missed by the conventional exam. The tissue fluorescence exam increased the number of cancerous or pre-cancerous lesions detected by 62.5 percent.

The distinctive blue-spectrum light of the handheld device causes

Here at GNYDM

For more information, stop by the LED Dental booth, No. 3313.

the soft tissues of the mouth to naturally fluoresce.

Healthy tissues fluoresce in distinct patterns that are visibly disrupted by trauma or disease, such as neoplastic lesions, and fungal, viral or bacterial infections.

According to the Oral Cancer Foundation, the high death rate associated with oral cancer (52 percent mortality within five years) is due to the cancer being routinely discovered by dentists late in its development when it has already metastasized to other parts of the body.

Explained Dr. Edmond L. Truelove, chair and professor of oral medicine at the School of Dentistry, University of Washington: "I have found VELscope to be a very useful addition to the diagnostic methods used

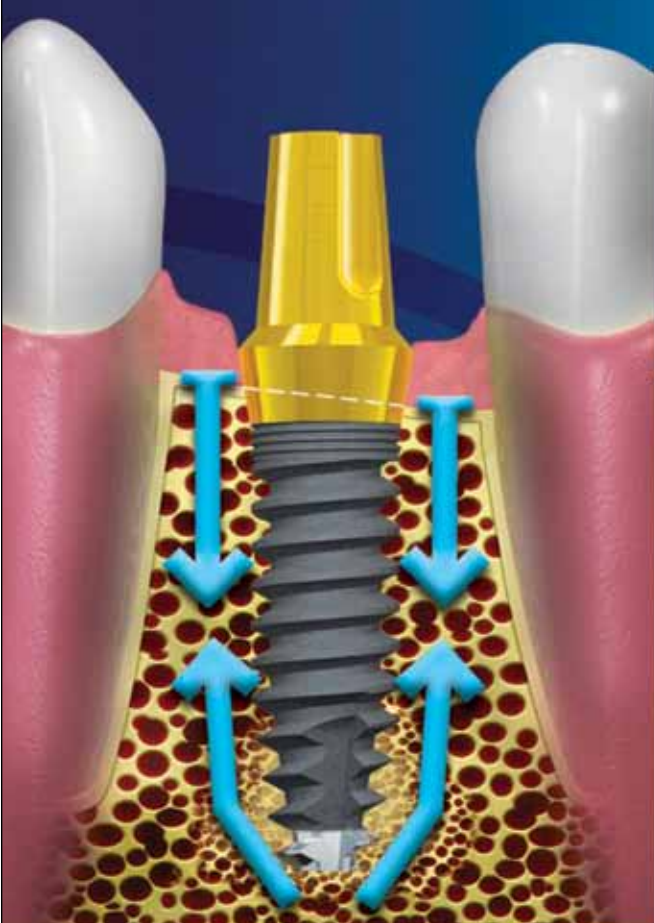
for the detection and management of oral dysplastic and malignant lesions. In the year that I have used the VELscope, there have been several occasions where its use allowed detection of malignant or dysplastic oral lesions when clinical suspicion of the lesion was very low or nonexistent."

Coming tomorrow: What to look for when selecting an adjunctive exam device

References

- 1) "Use of Fluorescent Light in Detecting Malignant and Premalignant Lesions in the Oral Cavity: A Prospective, Single-Blind Study," Journal of Otolaryngology, Head & Neck Surgery (June 2012).
- 2) Marzouki HZ, Tuong Vi Vu T, Ywakim R, Chauvin P, Hanley J, Kost KM.
- 3) Department of Otolaryngology, Head and Neck Surgery, McGill University, Montreal, Quebec.

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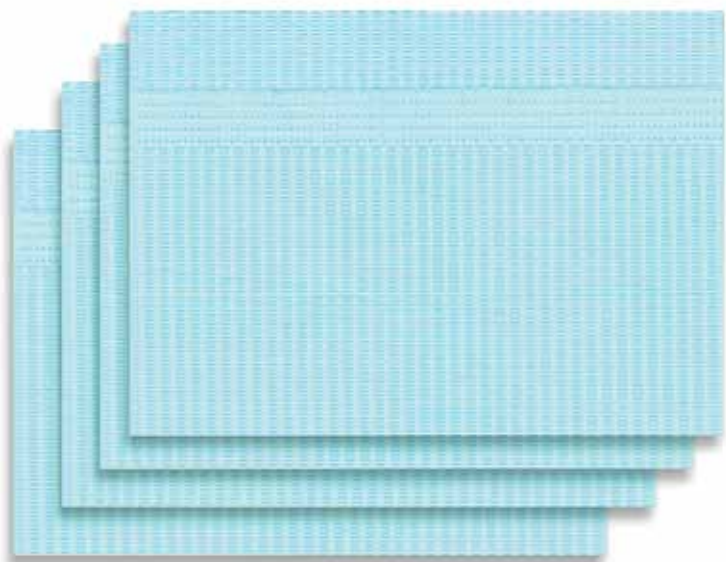
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4-PLY PATIENT TOWELS



• (Photo/Provided by Mydent International)

Mydent International's 4-ply patient towels have a unique technique that is used to bond the layers of tissue and poly securely together. This technique eliminates separation of the layers, and the reinforced edges provide added strength and durability. The new towels feature 3-ply tissue and 1-ply poly for absorption and patient protection.

The towels are 13 inches by 18 inches and come in a case of 500.

For more information, stop by the Mydent International booth, No. 3618, during the Greater New York Dental Meeting.

ROTOGRAPH EVO 3D

Villa Sistemi Medicali introduces its Rotograph Evo 3D, a dental imaging system with three-in-one functionality: panoramic, cephalometric and 3-D. The machine is based on the mechanical platform of the Rotograph Evo, but adapted mechanically and electronically to operate with the latest cone-beam technology, allowing 3-D reconstruction of the jaws.

The core of the Rotograph Evo 3D is the flat panel detector (FPD) using amorphous silicon technology associated with the cesium iodide (CsI) scintillator. Thanks to its ability to work in either panoramic or 3-D modality, pan images are acquired directly and not reconstructed from a volume. Because of this, the images take the layout usually found on traditional pan units.

The unit's 3-D field of view, at 8.5 x 8.5 cm, ensures the entire dental status of a patient is visible at a glance, without the need to make different exposures to obtain it. The result is a complete diagnostic tool that features the most advanced technology but is as easy to use as a normal dental panoramic system.

The Rotograph Evo 3D can be integrated with a digital cephalometric arm or upgraded at a later time, if needed.

For more information on the Rotograph Evo 3D, visit villasm.com.



• (Photo/Provided by Villa Sistemi Medicali)

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SENSODYNE REPAIR & PROTECT TOOTHPASTE

■ Dentin hypersensitivity is a prevalent condition with one in three people suffering from it at some point in their life.¹ Despite this, many sufferers do not seek dental advice.^{1,2}

Sensitivity can have a lifestyle impact and even lead patients to neglect their oral hygiene or avoid dental appointments. For this reason, it is important to identify these potential sufferers in your patients and help them to treat the pain.

Through GlaxoSmithKline's (GSK) commitment to scientific research and expert collaboration, Sensodyne® is dedicated to the continual development of specialized solutions for treating the pain of dentin hypersensitivity.

Sensodyne Repair & Protect toothpaste is GSK's



• (Photo/Provided by GSK)

first twice-daily toothpaste in the United States for the prevention of dentin hypersensitivity utilizing the occlusion agent stannous fluoride.

Studies have shown that the formulation of Sensodyne Repair & Protect toothpaste can both repair exposed dentin and protect patients from future sensitivity.

The stannous fluoride formulation forms a reparative layer over and within the exposed dentin tubules³ and works to block painful stimuli from reaching the nerve.^{3,4}

The result of this innovative science is effective, lasting relief for your patients.

For more information or to pick up some Sensodyne Repair & Protect toothpaste, stop by the GSK booth, No. 5218, during the Greater New York Dental Meeting.

References

1. Addy M. Int Dent J 2002; 52: 367-375.
2. GSK data on file. Revised Sensitive Teeth AU. Age sub-group analysis.
3. Earl JS, Langford RM. Am J Dent 2013; 26 (Spec Iss A): 19A-24A.
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TORONTO ACADEMY of DENTISTRY 77th ANNUAL WINTER CLINIC PROGRAMME FRIDAY, NOVEMBER 14, 2014



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POLAR_EYES

■ polar_eyes is a cross-polarization filter that makes it easy to eliminate unwanted reflections on teeth that are caused by a flash. These specular highlights can obscure details in the teeth and cause problems when communicating with the lab.

The sample photos show the typical reflections from a flash (without polar_eyes) and the reflection-free result when using polar_eyes.

The filter attaches to your macro flash by small magnets. This allows the filter to be quickly attached or removed for patient photos.

The polar_eyes filter is available to fit the following macro flashes: Canon MR-14EX, Metz MS-1 and Sigma EM-140DG.

A filter for the Nikon R1 macro system will be available shortly.

For more information, contact PhotoMed at (800) 998-7765, visit www.photomed.net or stop by the booth, No. 1100, during the Greater New York Dental Meeting.



• Without polar_eyes.
(Photos/Provided by PhotoMed)



• With polar_eyes.

Sensodyne® Repair & Protect toothpaste

Building our layer of protection

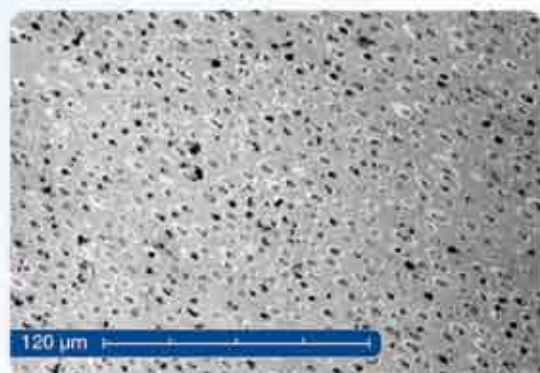
A unique* stannous fluoride formulation

From the first use, *in vitro* studies have shown the unique* Sensodyne® Repair & Protect toothpaste formulation with stannous fluoride forms a reparative layer over exposed dentin and within dentin tubules.^{1,2} With twice daily brushing Sensodyne® Repair & Protect toothpaste provides effective and lasting relief from dentin hypersensitivity.^{3†}

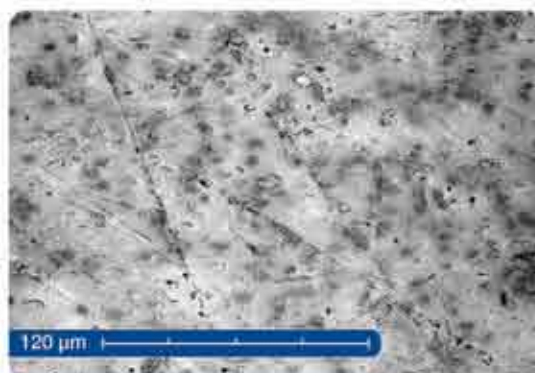
Building a robust reparative layer over and within exposed tubules

The robust reparative layer formed by Sensodyne® Repair & Protect toothpaste over and within dentin tubules works to block painful stimuli from reaching the nerves within the tooth.^{1,2} It is proven in *in vitro* studies to be resistant to a typical oral challenge your patients encounter in their everyday lives.²

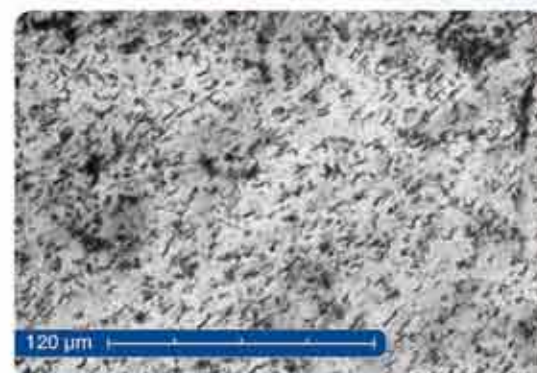
In vitro studies have also shown that the robust layer is maintained after repeated acid challenges.²



Pre-treatment



Post-treatment, and 2 min
cola challenge



Post-treatment, and 10 min
cola challenge

In vitro SEM images of dentin surface pre treatment, the reparative layer after immersion in a cola drink for 2 mins, and of the reparative layer after immersion in a cola drink for 10 mins.

Effective and lasting relief from dentin hypersensitivity

Sensodyne® Repair & Protect toothpaste has been shown clinically to significantly reduce both tactile and evaporative air dentin hypersensitivity.^{3†}



Think beyond pain relief and recommend Sensodyne® Repair & Protect toothpaste

*Sensodyne® Repair & Protect is unique within the Sensodyne® range and is the only toothpaste to combine 0.454% stannous fluoride with 5% sodium tripolyphosphate in a non-aqueous toothpaste. †Repair provides proven relief with twice daily brushing.

References: 1. East JS, Langford RM. Am J Dent 2013; 26 (Spec Iss A): 19A-24A. 2. Blumetti GR. Am J Dent 2013; 26 (Spec Iss A): 15A-18A. 3. Parkinson C et al. Am J Dent 2013; 26 (Spec Iss A): 25A-31A.



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