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CAD/CAM Team Means More Possibilities for the Patient

By Dr. Kaveh Ghaboussi, DMD, Herning Implant Center



Dr. Kaveh Ghaboussi is a dentist in Madison, Wisconsin, and has been using the Planmeca FIT system at his office for the past three

years. He has lectured across the country on subjects such as implant surgery, cone beam technology, practice management, and CAD/CAM dentistry.

While I was skeptical of this new technology at first, I heard from peers how beneficial CAD/CAM could be and knew it could potentially be a step to take my practice to the next level. With two complete CAD/CAM solutions on the market that were capable of creating excellent restorations, I did some extensive research, and in the end, I chose to purchase the Planmeca FIT system. I have not looked back ever since.

One of the greatest features is Planmeca's open platform, which has allowed me to collaborate freely and given me many more opportunities. From being able to work simultaneously on a case with multiple

users at the office to sending work to an off-site lab, this open platform has allowed for easy collaboration and sharing of information during any step of the workflow — not to mention the ability to quickly transfer large STL files to any of those users. Patient experience, as well as team experience, has also drastically improved within my dental office.

We all know patients are weary of taking time off from work for dental visits, but taking one day off isn't so bad. But for those who need more extensive dental care, taking off multiple days is almost impossible. With patients expecting faster turnaround times, there is no better feeling than to deliver same-day dentistry to them with the Planmeca FIT system. My team appreciates same-day dentistry as much as the patients do. While my team enjoys using CAD/CAM tools, patients also enjoy the added benefit of knowing the person who made their restoration and being able to see the restoration designed right in front of their eyes. I take pride in the quality of the restoration, while patients often praise my team for how natural the restorations look.

From a two-year maintenance warranty to less wait times, lower lab bills, and not paying for extra materials, I have saved quite a bit of money by adding a CAD/CAM system to my practice. I would encourage anyone who is interested in digital dentistry to request a demo at your office. If you find that the demo impresses you, make sure to schedule a visit to the Planmeca University training center in Dallas to get the ultimate hands-on experience of digital restorative technology. This CAD/CAM system has done wonders for my office, and I am confident that for anyone who wants to upgrade their practice and utilize this new technology, the Planmeca FIT system is the way to go.

“This open platform has allowed for easy collaboration and sharing of information during any step of the workflow”

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My First 100 Days with TRIOS®

An Interview with
WENDY AuCLAIR CLARK, DDS, MS



Most owners of new technology start out by critically scrutinizing their new piece of equipment.

The first 100 days is the perfect span of time to judge a sophisticated product because you are still in the learning stage, but it is long enough to form a qualified opinion about functionality, usability, and results. The 100-day user offers valuable insights.

Dr. Wendy AuClair Clark is a practicing prosthodontist at Goldstein, Garber & Salama, in Atlanta, GA, and a 100-day TRIOS user. Dr. Clark was excited to use the 3Shape TRIOS because she had used other digital impression scanners in the past and was eager to learn how TRIOS would compare.

How was your experience getting started with the 3Shape TRIOS solution? Both the set up and training were easy. The system expert set it up with our network and with the connection to our labs. The second day was training. We worked with the TRIOS



interface: turning it on, adding users, checking cases, and trying out scanning methods. The trainer followed up a month later, which worked perfectly.

How do you like using TRIOS? I have experience using other scanners, but using TRIOS has been refreshing. I appreciate that the scanning is continuous, that I click just one button and start scanning, which makes it quick. I also like that the colours of the scans are so natural and the tip is heated because I don't have to blow as much air into the patient's mouth – which is crucial when it comes to patient sensitivity. I have had a patient who has dreaded traditional impressions because of his gag-reflex. However, with TRIOS, I can stop, let the patient relax, and restart the scan when he is ready.

Has your doctor-patient experience changed since using TRIOS? The patients have been very impressed and appreciate that we implement new technology into our practice. They also like seeing the images from the scan. Eventually I will connect the TRIOS solution with an iPad for patient education as well.

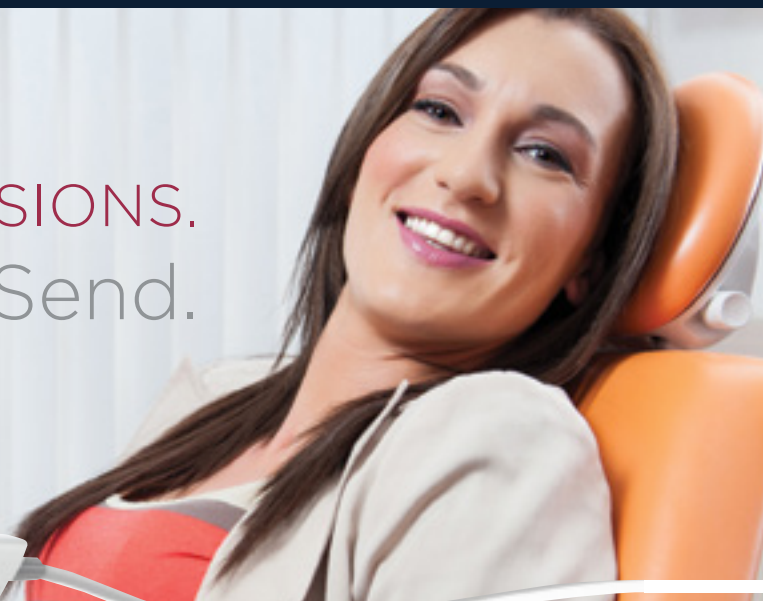
Has the communication improved between you and your labs? I keep in touch with the labs much better and follow up on cases faster, which has reduced the total time for treatments. I was able to get in touch with my lab when they were having trouble reading the margin line. I easily reset the margin line, and the crown came back in perfect form. I didn't have this option with my previous scanners.

What kinds of cases are you mostly using the TRIOS for? Originally I was using it primarily for crowns, including screw retained. However, now I am mainly doing implant cases (milled abutments). Being able to use the same workflow for the scanning has made the transition into implant cases seamless.

“I have experience using other scanners, but using TRIOS has been refreshing. I appreciate that the scanning is continuous, that I click just one button and start scanning...”



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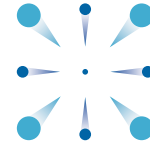
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Michael Corson, DDS

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Henry Schein has been very instrumental in my ability to analyze and grow my practice—their Digital Practice Analysis Tool (DPAT) has been invaluable. I think one of the more tangible ways that both patient flow and production have improved is through increased referrals from patients. For my team and I, it's an amazing clinic to have the opportunity to work in.

Dr. Harbuksh Sekhon
Gallery Dental, Edmonton, AB

"I've known Dr. Sekhon since his graduation from dental school. I worked with him all the way through this project, from obtaining the site and financing through Henry Schein Financial Services to the opening of his dream clinic. There were many challenges during the construction phase because of the build's complexities, but the Henry Schein team dealt with them all!"

Dean Pollard
Edmonton Branch Manager
Henry Schein Canada

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Dr. Rachel Staples
Urban Smiles Victoria

“Having known Dr. Rachel Staples for over 20 years, we both had the same vision of what the perfect practice would look like. The Henry Schein team helped Dr. Staples’ dream become a reality.”

Glenn Turko
Branch Manager, Victoria
Henry Schein Canada

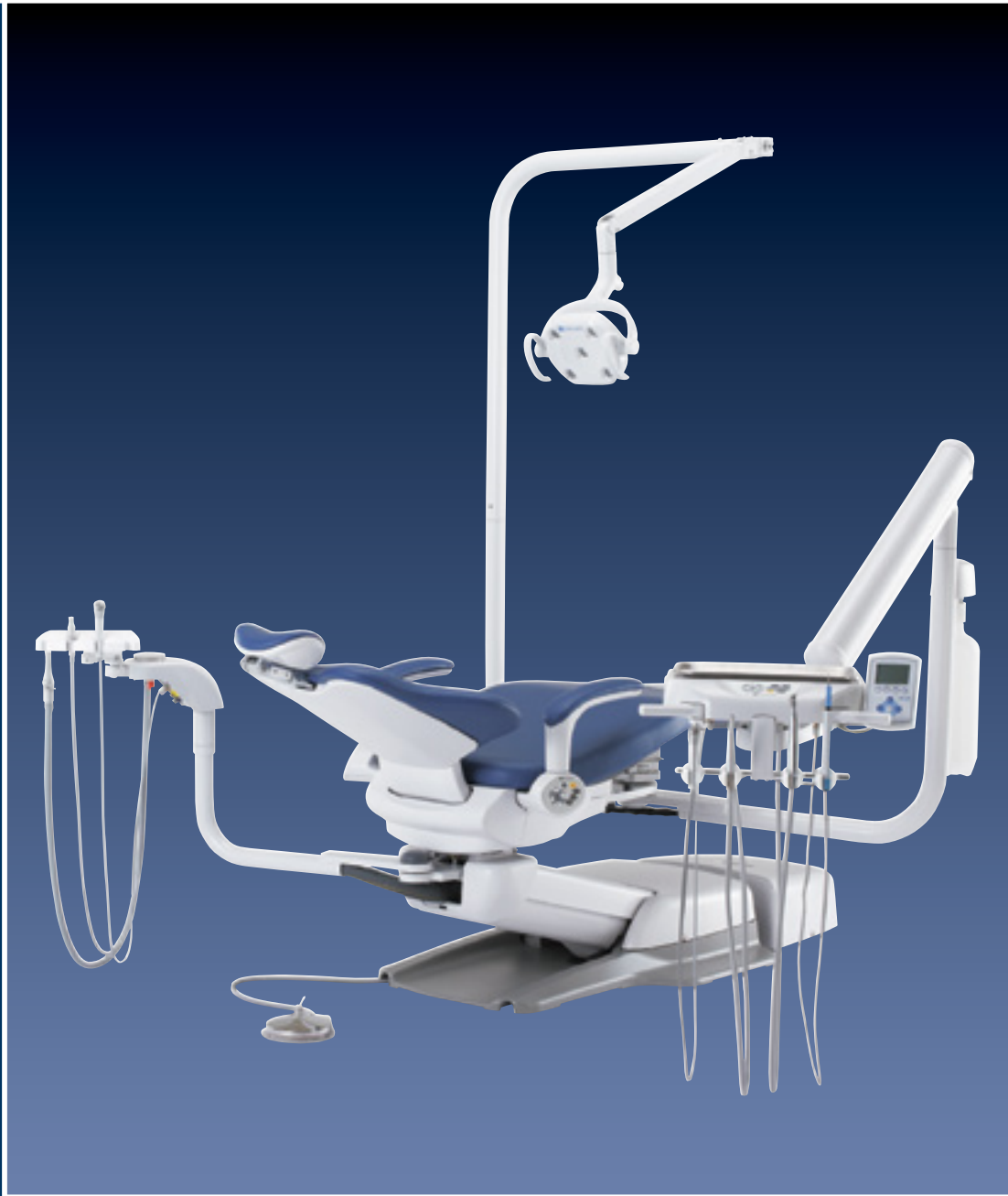
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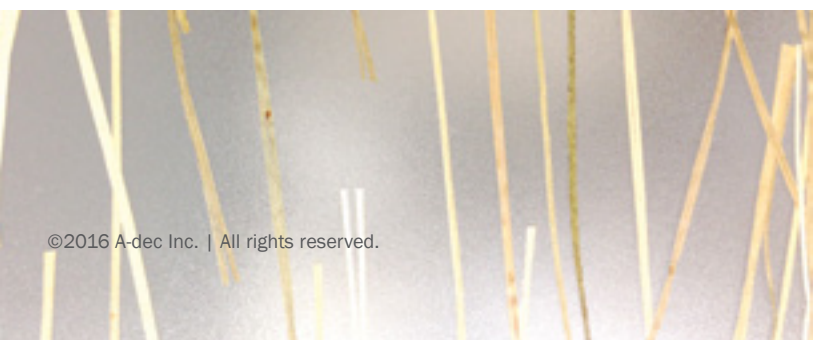
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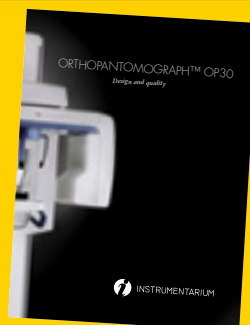
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J. Morita Veraviewepocs 3D F40

By Dr. Howard Fogel, President, Canadian Academy of Endodontics



Until recently, radiographic assessments in endodontic treatment were limited to intraoral and panoramic radiography. These radiographic technologies provide two-dimensional

(2D) representations of three-dimensional (3D) anatomic structures. However, complex anatomy and surrounding anatomic structures can make interpretation of these 2D images difficult. The advent of CBCT has made it possible to visualize the dentition, the maxillofacial skeleton, and the relationship of anatomic structures in three dimensions.

According to the AAE and AAOMR Joint Position Statement 2015/2016 Update "Limited FOV CBCT should be considered the imaging modality of choice for diagnosis in patients who present with contradictory or nonspecific clinical signs and symptoms associated with untreated or previously endodontically treated teeth". Furthermore, the Position Statement goes on to say that "limited FOV CBCT should be considered as the imaging modality of choice for pre-surgical treatment planning to localize root apex/apices and to evaluate the proximity to adjacent anatomical structures". Cone beam CT scans provide more information than conventional dental x-rays, allowing for more precise treatment planning.

I had a J. Morita Veraviewepocs 3D F40 installed in my office by Henry Schein in March of this year. I spent many months searching for the best CBCT for endodontics. There are many reasons I chose the J. Morita unit. The J. Morita Veraviewepocs 3D unit provides the sharpest, smoothest, most highly detailed images that I have seen. This unit features built-in sensors for all image types; a cassette change is never required. Another benefit of Morita 3D units, including Veraviewepocs 3D F40, is limited field of view (FOV) options. A small

FOV allows the clinician to scan ONLY the area of interest – thus reducing dose and protecting the patient from unnecessary exposure. In addition, smaller scan volumes offer higher resolution images of the area of interest, particularly beneficial in endodontics where pathology is often difficult to diagnose. The effective dose for the patient is low. The exposure and processing time is fast. Because the C-arm is rotated at 180°, exposure time is lowered to a mere 9.4 seconds. This minimizes artifacts caused by patient movement. Setup and patient positioning is easy. Veraviewepocs offers flexibility in positioning methods. The region of interest can be positioned by the panoramic image, the bi-directional scout, or the 5 positioning laser beams. We usually use the panoramic scout method. Before taking a 3D image, a high resolution panoramic exposure is taken to target the region of interest on the PC monitor. The C-arm will automatically move into the optimum patient position to get 3D images at the center of the region of interest. When a full panoramic image is not required, 1 to 5 sections of the panoramic image, as well as the maxillary sinus, can be excluded to expose only those areas within the region of interest. By excluding parts of the dental arch, dose is reduced. The partial panoramic function is easy to operate. The ability to position the target to crop metallic restorations out of the image is invaluable in reducing artifacts such as scatter. The i-Dixel software is easy to use. It offers advanced features, plus compatibility with popular third party software. A single scan produces a wide variety of views and angles that can be manipulated to provide a more complete evaluation. The software includes functions to measure distances and angles, zoom

in and out, invert the grayscale, and adjust brightness, contrast, and gamma. It is easy to export volumes and to write them to a CD or flash drive to share with other providers. Writing reports is also easy to do.

The super-high resolution of my J. Morita Veraviewepocs 3D unit gives me the ability to clearly see the PDL, which helps in locating vertical root fractures. I am able to easily identify untreated canals that had resulted in root canal treatment failure. The highly detailed images are critical in assessing complex endodontic cases such as retreatments and periapical surgeries. After using my Veraviewepocs 3D F40 for only a few months I have found it to be clinically superior to 2D periapical radiography for the detection of periapical lesions. It is also vastly superior for the visualization of internal and external resorption. I have become much more aware of pathology in the maxillary sinuses. The 3D nature of the CBCT images have often revealed aspects of a case that have made me alter my treatment plan and, I'm sure, have a positive influence on the clinical outcome. The greater geometric accuracy provided by the Veraviewepocs 3D F40 should prove superior to conventional imaging of treatment follow-up and the assessment of post-operative healing.

All in all, I am very happy with my choice of CBCT units. I wouldn't want to practice without it.

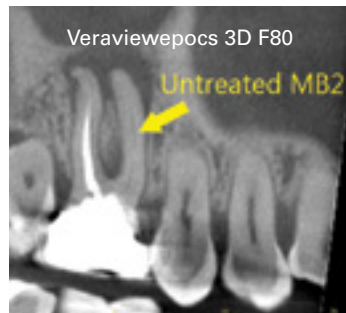


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Veraviewepocs 3D F80 image shows untreated Mesial Buccal 2 (MB2) and a lesion of endodontic origin. Case courtesy of Dr. Geoffrey L. Sas, York Hill Endodontics, Toronto, Ontario.

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CariVu — A Game-Changing Technology

By Dr. Joseph A. Favia



As a practicing dentist for more than 20 years, I have become a great believer in the power of technology. With the myriad types of equipment in the marketplace, it is difficult to single out one to recommend to my colleagues who are starting their careers or adding new technology to an existing practice. In my experience, the DEXIS™ CariVu caries detection device is a relatively inexpensive investment that has a big return. CariVu helps to improve my diagnostic capability, increases patient understanding and trust, and offers an extra level of imaging without ionizing radiation.

When patients are reluctant to have imaging that emits radiation, CariVu is the perfect alternative. For some,

it may be too soon to take additional X-rays, even on a suspicious area. Pregnant women request this no-radiation option. Many cancer patients feel they have already been subjected to too much radiation in the course of their treatment. Even children who have bad gag reflexes or small mouths can benefit from this technology since it's less invasive than X-ray devices. When I am unable to take X-rays due to radiation concerns, I feel extremely confident that I am not missing caries because I can use this adjunct device. CariVu cannot replace X-rays because I still need to see the bone levels and other structures, but we should cater to those patients who are adamant about avoiding radiation when possible, and this is one way to do it.

Of course, X-rays are an important part of dental diagnostics. I am very confident about the clarity of my DEXIS™ Platinum digital X-ray system; however, due to density differences in healthy and non-healthy tooth structure, these areas can be washed out and not appear until there is predominantly more caries than healthy enamel. These areas can go undetected on images from any X-ray system. CariVu is one of my most impressive diagnostic tools that has a great amount of accuracy. That is not just my opinion — studies have shown a 99% accuracy rate*. For years, I had been looking for fracture lines with my curing light. CariVu's technology betters older-style transillumination because the light shines on both sides of the tooth, and it allows me to view, freeze,

capture and save images within my imaging software. I can then know the exact location of the decay or fracture immediately when used on a patient—especially for education, or anytime I revisit their images.

In my opinion, every practicing dentist should have CariVu as part of his/her imaging armamentarium. Currently, CariVu is used in two areas of my office — as part of my comprehensive evaluation of every new patient and in my hygiene area. My hygienists are trained to scan patients so that I can review images during examination. My goal is to have a CariVu in each hygiene room in addition to my treatment rooms. In my opinion, hygienists should be using this on a daily basis. While you cannot put a price on diagnostic value, this device is a small investment for a large return, both clinically and financially. CariVu is a total game changer.

**Kühnisch J. Benefits of the DIAGNOcam Procedure for the Detection and Diagnosis of Caries [study project]. Munich: Ludwig Maximilian University of Munich; 2013.*

ABOUT THE AUTHOR Dr. Joseph A. Favia is a graduate of Loyola University School of Dentistry. He has taken advanced dental education from The Peter Dawson Academy for Advanced Dental Education, The Pankey Institute, and an Advanced Bone Grafting mentorship with Dr. Joel Rosenlicht. Dr. Favia founded The Midwest Surgical Institute for Dental Implants and teaches implant surgical procedures internationally. He maintains a private practice in Arlington Heights, Illinois. He has no financial interest in DEXIS, LLC.



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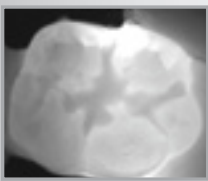
DEXIS CariVu is a compact, portable caries detection device that uses patented transillumination technology to support the identification of occlusal, interproximal, and recurrent carious lesions and cracks. CariVu continues in the long DEXIS tradition of providing intuitive, easy-to-use diagnostic tools for the dental community.

By hugging the tooth and bathing it in safe, near-infrared light, CariVu's transillumination technology makes the enamel appear transparent while porous lesions trap and absorb the light. This allows the clinician to see through the tooth, exposing its structure and the actual structure of any carious lesions with very high accuracy.



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DEXIS CariVu™ is an ideal tool for hygienists to use during routine prophylaxis. Near-infrared transillumination allows you to see into the tooth like never before and can be a vital aid in discovering potential issues like caries and cracks early on. Because it uses no ionizing radiation, it can be safely used as often as needed and on any patient.

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DEXcam™ 4 is another valuable tool on the front lines of patient care. Using real-time intra-oral video provides important visual support when communicating with patients about their oral health and any areas of concern. Images captured over time can help you tell a story of improvement or decline.



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The CariVu caries detection device uses no ionizing radiation. Proximal dentin lesions represented in CariVu images correlate to the actual condition in the tooth with 99% accuracy. For CariVu 'Indications for Use' visit www.dexis.com/ifu. ©2016 DEXIS, LLC DX54980615REVA.HSCEBG



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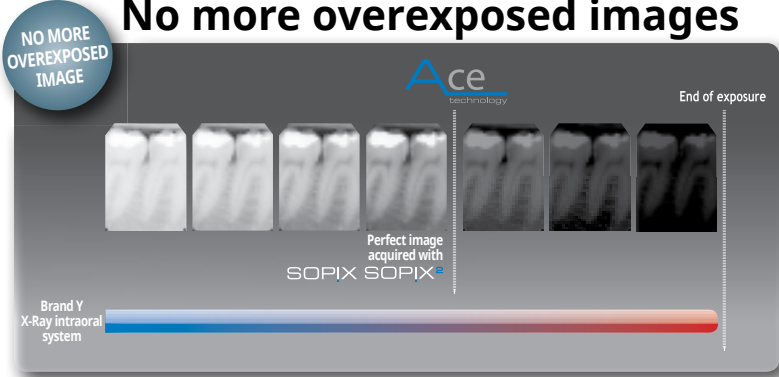


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You're Backing Up, But Are You Backing Up Often Enough?

By MARTIN McCARTHY, Henry Schein Technical Services



Encryption ransomware. Data corruption. Accidental deletion. Hardware failure. Fire, flood, and other natural

disasters. The causes of data loss are numerous, and anyone who has experienced it knows the importance of backups.

One of the most common reasons to restore from a backup is encryption ransomware or a crypto virus. This malicious software typically infects a workstation through an email attachment and encrypts all of the data it can find on the local system and across your network, including servers. Once encrypted, it is impossible to decrypt the files without purchasing the encryption key. Your only options are to restore from backup or pay the ransom. And if the ransomware predates your backups? You're stuck paying criminals to unlock YOUR data.

Here's one situation Henry Schein's Technical Service teams have come across.

Dr. Smith's office is paperless, and data is housed on a server in the office. The office manager runs a backup every

night to an external hard drive. Monday evening, the backup is run, but on Tuesday, someone opens an infected email attachment, and the virus goes to work. Tuesday evening, the backup is run as usual, and Wednesday morning the staff receives a warning that the data is encrypted, and the software is down. The backup from the night before is useless because it, too, is infected. How can data loss situations like this, and others, be avoided?

Use multiple backup drives in a daily rotation for the days you are open, plus a monthly and a yearly backup.

Having multiple points in time from which you can restore data is the best way to protect data in case of disaster or corruption that goes unnoticed.

Always store the most recent backup drive offsite.

Having key drives offsite, away from an environmental disaster like fire or flood, protects against a full data disaster.

Add an offsite or cloud backup solution as a backup to the onsite backup.

Have at least three copies of your data: the original (your server), a local copy stored on a hard drive or other storage device, and an online storage service.

Check your backup software logs frequently to ensure they are running successfully.

The frequency of your backups affect how much data loss you will sustain. What's your data loss comfort level? Make sure your backup schedule aligns with it.

Why not get professional help?

Managing a backup solution that is robust enough to protect your practice's data is complicated, and it's easy to get lost in the details. Henry Schein Technical Services can help tailor a backup solution to your practice's needs.

Technical Services offers consulting services, maintenance, and support programs to keep your critical business systems running. **To learn more about Technical Services support and maintenance options call 1-888-818-5838 or visit www.henryschein.ca.**

"Use multiple backup drives in a daily rotation for the days you are open, plus a monthly and a yearly backup."

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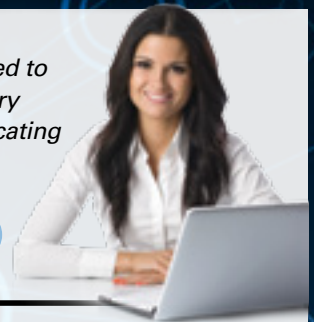
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OCT 7-8 – Boston, MA

3D Congress Canada

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Discover how Cone Beam 3D (CBCT) solutions can enhance your practice and put you in full control of treatment outcomes.

OCT 20-22 – Magog-Orford, QC

3Shape Insane Speed Weeks & Education Events

- OCT 3 – Ashburn, VA Dr. Rajan
- OCT 6 – Denver, CO TBD
- OCT 12 – Cleveland, OH TBD
- OCT 13 – Dallas, TX Dr. Elhage
- OCT 19 – Philadelphia, PA TBD
- OCT 19 – Madison, WI Dr. Rajan
- OCT 31 – Los Angeles, CA Dr. Amin
- NOV 10 – Boston, MA Dr. Jurim

AAID—American Academy of Implant Dentistry

OCT 26-29 – New Orleans, LA

ACP—American College of Prosthodontists

OCT 5-8 – San Diego, CA

ADA—American Dental Association

OCT 20-24 – Denver, CO

A Total Health Approach to Dentistry

- OCT 21 – Southborough, MA Dr. Susan Maples
- OCT 28 – Oswego, OR Dr. Susan Maples

Chic & Bond Gala Evening

NOV 11 – Montreal, QC

DentalFest

- OCT 12 – Burnaby, BC
- OCT 13 – Thunder Bay, ON
- OCT 27 – Calgary, AB

Digital Dentistry 360

Presented by: Dr. Morin

- OCT 13 – Honolulu, HI
- OCT 21 – Minneapolis, MN
- OCT 28 – Lafayette, LA
- NOV 4 – Orlando, FL
- NOV 18 – Seattle, WA
- DEC 9 – Denver, CO

Discover the Hidden Practice

- OCT 7 – Wixom, MI Kerry Straine
- OCT 21 – San Antonio, TX Kerry Straine
- NOV 4 – Indianapolis, IN Paul Smith
- DEC 2 – Corpus Christi, TX Kerry Straine

Domacan 5th Anniversary Conference

OCT 27 & 28 – Mississauga, ON

Geriatric Dentistry

Presented by: Dr. Natalie Archer

OCT 14 - Ottawa, ON

GNYDM—Greater New York Dental Meeting

NOV 27-30 – New York, NY

Location and Leasing for Security and Success – Study Club

Presented by: Alain Sabbah and Brandon Rosser

NOV 24 – Edmonton, AB

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Presented by: Dr. Jeff & Pat Carter

NOV 3-4 – Versailles, OH

Million Dollar PPO

OCT 7 – Santa Ana, CA Dr. Krieger

No Bias / No Bull – Infection Prevention and Control

Presented by: Heather Dubreuil and Wayne Farrugie

OCT 20 – London, ON

Planmeca Event with Dr. Mark Morin

Principles for a Productive Practice.

OCT 7 – Calgary, AB

Planmeca Fit Par E4D Tech 2017

Participants will gain an overview of the science, clinical indications, materials, and techniques of current and emerging digital restorative technologies.

JAN 20 – Montreal, QC

Planmeca Fit Avant-Première

OCT 28 – Quebec, QC

Principles for a Productive Dental Practice

Presented by: Dr. Mark Morin

OCT 7 – Calgary, AB

The Bottom Line with Gordon Christensen

This fast moving “bottom line” course includes the areas of dentistry with the most activity and change in any given year. It is easily understood and has numerous summaries that help attendees to interpret ongoing advancements in the profession.

OCT 9 – Lethbridge, AB

DEC 9 – Ottawa, ON

Tomodensitometrie Volumique

NOV 17-19 – Quebec City, QC

Toronto Academy of Dentistry 79th Annual Winter Clinic

NOV 11 – Toronto, ON

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