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Spring 2019

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## In This Issue

Spring 2019 Volume 50 Issue 2

6 **Meaning in the suffering****Miles R. Cone, DMD, MS, CDT, FACP***A testament to the enduring dedication and passionate contributions of our specialty's ambassadors.*8 **Quiz yourself: Maxillary arch anatomy**9 **Smile donation for a highly customized prosthesis****Yazeed R. Aljohani, BDS and Thomas C. Kiebach, DDS***Digital duplication, replication, and "donation" utilized in a new smile design for a full-arch implant prosthesis.*12 **Single central philosophies****Eva Boldridge, DMD, Daniel Greenbaum, DDS, FACP, and Paivi Samant, DDS, MA***A candid look at the philosophies and practices that current prosthodontists apply to the coveted single central crown.*18 **Intaglio surface design****Amelia Orta, DMD, FACP and Aram Torosian, MDC, CDT***The intaglio surface design of the full-arch implant-supported fixed prosthesis.*22 **Engaging young leaders****Nadim Z. Baba, DMD, MSD, FACP, ACP President***Young leadership is indispensable to the growth of our organization.*25 **Creating a culture of giving****Leonard B. Kobren, DDS, ACPEF Chair***With a changing landscape, we must remain nimble, progressive, and responsive to secure and sustain our specialty.*28 **Our Community**29 **Upcoming Events**31 **Classified Ads**AMERICAN COLLEGE OF  
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► Page 12



**Dr. Yazeed R. Aljohani** is a third-year resident in the Post Graduate Prosthodontics Program at the Louisiana State University School of Dentistry.

► Page 9



**Dr. Miles R. Cone** serves as Editor-in-Chief of the *ACP Messenger*. He maintains a private practice in Portland, Maine.

► Page 6



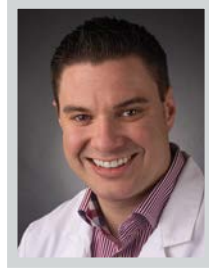
**Dr. Nadim Baba** is President of the ACP. He serves as a professor at Loma Linda University and maintains a private practice in Glendale, California.

► Page 22



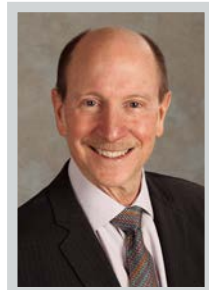
**Dr. Daniel Greenbaum** maintains a private practice in Fairfield, New Jersey.

► Page 12



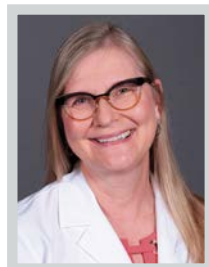
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► Page 9



**Dr. Leonard Kobren** maintains a private group practice in White Plains, New York. He is Chair of the ACP Education Foundation.

► Page 25



**Dr. Paivi Samant** maintains a private practice in Gainesville, Florida.

► Page 12

**On the cover**

Amelia Orta, DMD, FACP and Aram Torosian, MDC, CDT captured this image in the photography studio at The Ronald Goldstein Center for Esthetic and Implant Dentistry at the Dental College of Georgia, a state-of-the-art photography studio providing its prosthodontic residents and esthetic fellows an opportunity to develop their skills in dental photography.



Dr. Orta received her Certificate in Prosthodontics from the Dental College of Georgia and is a board-certified prosthodontist practicing in Washington,

D.C. Outside of dentistry, Dr. Orta and her husband maintain a 100-year-old farm in Maryland where she enjoys photographing an abundance of foliage and wildlife.



Mr. Torosian is a Master Ceramist at the The Ronald Goldstein Center for Esthetic and Implant Dentistry. He completed his

Masters in Dental Ceramics in 2010 from UCLA School of Dentistry's Center for Esthetic Dental Design. His passion for photography was ignited 10 years ago by his mentor Dr. Edward McLaren. Outside of dentistry, Mr. Torosian enjoys exercising and spending time with his wife and two children.

Dr. Orta's inspiration is that every smile is a canvas, which is reflected in both her approach to dentistry and dental photography. And for Mr. Torosian, digital photography gives him the unique opportunity to express his creativity and imagination through the lens.

**Check out their article on intaglio surface design on page 18.**

Cover Image: Intaglio surface of a zirconia implant-supported fixed prosthesis  
 Camera: Nikon D800e  
 Lens: Micro-Nikkor 105mm  
 Flash: Profoto D1 Air 500w  
 Settings: ISO 100, aperture f/25, shutter speed 1/125



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# Meaning in the suffering

Miles R. Cone,  
DMD, MS, CDT, FACP  
*ACP Messenger* Editor-in-Chief

When viewed from the outside, lectures replete with beautiful before-and-after photos from top clinicians in the field may portray prosthodontics as a sexy and appealing endeavor. But this profession is *not* easy, and is certainly not for everyone.

The postdoctoral training is longer than most, the laboratory work is relentless, and the requirements for board certification are certainly more daunting, time intensive, and technique sensitive than any other specialty. My examiners, for example, were prepared with 8-micron shimstock to check the excursive movements of the wax-ups on my articulator. All those hours polishing my casts under microscope prior to challenging the board felt justified at this point.

The clinical aspect is also very physically and mentally taxing. Every day I leave my office so completely exhausted that my wife often remarks that prosthodontics should be considered a contact sport. As far as the salary is concerned, crown and bridge is definitely not a get-rich-quick scheme. And there is never enough time. Patient treatment is so convoluted and protracted that we must become Zen masters in the art of delayed gratification. Truth be told, I am convinced many of my treatment plans won't wrap up in time for my retirement in 30 years.

Here is my guilty admission: often while standing in line at the local café, I watch the baristas go about their work and I imagine how absolutely divine it would be to exchange my facebow and handpiece for a coffee tamper and frothing pitcher. No more broken temps, voids in my final impressions, or late nights in the office filling out patient records. This also means, however, never knowing the creative catharsis of crafting an oral prosthesis with my own hands, never adding to the body of literature for the specialty,

and never positively impacting the quality of life that comes with improved esthetics, function, and oral health for another human being. Upon deeper contemplation between loupes and lattes, I'll take the former.

The spring 2019 issue of the *ACP Messenger* stands as a testament to the dedication and contributions of our specialty's ambassadors. In this issue, we examine the philosophies and practices that prosthodontists apply to the coveted single central crown. Also, within this publication, Drs. Aljohani and Kiebach outline their protocol and execution for the digital duplication and replication of a young woman's intact dentition that is utilized in the smile design and fabrication of her mother's full-arch implant prosthesis. And lastly, Dr. Amelia Orta and dental technician Aram Torosian showcase the seamless collaboration between the clinician and the ceramist in the development of hygienic intaglio contours and delivery of a definitive full-arch implant-supported zirconia framework.

Friedrich Nietzsche noted that "To live is to suffer, to survive is to find some meaning in the suffering." Without meaning, our efforts are reduced to the mere repetition of a task for the sake of work. As prosthodontists, we are part of the greatest dental specialty; however, this distinction comes at a cost. The personal rewards of this specialty are borne from the grinding toil of our residency, after hours on weekends, and behind the scenes of every gorgeous final photograph shown at dental conferences – true gratification that I could never find at the bottom of a cup of coffee. ■



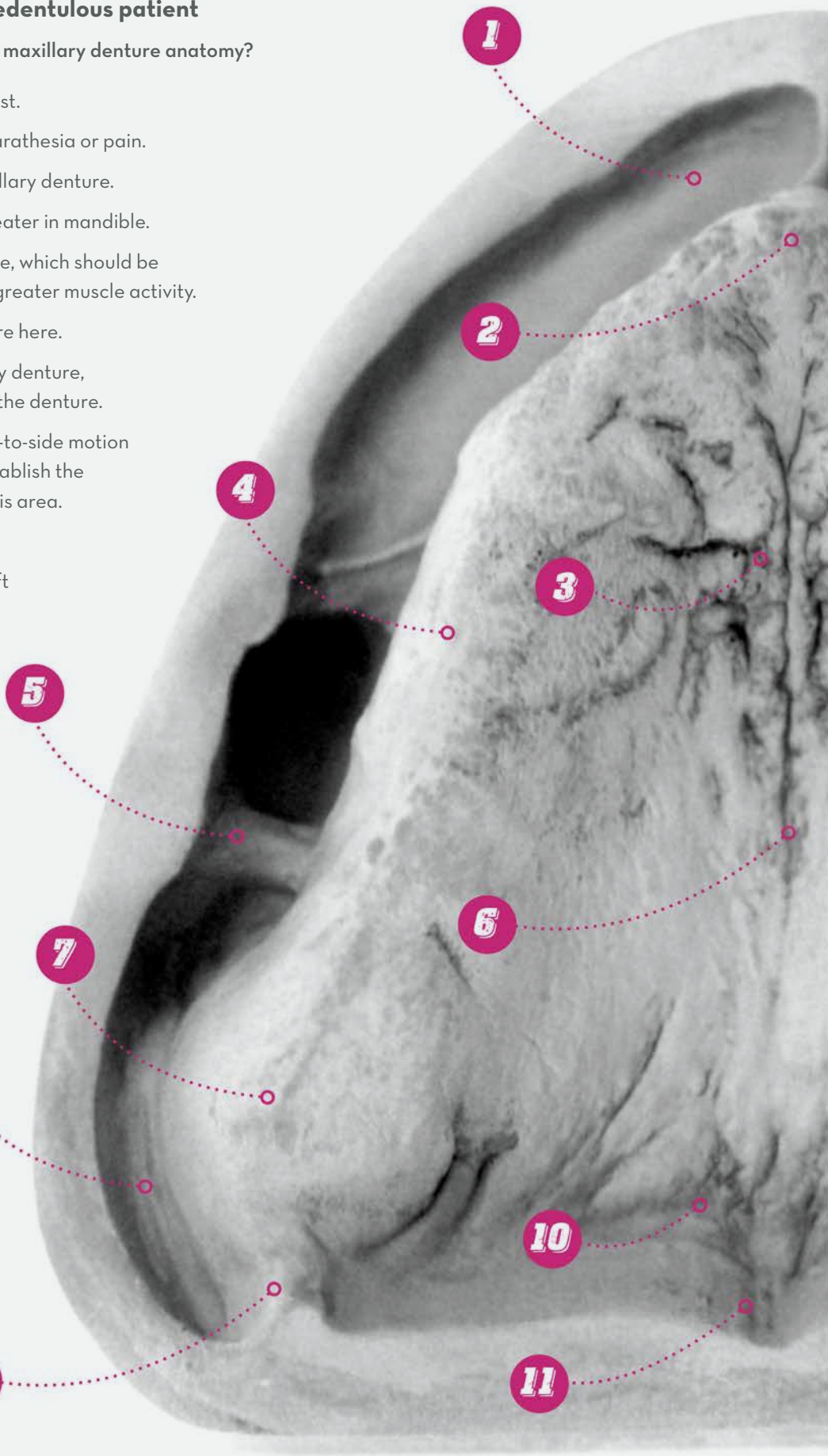
## Maxillary arch anatomy for the edentulous patient

Can you identify these 11 landmarks of maxillary denture anatomy?

1. Influenced by the amount of bone lost.
2. Denture pressure here can cause parathesia or pain.
3. Secondary area of support for maxillary denture.
4. Resorption of this structure is 4x greater in mandible.
5. Creates buccal notch in final denture, which should be wider than labial notch because of greater muscle activity.
6. A bony midline suture. Avoid pressure here.
7. A primary support area for maxillary denture, and resists horizontal movement of the denture.
8. Movement of the mandible in a side-to-side motion during border moulding helps to establish the thickness of the denture flange in this area.
9. Distal limit of the buccal vestibule.
10. Distal to the junction of the hard/soft palate. Development of this feature reduces gagging, prevents food from entering intaglio of denture, and counteracts processing shrinkage.
11. A feature unique to humans, Chen stated that in 75% of cases, the vibrating line is anterior to these structures.

### How'd you do?

Check your answers on page 27.



Credit: Miles R. Cone, DMD, MS, CDT, FACP



# Smile donation for a highly customized prosthesis

Yazeed R. Aljohani, BDS  
Thomas C. Kiebach, DDS

Matching a patient's actual dentition requires more than standard artificial tooth moulds, shades, and typical arrangements. Today, using digital technology, a highly customized prosthesis replicating a patient's own or desired dentition can be predictably achieved.

Many patients are told that such stereotypical arrangements of standard moulds are the best available.<sup>1</sup> Several methods have been documented in the literature for selecting artificial teeth and can be found in the works of Kumar, et al and Ibrahimagic et al.<sup>2-3</sup> However, the most commonly cited concept for selecting artificial teeth is Leon William's in which the form of a maxillary central incisor would harmonize with the face if selected to resemble the inverted outline of the individual's face when viewed from the eyebrows down.<sup>4</sup> William's concept has identified square, tapering, and ovoid teeth that are still being utilized in mould charts of today's manufacturers.

In a recent article series by Besford and Sutton,<sup>1,5</sup> three concepts of denture esthetics were proposed:

1. the use of unvarying tooth moulds utilizing stereotypical positions, which is taught in dental schools;
2. "imperfect anonymous" where characterization and irregularities such as wear and fillings are incorporated in the individual teeth with custom gingival characterization; and
3. "imperfect and personal" in which an additional transforming element is added to those used in the second concept. Teeth are made to resemble the patient's own missing natural teeth based on photographs and pre-extraction records.



Fig. 1 (top): Patient during MMR record.

Fig. 2 (bottom): Intraoral optical scan of the donor's (daughter's) teeth.

Today, digital technology can add a fourth concept to Besford and Sutton's concepts. Intraoral scanners can accurately copy a patient's dentition to be stored, replicated, and used or donated indefinitely. Also, subtractive manufacturing along with advancements in polymer and ceramic technology can accurately reproduce physical replicas of patients' teeth. The aim of this article is to illustrate a clinical case wherein tooth shape, size, and arrangement of one patient can be copied and transferred to the prosthesis of another patient utilizing Dr. Christian Coachman's Smile Donator Concept.



Fig. 3: DSD Photo Protocol of the donor (daughter).

Fig. 4: Individual segmentation of the donor's (daughter's) teeth and design as pontics.



### Clinical Report

A 53-year-old female planned for a maxillary full-arch implant-supported telescopic prosthesis presented to the Postgraduate Prosthodontics Clinic at Louisiana State University School of Dentistry in New Orleans for the interocclusal records appointment accompanied by her daughter (Figure 1). Upon discussing smile design, tooth form, and arrangement preferences, the patient stated that she had the same smile as her daughter's when she was young. In fact, she desired to match her daughter's smile, tooth form, and arrangement as closely as possible with a lighter shade (Figure 8).

A full-mouth intraoral scan of the patient's daughter's teeth was acquired along with photographs corresponding to the Digital Smile Design (DSD) Photo Protocol to utilize the DSD Smile Donator Concept<sup>6</sup> (Figures 2-3). The STL and JPEG Data of the intraoral scan and photos were sent to the lab. Subsequently, the teeth were individually segmented. The individual teeth were designed as pontics and sent for approval by the prosthodontic resident prior to milling (Figure 4).

The design of the donor teeth was approved and milled from a monolithic multi-layered PMMA disc, finished, polished, and returned to the dentist (Figure 5). The palato-cervical aspects of the donor teeth were modified manually with a lab hand piece to resemble denture teeth. The trial set-up was completed using the patient's daughter's photos as a reference.

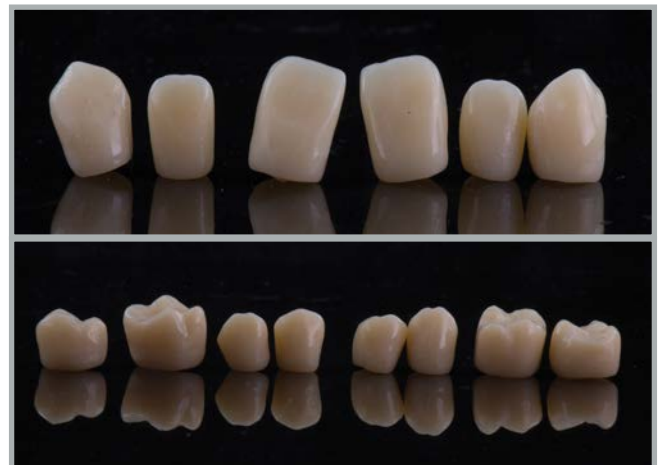


Fig. 5: Milled donor's (daughter's) anterior teeth (top) and posterior teeth (bottom).



**Fig. 6:** Final prosthesis in wax on master cast.

**Fig. 7:** Try-in of the waxed final prosthesis prior to processing.



**Fig. 8:** Patient's smile with definitive prosthesis incorporating the donor's (daughter's) teeth.



**Fig. 9:** Actual smile of the donor (patient's daughter).

During the try-in appointment, the patient presented with her daughter, and the tooth arrangement was refined clinically by using the daughter's smile as a guide. The patient approved the wax set-up after all necessary adjustments were made (Figures 6-7). The waxed prosthesis was flaked in a conventional denture flask and processed in conventional polymethyl methacrylate resin. The final prosthesis was finished and polished in a traditional fashion.

Upon delivery, the patient's expectations were far exceeded by incorporating her daughter's tooth shape, size, and arrangement in the definitive full-arch implant-supported prosthesis. The final results are presented in Figures 8-10. ■

*Special thanks to Dr. Laurie Moeller, Program Director, Post Graduate Prosthodontics, and Dr. Marco Brindis, Assistant Professor of Clinical Dentistry in the Department of Prosthodontics at Louisiana State University School of Dentistry.*



**Fig. 10:** By utilizing today's dental technology, the donor's smile, tooth form, and arrangement were copied to the patient's definitive prosthesis to far exceed her expectations (1-year follow up).

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# Single central philosophies

The single central incisor crown is one of the most challenging things that we do as prosthodontists. We all look at it from very different sets of optics. The conversations in this article were built on this premise and the article seeks to provide different perspectives on how we all look at and approach the problem.

## About the Panelists

- *Dr. Eva Boldridge maintains a private practice in Houston, TX. She has been in practice for 14 years.*
- *Dr. Daniel Greenbaum recently opened his own private practice in Fairfield, NJ. He has been in practice for 7 years.*
- *Dr. Paivi Samant maintains a private practice in Gainesville, FL. She has owned her practice for 15 years.*

**Fee Structure:** Do you charge your usual, customary fee that you would for any crown or do you build in an additional fee for the cost of a single central incisor?

**PS:** I do increase the fee, considering the complexity and time we will have to spend and the additional laboratory costs.

**DG:** Patient expectations matter, so when we're only doing a single central incisor, the expectation level is very high. I know I'll be working with a higher end lab and will need extra visits, so I add in a Premium Lab Fee.

**EB:** I also increase my fee for a single central crown on a natural tooth, considering patient assessment and personality.

**Diagnosis and Treatment Planning:** Will you generally treatment plan for only the one single crown or is it the default that if you do one, the only way you would go forward is if the patient allowed you to do both centrals?

**PS:** I'm very conservative, but it is really case-by-case. If my laboratory and I can produce the kind of result that is invisible, beautiful, and fits the patient's esthetic desires and my practice ethics, I'm okay with doing just one.

**DG:** I have a similar philosophy. I'm not a proponent of just crowning adjacent teeth to make shade matching or symmetry easier. That being said, I always evaluate the adjacent teeth and if they would benefit from restorations, it is a very good time to propose those restorations. If they could benefit from multiple restorations, then that makes our job of shade matching and symmetry easier, so I don't hesitate to treatment plan them at that time.

**EB:** When I initially assess the patient, I'm trying to find out their expectations and their personality. I give the patient my concerns and I usually say, "With this situation, trying to match perfectly can be somewhat of a challenge, even if we take you into the laboratory and have everything assessed." So, in some situations, we may need to recontour or adjust the adjacent tooth to make them more symmetrical and match.

**Patient Expectations:** How do you manage patient expectations regarding the esthetics, cost, time commitment, etc.?

**PS:** I ask the patient, “What do you envision the end result of this being?” If they say, “I want to put my mirror very close and look at the tooth and I won’t be able to tell that it’s a man-made entity,” then we will do a second consult and involve the technician. We try to navigate the expectations and explain what will be possible in our professional opinion. Then we continue the dialogue until it is felt that we’re on the same page, understanding how the end result is going to come out. When I’m trying to navigate patient expectations, I try to understand and match their expectations. If I truly feel that my lab tech and I cannot get as close to the patient’s expectations as they would like, then I sometimes say, “I do not think that we can deliver this to you”.

**DG:** When the motivation to restore the tooth is for esthetic reasons, I am very careful to explain to patients what can be accomplished realistically, without over-promising. While I do feel that I have a good eye for tooth morphology, line angles, and shade, and that I can deliver beautiful results, single central incisor restorations are a very big challenge. So, at the end of the day, if a patient asks me, “Will I be able to tell that it’s a crown?” I will say “yes” and explain that different light conditions at times may make the restoration look different than its neighboring teeth, and so on. It is important to set up reasonable expectations. And some patients are clearly unreasonably demanding, so I let them know that I may not be able to meet their expectations.

**EB:** When I’m meeting the patient, I ask them, “If I was your fairy godmother, what would you want?” I try to see what their expectations are, how they feel about it, and then I do my assessment of everything and see exactly what it is I need to do and explain that to them. I then immediately explain what I think



Shade taking for single central restoration.

my challenge is, trying to point out things on their smile to draw their attention to it and say, no matter what I do I can’t correct this. I spend a lot of time critiquing before I even touch them. I may have to change my materials, but I’ll see how they do in the temporary. That temporary tells me how things are going to work, not just from an esthetic perspective, but phonetics and bite as well. The stakes are higher when you’re dealing with a single tooth, so, I try to reiterate to the patient that even though it seems simple, there are many aspects to it that we need to consider.

**Scheduling:** How often would you say that a single central gets bonded or cemented on the very first visit? If not on that first visit, how do you approach follow-up visits?

**PS:** It hardly ever goes in the first visit. Because I do the try-in before we set the cementation day, and we do custom staining and preview it intraorally, it is maybe 4 visits that are planned in advance. I’m lucky that I have a technician close by (almost like having an in-house technician), who is involved in the whole process. The patient knows that the process might take longer for a single central, but that is why they come to see us.



Single central try-in appointment.



Cross-polarized photography for shade analysis of single central veneer.

**DG:** Once a patient accepts a treatment proposal, I write a sequence, which is basically Visit 1 “prep,” Visit 2 “try-in,” and Visit 3 “insert.” Often, I will insert the restoration on Visit 2, but I like to plan for the extra visit from the get-go in case it is needed, and to manage patient expectations. If the whole reason that the restoration is being done is to address an esthetic concern, then 95% of the time, there’s going to be a third or even fourth visit. But averaging in all the single central incisors that I do, two-thirds of the time they go in on the first try-in visit.

**EB:** I do have follow-ups already scheduled for one week, two weeks, and then at a month just to check on them to see how they’re doing. It’s always easier for me to say that this is going to be a challenge and we’re going to need a bit more time to adjust something, rather than me winging it. So, if I already have told myself and the patient the plan, it’s more of an expectation and they understand it more.

**Impressions:** What is your impression technique?

**EB:** I am in the transition. So, both labs that I use have digital, but I’m using both just to make sure.

**PS:** I have used a scanning unit for the last 6 years. Sometimes, I still do manual impressions as well. Depending on the type of case, I might use both digital and traditional.

**DG:** Up to this point, I have been using mostly traditional/analog impression techniques. But in my new practice, I am transitioning over to digital impressions and digital workflows. Digital offers many benefits in these types of cases, such as virtual mock-ups for presentation and improved communication with laboratories.

**Restoration Materials:** What is your preference for the restorative materials for the crown?

**DG:** When selecting a restorative material, the key is what we are *masking* and what we are *matching*. Color of the prep or “stump shade” is important, as dark preps could influence the appearance of some restorative materials. And, the appearance or restoration status of the adjacent teeth is a very key consideration as well.

**EB:** e.max in the anterior is my preference, but each case is different. Stump shade and adjacent teeth also have to be considered. I consider the opposing dentition, occlusion scheme, and closest speaking space when determining which restorative material to use.





Delivery appointment for single central layered zirconia crown.



**PS:** The prepared tooth color plays a role. If we need to cover more, we'll probably go with a zirconia core with a heavier cut back. I also use e.max. It is really customized. We select materials on a case-by-case basis and I find that's sort of wonderful and fun.

**Laboratory Selection:** Do you always use the same lab, or do you use a special lab for certain cases?

**PS:** I use my technician basically for all restorations. With him, we can look at all the different materials available, and really plan it to a T.

**DG:** I use different labs for different things. I use some larger labs for certain things that require less attention to detail that they can do predictably at a good cost. And I have other labs that I use for esthetic and more skill-demanding cases.

**EB:** I have one that is more esthetic, especially for the anteriors as well as just my regular lab.

### Communication with the Laboratory:

What ways are you using to communicate with your laboratory? Do you mount cases and send to the lab?

**PS:** At the initial visit, I will take photos. Then, I will meet with the technician to go over the case. He may also want to take photos with his own camera and lighting, so sometimes the patient goes to the lab for these cases. We also send facebow records and if it's something more complicated, I will send my custom incisal guide table.

**DG:** With these cases, I like to communicate by sending photos and records such as casts or scans. For photos, I send full-face and close-ups, and photos with shade tabs. And for shade matching, I'll often sketch a 'shade map' on a printed picture. To guide my lab on restoration shape and morphology, I send either a record of my provisional restoration or a wax-up. For cases that need to be mounted on an articulator, it is my preference to mount on my own and send the case to the lab mounted on my articulator.

**EB:** I have a scanner, so we have the shade. But, I usually do a map of the adjacent teeth and I draw what I feel the variations in the shades are. I usually print and email a picture as well. And, I usually have the patient go to the laboratory since my labs are local. I tell the patient from the beginning if I foresee them needing to go to the lab, so they're aware.



Single central porcelain laminate veneer.

**Return on Investment:** How do you view the Return on Investment (ROI) for a single central? Which is more valuable: tangibles (monetary) or intangibles (word of mouth, marketing, website content)?

**DG:** At face value, the anterior tooth has a lower ROI than a posterior tooth because we're investing more time and using more expensive labs. But what you lose in immediate tangible returns, you get back in other ways. With single central restorations, patients often have heightened nervousness and awareness because it's a front tooth, so, when you're able to please them, there's a real satisfaction. And patient satisfaction certainly leads to practice growth!

**PS:** We do get more word of mouth referrals than practice referrals. So, I don't think single centrals really are the money makers, but they are practice builders. I get personal and professional satisfaction out of these anterior restorations, which means the world to me and it makes me happy to be a prosthodontist.

**EB:** If it's a highly esthetic case, I would consider getting a return if I get a good photo of them. When I want to take a picture of the patient, they really like that. Photography is my side deal too, so I'll try to use that for my marketing.

**The Barometer:** Does this procedure serve as a barometer for our profession against which all other procedures are measured?

**EB:** I think it is a very good barometer. And I think the reason why, at least from my viewpoint, is that dentistry and everything else is now an idea thanks to social media. Everything is instant. Poof, it's there! There is so much advantage to that, but I think sometimes patients do not understand the complexity of matching a natural tooth. And, all we're doing is mimicking to the best of our ability. We can get really close, but it's never going to be the exact. ■

Single Central Incisor Images  
Credit: Miles R. Cone, DMD, MS, CDT, FACP





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# Practice Management

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# Intaglio surface design

Amelia Orta, DMD, FACP  
Aram Torosian, MDC, CDT

The intaglio surface design of the full-arch implant-supported fixed prosthesis requires knowledge and skill from the clinician and laboratory technician to properly design and execute.

It should provide intimate tissue contact, prevent food impaction, prevent speech impediments, and be contoured to allow access for hygiene.<sup>1</sup> The intaglio contour should be developed in the provisional restoration, reflected in the master cast, and used to guide the final prosthesis.<sup>1-2</sup> Several impression techniques are described in the dental literature to transfer the sculpted peri-implant soft tissues developed by the provisional restoration to the final impression and master cast.<sup>2-6</sup> These techniques are utilized routinely for anterior implant restorations including fixed partial dentures with ovate pontic forms to produce optimum emergence and esthetics.

For the FP-3 type<sup>7</sup> prosthesis the intaglio contour may not be treated with such precision having the potential to introduce errors and compromises in the definitive prosthesis. This article shares a case report in which a practical method was used to communicate the intaglio surface design for a full-arch implant-supported fixed FP-3 type prosthesis between the clinician and laboratory technician.

## Case Report

A patient presented to the Dental College of Georgia with an acrylic provisional full-arch implant FP-3 type prosthesis. The patient had worn the prosthesis for several years and desired to have it replaced with a definitive prosthesis.



**Fig. 1:** Existing acrylic provisional prosthesis exhibited poor implant emergence and concavities.

The abutment-level acrylic prosthesis was observed to be at an appropriate vertical dimension of occlusion with an acceptable occlusal scheme and esthetics.<sup>1, 7-10</sup> The intaglio surface exhibited poor implant emergence and concavities (Figure 1). The clinician modified the intaglio surface by reducing and adding acrylic resin in select areas to improve implant emergence, eliminate concavities, and produce a cleansable surface.<sup>1,10</sup> The newly designed intaglio surface then served as the reference guide for the definitive prosthesis.

A preliminary abutment-level closed-tray impression was made with polyvinyl siloxane to aid in fabricating a splinted impression jig and custom tray. The tissues showed a favorable response to the modified intaglio design (Figure 2). The sectioned impression jig was



**Fig. 2:** Tissue response to the modified intaglio design.  
**Fig. 3:** Master cast of with the soft tissue profile in a collapsed state.



**Fig. 4:** Removal of the gingival mask and placement of the acrylic prosthesis.  
**Fig. 5:** Modified master cast with the soft tissue profile in a sculpted state.

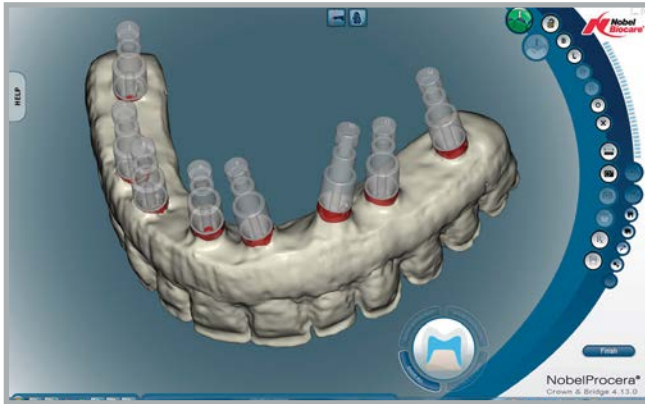
connected with auto-polymerizing resin using the “bead-brush” technique. A splinted abutment-level open-tray impression was made using a custom tray and polyvinyl siloxane impression material.<sup>11</sup> Due to the extended amount of time taken to perform the splinted impression procedure, the tissues experienced collapse and did not completely reflect the contour developed by the provisional prosthesis.<sup>2-4</sup>

The open-tray impression was directly injected with gingival mask and poured with type IV dental stone. The master cast was generated and verified.<sup>12</sup> Due to the collapse of the soft tissue profile the master cast would require additional but arbitrary modification by the laboratory technician (Figure 3). Adjustment of the master cast has the potential to introduce errors including deficient tissue contact that could result in food impaction or air escape or excessive tissue contact that could cause pain to the patient on

insertion, tissue necrosis, or prevent the prosthesis from completely seating.<sup>3</sup> These issues could result in increased chair time for the clinician and laboratory work for the technician.

In order to precisely replicate the desired intaglio surface design on the master cast the following method was used:

The clinician removed the gingival mask from the master cast and adjusted the dental stone to allow full seat of the acrylic prosthesis (Figure 4). The clinician injected gingival mask under the intaglio surface of the prosthesis to capture the intaglio design (Figure 5).<sup>2,5,6</sup> Using the acrylic prosthesis, the case was mounted on an articulator following conventional techniques and putty matrices of the acrylic prosthesis were made.



**Fig. 6:** Computer-aided design of the zirconia framework (Procera, Nobel Biocare).



**Fig. 7:** Clinical try-in of the zirconia framework.



**Fig. 8:** Zirconia framework with layering porcelain on the facial surfaces.



**Fig. 9:** Insertion of the definitive zirconia prosthesis.

The technician used the mounted master cast and records as reference to design the zirconia framework for the definitive prosthesis. A scanning and design sequence was used to fabricate a CAM machined yttrium-tetragonal zirconia polycrystal (3Y-TZP) framework (Figure 6).<sup>13-15</sup>

The zirconia framework utilized a minimal “facial-only” cutback technique.<sup>15-17</sup> The framework was confirmed for passive fit,<sup>18</sup> occlusion, incisal edge position, phonetics, and intaglio contour (Figure 7).

The framework was layered on the facial aspect of the tooth and gingival areas with porcelain (Figure 8).

The definitive zirconia prosthesis exhibited an intaglio surface design that replicated the modified acrylic prosthesis and provided optimum contours for hygiene (Figure 9).

### Summary

The method described provided the patient with a definitive prosthesis that reproduced the contours developed in the provisional phase and required no adjustments to the intaglio surface at the time of insertion. ■

### Acknowledgements

*The authors would like to thank the team at the Goldstein Center for Esthetic and Implant Dentistry at the Dental College of Georgia including faculty members Dr. Gerald Chiche, Dr. Jimmy Londono, Dr. Philip Baker, and Dr. Darshanjit Pannu, and esthetic fellow Dr. Rudy Vega for their advisement and contributions to the case. This work was supported by the Nobel Biocare/Augusta University Center for Excellence, Augusta, GA.*



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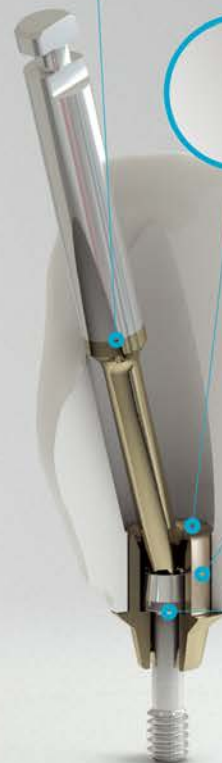
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# Engaging young leaders

Nadim Z. Baba,  
DMD, MSD, FACP  
ACP President

During our last ACP Board of Directors meeting in Chicago, we invited a young prosthodontist to attend the meeting as a guest. This practice has been going for many years to provide our future colleagues with an idea of how the ACP functions, help them experience what it means to serve their peers, and promote mentorship.

Anthony Tjan, CEO, Managing Partner, and Founder of the venture capital firm Cue Ball, said, “The best leaders practice a form of leadership that is less about creating followers and more about creating other leaders.”



In this new era of technology, mentorship is indispensable as it helps our College create the future leaders that will ensure the strength and growth of the ACP. We have no shortage of talented and highly motivated young women and men capable of picking up the baton. Our duty is to mentor our young colleagues and create certain chemistry and genuine relationships built on respect and intercollegial partnerships. Our duty as leaders is to inspire them to serve and be engaged in shaping the future of the College.

It is essential to put aside our skepticism about this Generation Y or Millennials. They are often accused of not being hard workers, having a sense of entitlement, and being social media addicts.

However, they are paramount to our organization for several reasons:

1. Young members understand the technological challenges of the specialty and the great majority has embraced the technology and learns at a faster pace than we do. They understand the next generation progression, their needs, and expectations.
2. They produce a passionate and positive attitude when brought to the table, and they are a pleasure to work with.
3. They think differently, ask questions, and challenge the status quo. Adding them to a table among senior leaders makes their contribution crucial to the success and the future of the College.
4. They are hungry for knowledge and always willing to help. If we get them involved in our mission and the vision of the College, they will become great advocates of the ACP.

Let the College rise by inspiring and mentoring our young prosthodontists. ■

## 2019-2021 Strategic Directions

The College and Foundation are aligned to shape the future of the specialty. Here's what we're focused on:



Increase Member Engagement



Enhance Quality of Care to Improve Patient Outcomes



Create Leadership Development Program



Position the Specialty as a Leader



Maintain Organizational Sustainability and Viability

Here's what you can look for:

- ▶ New **Practice Management Course** on August 10, 2019 in Chicago
- ▶ New **Financial Literacy Webinars** coming soon
- ▶ **More news and updates** on specialty representation and advocacy within organized dentistry

## Sand, surf, and seminars

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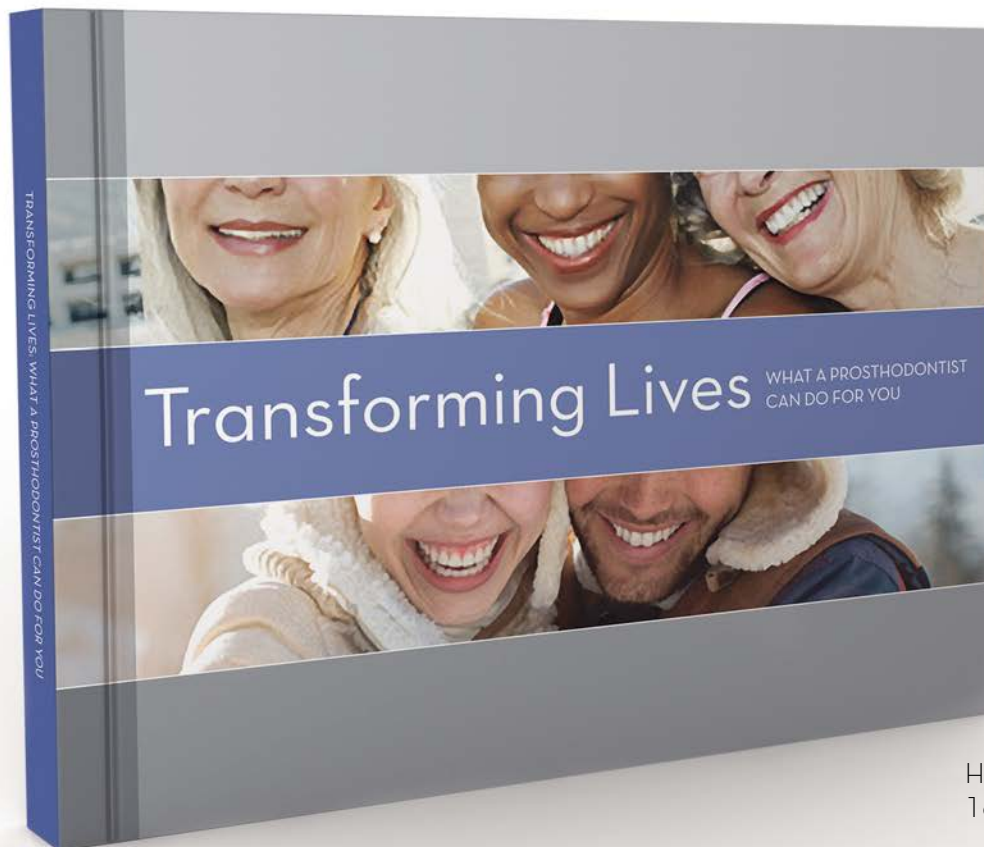
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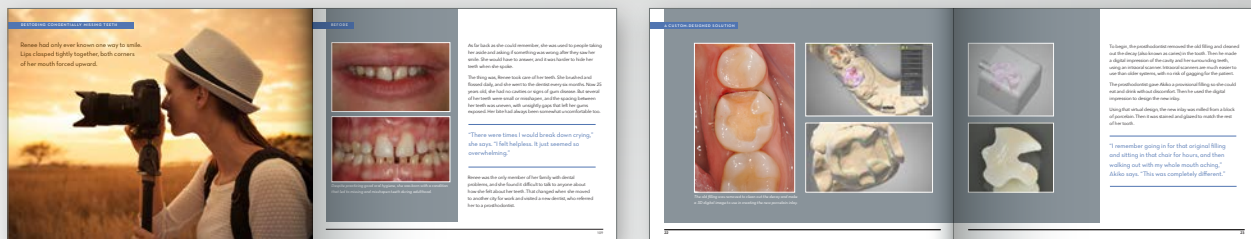
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# Creating a culture of giving

Leonard B. Kobren,  
DDS  
ACPEF Chair

Each of us must become career-long, consistent contributors to the Foundation to secure and sustain our specialty. In my previous article, I shared with you my enthusiasm for the bright future that lies ahead for our specialty.

The specialty is energized because of the many young and brilliant professionals that continue to join the ranks of this exciting and fulfilling profession. With the changing dynamics taking place in the dental landscape, we have even more compelling reasons to support the mission of the ACP Education Foundation (ACPEF).

## How donations help

The ACPEF is committed to cultivating a culture of giving by being judicious stewards of donor contributions. Therefore, no donation is too small. For over three decades, the Foundation leadership has strived to enhance the value of membership in the ACP by providing financial support for training, education, and research, as well as attaining greater public awareness and understanding of our specialty.

## Fulfilling our vision and mission

The creation of a unified Strategic Plan has provided the ACP and the ACPEF the opportunity to refine our shared vision for the future. The Foundation's mission is to provide funding to support education, research, training, and other opportunities for growth for all members within the specialty of prosthodontics. That is why we – the ACP and ACPEF – are committed to lifelong learning and leadership. Thanks to the continued generosity of ACP members and corporate supporters, excellence is advanced with ongoing collaboration, networking, education, research, and practice management.

## Training and mentoring

Thanks to the continued multi-year pledges and fruitful discussions with some of our most ardent corporate supporters, Ivoclar Vivadent and Straumann, the Foundation can continue to offer innovative training and research funding to help ACP members gain valuable knowledge to improve health for their patients and their communities.

Not only will we continue to provide funding for our traditional programs, we are also pleased to share that the Foundation has launched three new initiatives. These new initiatives are designed to support professional development, mentoring, and networking opportunities specifically for private practice members. Programs in practice management and financial literacy are being developed to begin in 2019. A third program is being designed to formalize and expand our mentoring program. A focused effort will help members from all segments of the ACP to become more successful leaders in their practice, community, and careers. In addition, the new programs will offer transparent pathways for ACP members who are considering volunteer leadership to serve in positions of responsibility.

## Member engagement

We have remained nimble, progressive, and responsive to changing times. Fifteen years ago, the Foundation made the critical decision to fund the ACP dues for every postdoctoral resident and offer travel stipends for

them to attend our Annual Session. That decision fundamentally changed the level of engagement within our specialty resulting in unity and purpose.

The presence of over 400 residents, with their myriad of e-poster presentations and unbridled enthusiasm, has created an element of excitement beyond what could have been imagined. We remain the only specialty that hosts two annual conferences for prosthodontic educators. These have solidified our prominence in developing the direction of undergraduate and graduate restorative/prosthodontic curricula, essentially affecting all other dental specialties. These are just a few of the accomplishments through which a generation of ACP leadership and their collective vision has created a level of trust, respect, and continued support from our corporate supporters.

### Education

Our specialty has established a position of preeminence among all dental specialties. Our effort to incorporate the proficiency of implant placement into postdoctoral education and the inclusion of implant surgery into the purview of ethical prosthodontic practice are defining paradigms. It has connected our knowledge of all things restorative with the logical progression to today's dental/surgical single provider mode.

Henry Schein's \$1.25 million gift enabled the development of the Digital Dentistry Curriculum. This has made a significant contribution toward shifting the landscape of prosthodontic education. The creation of the curriculum provides academic institutions with a resource to incorporate digital technology into the educational framework. It is a testament to what can be achieved when collaboration is at the forefront of creativity and leadership. Currently, 119 U.S. and Canadian

undergraduate and graduate programs have applied for the information. Thirty-seven North American programs and thirty-three international programs are in various phases of implementation.

### We are making progress

As you see, we are listening to you – ACP members! The ACPEF Board of Directors, in collaboration with the ACP Board of Directors, recognize that the core value of our shared vision encompasses supporting your efforts to provide the best possible care to your patients. To that end, you have our promise to continue to steward your donations in a manner that supports your growth as professionals and will provide the financial resources to meet the specialty's needs in this everchanging environment.

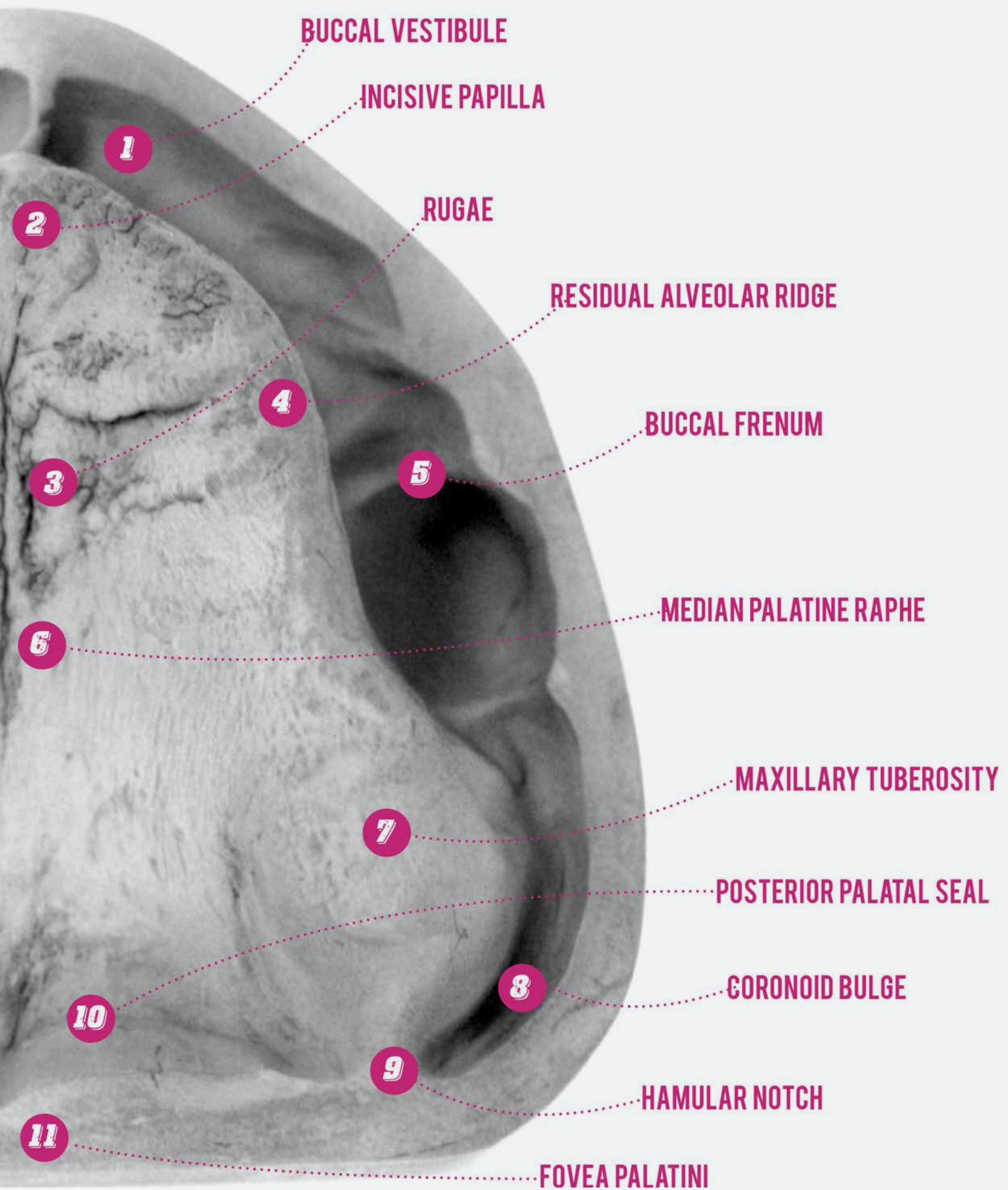
### Your support is pivotal

The Foundation is committed to supporting the professional development of ACP members and donors throughout the continuum of their careers. In 2018, more than \$203,300 was raised from 585 ACP members through individual donations and pledge gifts. It is my hope that more ACP members will celebrate the successes and accomplishments that have been achieved on behalf of our members and the specialty and consider making the ACPEF one of the non-profit organizations for your charitable giving.

In 2019, I am inviting every ACP member to make a donation to the Foundation. Small or large, your financial support is pivotal to helping us achieve our short- and long-term goals of providing support for every segment of our membership through programs for private practitioners, education stipends for residents, grants for educators and researchers, and support for the specialty.

**Join us. Inspire others with your generosity. ■**





## Digital Dentistry Curriculum Makes International Debut



Dr. Heba Elkassaby from Rutgers School of Dental Medicine

The Digital Dentistry Curriculum made its international debut at the International Dental Show in Cologne, Germany on March 13. Over 25 attendees from 8 countries around the globe were represented.

Dr. Gerald Grant, Chair of the Curriculum Initiative Working Group, introduced the curriculum, which was created with support from Henry Schein Dental. Dr. Grant described the development and format of the curriculum and outlined the support available to educators from the ACP and ACP Education Foundation.

Drs. Heba Elkassaby (Rutgers) and Ben Wu (UCLA) reported on their experiences at pilot schools that have implemented the curriculum. ACP President Dr. Nadim Baba was also in attendance to support the efforts of the curriculum. Videos of the presentations are available on the ACP's YouTube Channel.

## ACP Represented at ASDA Annual Session



Dr. Aema Athar, Chief Prosthodontic Resident at the University of Pittsburgh, represented the ACP at the 2019 Annual Session of the American Student Dental Association, which brought nearly 600 dental students to Pittsburgh.

“We had a great time talking to curious dental students about specializing in prosthodontics,” said Dr. Athar. “There were many students who recognized how challenging prosthodontics can be. Despite that, quite a few students were drawn to the creative,

troubleshooting aspects of prosthodontics. The most popular topics discussed were implants, esthetics, and digital dentistry. Overall, the consensus was that it's a great time to be a prosthodontist!”

This conference is a source of personal and professional development: career planning, business and financial leadership, advocacy, professional issues, chapter leadership, and management. This meeting is the official gathering of ASDA's House of Delegates, where policies are set and leaders are elected. Students that dropped by the booth learned about prosthodontic residency programs, careers in prosthodontics, and the benefits of ACP student membership.

## New Awards Program for *Journal of Prosthodontics*

The ACP Board of Directors has approved an awards program for articles published in the *Journal of Prosthodontics*. The first awards will be granted in the fall of 2019 and will recognize three articles submitted to the *Journal* in 2019.

The awards will include a cash prize and recognition in the *Journal*. Awards will be granted for best research article, best systematic review, and best clinical report. Associate Editor-in-Chief Dr. Sharon Siegel and a panel of *JoP* editors will judge the articles on, among other things, originality, contribution to the prosthodontic literature, and applicability to the practice of prosthodontics.

The awards will be prior to the 2019 Annual Session in Miami. In addition to a cash prize, the awarded articles will be recognized in an issue of the *Journal of Prosthodontics*, and the authors will have an opportunity to share their opinions regarding the importance of their work to the field.

If you or your colleagues have research or an intriguing clinical report you think would make a good *JoP* article, and be to be considered for the first annual *Journal of Prosthodontics* awards program, please submit at <https://mc.manuscriptcentral.com/jopr>. If you have any questions, please contact Alethea Gerding, Managing Editor of the *Journal of Prosthodontics* at [agerding@prosthodontics.org](mailto:agerding@prosthodontics.org).

## Digital Dentistry Symposium Success in Chicago

The ACP's fifth Digital Dentistry Symposium hosted a crowd of over 120 attendees in Chicago.

Program Chair Dr. Mark Ludlow and the Digital Dentistry Symposium task force put together a stellar program, with breakout sessions, hands-on workshops, and more. Attendees included prosthodontists, oral surgeons, general dentists, lab technicians, dental hygienists, residents, and other dental professionals from all over the world.



“What a wonderful two days! This year, we had a very diverse program that highlighted the broad spectrum of the application of digital dentistry across a variety of different specialties and fields,” said Dr. Ludlow. “It was truly a remarkable time. A very big “thank you” to our attendees, speakers, sponsors, and all of the wonderful staff that made it all possible. We’ll see you all next year!”

ACP members Drs. Eva Boldridge and Fotini Chrisopoulos highlighted the sights and excitement from the symposium on Instagram. Check them out by following @acprosthodontists and clicking the DDS Takeover highlight.

### Upcoming Events

**Pennsylvania Prosthodontic Association Annual Meeting**  
May 31-June 1, 2019  
State College, PA  
[Prosthodontics.org/events](http://Prosthodontics.org/events)

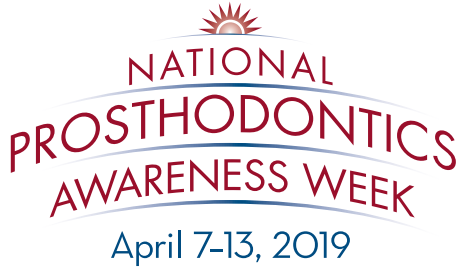
**Florida Prosthodontic Association Annual Meeting**  
July 26-28, 2019  
Orlando  
[thefpa.org](http://thefpa.org)

**Practice Management Course**  
Aug. 10, 2019  
Chicago  
[Prosthodontics.org](http://Prosthodontics.org)

**49th Annual Session**  
Oct. 30-Nov. 2, 2019  
Miami  
[acp49.com](http://acp49.com)







## Share Your NPAW Success

That's a wrap! Congratulations to all of our members who hosted and participated in events and activities for National Prosthodontics Awareness Week. We're excited to find out what you did to celebrate.

Please remember to send in a report of your activities to Evan Summers at [media@prosthodontics.org](mailto:media@prosthodontics.org) and include who attended, what was the event/activity, when the event/activity took place, where the event/activity was held, and how many participants were involved. Any pictures can be included as well.

Together, we've raised public awareness and advanced the specialty.

## Welcome New Members

*January – March 2019*

### New Fellow

Dr. Mariam Margvelashvili-Malament

### Reinstated Fellow

Dr. Sanjay Karunagaran  
Dr. Wei-Shao Lin

### Reinstated Members

Dr. Rami M. ElRefai  
Dr. Walter J. Leckowicz, Jr.  
Dr. Johanna Yepez

### New Resident/Graduate Student Members

Dr. Mahmood M. Abu Ruja'  
Dr. Yun-Chu Chen  
Dr. Hoon Min  
Dr. Alyssa-Joy T. Oviatt  
Dr. George R. Sloan  
Dr. Angela P. Velasquez

### New Academic Alliance Affiliates

Dr. Jorge Palavicini  
Dr. Mehrdad Soheili

### New Advanced Program & Graduate Student Alliance Affiliate

Dr. Balqees S. Almuffeh  
Dr. Tyler T. Rubino

### New Predoctoral Alliance Affiliates

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Ms. Thu Trang Pham  
Mr. Michael C. Polio  
Ms. Wachiraya Poonnak  
Ms. Aarti Sachin Prabhu  
Mr. Jamie R. Progebin

Mr. Blake H. Reed  
Ms. Erica L. Ribenboim  
Mr. Chase W. Richards  
Mr. Gabriel E. Rodriguez  
Mr. Edward A. Rynkowsky  
Ms. Karisse Joselle Seegobin  
Ms. Melika Shayegh  
Ms. Ankita Sheth

### New Global Alliance Affiliate

Dr. Trupti Ajitkumar Alva

## Job Opportunities

**Florida (Naples/Marco Island)** – Job Opportunity in Sunny Florida: Engle Dentistry has been offering multi-specialty dental care to the Naples and Marco Island, Florida area since 2000. With 2 offices, they are looking for an experienced Prosthodontist. Their offices include a brand new 9,200 sq. ft. facility in Mid-town Naples and 4,100 sq. ft. office in Marco Island. Please submit resume to Nancy Nycum, Operations@engledentistry.com or (239) 537-6611.

**Georgia (Atlanta)** – State of the Art Prosthodontic & Maxillofacial Prosthetic practice is seeking Maxillofacial Prosthodontist for Associateship or Partnership. Visit Orofacialcenter.com for info. Email jamesadavisjr@dmd@gmail.com, or call 678-858-2383. Will consider training Prosthodontist if has sufficient art skills and interest in the field.

**Illinois (Skokie)** – Outstanding partnership opportunity at Dental Reconstruction Center (Skokie, Illinois) for a talented, caring, energetic, detail-oriented Prosthodontist with excellent verbal and interpersonal skills. Beautiful office with exceptional laboratory support. Fee for service practice with emphasis in Fixed Prosthodontics, Implants, and Restorative.

Send CV: DRCapplicants@gmail.com  
Office website www.drcpia.com  
Offered by: Sergio Rubinstein, DDS

**Maine (Portland)** – Established Comprehensive Prosthodontic Practice Seeking Associate: A terrific opportunity exists for an experienced outgoing prosthodontist associate to join an established comprehensive practice offering esthetic, fixed, implant, and removable prosthodontics as well as comprehensive dental care. Associateship with a view toward partnership. Located in a newly expanded office in Portland, Maine.

In-house lab on site. Please e-mail resume / C. V. and photos of work to info@prosthodonticsassociates.com.

**Maryland (Towson)** – Prosthodontic Associateship: Associateship opportunity with the possibility for future partnership in a well-established Prosthodontic and restorative fee-for-service practice located in a desirable suburban location. We are seeking a trained Prosthodontist as one of our Doctors is now transitioning to retirement. Private practice experience is a plus but not a requirement. Please email resume or C.V. to drpatousborne@netscape.net.

**Minnesota (University of Minnesota)** – Clinical Track Faculty, Division of Prosthodontics: The University of Minnesota School of Dentistry invites applications for a full-time clinical-track faculty position in Prosthodontics. Major responsibilities include preclinical/clinical/didactic teaching, competency assessment of pre- and post-doctoral students, provision and monitoring of patient care, and participation in scholarly activities.

The successful candidate is expected to be actively involved in School of Dentistry meetings, committees, continuing education and outreach; along with other tasks assigned by the Division Director and Department Chair. A maximum of one day per week is available for private practice. Applications must be submitted through the University of Minnesota's online employment system, go to <https://humanresources.umn.edu/jobs>, click on External Faculty and Staff Applicants, and enter 327598 in the search field.

Please attach your curriculum vitae, letter of interest including brief summary of clinical, teaching and scholarly activities, and names and contact information of three references to the online application. For questions, contact Casie Fenner, Search Administrative Support, at (612) 624-9121 or casie@umn.edu.

**New Jersey (Princeton)** – Seeking prosthodontist at multi-specialty practice: Princeton Dental Group is seeking a Prosthodontist. We are single location, fee for service practice. Our current Prosthodontist is leaving the area. She developed a very robust prosthetic practice during her tenure with us that includes restorative implant dentistry, veneers, invisalign, all on four, and other rehabilitation procedures. There is room for growth and personalization through case selection, material choices, and interests. We encourage you to review our website to learn more about our practice (PrincetonDentalGroup.com). This opportunity includes a competitive compensation package with guarantees, a 401-K, and health benefits. There is an opportunity for partnership as well.

Please direct all resumes along with a cover letter to: [Princetondentalgroup@verizon.net](mailto:Princetondentalgroup@verizon.net).

**New York (New York University)** –  
CLINICAL TRACK  
PROSTHODONTIST

Department of Cariology and  
Comprehensive Care

New York University College of Dentistry  
Description: The Department of Cariology and Comprehensive Care at NYU College of Dentistry is seeking qualified applicants for a full time clinical track faculty position. Responsibilities include develop, manage, and evaluate clinical instruction in specialty area of dentistry, including developing curriculum, determining treatment plans, evaluating case assignments, and mentoring students.

Successful applicants will join a department committed to the highest quality educational programs and a broad spectrum of patient care. This position offers faculty practice opportunities at two Manhattan locations for individuals with a New York State License or a New York State Restricted faculty license. Qualifications: Candidates must possess a DDS, DMD, or an equivalent degree as well as advanced training in Prosthodontics. A New York State license is required. Previous

teaching experience as well as five years of clinical practice is preferred. A history of recent scholarly activity is desirable. Application Instructions: Evaluation of applicants will begin immediately for a start date of Spring 2019. NYU offers competitive compensation, including excellent benefits. Salary and academic rank are commensurate with credentials and experience. Applicants should submit a letter of interest and curriculum vitae to Andrea Schreiber, Interim Chair, Department of Cariology and Comprehensive Care via Interfolio: <https://apply.interfolio.com/59035> NYU is an Equal Opportunity/Affirmative Action Employer.

**New York (Syracuse)** – Syracuse Prosthodontic and Implant Practice Leading to Ownership: Thriving 33-year-old Prosthodontic practice seeking associate leading to partnership and/or purchase of practice. Gross revenues are over \$1.2 million on 30 hours per week with low overhead. 2000 sq/ft office with 4 fully equipped ops, all digital including new Sirona Galileos 3D, T-scan, TruDenta diagnostics, latest CEREC Acquisition unit and MCXL Milling unit, Piezosurgery, fully computerized office located in medical and hospital district. Good size fully equipped laboratory. Placing 70 implants per year.

Central New York has the beautiful Finger Lakes with the opportunity to live on the water and commute to work easily. We are surrounded by wineries, great hospitals with easy access to medical care, several major universities, medical school, VA hospital, and a vibrant downtown. The university has competitive Division I sports programs. It is a great place to raise a family with affordable housing and good schools. Please send resume and cover letter to [jbsprosthodont@gmail.com](mailto:jbsprosthodont@gmail.com). Call 315-447-3145. [specialtydentist.com](http://specialtydentist.com).

**North Carolina (Charlotte)** – Seeking Prosthodontist to Join Practice: Established prosthodontic practice seeking a high quality prosthodontist to join our respected and growing practice. We are busy and need help with growth. Excellent long term opportunity for the right person. We are fee for service. Board certification is desired, board eligible required. Second location opportunity, full or part, within a multi-specialty practice at the coast. Send CV to [info@poc-charlotte.com](mailto:info@poc-charlotte.com).

**North Carolina (University of North Carolina)** – Graduate Prosthodontics Program Director Faculty Position

The University of North Carolina at Chapel Hill, School of Dentistry seeks an outstanding, experienced academic leader in prosthodontic education to serve as the Graduate Program Director in the Division of Prosthodontics.

The position is a full-time, Fixed-Term or Tenure-Track open rank position the Department of Restorative Sciences, Division of Prosthodontics. Responsibilities include didactic and clinical instruction of Graduate Prosthodontic students and Dental Implant fellows, as well as supervision of the research activity of the graduate students towards fulfillment of their Master of Science degree. Participation in the School of Dentistry's intramural faculty practice is required. The candidate must possess a DDS/DMD degree or equivalent, advanced education in prosthodontics from a formally accredited program, and Board Certification from the American Board of Prosthodontics. Excellent clinical credentials, including advanced pre-prosthetic and implant surgical experience/training, in addition to strong restorative and prosthetic foundation are required. Additionally the individual should have experience in organizational and interpersonal skills, mentoring, leadership, and a commitment to diversity, inclusivity, and collegiality. A strong record of research and research funding and private practice experience are preferred. Salary and academic rank will be commensurate with qualifications and experience.

Applications will be accepted and reviewed until the position is filled. To apply, please go to:

Dr. Ibrahim Duqum, Chair, Search Committee, Director, Division of Prosthodontics Department of Restorative Sciences, Division of Prosthodontics [Ibrahim\\_Duqum@unc.edu](mailto:Ibrahim_Duqum@unc.edu)

The University of North Carolina at Chapel Hill is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, genetic information, sexual orientation, gender identity, or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

**Pennsylvania (Narbeth)** – Seeking prosthodontist or general dentist (with minimum 2 years experience or post-graduate training) to join our established, fee-for-service multi-specialty group practice for associateship leading to equity partnership in 6 months to 1 year. This is an outstanding opportunity for a talented, caring, individual with excellent verbal and interpersonal skills. Please email resume to [dental632@comcast.net](mailto:dental632@comcast.net).

**Tennessee (Nashville/Brentwood)** – Associateship leading to partnership and buy out. 25 year old prosthodontics practice with 2 prosthodontic Fellows seeking associate to become partner and eventually owner. Long term staff and loyal patients with many established referring doctors and Vanderbilt connections. Excellent opportunities for motivated, personable prosthodontist. TN has no state income tax and this area is one of the fastest growing in the country. Contact: [jallendds@gmail.com](mailto:jallendds@gmail.com).

**Texas (Austin)** – Job open for Prosthodontist: Large private practice with strong patient base and huge referral base from the community. We have a beautiful office and great experienced staff. Excellent long term opportunity for highly skilled and motivated Prosthodontist. Call (512) 773-9239 for more details and to set up an interview.



**Texas (Dallas)** – Seeking BOTH Surgical & Restorative Prosthodontists

Description:

- Perform all phases of implant prosthetic dentistry
- Will have leadership role in the center with an emphasis on increasing center profitability
- Possess a patient-centered mindset and approach to treatment planning and daily center operations.
- Consult with new patients
- Possess excellent social skills

Requirements:

- Professional Degree: DDS/DMD
- Certificate in Prosthodontics from an ADA accredited program.
- Licensed in Texas
- IV Sedation License preferred

Salary and Benefits: Competitive salary and bonus based on production.

Email [dra@fastnewsmile.com](mailto:dra@fastnewsmile.com)

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**Texas (Dallas-Ft. Worth)** – Solo Private Practice seeks ambitious, strong work ethic, high quality oriented Prosthodontist-Associate leading to Partnership. Low volume/ high production practice (\$2 million/year). Must have U.S. DDS or DMD degree. Great opportunity in one of the strongest economies in the country. [dentalimplantcenter.com](http://dentalimplantcenter.com)  
Email: [david\\_mcfadden\\_dmd@yahoo.com](mailto:david_mcfadden_dmd@yahoo.com)

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**Wisconsin** – Consider joining this dentist-owned, family practice! At Dental Associates you will not only experience the support and stability of working within a group, but also the flexibility of managing your own schedules and running your own practice. Your practice within our practice. You will always be on the forefront of technologies and innovations and you will be able to develop relationships with other dentists and specialists. Offering competitive compensation with a full benefit package. Signing bonus and relocation allowance available in some locations. For a complete listing of openings visit: [dentalassociates.com/careers](http://dentalassociates.com/careers).

Contact Karla today at 920-431-1712 or [kkabara@dentalassociates.com](mailto:kkabara@dentalassociates.com).

**Wisconsin, Illinois, and Indiana** – EON Clinics is seeking full time Prosthodontists in Wisconsin (Milwaukee Area), Illinois (Chicago Area), and Indiana (just south of Chicago)

EON Clinics' generous compensation package includes a base salary of up to \$360,000 annually plus quarterly bonuses based on clinic production, malpractice insurance (company paid), an annual continuing education stipend (up to \$5,000 annually), health benefits (cost-sharing), and paid time off (up to 25 days). We do not require corporate ownership and the complicated tax liability that goes along with that stipulation – there are no Company tax returns for you to sign and take responsibility for. EON Clinics is family owned and privately held with a welcoming, congenial, collaborative culture that expects hard work, strong effort, and great success from its dedicated employees, but also allows for work life balance. Our employees are valued and appreciated!

Since 2008 EON Clinics has been a leading provider of dental implants in the Illinois, Indiana, and Wisconsin areas. Our state of the art, all-in-one treatment facilities are equipped with modern technology, including advanced 3D CAT scan capabilities and full-service on-site labs that support the highest standard of care.

You will be responsible for all aspects of clinic leadership, work to achieve center profitability through sales efforts, build good rapport with patients and staff, perform all phases of prosthetic dentistry, provide excellent patient care, and help strengthen EON Clinics' reputation in the marketplace as an AO4 leader. A strong ability to listen, communicate well, and be open-minded are keys to success.

Our beautiful state-of-the-art facilities with in-house full-service labs, combined with our superior clinical and administrative teams, position us to deliver premium products and expert patient care.

If you are a skilled practitioner with a patient-centered mindset, high ethical standard, professional demeanor, superior clinical skills, a sales-orientation, and the availability to click and connect with people, incredible growth opportunities exist for you to join our world class EON Clinics team – don't miss out! Contact Peg Rey, HR Manager by email at [peg.rey@eonclinics.com](mailto:peg.rey@eonclinics.com) or call 630-308-8663.

## Practices for Sale

**Arizona (N. Phoenix / Scottsdale)** –

Established FFS Practice in Beautiful Sunny Arizona! Full spectrum of prosthodontics services offered, office on track to collect @\$700k in 2018. 100% FFS, no HMO/ PPO. Dentimax office management software, Gendex Intraoral Xray System, ADEC chairs, and PC100 Digital Pano. Owner can remain on/mentor, as needed. Amazing opportunity, phenomenal location, CRE available as well. Contact 480-599-6958 or [karl@azhcr.com](mailto:karl@azhcr.com).

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**Arizona (Phoenix/West Valley)** – Established thirty-four-year-old prosthodontic specialty practice for sale in Phoenix, Arizona. Full spectrum of prosthodontic services offered. Implant based care a major portion of patient treatment including surgical placement and adjunctive grafting and enhancement procedures. One million plus collections for over sixteen years. Fee for service, no HMO, PPOs, or insurance contracts. Dentrix office management, digital radiography, and 3Shape lab scanner. Owner will remain per request of new doctor in transition and/or mentor surgical skills for implant based procedures. Enjoy year round outdoor activities in one of the fastest growing cities in the United States. Contact Fred Heppner, [fredh@arizonatransitions.com](mailto:fredh@arizonatransitions.com), #480-513-0462.

**California (Escondido)** - Prosthodontic practice in Escondido, CA (North San Diego County). Successful fee for service practice over 50 years, with current prosthodontist owner since 1999. 4 fully equipped operatories in 2200 sq. ft, beautifully designed environment in a standalone building, with ample parking and room for expansion. 760-443-3603.

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**California (San Francisco Bay Area)** - "Fee for Service" Prosthodontic Practice  
Located in affluent suburb adjacent to Bay Area's premier retirement community. Collections have averaged \$1.175 Million per year with Doctor taking lots of time off. 4-days/week of Hygiene booked 6-months in advance, Doctor booked 3-months in advance. Beautifully designed suite has "Town & Country" feel in peaceful garden setting. Paperless charting, digital radiography. Doctor shall provide whatever transition assistance is requested. Stellar opportunity! For additional information, send CV to: clbarmby@att.net.

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**California (Silicon Valley)** - Preeminent 45-year Prosthodontic practice located in Silicon Valley, mid-peninsula neighborhood, now available. State-of-the-art 1,242 square foot facility with 5 operatories. Seller willing to help in the transition. Outstanding referral sources. Average Gross Receipts \$1.3M with 4 doctor-days per week. Asking \$884K. Contact Carroll & Company (650) 362-7004, dental@carrollandco.info.

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**Colorado (Centennial/Littleton)** - Established 30-year-old prosthodontic specialty practice for sale in Littleton, Colorado. Full spectrum of prosthodontic services offered. Implant-based care including surgical placement and restoration. Fee for service, no insurance contracts. One million plus in collections for over 7 years. Soft Dent office management software and Carestream digital radiography (3D and PA). Large in-house laboratory with Nobel Procera LS3 Scanner, and DTX studio design software. Owner willing to assist new doctor in transition and/or aide in guiding surgical skill for implant procedures. Contact Dr. James Maroney at 303-773-8752 or drj@coimplantpros.com.

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**Florida (Lady Lake)** - Prosthodontic practice for sale in The Villages, Lady Lake, FL, Florida's Friendliest Hometown. Owner needs to retire because of health issues. Sees patients 3 days a week, 5 hrs. each day, 15 hrs. a week. Will gross from \$350,000 to \$400,000 a year. Successful fee for service practice since 2003, no contracted plans with insurance companies. 2 fully equipped operatories with a fully equipped laboratory in a 1200 sq. ft. office space. Has an iTero imaging scanner, a Scan X digital radiograph scanner, Biolase, and a Panorex. For more information: Tel. 352-259-6646 or Email: davilaprosth@hotmail.com.

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**Florida (Southeast Florida)** - Golden Opportunity! Prosthodontic and Facial Pain Practice in sunny, southeast Florida for sale. 30-year-old practice, fantastic reputation, Fee For Service, recently remodeled. 3 ops. Owner also interested in selling the space. 1250 square feet in a conveniently located medical building on a main road. Digital radiographs, laser, intraoral camera. Owner is willing to mentor buyer and transition practice well. Collections in 2017 was \$550k. 50% overhead 32 hours a week. Wonderful opportunity for more growth. Please contact bocaprosthodontics@gmail.com.

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**Georgia (Atlanta)** - Amazing, time-sensitive opportunity to purchase dental practice of highly-respected, established prosthodontist in the Brookhaven/Sandy Springs area of North Atlanta. Purchase includes 1,700 sq ft corner unit with beautiful views from each operatory. Condo space equipped with advanced technology in greatly desirable medical building. Please call Dr. Bill Adams, US Dental Transitions at (770) 561-1577 for more information.

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**Nevada (Reno)** - 13-year-old denture practice in Reno, Nevada for sale. Doctor is retiring. We have 8000-10,000 patient charts. We have not done implants but our large in-house laboratory can. Call Dr. Carl Stasiewicz at work 775-829-8222 or home 775-384-3285.

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## Services Available



Offering Private Mentoring at your office. Designed to help prosthodontists with implant planning, surgery, immediate loading, and patient management in the privacy of the prosthodontist's private office, focused predominantly on the East coast. For more information on pricing, contact Dr. Thomas Balshi at (215) 872-7677 or tjbalsi@aol.com.

## Shared Space Available

**Washington (Bellevue)** - Opportunity for a start-up practitioner who wants to cut overhead by sharing an existing prosthodontic practice in an excellent location in Bellevue, 15' from Seattle. I have a modern office that is not being fully utilized, it has fully equipped operatories & big laboratory space. Email at charopalacios@yahoo.com.



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