

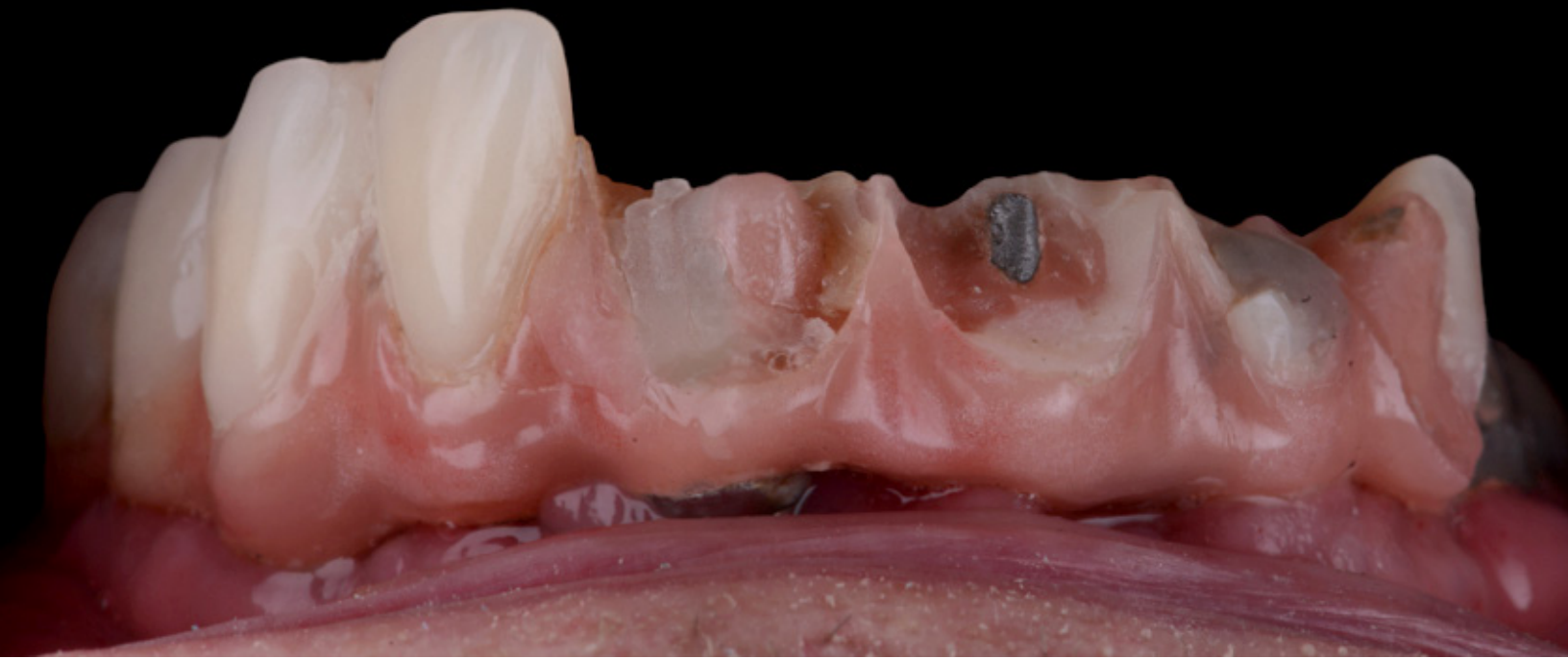
ACP MESSENGER

Spring 2018

OVERCOMING OBSTACLES

CHALLENGING CASES

GATHERING WISDOM FROM FAILURES



ACP
AMERICAN COLLEGE OF
PROTHODONTISTS

Your smile.
Our specialty.®

IPS **e.max[®]** ZirCAD[®]



▶▶▶ A natural gradient of chroma and translucency ▶▶▶

Strength & Durability

ZIRCONIA never looked so good!

**MAKE IT
e.max
ZIRCONIA**

Introducing IPS e.max[®] ZirCAD[®] Multi

- **High strength:** Up to 30% higher flexural strength and 50% higher fracture toughness compared to common translucent zirconia materials (5Y-TZP).
- **Conservative preparations:** Only 0.8 mm tooth reduction in the anterior and 1.0 mm tooth reduction in the posterior is required.
- **High productivity:** Chair-time saving cementation options include conventional and self-adhesive cementation.

*For Esthetics, Performance and Reliability, Make it e.max.
Visit makeitemax.com to learn more.*

ivoclarvivadent.com
EXPLORE SHOP LEARN

ivoclar
vivadent[®]

passion vision innovation

In This Issue

Spring 2018 Volume 49 Issue 2

- 6 Encouraging the F-Word in our clinical practice**
Miles R. Cone, DMD, MS, CDT, FACP
There is more wisdom to be gathered from the experience of our failures, than the accolades of our successes.
- 9 A digital technique to solve esthetic failures for single central restorations**
Ben B. Ross, DMD, FACP, Sascha Hein, CDT, and Joshua Polansky, BA, MDC
The authors discuss how they overcome the obstacles of shade matching anterior restorations through polarized photography, calibrated color readings, and digital try-ins.
- 14 Do it for yourself - and your patients**
Virginia Hogsett Box, DMD, MS, FACP
The author outlines her step-by-step treatment protocol in her path to success in challenging the Board for her patient-centered certification examination.
- 18 Practice marketing**
Donald L. Ridgell, DMD
The author shares his wisdom on the successful marketing of a specialty-based private practice.
- 21 In a moment of opportunity**
Robert M. Taft, DDS, FACP
An update from the ACP President on the strategic planning process and the priorities that will guide the College.
- 24 Accelerating dentistry**
Leonard B. Kobren, DDS
Highlighting the success and extraordinary potential of the Digital Dentistry Curriculum project.
- 26 Welcome to the big house**
Radi M. Masri, DDS, MS, PhD, FACP
Annual Session Program Chair previews what's in store at the 2018 Annual Session in Baltimore.
- 29 Our Community**
- 32 Classified Ads**
- 34 Upcoming Events**

On the cover: Pre-Operative Situation: Hybrid-Prosthetic Failure. Treatment Planed for Refabrication Utilizing Proper Support and Function.
Photo credit: Joshua Polansky, BA, MDC

Editor-in-Chief

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

Associate EditorsNadim Z. Baba, DMD, MSD, FACP
Stephen I. Hudis, DDS, FACP**Consulting Editor**

Susan E. Brackett, DDS, MS, FACP

Editor Emeritus

Lyndon F. Cooper, DDS, PhD, FACP

ACP Board of Directors

Robert M. Taft, DDS, FACP, President
 Nadim Z. Baba, DMD, MSD, FACP, President-Elect
 Stephen I. Hudis, DDS, FACP, Vice President
 Daniel A. Givan, DMD, PhD, FACP, Secretary
 Mark C. Hutten, DDS, MS, FACP, Treasurer
 Susan E. Brackett, DDS, MS, FACP, Immediate Past President
 John D. Ball, DDS, FACP, Regional Membership Director - Central
 Douglas G. Benting, DDS, MS, FACP, Director, Prosthodontic Forum
 Lars Bouma, DDS, MS, FACP, Director, Continuing & Professional Education Division
 Linda Caradine-Poinsett, MBA, MJ, PhD, Executive Director
 Lyndon F. Cooper, DDS, PhD, FACP, Chair, ACP Education Foundation
 David A. Felton, DDS, MSD, FACP, Editor-in-Chief, *Journal of Prosthodontics*
 Thomas B. Girvan, DMD, FACP, Regional Membership Director - Federal Services
 Gerald T. Grant, BA, DMD, MS, FACP, Director, Maxillofacial Prosthetics Division
 Steven M. Morgano, DMD, FACP, Regional Membership Director - Northeast
 Caroline T. Nguyen, DMD, MS, FACP, Regional Membership Director - International
 B. Todd Pickle, DDS, MSD, FACP, Regional Membership Director - Rockies/Plains
 Paivi A. Samant, DDS, Regional Membership Director - Eastern
 Robert E. Stover, DDS, MS, FACP, Regional Membership Director - Pacific
 Victoria A. Vickers, DDS, Director, Public Relations & Communications Division
 Stephen A. Wagner, DDS, FACP, Director, Prosthodontic Practice & Patient Care Division
 Alvin G. Wee, DDS, MS, MPH, PhD, Director, Education & Research Division

ACP Central Office Staff

Linda Caradine-Poinsett, MBA, MJ, PhD, Executive Director
 Mark Heiden, MS, Associate Executive Director, Communications & Marketing
 Melissa Kabadian, MA, CMP, Associate Executive Director, Education & Meetings
 Alethea Gerding, MA, Managing Editor, *Journal of Prosthodontics*
 Jenny Lara, Administrative Assistant
 Justin McDaniel, Membership Services Manager
 Olivia Moukayed, Education & Meetings Manager
 Adam Reshan, Director, Membership Services & Academic Relations
 Tashma Scott, Professional Affairs Manager
 Evan Summers, Public Relations Specialist
 Lauren Swanson, Communications & Marketing Manager
 Carrie Villa, MM, Director, Finance & Administration
 Nathalie Williams, Director, Sections & Governance

Managing Editor

Lauren Swanson

Advising Editor

Mark Heiden

Design

Publications Associates, Inc.

Display Advertising

Stephanie Kogel, M.J. Mrvica Associates, Inc.
 Phone: (856) 768-9360 Email: skogel@mrsvica.com

Classified Advertising

Visit Prosthodontics.org to download an insertion form. Email or fax the completed form to Lauren Swanson at lswanson@prosthodontics.org or (312) 573-1257. Classified ads are \$150 for the first 50 words and \$1 for each additional word for ACP members. The non-member rate is \$250 for the first 50 words and \$2 for each additional word. The minimum charge is \$150. Logos are an additional \$50, limited to one per ad and subject to approval. Payment by check, American Express, Visa, or Mastercard is required prior to placement.

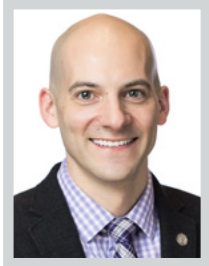
The ACP Messenger annual subscription rate for members is \$45, which is included in membership dues. The U.S. subscription rate for Prosthodontic Forum Organization members is \$55 and \$65 for non-members. Canadian subscribers add \$5 each year; all other non-U.S. subscribers add \$10 each year.

The ACP Messenger (ISSN # 0736-346X) is published four times per year in the winter, spring, summer, and fall by the American College of Prosthodontists:

211 E. Chicago Ave., Suite 1000, Chicago, IL 60611
 Phone: (312) 573-1260 Fax: (312) 573-1257
 Email: acp@prosthodontics.org Website: Prosthodontics.org

© Copyright 2018 American College of Prosthodontists. All rights reserved. Materials may not be reproduced or translated without written permission. Contact the ACP for reprint permission.

Postmaster: Send address changes to the ACP Central Office at 211 East Chicago Avenue, Suite 1000, Chicago, IL 60611 or acp@prosthodontics.org.



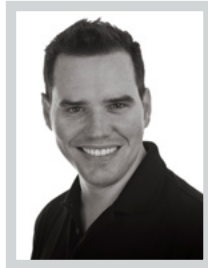
Dr. Miles R. Cone serves as Editor-in-Chief of the *ACP Messenger*. He maintains a private practice in Portland, Maine.

► Page 6



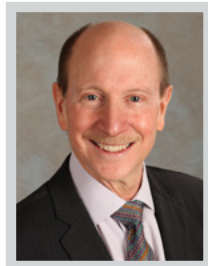
Dr. Virginia Hogsett Box is a board-certified prosthodontist. She maintains a private practice in Dallas.

► Page 14



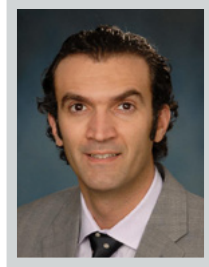
Sascha Hein, MDT works and lives in Freiburg, Germany, where he conducts research to further advance the field of dentistry.

► Page 9



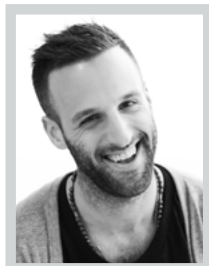
Dr. Leonard B. Kobren maintains a private group practice in White Plains, New York. He is Chair of the ACP Education Foundation.

► Page 24



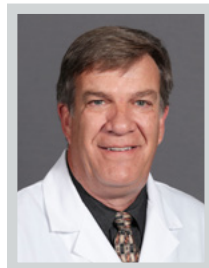
Dr. Radi M. Masri is the Associate Editor of the *Journal of Prosthodontics* and an associate professor at the University of Maryland School of Dentistry. He will serve as Program Chair of the 2018 Annual Session.

► Page 26



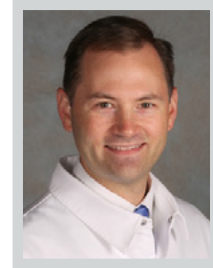
Joshua Polansky, BA, MDC is the owner and operator of Niche Dental Studio in Cherry Hill, New Jersey.

► Page 9



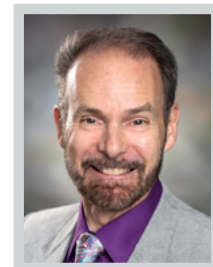
Dr. Donald Ridgell maintains a private practice in Greenville, South Carolina.

► Page 18



Dr. Ben B. Ross is a board-certified prosthodontist. He maintains a private practice in Charlottesville, Virginia.

► Page 9



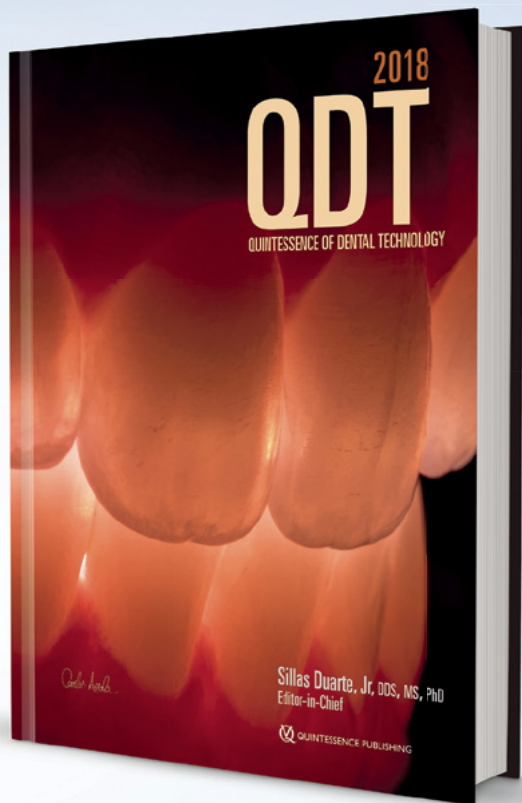
Dr. Robert M. Taft is President of the ACP. He serves as Chair of the Department of Comprehensive Dentistry at the University of Texas Health Science Center, San Antonio.

► Page 21

The mission of the ACP Messenger is to inform readers about current prosthodontic trends, challenges, and successes. Statements of fact and opinion are the responsibility of the authors alone and do not imply an opinion on the part of the officers or the members of the ACP.

New Books

from Quintessence



Edited by Sillas Duarte, Jr

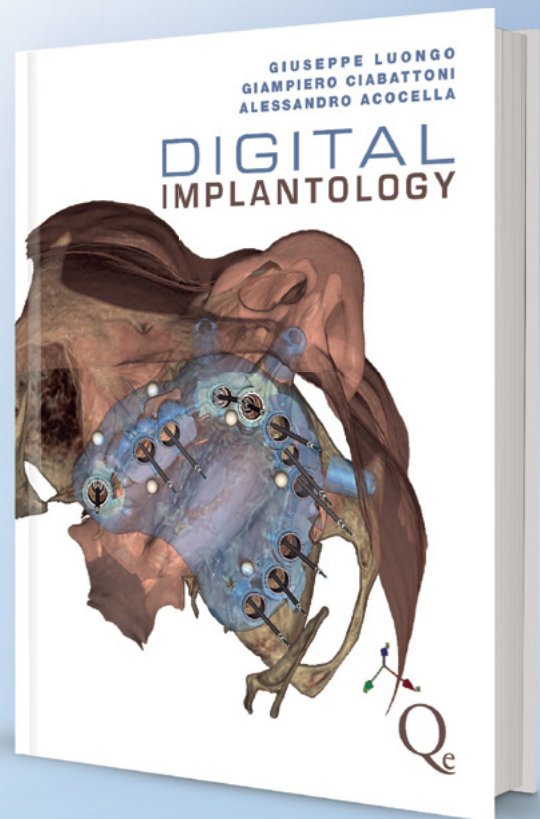
This year's focus is decidedly digital—digital treatment planning, digital communication, and digital multidisciplinary workflow for esthetic and functional rehabilitations. Minimally invasive techniques are highlighted throughout, including their use for full-mouth rehabilitation and to restore the morphology of teeth damaged by wear. A special “how-to” article on focus stacking macro photography by Carlos Ayala Paz is the first to be published specific to dentistry.

256 pp; 1,090 illus; ©2018; ISBN 978-0-86715-783-3 (J0629); **US \$148**

Giuseppe Luongo, Giampiero Ciabattani, Alessandro Acocela

This book lays out the latest research on implant dentistry as well as effective case presentations to demonstrate cutting-edge imaging and surgical techniques. Readers are guided through the process of using digital tools at every stage of treatment, from developing the treatment plan to surgical execution. The authors detail the specifications of guided surgical procedures, review the latest 3D radiology options and software currently available, and present full case studies with stunning photographs.

392 pp; 1,270 illus; ©2018; ISBN 978-88-7492-040-2 (BI037); **US \$198**



Encouraging the F-Word in our clinical practice

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

Everyone in the dental community has experienced it, but few will admit to it: FAILURE. It's a dirty word woven into the culture of our great profession and it is a painful reality that happens to us all.

As prosthodontists, we are primarily a referral-based specialty and we are fortunate to have a view of dentistry from the mountaintop. That is, the patients that walk through our doors are unfortunately someone else's restorative fire that we've been called upon to extinguish. From this vantage point, it's easy to spot the mistakes and the misguided treatment planning of other clinicians. Knowing 'what not to do' is often one of the most critical aspects of the decision-making process.

Failure rears its ugly head in various guises. We often envision a catastrophic material failure, such as a blown-out zirconia framework, or a biological failure involving the pathological loss of alveolar bone and exposure of implant threads. But failure has other, less ominous presentations, too. Take the single central veneer, for example. Does it usually go in first try? Not in my practice. Second attempt? Doubtful. We mask our shortcomings, such as inadequate shade selection abilities, with clever euphemisms like referring to the first insertion appointment as a "bisque-bake try-in." If we are being honest, this is an esthetic failure, albeit a calculated and likely expected failure. Our egos want to convince us otherwise – after all, they are often as fragile as the feldspathic porcelain borne from the refractory dies still rattling around the bottom of the case pan.

With how much there is to be gained by learning from the catastrophes of our colleagues, it is unfortunate and a bit disconcerting that the topic of failures doesn't feature more prominently in our peer-reviewed literature and annual symposiums. Fear not, the *ACP Messenger* has arrived! Dr. Virginia Hogsett Box meticulously outlines her step-by-step treatment protocol in her path to success in challenging the Board for her patient-centered certification examination. A triumph undoubtedly surrounded by a three-year residency training in which similarly complex cases were not always marked with extreme success. Dr. Donald Ridgell shares the wisdom which he has gleaned through trial and error over three decades regarding the successful marketing of a specialty-based private practice. Dr. Ben Ross and master dental technicians, Sascha Hein, CDT and Josh Polansky, MDC spearhead this issue with an article in which they overcome the obstacles of shade matching anterior restorations through polarized photography, calibrated color readings, and digital try-ins. The future is here and the end of shade guides may be nigh.

Managing patient expectations and having an open dialogue about the inevitable limits of our specialty is crucial. After all, given enough time, every restoration we complete will need to be replaced for one reason or another. As prosthodontists, we are obsessive about why things fall apart. We revel in it, because we know that there is more wisdom to be gathered from the experience of our failures, than the accolades of our successes. ■



you know the relief your patients experience
when they finally realize they are in the

right hands?

we do.

Because our clients feel the same way about us. As a financial services provider to dental and medical professionals across the country, we assist thousands of clients from residency to practice and through retirement with a comprehensive suite of financial services, custom-tailored advice, and a strong national network focused on delivering a higher level of service.

CALL US 800.345.6040

Treloar & Heisel, Treloar & Heisel Wealth Management, and Treloar & Heisel Risk Management are all divisions of Treloar & Heisel, Inc. Investment Advice offered through WCG Wealth Advisors, LLC, a Registered Investment Advisor doing business as Treloar & Heisel Wealth Management. Treloar & Heisel Wealth Management is a separate entity from The Wealth Consulting Group and WCG Wealth Advisors, LLC. Insurance products offered separately through Treloar & Heisel and Treloar & Heisel Risk Management.

**Treloar
& Heisel**

FINANCIAL SERVICES FOR THE
DENTAL AND MEDICAL PROFESSIONAL

ACP
AMERICAN COLLEGE OF
PROSTHODONTISTS

Your smile.
Our specialty.®

Utilizing a digital technique to solve esthetic failures for single central restorations

Ben B. Ross, DMD, FACP
Sascha Hein, CDT
Joshua Polansky, BA, MDC

CAD/CAM, intraoral scanning, and new restorative techniques have allowed dental teams to foresee failures and troubleshoot them before they arise. However, in our quest for “dental nirvana”, one esthetic failure commonly shows its ugly face: the esthetic restoration of the single maxillary central incisor.

Due to the prominence of the maxillary central incisor, it is the hardest tooth to restore in the field. It requires knowledge of form, color, and material science. The transfer of color with traditional shade guide systems has been the norm for years, as well as sending the patient to the dental laboratory; however, even with these steps, an esthetic restoration of the single central incisor has been very difficult. This article will share a technique in which no shade guides are required. Through color readings and digital try-ins in the laboratory, this technique yields a quantitative way of communicating color long-distance from the dental clinic to the laboratory, providing great esthetic results with no shade guides necessary.

The crown in Figure 1 shows an esthetic failure of a single central implant being restored. The patient’s only request was that we did not emulate the white calcification on her natural tooth. The image shows the second attempt and the struggle to communicate the proper shade tab. Going back and forth from the clinic to the lab becomes very frustrating for all involved, so we needed a solution to eliminate the confusion. Polarized photography has been used in dentistry for many years. It is most widely known for being the light source to create the artistic images of natural teeth that have been cross-sectioned to observe

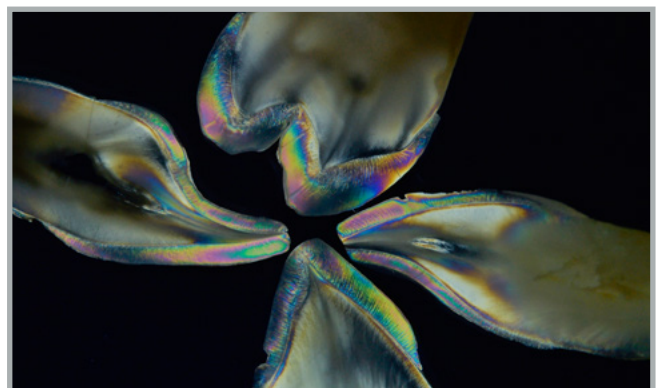
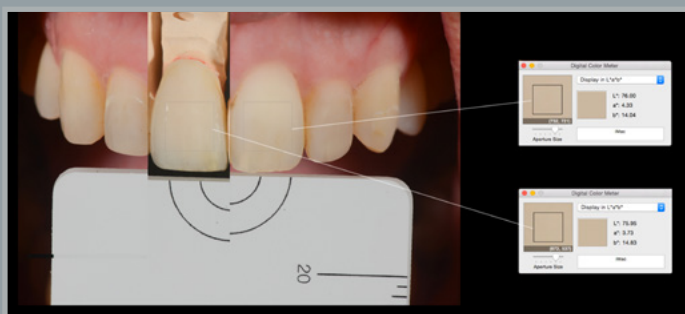
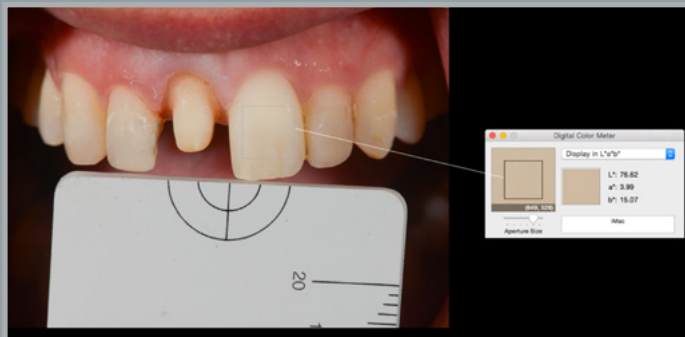
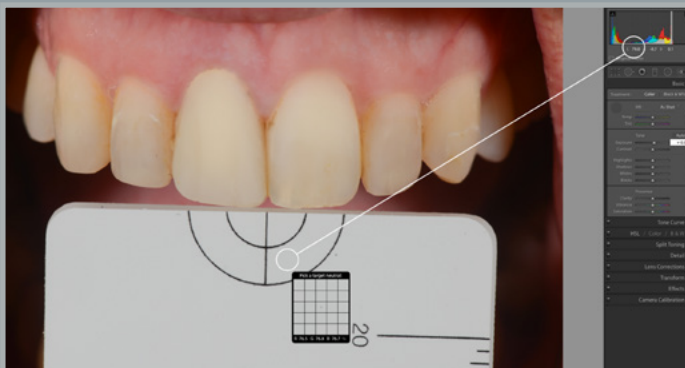


Fig. 1 (top): Second attempt at shade match on #9 screw-retained implant crown.

Fig. 2: Polarized image of cross-sections of teeth.



morphology (described by several authors as histo-anatomical analysis) of natural dentition (Figure 2). Polarized photography has also been used widely in shade communication. Figure 3 shows a polarized image of natural dentition.

What we can gather from these images is a true value of color as no spectral glare or “reflection” is captured in the image. It also shows the viewer a more detailed outlook of the color scheme.

The new technique utilizes polarized images with digital color readings to point the dental team in the right direction. The first step is to capture a polarized image of the tooth to be restored. That image is uploaded into Adobe Lightroom. Camera profiles, which can be downloaded online for almost all makes and models of common brands of SLR digital cameras, will be applied so the doctor’s and technician’s information is identically calibrated. Then the image will be calibrated in Lightroom in L*A*B* values (Figure 4). The L* value (luminosity) needs to be adjusted to a luminosity value of 79.

Fig. 3 (top): Polarized image showing little to no spectral glare or “reflection.”

Fig. 4: Calibrating the polarized image in Adobe Lightroom with a known grey card value.

Fig. 5: Calibrated image with a color reading application found on most computers.

Fig. 6: “Digital Try-In” of crown #8 comparing calibrated images of both crown and adjacent tooth. This is done in the lab.

Once the image has been calibrated, a color reading can be carried out. Figure 5 shows a calibrated image with a color reading from a digital color reading application. The digital color reading app may come as a standard feature on some computers or can be downloaded. This application allows the user to hover over any image on the screen and receive a digital color reading in L*A*B* numbers. The digital technique requires an app, which can be downloaded and allows the numbers to be read on the charts. The numbers on the charts show achieved classic shades through the actual ceramic from the user's ceramic system. Once the ceramic numbers are followed, the technician can take an image of the crown on the model, calibrate the image in Lightroom, and superimpose the crown into the calibrated image of the patient's intraoral image for a "digital try-in" using Photoshop or Keynote (Figure 6).

At the digital try-in, the technician can take a color reading of both the natural tooth and the restoration to compare and adjust the numbers to finalize the restoration (Figure 6). Figure 7 shows the final restoration in situ. At this stage a color reading is carried out and calculated into a Delta E* calculator to see the visual perception of the crown. Delta E* calculators are also a downloadable application. When using a Delta E* calculator to measure the difference of L*A*B* numbers of two objects, we can see if it is going to be accepted or not.

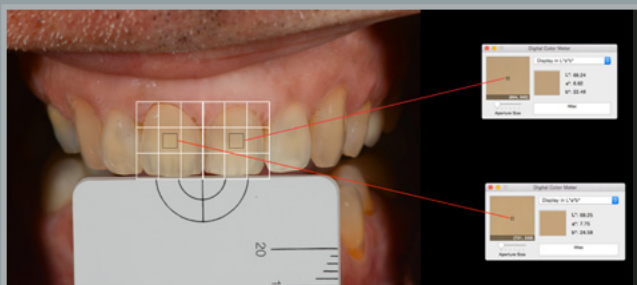
Fig. 7 (top): Polarized image of try-in of crown #8 with grey card to compare visual perception.

Fig. 8: Preparation of the tooth for #8 crown.

Fig. 9: Standard reflective image of #8 crown cemented demonstrating match to #9.

Fig. 10: This technique can be adjusted to match different areas of teeth also.





The maximum difference that we can have is a difference of Delta E* 2.3. This is the “just noticeable difference” (JND). We can have a difference of maximum 1.3 in each of the LAB values: $L^*-/ +1.3$ $a^*-/ +1.3$ $b^*-/ +1.3 = \text{Delta E}^* 2.25$. Once this is confirmed, the restoration can be fixed into the patient’s mouth. Figure 8 shows the preparation, and Figure 9 shows the definitive restoration after cementation with a standardized reflective image. The technique can be followed through with more detailed color readings, like cervical, middle third, and incisal reading (Figure 10) for more difficult color schemes. The same layering principles can be applied and at try-in analyzed thoroughly to see if there is a match (Figure 11). Figure 12 shows the central incisor at two weeks in situ.

With this technique, the original failed case from Figure 1 was re-evaluated using the new digital technique (Figure 13) and a final restoration was delivered with confidence (Figure 14). As patients become more educated and aware in today’s dental world, the new digital technique without the traditional shade guides is a very good method to minimize esthetic failures. ■

Fig. 11 (top): Polarized image of try-in of crown #8 with grey card to compare visual perception difference to #9.

Fig. 12: Cemented crown on tooth #8 from Figs. 10-11 after 2 weeks.

Fig. 13: Polarized image from initial failed shade match patient in Fig. 1.

Fig. 14: Standard reflective image of #9 crown demonstrating improved match to #8.

LMT

LAB MANAGEMENT TODAY



Subscribe to LMT Magazine: U.S.-Based Dental Practice Subscriptions are Free

With a 30% decline in the number of laboratories in the past decade, your working relationship with your laboratory is more important than ever. **LMT—LAB MANAGEMENT TODAY**—is the premier dental laboratory publication that features all the restorative trends and technology that impacts the restorations you provide your patients.

- ✓ **Our FREE magazine** is an ideal resource to help you maintain a synergistic relationship with your laboratory.
- ✓ **All that's new and about to debut:** cutting-edge products and articles showcasing the most innovative ways laboratories are producing consistently excellent restorations.
- ✓ **The hottest topics affecting restorative dentistry**, from digital technology to offshoring and everything in between.
- ✓ **Groundbreaking market research:** LMT has earned an unrivaled reputation in the dental laboratory community as the go-to source for industry statistics and trends.
- ✓ **LMT also hosts the 3 largest dental laboratory trade shows in America—LMT LAB DAY***—where you can see the latest technology in action and take advantage of two days of educational seminars; it's FREE to attend!

For your FREE subscription, visit LMTmag.com/subscribe/ACP18

* CHECK OUT LMT'S UPCOMING LAB DAY EVENTS:

LMT LAB DAY West in Southern California, May 19
(same weekend as CDA)

LMT LAB DAY East in Philadelphia, PA, September 8

LMT LAB DAY Chicago, February 22-23, 2019
(same weekend as MidWinter Meeting)



LMT

Business Strategies for Dental Laboratory Decision Makers

In Print **LMT** In Person **labday** Online **LMTmag.com**

Do it for yourself— and your patients

Virginia Hogsett Box,
DMD, MS, FACP

I am writing this article to provide an example of a successful patient presentation for Part III of the American Board of Prosthodontics certification examination. I'll briefly go over the highlights of the narrative, and I think you'll find that there is nothing out of the ordinary. In fact, I simply documented and presented acceptable prosthodontic treatment for a patient with multiple missing teeth.

My patient was a 52-year-old Caucasian male. His chief complaint was, "I need more teeth and I need them fixed in place." His dental history revealed that he had been treated for the last 14 months by a general dentist. Several teeth had been extracted and general dental care had been initiated. The patient was currently partially edentulous, had several restorations with recurrent decay, had moderate lingual wear in the maxillary anterior, and recently had RCT on #13 and #20. Tooth #13 had grade 1 mobility. Radiographic evaluation revealed widened PDLs, generalized bone loss, and generally increased crown:root ratios.

The patient had lost all posterior support. However, current vertical dimension was assessed to be adequate. Esthetics were evaluated and the existing incisal edge position was considered to be acceptable. Preliminary records were made and a diagnostic wax-up was prepared.

The following dental diagnoses were made: partial edentulism, loss of posterior support, aberrant occlusal plane, caries, attrition, and generalized horizontal bone loss of 2-4mm. The patient exhibited a philosophical, but occasionally exacting and occasionally indifferent personality type. He was determined to be PDI class IV for the partially edentulous patient and to have a high caries risk.

Multiple treatment options were discussed with the patient, including fixed and removable prosthetic treatment that included natural dentition and implant-supported restorations. The patient desired fixed prosthetic treatment and was adamant about preserving as many natural teeth as still remained. Esthetics were not a primary concern.

A treatment plan was formulated to restore posterior support with implant-supported restorations and to provide mutually protected occlusion while maintaining the patient's current esthetic and existing vertical dimension.

Treatment progressed as follows: The diagnostic wax-up was converted into a radiographic guide and a cone beam CT was obtained. The patient was returned to the referring periodontist for placement of implants at sites #3, 5, 12, 14, 19, 20, 29, and 30.

Existing restorations and recurrent decay were removed, and direct resin restorations were placed on #6, 11, 28. The mandibular teeth, as well as #13, were prepared for metal ceramic restorations and initially provisionalized using PMMA and vacuform matrices based on the diagnostic wax-up.



Fig. 1: Pre-treatment, full face, normal smile.



Fig. 3: Provisional restorations: smile.



Fig. 2: Pre-treatment centric relation: frontal view.



Fig. 4: Provisional restorations: frontal view.

After the implants had healed, reinforced resin interim restorations were milled from a scan of the wax-up overlaid on a scan of the tooth preps. After the second set of provisional restorations were placed, tooth preparations were finalized. Post spaces were prepared in #13, 20 and patterns were fabricated directly, using burn out posts and pattern resin. Patterns were invested and cast with type III high noble alloy, and cemented using a glass ionomer cement.

Patient wore the completed provisionals for 8 weeks. During this time, the patient's mandibular movements were recorded and analyzed with an electronic mandibular tracking device. Immediate lateral translation and right and left horizontal condylar inclinations were set on the articulator.

At re-evaluation, the patient was noted to have worsened class I/II mobility on #13. The benefits of extracting #13 and fabricating a fixed dental prosthesis (FDP) #12-x-14 instead of having three single units were discussed with the patient. He was adamant that he did not want to lose any more teeth at this time; he understood the prognosis and accepted the possible risk.

Custom impression copings were fabricated and placed. Final impressions were made with VPS using an open tray impression technique. Final impressions were poured in a type IV dental stone, and dies were indexed with pins, sectioned, and trimmed. Custom CAD/CAM titanium abutments were fabricated for all implants.



Fig. 5: Preparations: frontal view.



Fig. 7: Post-treatment close-up: smile.



Fig. 6: Post-treatment centric relation: frontal view.



Fig. 8: Post-treatment full face: smile.

A facebow transfer record was made with the custom abutments in place and a centric jaw relation record was made segmentally with pattern resin joining the custom abutments. These records were used to mount the working casts and to cross-mount the provisional casts with the working casts. A custom incisal guide table was fabricated using the mounted casts of the provisionals.

Metal copings and FDP frameworks were returned for try-in. The marginal adaptation of each coping was verified. New interocclusal records were fabricated to verify the centric relation record and to mount a pick-up impression.

The restorations were returned from the laboratory finished and polished. The interproximal contacts and occlusion were checked, modified minimally, and re-polished. The custom abutment screws were torqued and blocked with Teflon tape. The restorations were cemented using temporary cement for implant-supported restorations and glass ionomer cement for tooth-supported restorations.

The patient was seen one week after the delivery of the restorations. Occlusion was reevaluated and a maxillary occlusal guard was delivered. The patient was very satisfied with the results of his treatment.

He was examined at four month intervals following completion for periodontal maintenance, and oral hygiene was always noted to be good-to-excellent.

As you can see, although there was a significant amount of work involved in this case, it was not anything particularly special. For me choosing a clean, straightforward case was crucial.

The challenging part was in studying – trying to anticipate what topics might be addressed and how I could defend each clinical decision using literature. I found myself relearning

many things I had been taught in residency, but on a deeper level and in a more relevant way.

Of course, almost none of the topics I had tried to anticipate were asked about in my exam. Instead I found myself still learning throughout, being guided and taught by my examiners, even as I was sharing what I had studied. Although I can't say that I would want to take the boards again any time soon, I felt I grew significantly through the experience and found it to be well worth the effort. It is with pride that I am now able to share with my patients that I am board-certified. ■

We define quality by the margins, contacts and fit.



KATANA UTML Full Zirconia Crown with custom staining / Tooth #19
Dentistry by Ariel J. Raigrodski, DMD, MS, FACP, Lynnwood, WA



With our advanced esthetic laboratory procedures, state-of-the-art CAD/CAM equipment, and highly trained specialists, we are your proven source for exceptional full zirconia single posterior crowns.

Visit our new website and explore the many ways we proudly serve esthetic dental professionals.

www.cuspdental.com

Contact us at 888-267-0660 toll free, 781-388-0078 or info@cuspdental.com



KATANA™ UTML
550 MPa
Flexural Strength

KATANA™ STML
750 MPa
Flexural Strength

KATANA™ ML&HT
1100 MPa
Flexural Strength



KATANA is a trademark of Noritake Co., Limited

Practice marketing: internal and external priorities

Donald L. Ridgell,
DMD

For a prosthodontic practice, marketing is more important than ever before. But how do you get started? There are internal and external aspects which must be systematically organized and actively pursued to ensure your name and your practice are familiar to patients, referrals, and others online in search of care.

Internal Marketing: Referrals

It may sound “old school,” but every practice must lay a foundation through personal relationships with both colleagues and patients alike. This requires going out to meet dental and medical practices in your region. You should be comfortable with your ability to describe how you can be a resource on prosthodontic procedures for M.D.s or treatment planning for your dental colleagues. Your dental colleagues need to understand how your capabilities can help their profitability. Talk about how you can reduce the number or length of appointments or give them a sense of the complexity of cases you can handle, along with the utilization of their staff. You can emphasize the difficulty of interim activities such as provisional restorations and tissue conditioners to keep patients functional throughout treatment periods.

There is also an opportunity to connect with office staff by providing referral cards or pads. Also consider calendars or mouse pads to put your practice’s name in prominent areas, keeping your name in view. Other opportunities to meet potential referrals include getting involved in your community through professional settings such as dental meetings, study clubs, and free clinics as well as personal activities like social clubs, charity events, and faith-based events.



Another tip is to write personalized thank-you notes at the completion of treatment. Use the notes to tell your patients you appreciate that they chose your practice and ask them to share their experience with their friends as they understand the level of care you provide. The best patients are those referred by other patients, and the acceptance rate of treatment plans is highest with these referred patients.

External Marketing: The Funnel

External marketing has to be centered on your online presence because new patients will base their first impression on your website or social media before a phone call and/or personal interaction even takes place. At this very moment, there is a conversation going on about your business online. This is true

for reviews on Google as well as posts on Facebook, Twitter, or Instagram... the list goes on. Your goal should be to direct the conversation and drive traffic to your website using a technique simply known as give, give, give, ask. This means you should provide information, updates, tips, and insights 75% of the time in order to lead the conversation in terms of “positive” conversation, and then use a call-to-action 25% of the time, which will drive phone calls or clicks to your website.

However, we cannot be good at every single platform, so we must determine where our customer base is currently “residing” on the internet. This is better put by the saying “fish where the fish are”. At our practice, we chose to focus on Google and Facebook paired with monitoring to trace the leads that come in the door. Both of these platforms give us the ability to choose specific demographics. We take income, location, and age into consideration when buying ads. Our phone calls are monitored via a local marketing agency to determine where our leads come from, which techniques are working effectively, and how potential patients are treated once they call in.

We generate the calls by using Search Engine Optimization (SEO) and Marketing (aka SEM, or pay-per-click) on Google. These work hand-in-hand to create a click funnel driving traffic to your website. SEO, which is a non-paid activity that you (or a consultant) can do, optimizes your website to rank high in searches for popular keywords (like “dental implants”) in your local market. SEO also supports your paid SEM strategy by ensuring that your website’s quality score is high so that your media buy is efficient. You can buy Google ads without doing SEO, but you will have to outspend your competitors in the long run as Google punishes sites with lower quality scores by charging them more per click. Also, some people may ignore paid results when searching on the web, so don’t neglect your SEO strategy and miss out on free clicks!



Dr. Donald Ridgell’s website and the ACP Social Media Toolkit.

As for social media, a majority of our patients research our business online after being referred from a friend or a local dentist. We encourage our patients to leave reviews, thus creating a strong reputation online. We leverage our followers by posting 3-4 times weekly with behind-the-scenes pictures of what life is like at our office and shout-outs of staff members’ birthdays and life events to keep our patients in conversation with our company, so we remain fresh on their minds.

The pivotal piece to online success is having a fresh and professional appearance, especially with your website. I suggest you use a professional firm to differentiate your practice from the large corporate offices that use templates and stock images. The key is maintaining a personal feel by showing your staff, telling your story, and letting the potential patient know that they will be in good hands with a local specialist.

The ACP has many resources to utilize and enhance your social and web content, such as the Social Media Toolkit and practice tips from prosthodontists. The resources have helped us launch and sustain our external campaign as they contain resources that help us explain our specialty, the benefits of seeing a prosthodontist, and the rationale for our offices. ■

Prosthodontic Review Course

Seattle
Sept. 7-8, 2018



Register at
Prosthodontics.org

In a moment of opportunity

Robert M. Taft,
DDS, FACP
ACP President

In a moment of crisis, it's usually clear which direction to go. Some will head for the exits while others will start figuring out how to connect problem with solution. Character guides the choice that we make; the crisis tells us what the options are.

But in a moment of opportunity, it can be hard to decide where to go first.

I believe we are in such a moment as prosthodontists. Our specialty is attracting the best and brightest young people, and our practitioners are delivering the highest level of patient care in dentistry. At the same time, we are seeing not only a rapid pace of innovation in technology – we are seeing its emergence from theory into everyday practice.

That is not to say we don't have challenges – we very much do. But we are in the midst of so many incredible chances to lead, grow, and excel in education, research, and patient care.

So, in this moment of opportunity, how do we decide which way to go?

In February, the ACP and ACPEF Boards of Directors convened for a strategic planning summit. At the summit and in working groups before and afterward, we were joined by several prosthodontists from practice, education, and federal services, representing different geographic areas, in order to bring a broader perspective to the discussion.

Through this process, which is ongoing, our goal is to develop a plan with milestone objectives, success metrics, and intended outcomes for the next three years and beyond. At the core of this plan are the



strategic priorities. These are what we will use to test each opportunity as it arises and determine whether we should allocate the College's efforts and resources to pursue it.

The four priorities we have identified are, as follows:

To Increase Member Engagement

As a strategic priority, this encompasses membership value, retention, and leadership development. We need to develop new leaders and provide opportunities for members to lead. We must build engagement with the College at the national, regional, and local levels to develop members as leaders in this organization and the specialty, as well as in the broader field of professional dentistry.

What we are seeking to achieve is an organization where every member is actively engaged in his or her region and section, which ultimately increases the value of membership, participation in national programming, and members' leadership in dentistry.

To Enhance Quality of Care to Improve Patient Outcomes

This refers to what the College does to support members to enhance their skills, expand their knowledge, and stay informed of innovations and best practices that can improve the quality of care they provide. This includes supporting member adoption of technology and mastery of digital dentistry, continuing education, and professional development programs designed to improve patient health outcomes.

By making this a priority, we envision a state of practice where more prosthodontists are utilizing technological innovations, such as advances in digital dentistry, to effectively treat patients and improve patient health outcomes.

To Position the Specialty as a Leader

This encompasses efforts to advocate for the specialty and advance its role in innovation, technology implementation, and education to lead the fields of dental and oral health.

As the organization that represents the specialty of prosthodontics and ensures national recognition of the specialty, this priority is essential to the College. Prosthodontists are thought leaders in dentistry. Our responsibility is to ensure that prosthodontics is a robust, valued dental specialty, recognized by key stakeholders for its excellence in the restoration of teeth and oral-facial structures, as well as its leadership in advancing technology, innovation, and standards of care in dentistry.

To Maintain Organizational Sustainability & Viability

This encompasses the College's responsibility to serve its members and the specialty as a financially sound institution with a sustainable strategic plan and budget. This also includes the Foundation and College's relationships with corporate supporters, who extend our ability to impact dentistry with initiatives for practice and education like the recent Clinical Practice Guidelines for Recall and Maintenance of Patients with Tooth-Borne and Implant-Borne Dental Restorations, Glossary of Digital Dental Terms, and Digital Dentistry Curriculum.

You are represented in this process through your state Sections and Region. Please connect with the leadership in your area so they understand your perspective and can advocate for the things that matter the most to you. This process is ongoing – and this is your organization.

I truly believe that this is a moment of opportunity, and there are so many directions our specialty could go from here. As the organization that represents the specialty, the American College of Prosthodontists must measure each possible step against a set of priorities that guide how we allocate our efforts and resources, and ensure that our members – and our patients – capture the greatest possible reward from the opportunities before us. ■



MAKE THE MOST OF YOUR DENTAL CAREER.

As a prosthodontist on the U.S. Army or Army Reserve health care team, you'll have opportunities to work with some of the most innovative technology in the industry, practice at world-class dental facilities, all while developing advanced dental skills that you can use every day. There are also opportunities for a paid, full-tuition scholarship, a special bonus, education loan repayment and paid continuing education. But most importantly, you'll see the greatest reward in the smiles you've restored for Soldiers and their families.

To find out more about the numerous positions available worldwide, visit us at healthcare.goarmy.com/dental or contact your local U.S. Army Recruiter.



U.S. ARMY



Accelerating dentistry

Leonard B. Kobren,
DDS
ACPEF Chair

Spring invigorates the soul. Feelings of rejuvenation, freedom, and anticipation abound. So too is it with this spring's highly anticipated launch of the ACP/ACPEF Digital Dentistry Curriculum. It is an extraordinary accomplishment that encompasses all that is unique to the College and Foundation.

It is emblematic of the strength of the ACP/ACPEF as the unified voice and advocate for every member of the College and the future of our specialty.

The success of this project is nothing short of remarkable. In less than three years, it has gone from concept to creation, though prosthodontists are never quite finished.

The Digital Dentistry Curriculum Task Force was conceived in response to the urgent need for institutions to address the education of undergraduate and advanced prosthodontic students to transition into the digital reality.

The Task Force, led by Drs. Stephen Campbell, Lyndon Cooper, Lily Garcia, and Carol Lefebvre, was supported by the Curriculum Development Team that included 50 volunteers from 33 institutions. It was funded by an unrestricted grant from Henry Schein and its partner corporations. A portion of this grant contributed to the ACPEF endowment.

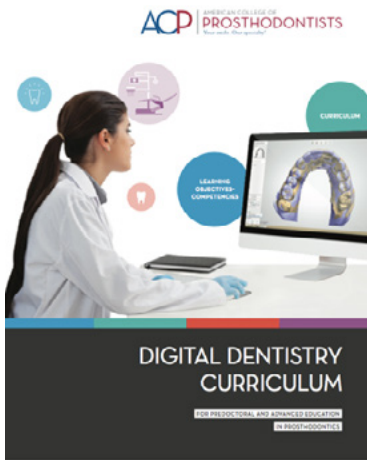
The selection process sought to include contributions from every segment of the prosthodontic community. It relied upon the intellectual wealth and drive of these highly motivated volunteers. Their collaboration highlights our extraordinary diversity and our innovative, intellectual, and administrative abilities.

The fall and winter of 2015 and 2016 were spent creating an outline for the proposed curriculum, followed by a final draft with supporting content and implementation tactics. As part of this massive undertaking, core educational content was painstakingly created and collected from those in our community willing to share. PowerPoint presentations, a foundational textbook, videos, and other resources were gathered.

The next phase included the recruitment of five dental schools to pilot the curriculum beginning in the fall of 2017. Each school was paired with a knowledgeable ACP volunteer-mentor who helped implement the program and provided the feedback necessary to refine the process for final adaptation and launch.

The finalized curriculum was presented at the ACP Spring Educators Conference. The ultimate goal is to disseminate this program to every dental school and advanced prosthodontics program in the United States. Eventually, it is hoped that institutions globally will utilize this curriculum to create a unified platform for a fluid exchange of thought and understanding.

Going forward, we seek to generate new concept-driven relationships with old friends and new alliances. We are certain that the values implicit in the ACP/ACPEF's vision will continue to resonate and be seen by the leadership of these forward-thinking organizations as synergistic with theirs.



The Digital Dental Curriculum collaboration is indicative of the confidence expressed in the ACP/ACPEF by Henry Schein.

“As part of our commitment to help the dentists of tomorrow succeed, we are excited that our support of ACPEF’s new curriculum will help ensure dental students are fully educated on the practice and patient benefits of digital dentistry,” said Stanley M. Bergman, Chairman of the Board and Chief Executive Officer of Henry Schein. “Future leaders in dentistry can rely on us to help make a direct impact on the industry at large and the communities they will serve. Congratulations to ACPEF for launching this exciting program that will help accelerate dentistry to a new level of digitization.”

Other concept-driven collaborations with Colgate, Dentsply Sirona, Zest Dental Solutions, Brasseler, and Procter and Gamble speak to this same sense on mutuality and trust. These corporate relationships thrive because the College and our members have been identified as the innovators, educators, and standard bearers of the level of patient care aligned with their own corporate values.

There are numerous ACP initiatives and programs supported by the ACPEF that assure the viability of our specialty. The creation of the Digital Curriculum is emblematic of this. It underscores the incredible potential of prosthodontists, as realized in the College, to be the specialty to conceptualize, accomplish, and direct the future of dentistry and patient care.

I urge you to join the celebration of this historic achievement. Share your thoughts with the individuals who were involved. Consider a donation to the Annual Appeal and the endowment to support more of this work and keep the momentum growing. As prosthodontists, the future is ours and the potential is limitless. ■

Welcome to the big house

Radi M. Masri,
DDS, MS, PhD, FACP
Annual Session Program Chair

Six years ago, around this same time, Dr. David Guichet was putting the finishing touches on the ACP's 42nd Annual Session, which was to be held in Baltimore. Little did he know that his worst nightmare was about to come true and a hurricane named Sandy would wreak havoc on the East Coast mere days before the meeting.



Thankfully, the hurricane's impact on Baltimore was minimal – and the Annual Session that Dr. Guichet planned became a place for friends and colleagues to gather away from the storm and share the latest advances from our specialty.

Today, I find myself in his shoes. Preparations for the 48th Annual Session are almost complete. The speakers are confirmed and the program is set. We have a magnificent venue on the waterfront, along with a rich slate of workshops and social events. Everything is ready except for the weather forecast.

Personally, I rest assured that another hurricane is unlikely. After all, lightning never strikes in the same place twice – but inspiration often does, and that's why the ACP could not have picked a better place for this meeting.

The theme of the 48th Annual Session is simple but elegant. It is designed to highlight **Innovative Applications in Prosthodontics**. From this platform, there will be a systematic exploration of subjects including pre-prosthetic surgery and implant site development, current protocols for implant treatment, and advances in maxillofacial prosthodontics.

Registration for the 2018 Annual Session will open in May. For details, visit acp48.com.



Of course, no meeting would be complete without innovations in dental ceramics and digital dentistry.

We have been fortunate to secure a group of accomplished speakers who are considered authorities in their respective fields. The presentations are guaranteed to be cutting-edge, exciting, and packed with valuable knowledge and insights that you can put to use. Many of these innovations are astonishing, but they are also nearing a tipping point in terms of success rates and everyday presence in dental practice.

If you have never been to Baltimore, you will find much to discover. “Baltimore” is an Anglicization of an Irish name meaning “town of the big house”. In this case, the big house is the Marriott Waterfront Hotel, which has a splendid location in the Harbor East district of the city. Baltimore was recently listed on the New York Times’ “52 Places to Go in 2018”, ranked as one of the “the most exciting food cities” by Zagat, and called “the most underrated city in America” by Southwest Airlines’ in-flight magazine.

We can’t control the weather, but with the latest innovations in treatment protocols, materials, and advanced technologies, we can prepare for the perfect storm of patient expectations.

Looking forward to seeing you all in Baltimore! ■

Innovative Applications in Prosthodontics

Oct. 31 – Nov. 3, 2018

Wednesday

Bone Augmentation: Science and Application

Dr. Alireza Moshaverinia

Dr. Faleh Al-Tamimi

Hari S. Prasad

Dr. Youssef Obeid

Dr. Ryan Cook

Thursday

Dental Implants: State of the Art

Dr. Dennis Tarnow

Dr. Daniel Buser

Dr. Joseph Kan

Dr. Peter Moy

Dr. Sunita Ho

Dental Implants: Complications

Dr. Carl F. Driscoll

Dr. Chandur Wadhvani

Dr. Gil Alcoforado

Dr. Carlo Ercoli

Dr. Dean Morton

Friday

Advances in Prosthodontics

Dr. Michael J. Will

Dr. Dennis Rohner

Dr. Thomas J. Salinas

Dr. Robert W. Emery

Dr. Jacinthe Paquette

Advanced Dental Materials and Technology

Dr. Jérôme Chevalier

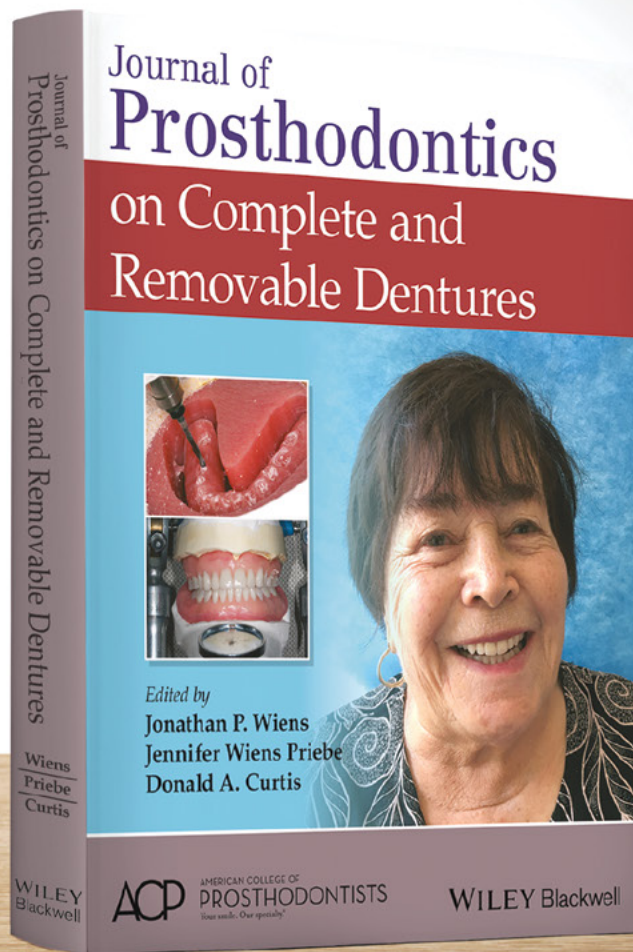
Dr. Daniel Edelhoff

Dr. Julia Wittneben

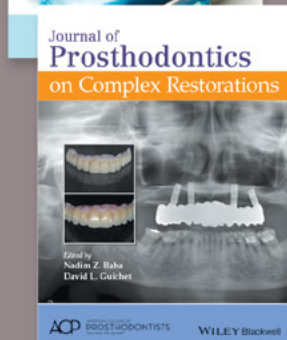
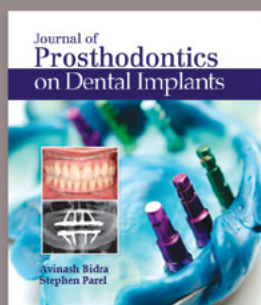
Dr. Wael Att

Dr. Nadim Z. Baba

The Essentials



The forefront of your specialty, in three volumes.



Journal of Prosthodontics on Complete and Removable Dentures is a valuable reference on the functional, psychosocial, nutritional, and comorbid factors that influence outcomes for edentulous patients.

Subjects include:

- Functional parameters and assessment
- Esthetic considerations
- Oral health, biofilms, and denture stomatitis
- Treatment innovations

Together with *Journal of Prosthodontics on Dental Implants* and *Journal of Prosthodontics on Complex Restorations*, these beautiful, full-color hardcover books are tomorrow's classics - available today.

ACP
AMERICAN COLLEGE OF
PROSTHODONTISTS

Your smile.
Our specialty.®

Order online at Prosthodontics.org



Now Online in the *Journal of Prosthodontics*

Overdentures have been an accepted treatment modality for more than half a century. Their advantages, disadvantages, and maintenance needs have often been studied, but few of these studies have been longitudinal (i.e., studying one patient group over an extended period of time). In “Longitudinal Assessment of Denture Maintenance Needs in an Overdenture Population,” now online in the *Journal of Prosthodontics*, Drs. Ronald Ettinger and Fang Qian, of the University of Iowa College of Dentistry, review and report the longitudinal denture maintenance needs of an overdenture population wearing complete maxillary dentures and mandibular overdentures.

This prospective cohort study was composed of patients who had received tooth-supported overdentures from 1974 to 1994 in the Department of Prosthodontics, University of Iowa; 272 patients with 662 abutments fulfilled the inclusion criteria. Drs. Ettinger and Qian found that:

1. The three most common denture treatment needs were adjustment of the denture bases, denture relines, or denture remakes.
2. Older participants were less likely to need two or more denture base adjustments.
3. Those who were not taking any medications were less likely to need their dentures repaired.
4. Participants who had worn overdentures for more than 5 years were more likely to need remakes and participants who wore their dentures continuously were more likely to need denture base repairs.
5. Being male was statistically associated with needing teeth replaced, while being aged 50 to 64 was statistically associated with needing more denture base adjustments or occlusal adjustments.

The authors note, “It is important for dental educators and practitioners to appreciate that patients wearing overdentures need regular recalls, because they have continuing maintenance needs that require evaluation and denture services.”

Ettinger RL, Qian F: Longitudinal assessment of denture maintenance needs in an overdenture population. J Prosthodont doi:10.1111/jopr.12735

ACP Represented at ASDA Annual Session

Dr. Justin K. Terrill, Chief Resident at Loma Linda University, represented the ACP at the 2018 Annual Session of the American Student Dental Association, which brought nearly 600 dental students to Anaheim, California.

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.





Sold-out Crowd for Digital Dentistry Symposium

The ACP's fourth Digital Dentistry Symposium hosted a sold-out crowd of over 140 attendees in Chicago. The symposium showcased state-of-the-art digital solutions for the treatment of restorative patients, from application to integration, including

3D diagnosis and treatment, digital planning, digital workflows, integration, and much more.

Attendees included prosthodontists, oral surgeons, general dentists, lab technicians, dental hygienists, residents, and other dental professionals from all over the world.

“This was the most fun two days I’ve spent in a long time,” said Dr. Mark Ludlow, Co-Chair. “We had a great group of speakers, awesome breakouts, and even hands-on courses that rounded out a great Digital Dentistry Symposium for 2018. Thank you to all of our speakers, sponsors, staff, and every one of you that attended as you are what made the course great. We look forward to seeing everyone back for next year!”

Thank you to 3Shape, Dentsply Sirona, Henry Schein, AvaDent, Ivoclar Vivadent, Nobel Biocare, and Straumann for their sponsorship of the program.

NATIONAL PROSTHODONTICS AWARENESS WEEK

April 8-14, 2018

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 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

December 2017 – March 2018

New Advanced Program & Graduate Student Alliance Affiliates

- Dr. Marinee Cabrera
- Dr. Jin Woo Park
- Dr. Joseph Potter
- Dr. Ryan Rubino
- Dr. Stella Christina Stavrou
- Dr. Zachary Wallace
- Dr. Joshua Wohlgenuth

Reinstated Fellow

- Dr. Catherine M. DeFuria

Reinstated International Fellow

- Dr. Sandra K. Al-Tarawneh

New Global Alliance Affiliate

- Dr. Mohammad-Adel Moufti

Reinstated Members

- Dr. Adriana Cordero Wilson
- Dr. Dimitris J. Demos
- Dr. Deepali Jere
- Dr. Kevin A. Lowden
- Dr. Ahmed M. Mahrous
- Dr. John W. Payne, II
- Dr. Berna Saglik

New Predoctoral Alliance Affiliates

- Mr. Brian A. Brodine
- Mr. Michael A. Craney
- Ms. Bethany Ann Harbin
- Ms. Ola Al Hatem
- Mr. David C. Jensen
- Ms. Priya Sridhar
- Ms. Kelly M. Suralik
- Ms. Sharon M. Vincenty-Flores
- Ms. Whitney White
- Ms. Cassidy Wolfe

New Resident/Graduate Student Members

- Dr. Aaron W. Barto
- Dr. Clara G. Bergeron
- Dr. Alonzo Carlos Blackmon
- Dr. Michael B. Evans
- Dr. Robert B. Kim
- Dr. Sung Eun Kim
- Dr. Paul T. Lee
- Dr. Michelle L. Llinas
- Dr. Jasmine C. Mohandesi
- Dr. Tiffany J. Wendt

CHANGE LIVES

With ClearChoice[®]

“I love the work I do at ClearChoice. To see the changes in people’s lives is the most rewarding part of my practice.”

— Dr. Rhonda F. Jacob, DDS, MS
Prosthodontist
Diplomate, American Board
of Prosthodontics



Why Practice at a ClearChoice Dental Implant Center?

- Innovative, Full-Service Implant Centers
- Quality Patient-Centered Care
- Over 55,000 patients served by the ClearChoice network
- Outstanding Compensation & Benefits
- Professional connections through a national network

Contact us today for opportunities nationwide.
www.doctorrecruiting.clearchoice.com
doctorrecruiting@clearchoice.com



Job Opportunities

Arkansas (Fayetteville) – Seeking a Prosthodontist to Join Our Thriving Practice. Ozark Prosthodontics, located in beautiful NW Arkansas, has an immediate opening due, thankfully, to significant growth in patient treatment. We are a surgical and restorative practice, that uses digital technology in both our clinic and lab areas. We understand, and are very successfully using medical insurance to help patients receive very necessary treatment, by reducing their out of pocket expenses. Our on-site laboratory is managed by Luke Hasegawa, CDT, Oral Design Member. Our newly renovated 5600 sq ft facility opens Summer 2018 and will be truly state of the art. If you are sincerely interested in learning more about us, please contact our COO, Sean Pitman (spitman@ozarkpros.com). experiencefayetteville.com northwestarkansas.orgcrystalbridges.org

California (San Francisco) – Prosthodontist Position Available PT/FT in East Bay San Francisco, CA Willow pass Dental Care is a fast growing, privately owned multi-specialty practice in Concord California, seeking a talented enthusiastic Associate Prosthodontist. Please contact Dr. Reza Khazaie at khazaie@yahoo.com for more information.

Delaware (Wilmington) – Christiana Care Health System is seeking an experienced community or academic Prosthodontist with a strong background in restorative dentistry, including implant prosthodontics. The candidate should also have experience in hospital dentistry, including exposure to treating patients in the OR. The candidate should have experience teaching on the graduate level and should be able to continue the development of the didactic and clinical programs, particularly in the areas of restorative dentistry and implant prosthodontics. Part-time and full-time interest will be considered.

Visit this link to apply:
http://careers.christianacare.org/jobs/Faculty_Position_-_Prosthodontist_or_Dentist/Wilmington_Delaware/105/138294/



Florida (Fort Lauderdale) – Seeking part-time Prosthodontist for 1500 DENTAL's brand new, state-of-the-art facility located near downtown Fort Lauderdale. The center is located in the historic 1500 building that once served as the headquarters for Florida's first telephone company. The practice is a 4,000 sq-ft Center for Comprehensive Dentistry. It is conveniently situated approximately one mile from the ocean and adjacent to Nordstrom Rack and Trader Joe's, 1500 DENTAL offers partnership opportunities, continuing education, and a chance to work with South Florida's most highly qualified multidisciplinary dental and administrative team. Please email CV and direct inquiries to: info@1500dental.com or (888) 800-4955 (facsimile). We look forward to hearing from you!

Georgia (Atlanta) – High-end Removable Practice in Hotlanta. Excellent opportunity for a prosthodontist to join our well established REMOVABLE based prosthodontic practice. TRUE SPECIALTY, fee for service practice limited to dentures, partials and implant restorations. Seeking a compassionate, motivated and entrepreneurial-minded person. Associateship leading to partnership. Fully equipped in-house lab (three lab technicians) and an experienced, supportive staff. Excellent income potential in a great city to live and play. Please email cover letter and CV to fwajj@comcast.net.

Louisiana (Louisiana State University Health Sciences Center, School of Dentistry) – Full Time Tenure/Clinical Track Assistant Professor: The LSU School of Dentistry in New Orleans (LSUHSC) invites nominations and applications for the position of full-time tenure or clinical track faculty in the Department of Prosthodontics at the Assistant Professor rank. Responsibilities will center on pre-doctoral and graduate level didactic, pre-clinical and clinical instruction

in prosthodontics, Intramural faculty practice, and research are Requirements: A DDS, DMD or equivalent degree, and a Certificate of Prosthodontics from a CODA-accredited postgraduate prosthodontics program is required. Preferred Qualifications include previous teaching experience and board certification. Applications will be accepted online on the LSUHSC Careers Opportunity Page: <https://www.lsuhs.edu/Administration/hrm/CareerOpportunities/Home/Detail?id=1940>

LSU Health is an Equal Opportunity Employer for females, minorities, individuals with disabilities and protected veterans.

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 aesthetic, 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.

Maine (University of New England) – The University of New England College of Dental Medicine invites applications for a prosthodontist. This is a full-time clinical faculty position (Assistant / Associate Professor). The University of New England College of Dental Medicine's mission is to "improve the health of Northern New England and shape the future of dentistry through excellence in education, discovery and service." The University of New England College of Dental Medicine is well positioned to successfully pursue this lofty goal. The interprofessional education we provide, in cooperation with UNE's Colleges of Health Professions, Medicine, and Pharmacy, equips our graduates to improve not only the oral health, but also the overall health of the patients they treat. Responsibilities: Didactic and clinical instruction in prosthodontics to pre-doctoral dental students will be core responsibilities for this position. This position reports to the Associate Dean of Curriculum Integration and Analytics for academic/didactic matters and to the Associate Dean of Clinical

Education & Patient Care for matters relating to clinical operations. Qualifications: Qualified candidates must possess a D.D.S./D.M.D. degree or international equivalent. The candidate must be licensed, or, be eligible for licensure in Maine and have successful completion of NBDE I & II. Candidates must also have completed advanced training in a CODA-approved prosthodontics program and be board eligible, or certified by the American Board of Prosthodontics. Candidates must demonstrate a passion for dentistry and a strong desire to teach students in a demanding, fast-paced, academic environment. Candidates must demonstrate the ability to contribute to and participate in a humanistic environment of learning and discovery. The successful candidate is expected to be able to provide direct clinical supervision of predoctoral dental students and to provide clinical care in the group practice. Salary and rank will be commensurate with experience. Interviews of qualified candidates will begin immediately and continue until the position is filled.

Application Materials: Cover Letter / Curriculum Vitae. To apply please visit: <http://une.peopleadmin.com/postings/3200> The University of New England is an Equal Opportunity/Affirmative Action employer and welcomes female and minority candidates.

New York (New York City) - Prosthodontist Position Available PT/FT in NYC: Excellent opportunity to join a multi-specialty practice in NYC's Upper East Side. The position is available immediately and is ideal for someone who wishes to settle down in NYC and build their own practice. The office is newly renovated with state-of-the-art technology, digital x-rays, CEREC, and paperless charts, with a fully accredited operating room for sedation dentistry. Please send introductory letter & CV to rc427@nyu.edu.

New York (Syracuse) – Syracuse Prosthodontic and Implant Practice Leading to Ownership: Thriving 33 year old Prosthodontic practice looking for qualified candidate to buy in 6 months to 1 year. Gross revenues \$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 lab fully equipped. 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 football and basketball programs. It is a great place to raise a family with affordable housing. Please send resume and cover letter to jbsprosth@gmail.com or call 315-447-3145.

Oregon (Portland) – Seeking another prosthodontist to join our multi-disciplinary practice. Our practice is located in beautiful Portland, Oregon. We have a state of the art practice that offers full Prosthodontic and Periodontic services. PT position available with great potential to grow. We have a supportive, enthusiastic team. Please e-mail resume to admin@fusiondentalspecialists.com.



South Carolina (Columbia) – Full or Part Time Prosthodontist Needed: Seeking an experienced associate prosthodontist to join an established restorative dental practice in South Carolina. Our prosthodontist is retiring and the new prosthodontist will walk into an ideal situation with an established network of referring dentists. We are a non-corporate, well established private practice. Visit BrickyardDentalGroup.com/ Prosthodontist for more information.

Texas (Austin) – Seeking Part Time Prosthodontist (Full Time and Ownership Opportunity Available). Great opportunity to live and work in Austin at a thriving Prosthodontic practice providing the full scope of Prosthodontic care- dental implants, esthetic dentistry and dental sleep medicine. Our practice is in a new space, only 2.5 years old, 2000 sq ft, outfitted with state of the art dental equipment, electric hand pieces, Adec delivery systems and located in a high growth area of Austin, only 15 minutes from downtown. Our year-over-year revenue growth has been over 20% with two part time Prosthodontists. We have excellent relationships with specialists in the community and work closely with our Oral Surgeon neighbors nextdoor. This is an opportunity to join a practice at 1-2 days initially, with the option to grow into more and acquire ownership interest. We are looking for someone who loves what they do, loves their patients and would be a great fit for our patient focused team. If you are looking for a great team and a place to establish yourself in Austin and grow your practice from within an office that has an outstanding reputation in the dental community, please reach out! Send your resume to Heather@prosofex.com.

Texas (Austin / Dallas) – Seeking prosthodontists in Texas: Private restorative/implant practices in Austin and Dallas seeking additional providers. In-house lab and excellent staff. Buy-in opportunities available. If interested please email your resume to bcpdallas@yahoo.com.

Texas (Dallas) – Seeking Associate Prosthodontist with Partnership Opportunity. 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. Salary and Benefits: Competitive salary and bonus based on production. Email dra@fastnewsmile.com

Texas (Dallas-Ft. Worth) – Seeking Associate/Partner: 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.
www.dentalimplantcenter.com
Email: david_mcfadden_dmd@yahoo.com

Practices for Sale

Arizona (Phoenix/West Valley) – Surgical Prosthodontic practice for sale. Sales price: forthcoming. Annual Collections: 2016 = \$1033K. Completely fee for service; no contracted plans with insurance companies. Two locations: Central Phoenix high rise, 1750 sq ft with 5 ops. West Valley, 1200 sq ft with 4 ops. Both offices have dedicated laboratory, digital radiography and intraoral photography, and paperless technology, Dentrrix. Provide full array of prosthodontic services along with surgery to include: dento-alveolar, perio enhancement, implant placement immediate and delayed, hard and soft tissue grafting, ridge and sinus augmentation. 3Shape lab scanner for design and off-site milling. Practice established since 1984. Please refer to listing AZT365. Contact Fred Heppner at 480-513-0462 or email FredH@arizonatransitions.com.

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

California (San Diego - North County) – Pros/GP practice in highly desirable North County area of San Diego. Current owner has been here since 2007. 5 Ops, Eaglesoft, Planmeca 2-D, E4D Scan/Mill. Fully equipped in-office pros lab. Seller willing to assist with a transition. Call: 619-694-7077. Email: Russell.okihara@henryschein.com.

Maryland (Chevy Chase) – FFS Boutique Cosmetic Practice: This practice is centered on going beyond Cosmetic Dentistry - to listen and understand their patient's personal needs and provide the highest level of individualized care with integrity. Specialize in Adult dentistry with holistic approach, serving an upscale clientele for the past 28 years with excellent 5-star reputation. Strong net income on 3/days week. It is a fully fee-for-service practice and is being offered at \$525,000.00. Owner assist may be available for a qualified purchaser. The office is 1,230 square feet with four operatories and is being offered at a competitive lease and rate per square foot with a "Right of First Offer". Please contact Cindy McKane-Wagester, RDH, MBA at 443-604-7438 or email at cindy.mckane-wagester@henryschein.com

Minnesota (Duluth) – Highly successful, well-established prosthodontic practice in Duluth, Minnesota seeking a board eligible or board certified Prosthodontist to take over thriving practice. Practice is totally fee for service with average of mid \$900,000s in collections annually on 3 1/2 days/week. Practice is heavily oriented in implant solutions, but all aspects of prosthodontics are offered. Practice is located in a beautiful, well maintained suite in the Duluth Medical Arts Building. Office has 2 ops (with an option for a 3rd) with I-CAT CBCT, iTero Element intraoral scanner, and a state of the art removable/fixed laboratory. Will stay on as long as necessary for a smooth transition. Duluth was labeled as the "Best Outdoor Town" by Outside Magazine in 2014. Contact: Dr. Doug Erickson at dme@drdougerrickson.com. 218-722-8118 (work). 218-343-3983 (cell) www.drdougerrickson.com

New Mexico (Albuquerque) – Prosthodontic Practice for sale in beautiful Albuquerque - great location in southwest. Owner retiring. Three and a half day week. Great growth potential. Fee-for-service, no insurance. Motivated seller. Flexible transition. Contact Andy Eberhardt - aeberhardt@dentalcooperative.com.

Texas (Austin) – Very profitable prosthodontic/implant practice. Excellent staff and in-house lab. Seller willing to assist with a transition. Doctor-owned office building is also available if interested. Please email austinprosthodontics@yahoo.com for more information.

Virginia (Central Virginia) – Perfect opportunity to be a part of a successful prosthodontics practice, ideal long term transition plan. Work alongside a master at his craft. Above average fee parity, fee for service, 1 million plus producing business make this the ideal scenario for a young highly skilled professional. Please go to www.commonwealthtransitions.com and register as a buyer for free to find out more details.

Washington (Seattle) – FEE FOR SERVICE PRACTICE FOR SALE IN SEATTLE: 2016 collections of \$1,350,000. Cosmetic/reconstructive in the Kois philosophy. Fee for service practice. Great cash flow. Four fully equipped operatories. Digital X-Rays. Refers out endo and oral surgery. Well trained and experienced staff will continue and assist with the practice transition. Well established practice that has been in the same location for over 20 years. Selling Dr. will mentor purchasing Dr. for a limited time. Contact: Buck Reasor, DMD, Reasor Professional Dental Services at info@reasorprofessional.com or 503-680-4366.

Upcoming Events

Prosthodontic Review Course
Sept. 7-8, 2018
Seattle

48th Annual Session
Oct. 31-Nov. 3, 2018
Baltimore
acp48.com



Zirkonzahn®

Human Zirconium Technology



REVOLUTIONARY PATIENT ANALYSIS

FOR HIGH QUALITY DIAGNOSTIC PLANNING AND PATIENT SATISFACTION

Recording patient-specific information with the PlaneSystem® and the Face Hunter 3D facial scanner improves diagnostic planning, reduces chair time and increases patient satisfaction. Individual position of the maxilla, occlusal plane and 3D face scans are accurately transferred into the Zirkonzahn software and combined. The 3D virtual patient arms the restorative team in the clinic and lab with the ideal planning tools for quality functional and aesthetic rehabilitations.



Complex rehabilitations are scientifically designed with the exact patient situation transferred into the software



The result allows for especially aesthetic and functional dental rehabilitations through high-efficient treatment planning



Complete rehabilitation in Prettau® zirconia

INTRODUCING

SpeedCEM[®] Plus

Self-adhesive resin cement



A BIG PLUS FOR ZIRCONIA

THE PLUS FACTORS:

- + **Excellent self-cure performance**
ideal for zirconia and metal-ceramics
- + **User-friendly** handling and easy clean-up
- + **Efficient process** with just one component

RECOMMENDED FOR

IPS **e.max[®]** ZirCAD[®]

The only ZIRCONIA esthetic enough to be called e.max!

ivoclarvivadent.com
EXPLORE SHOP LEARN

For more information, call us at 1-800-533-6825 in the U.S., 1-800-263-8182 in Canada.
© 2018 Ivoclar Vivadent, Inc. Ivoclar Vivadent, IPS e.max, ZirCAD and SpeedCEM are registered trademarks of Ivoclar Vivadent, Inc.

ivoclar
vivadent[®]
passion vision innovation