In search of a cast partial

Also:
- Modification of a conventional denture for use as an implant-retained overdenture
- Legal issues
The VITA brand is synonymous with accurate shade determination. But VITA is more than just shade: behind the VITA name is a system of trusted, proven, high quality dental restoratives that, when you ask for them by name, help strengthen your patients’ trust in you.

VITA Denture Teeth
Available in VITA Physiodens®, Vitapan® and Lingoform teeth in VITA Classical and 3D-Master® shades.

VITA
The Name You Trust.

prescribevita.com

800-263-4778

*Free mould guides will be sent upon receipt of a faxed copy of your qualifying invoice to Vident at 714-961-6209. $4,000 must be purchased on one invoice.
Now you can have all the timesaving benefits of the \textsuperscript{SR} Ivocap system without the investment in equipment and materials. Let Aurum Ceramic process your individual waxed up dentures with \textsuperscript{SR} Ivocap. We’ll return it trimmed or straight out of the flask so you can trim it to your specifications. Your carefully set-up occlusion will be as accurate as it was at try-in. And, there’s no need for any additional time, effort or technique changes on your part. Just use the same procedures that you would with any other flasking process.

- Eliminate distortion, pressure points, occlusal interferences and raised bites.
- Easy equilibration.
- Fewer post-insertion adjustments save you time and money – and results in happier patients.
- Reduce micro porosities that can harbour odour and infection-causing bacteria.
- No monomer contact for patient and practitioner.
- Fast 72 hour turnaround in laboratory.
- Every full and partial denture 100\% guaranteed for full two years against defects in materials and craftsmanship.*
- Prepaid courier shipment.

Let Aurum Ceramic help you add \textsuperscript{SR} Ivocap to your practice – easily and affordably. For full details, call us:

**TOLL FREE**
**1-800-661-1169**

\* Certain terms and conditions apply. Warranties and guarantees do not apply to denture repairs or relines.
Denturist Association of Canada
L'Association des Dento-rélogistes du Canada

ACCREDITATION: The following Canadian schools of Denturism are accredited by the Denturist Association of Canada:

- Vancouver Community College, City Centre, Vancouver, British Columbia
- Northern Alberta Institute of Technology, Edmonton, Alberta
- George Brown College of Applied Arts & Technology, Toronto, Ontario

Canadian Schools of Denturism Accredited by the Denturist Association of Canada:

- Executive 2008-2010
  - Vancouver Community College, City Centre, Vancouver, British Columbia
  - Northern Alberta Institute of Technology, Edmonton, Alberta
  - George Brown College of Applied Arts & Technology, Toronto, Ontario

Contact Information:
- e-mail: dacdenturist@telus.net
- Fax: (604) 582-0317
- Lynne Alfreds
  - National Office
  - e-mail: dlh.44@hotmail.com
  - Fax: (204) 487-3969
  - Phone: (204) 489-9364
- David Hicks, LD, DD
  - Email: airamn@telus.net
  - Phone: (604) 521-6424
- Maria Green, DD
  - Email: dentureguy@nb.aibn.com
  - Fax: (506) 855-9941
  - Phone: (506) 382-1106
- Daniel Robichaud, DD
  - Vice President - Administration

Affiliate Members
- Clinical Dental Technicians Assoc. (UK)
  - Room 3b
  - Tower House Business Centre
  - Fishergate, York YO10 4UA
  - Tel: 01904 625130
  - Fax: 01904 658361
  - Website: www.cdtassoc.org

Honorary Members
- Austin J. Carbone, BSc, BEd, DD
  - The Honourable Mr. Justice Robert M. Hall
Our technology, your craftsmanship.

Take a closer look at the AdVent® Implant System, a single-stage solution from Zimmer Dental, the company that responds to the professional needs of the denturist. With the AdVent Implant System, supragingival impression-taking is simple and easy.

Plus, a variety of advanced design features, including Zimmer Dental’s patented triple-lead threads and internal hex connection with friction-fit technology, facilitate exceptional stability.

The AdVent Implant System: The denturist’s implant, from the denturist’s partner.

Visit us online at www.zimmerdental.com/MC0373.asp or call us toll-free at 800 265 0968 for more information.

BREAKING NEWS

"Researchers from the Faculty of Dental Medicine at the University of M* conclude that using NOVADENT on a daily basis could considerably help control the development of pathogenic plaque by contributing in the fight against highly resistant microorganisms, such as Candida Albican, responsible for chronic prosthetic stomatitis."

*Julia Lalou, Cati Gauthier and Siao Buntou/Faculty of Dental Medicine at the University of Montreal

NOVADENT cleans what you see

NOVADENT cleans what you DON’T SEE

Call 1 800 474-6682 for your free sample

NOVA Dent
DENTURE CLEANSER

www.novadent.com
Product of Canada • SINCE 1993
For display advertising, contact Craig Kelman & Associates Ltd. For subscriptions or classified advertising contact the Denturist Association of Canada National Office.

The challenge of this publication is to provide an overview of denturism, nationally and internationally, and a forum for thought and discussion. Any person who has opinions, stories, photographs, drawings, ideas, research or other information to support this goal is requested to contact the Editor to have the material considered for publication. Statements of opinion and supposed fact published herein do not necessarily express the views of the Publisher, its Officers, Directors or members of the Editorial Board and do not imply endorsement of any product or service. The Editorial Board reserves the right to edit all copy submitted for publication.

©2009 Craig Kelman & Associates Ltd. All rights reserved. The contents of this publication may not be reproduced by any means, in whole or in part, without prior written consent from the publisher.

ISSN: 1480-2023

Editor-in-Chief:
Hussein Amery, M.Sc., Psy.D., DD, FCAD
#112, 2675 - 36 Street NE
Calgary, Alberta T1Y 6H6
Phone: 403-291-2272
e-mail: ameryhk@telus.net

National Liaison: Lynne Alfreds
PO Box 45521
2397 King George Hwy.
Surrey, BC V4A 9N3
Phone: (604) 538-3123
Fax: (604) 582-0317
e-mail: dacdenturist@telus.net

Published by:

3rd Floor, 2020 Portage Avenue
Winnipeg, MB R2W 0K4
Tel: (204) 985-9780 Fax: (204) 985-9795
e-mail: cheryl@kelman.ca
www.kelman.ca

Managing Editor: Cheryl Parisien
Design/Layout: Stacia Harrison
Advertising Sales: Al Wiebe, al@kelman.ca
Advertising Coordinator: Lauren Campbell

Return undeliverable Canadian addresses to:
e-mail: kelly@kelman.ca
Publication Mail Agreement #4065075.
Special Limited Offers

Valplast Process $145
Cast Framework $98
Cobalt-Chrome Alloy Vitallium Castings $125
Zirconia Coping $116
Invisiclasp (1-2) $60
Ivocap Denture Process $67
PROCESS ONLY: $50

During March & April 2009 Only!

Baluke Dental Studios
85 West Wilmot St., Richmond Hill, ON L4B 1K7
905-764-6322
1-800-263-3099
www.baluke.com

Your lab partner since 1947!
Call or visit us online today!
Who would have thought with all of the forecasting models, economic geniuses, highly paid financial advisors and well-established brokerage institutions, we would be faced with one of the largest impending financial crises of all times. Denturism is not immune to the potential effect of this recent economic downturn.

As Denturists we are faced with the realization this may potentially affect the way we practice our profession. As never before, we are faced with the important and delicate task of balancing our needs versus those of our patients.

Our needs
In this balance we must weigh our needs and how we might be affected by these economic changes.

The changes could range from deferring purchasing new equipment, hiring new staff, expanding or renovating your premises. The economic pressures may cause us to think about decreasing our existing staff, reducing overhead expenses, looking for lower-priced supplies and services.

These are some areas of our business which may be affected, but what of our personal side? In this balance will we continue in the same lifestyle, looking to purchase a home, cottage and enjoy holidays or will we have to readjust our desires to accommodate the new market place.

As we strive to improve our practices, our bottom line and delivery of services to our patients, outside factors that we have little control over are influencing our decisions.

We may find it difficult to obtain bank loans, as bankers have become more restrictive and stringent on how they process our applications. Even as we try to manage our costs we will find that our expenses will continue to climb as we have very limited control over most of them.

Our patients’ needs
Patients are also affected by the financial downturn; their investments are not returning what they should, they may now be a one-income family or unemployed. As unemployment and credit card rates continue to increase and disposable income is reduced, patients may opt to defer essential procedures.

Patients need to know the cost of treatment; they want the best treatment for a reasonable cost. Patients’ needs include real service, no waiting on the phone, no talking to a machine, being treated with the enthusiasm that says we appreciate them coming into or phoning our office. Patients need to know that their problems and denture concerns will be addressed in an efficient and professional manner.

The dilemma
Balancing the needs of our patients with our needs is somewhat in conflict. If we do not increase our fees we know our operating costs will increase due to regular inflationary cycle. Do we decrease the quality to keep the same bottom line, affecting our standards of practice? Do we keep the same quality and risk the bottom line decreasing? Both of which can affect our needs both professionally and personally.

The full business approach is to realize that fees will continue to increase, thus so should the quality of the service and product. As such we need to continue and expand our expertise in providing the best treatment options to patients. That means taking the extra time, using the best supplies, materials and techniques to fabricate a prosthesis that best provides for the needs of the patient. What we do influences people’s lives in numerous ways, from their self-confidence and self-worth to their ability to perform the basic functions of speaking and eating. Do not underestimate the impact a high-quality prosthesis will have on your patients’ lives.

Patients require real service, superior service that makes them want to choose Denturists for their prosthetic needs. With all of today’s marketing concepts and technologies, the most important technique in our arsenal may be the ever-reducing human contact, which we can provide to our patients.

In this market doing nothing is not an option. Continue to give your patients the treatment and service you expect to receive. We may all be surprised that even in this trying economic downturn, we may emerge enlightened by the experience and with a new understanding of our patients’ needs.
Des temps difficiles pour la denturologie

Avec tous les modèles prévisionnels, les gourous des finances, les conseillers financiers chèrement payés et les maisons de courtage bien établies qui existent aujourd’hui, qui aurait cru que nous ferions face à une des pires crises financières de tous les temps? La denturologie n’échappe pas aux effets du récent ralentissement économique.

À titre de denturologistes, nous devons nous rendre compte que cela peut affecter la façon dont nous exerçons notre profession. Puis que jamais, nous devons trouver un juste équilibre entre nos besoins et ceux de nos patients.

Nos besoins
Dans cet équilibre, nous devons soupeser nos besoins et réfléchir à la façon dont nous serons touchés par les bouleversements économiques.

Les changements peuvent prendre diverses formes, notamment le report de l’achat de nouvel équipement, de l’embauche de personnel, de projets d’agrandissement ou de rénovation des locaux. Les pressions économiques peuvent nous amener à envisager de réduire le personnel, de diminuer les frais généraux ou de chercher des fournitures et services à prix réduit.

Voilà certaines façons dont nous pouvons être touchés. Mais qu’en est-il sur le plan personnel? Dans cette recherche de l’équilibre, maintiendrons-nous notre mode de vie, chercherons-nous à acheter une maison, un chalet, prendrons-nous des vacances ou devrons-nous ajuster nos désirs en fonction de la nouvelle conjoncture économique?

Pendant que nous cherchons à améliorer notre façon d’exercer, nos bénéfices et les services que nous fournissons à nos patients, des facteurs externes sur lesquels nous avons peu de pouvoir influent sur nos décisions.

Nous aurons peut-être de la difficulté à obtenir un prêt, puisque les banquiers sont devenus de plus en plus stricts dans le traitement des demandes. Même si nous tentons de gérer nos coûts, nous verrons augmenter nos dépenses, puisque nous avons peu de marge de manœuvre pour la plupart d’entre elles.

Les besoins de nos patients
Les patients sont également touchés par le ralentissement économique; leurs placements ne donnent pas les rendements escomptés, ils ont maintenant peut-être seulement un revenu familial ou ont perdu leur emploi. À mesure que le taux de chômage et l’endettement augmentent, et que, à l’inverse, le revenu disponible diminue, les patients peuvent décider de retarder certains soins essentiels.

Les patients doivent connaître le coût des traitements; ils veulent obtenir le meilleur traitement possible à un coût raisonnable. Les patients s’attendent à être traités avec cet enthousiasme qui montre que vous appréciez qu’ils se rendent chez vous ou vous appellent. Les patients ont besoin de savoir que leurs problèmes et soucis dentaires seront traités de manière efficace et professionnelle.

Le dilemme
L’équilibre entre les besoins de nos patients et les nôtres est un exercice conflictuel. Si nous n’augmentons pas nos honoraires, nous savons que nos coûts d’exploitation augmenteront tout de même, puisqu’ils sont soumis au cycle de l’inflation. Allons-nous réduire la qualité pour maintenir nos bénéfices, ce qui affecterait nos normes d’exercice? Allons-nous maintenir la qualité au risque de compromettre nos bénéfices? Les deux avenues peuvent affecter nos besoins, tant sur le plan professionnel que personnel.

L’approche globale consiste à prendre conscience que les honoraires vont continuer d’augmenter et que la qualité des services et des produits devrait donc aussi augmenter. Dans cette optique, nous devons continuer d’élargir notre expertise en offrant les meilleures options de traitement à nos patients. Cela signifie prendre un peu plus de temps et utiliser les meilleures fournitures, substances et techniques pour fabriquer les appareils qui répondent le mieux aux besoins de chaque patient. Ce que nous faisons compte dans la vie des gens de multiples façons; ils en tirent de la confiance en soi et de l’estime de soi, il leur redonnent l’envie de parler et de manger correctement. Ne sous-estimez pas l’effet d’un appareil de qualité supérieure sur la vie de vos patients.

Les patients veulent un service concret, un service de qualité qui justifie leur décision de recourir à un denturologiste pour leurs appareils. Parmi toutes les techniques de commercialisation et les technologies accessibles aujourd’hui, la technique la plus importante dans notre troupeau peut s’avérer être le contact humain; ça, nous pouvons l’offrir à nos patients.

Dans le marché actuel, ne rien faire n’est pas une option. Continuez de donner à vos patients le traitement et le service que vous vous attendriez à recevoir. Nous pourrions tous être surpris et constater que, même en cette période de ralentissement économique, nous en ressortons enrichis d’une nouvelle expérience et forts d’une meilleure compréhension des besoins de nos clients.
BioCad Implant Bars

Advantages / Benefits
- Light-weight
- Cost-effective
- Unlimited design capability
- Compatible with multiple implant systems
- Viewable CAD image prior to milling
- BioProtection Card
- 15-year warranty on bar and screws

Vitallium Cast Partial

Advantages / Benefits
- Increased flexibility
- Nickel and Beryllium free
- Smaller, lighter designs
- Deformation resistant
- Adjustability and fracture resistance

Impact Dental Laboratory is a registered Vitallium lab
Unfortunately, 2009 was heralded with the economic crisis looming over most of Canada and the entire world, with everyone waiting to see whether the United States will be able to spend their way, and hopefully, the rest of the world out of the current recession.

Depending on who you speak to, runaway government spending will be Canada’s worst crisis as the cost of all levels of government will only serve to further deepen the economic disaster. If the minority Conservative government of the day proceeds to attempt to spend taxation dollars to stimulate the economy, we will only be plunged into a greater deficit position where the annual growth in the government’s interest on that debt will barely be serviced by all taxes collected. Under the current proposal, the result will be that our government will cease to be able to provide the basic services such as social programs, old age pensions, employment insurance, and even further compromises to our already underfunded medical system. Some say that the government should instead, foster an environment for companies to be able to make profits, which in turn would allow companies to grow and expand in order to create new jobs.

Profit, whether in the form of dividends or otherwise, will eventually flow back into the economy in the form of spending on purchases and further investment.

The crime would be hampering a company or industry from making healthy profits as jobs soon disappear as well as the goods and services that add to the wealth and productivity of the country.

As we all stand by and watch the economy shrink, companies laying off and in many cases, closing their doors and filing for bankruptcy, or even moving operations elsewhere, the end result will be fewer tax dollars and an exponential acceleration of the problems already being created by increasing the debt load. The main reason for a company having to downsize or even close is the high cost of doing business, whether labor related or tax based.

The bottom line for us as small-business owners is the bottom line. In order to weather the storm ahead we need to maintain a sellable product at a competitive price. There are, of course, limits to how high you can raise your price. As we are all well aware, if the price raised is too high, customers will disappear.

If production costs for the manufacturing of our custom prosthetic appliances including labor, materials, borrowing costs, other overhead, and taxes exceeds our selling income, then we are faced with three choices: cut costs to be more efficient in the delivery of our services, move to where costs are less, or close our doors.

Government, on the other hand, is like an ever-expanding balloon that has pressure to provide more services and stimulus packages for the economic recovery. Bureaucrats then try and offer new programs to further justify their jobs and would be accused of being ineffective if it were not for the rapid implementation of the newly enacted laws and programs. The problem is the government is rarely held accountable (except maybe temporarily due to the federal Liberal caveat placed on this last budget and minority government).

As government and government spending grows, the taxpayer eventually has to fill the balloon by being required by law to place money into the government in the form of taxes. But every balloon has its breaking point. Therefore, if we are to not only survive this economic storm but to hold steadfast or even grow, governments, just like our practices, have to be that much more capable and efficient in what they do. That means management and execution must be carried out in a manner a successful business owner would, by measuring quality, performance, and efficiency of operation.

So tighten your bottom line now, because eventually our borrowing too will increase, taxes will continue to rise, industries and investments will continue to fall, and we will all end up with a lower standard of living.
Simply the Best, Simply **BlueLine**

BlueLine® Esthetic Denture Teeth embody the true beauty and detail found only in natural dentition and are ideal for either complete or partial dentures.

- Exclusive BlueLine® layering process
- Patient-specific posterior occlusal options
- Available in all 16 A-D and **two new esthetic bleach shades - BL1 and BL3**
Technology
Introduction

CAD/CAM CrCO Frameworks

Pow Laboratories now uses digital survey and CAD design combined with rapid prototyping technology to eliminate refractory models and create a cast chrome frame that is more accurate and consistent than ever before.

Send your next casting to Pow, seeing is believing.

Pow Laboratories Inc.  63 Ridgeway Circle, PO Box 1698, Woodstock, Ontario  N4S 0B1
ISO 9001:2000 Certified Full Service Dental Laboratory • Excellence since 1930

Pow Laboratories is a registered Bego International Wironum Circle laboratory. SensAble™ Dental Lab System images courtesy of SensAble Technologies, Inc.
Joe Pignatelli, RHU

Power of attorney

Two important financial planning documents
Make sure your parent has a power of attorney (PA) designed to confer power over finances. This generally involves the children so it makes sense if sons and daughters discuss it with their parents.

You may not know about the potential costs to assist them if they have no assets and are cash-poor. Can they cover their mortgage, seniors’ retirement home, and/or medicine, or will you need to help? To ask these types of financial questions of your parents, you would need to presuppose that they have first planned their estate. Ask them if they have established a retirement and estate plan with a lawyer and advisor. Ask where the documents are, and if they are up-to-date. Ask who the executor(s) will be. Perhaps focus on these topics once one parent retires, hopefully before an illness occurs. As responsible adults, we need to have two important documented powers of attorney (PAs):

Financial power of attorney: Who will be called on to assist your parents if they are incapacitated?
You can customize a financial power of attorney that gives someone the power and responsibility of executing financial transactions, in this case, on a parent’s behalf. The PA can be empowered in certain circumstances such as a major health change, severe forgetfulness, or the overwhelming grief of losing a spouse. You can also limit the “power” by any guideline your parent desires such as setting budgets – for example, how much to spend to maintain the house annually. The PA can be established to confer the powers for a limited period of time and then stop. We all want to maintain our independence, and these limits will allow your parents to exercise their discretion even after a need for the PA arises.

Healthcare power of attorney: Who will make health care decisions?
Similarly, your parents need a power of attorney regarding their health care. A living will defines life support issues. A healthcare power of attorney considers mental incapacitation, a lessening of the decision-making ability of the owner of the PA to make good healthcare decisions. The same types of guidelines and limitations can be set as on the financial PA. Perhaps they may have purchased long-term care insurance, or you may need to fund a retirement home or some other form of long-term care (maybe in your home). Nevertheless, when it comes time to make the decisions, someone needs to do that. The health PA can establish the decision makers and define the parameters.

Joe Pignatelli, RHU, is a Registered Health Underwriter. He runs a disability and life insurance practice in the Golden Triangle area, with particular interest in the community. For further information contact Joe at 1-888-772-2667.  

“A healthcare power of attorney considers mental incapacitation, a lessening of the decision-making ability of the owner of the PA to make good healthcare decisions.”

INTEGRATING IMPLANT SUPPORTED DENTURES AS A PART OF YOUR PRACTICE
Dr. John Augimeri B.Sc., D.D.S.

Starting a new Study Club for Denturists in alliance with Denturists by Denturists, Jaro Wojcicki Jr. DD
For more information phone 705-527-7772 or 705-549-5361 or email allison@lifestylemidland.com or denturesbydenturists@hotmail.com

Dr. John Augimeri, BSc., DDS

Dental Institute

701 King St., Midland, ON L4R 4K3

Click HERE to return to the Table of Contents
Professionalism

How you look, talk, write, act and work reveal your professionalism or lack thereof. Society does not emphasize the importance of professionalism, so people tend to believe that amateur work is normal. Many businesses accept less-than-great results.

Schools graduate students who cannot read. You can miss 15 per cent of the driving test answers and still get a driver's license. “Just getting by” is an attitude many people accept. However, this is the attitude of amateurs.

In running a practice, the difference between top producing offices and lower end ones is often this missed internal marketing point: professionalism. It should be in evidence from front to back in everything you and your staff do.

Pop Quiz on Professionalism

Just for fun, take the following quiz and see where there might be room for improvement. Put a tick in the box with the truer statement for you.

☐ A professional learns every aspect of the job.
☐ An amateur skips the learning process whenever possible.

☐ A professional looks, speaks and dresses like a professional.
☐ An amateur is sloppy in appearance and speech.

☐ A professional carefully discovers what is needed and wanted.
☐ An amateur assumes what others need and want.

☐ A professional keeps his or her work area clean and orderly.
☐ An amateur has a messy, confused or dirty work area.

☐ A professional is focused and clear-headed.
☐ An amateur is confused and distracted.

☐ A professional does not let mistakes slide by.
☐ An amateur ignores or hides mistakes.

☐ A professional jumps into difficult assignments.
☐ An amateur tries to get out of difficult work.

☐ A professional completes projects as soon as possible.
☐ An amateur is surrounded by unfinished work.

☐ A professional remains level-headed and optimistic.
☐ An amateur gets upset and assumes the worst.

☐ A professional handles money and accounts very carefully.
☐ An amateur is sloppy with money or accounts.

☐ A professional faces up to other people’s upsets and problems.
☐ An amateur avoids others’ problems.

☐ A professional uses higher emotional tones: enthusiasm, cheerfulness, interest, contentment.
☐ An amateur uses lower emotional tones: anger, hostility, resentment, fear, victim.

☐ A professional persists until the objective is achieved.
☐ An amateur gives up at the first opportunity.

☐ A professional produces more than expected.
☐ An amateur produces just enough to get by.

☐ A professional produces a high-quality product or service.
☐ An amateur produces a medium-to-low quality product or service.

☐ A professional earns high pay.
☐ An amateur earns low pay and feels it’s unfair.

☐ A professional has a promising future.
☐ An amateur has an uncertain future.

End of quiz. If you ticked all the blue boxes, your professionalism is true-blue and perfect. If you have one or more red boxes, it simply means that you have room to improve. The first step to total professionalism is to decide to do it and then fix the points that need work. Have fun with this!
It is with great honour that we invite you to attend The Dent Atlan-Tech Summit (Atlantic Canada’s Official Conference for Dental Technicians and Denturists), Banquet and (possible) Golf Tournament being held May 28 to 30, 2009 at the Crown Plaza Hotel in Moncton (New Brunswick).

If you are interested in attending the Dent Atlan-Tech Summit, please let us know as soon as possible as we have limited space available. Prices for the Banquet and (possible) Golf Tournament are to be determined.

We hope to see many Dental Healthcare Professionals participating in this event.

Please forward your response to claudetteboudreau@nb.aibn.com or by fax to (506) 727-6728.

Sincerely,
Daniel J. Robichaud, DD
President

TODAY’S state of the art dentistry

16 Years of proven expertise in TITANIUM

• TITANIUM CAST PARTIAL FRAMES
• TITANIUM CROWN & BRIDGE
• TITANIUM IMPLANTS
• FLEXITE

Why use several kinds of metals when TITANIUM does it all?

(450) 686-2500  Fax: (450) 686-9490  1-800-668-3389
2917 Joseph-Armand Bombardier, Laval, Quebec H7P 6C4
Introduction

This is an introduction to a series of articles on dental jurisprudence. They will discuss the legal side of a denturist’s practice, which is often overlooked by many practitioners. Materials for this and succeeding articles were drawn from sources such as textbooks on contract law, law of torts, and relevant cases at common law.

Unfortunately, colleges of denturism do not teach an elementary course on dental jurisprudence, yet everything denturists do or do not do in their practice has a legal consequence. Denturists usually are so involved in improving their clinical judgment and technical skills that the legal side of their practice receives little attention.

Lack of awareness by denturists of the effect the jurisprudence has on their practice may lead to a conflict with their patients, which in turn may lead to dental litigation and the sorrows associated with such a misadventure. An example of a legal dispute could be seen in Capps v. Valk (1962).

The following is helpful in understanding the issue: “If a physician (denturist) abandons a case without giving his patient a due notice and an opportunity to procure the services of another physician (denturist), his conduct may subject him to the consequences and liability resulting from abandoning of the case.” Plainly, no denturist should undertake a treatment that he or she is not prepared to finish. Denturists should not obligate themselves to provide denturist services and then fail to fulfill the agreed obligation. It is much safer for denturists to decline someone as a patient than to terminate the denturist-patient relationship before completion of their contractual obligation. A denturist who abandons a patient or negligently discharges a patient is liable to the patient for all damages that flow from the abandonment or negligent discharge of the patient.

My future articles on dental jurisprudence in Denturism Canada may discuss the following topics: denturist’s duty with respect to care, negligent discharge of patient and abandonment, the difference between pure accident and malpractice, malpractice or negligence, contributor (comparative) negligence, liability of denturist for theft of patient’s property, liability for defective premises and equipment and alike. These matters form the legal side of denturist’s practice and should be of interest to every practitioner.

Litigation increase

Denturism is a highly specialized health-related practice. It is a sophisticated prosthodontic treatment for edentulous patients during which some or all of the patient’s natural dentition (lost as a result of periodontal disease, rampant decay, genetic malformation, or trauma) is replaced with a prosthodontic appliance. Nowadays, modern denturism offers many solutions to replace missing dentition and, although statistics are not available, it is reasonable to believe that as denturists have begun to offer to their patients a variety of different treatments, malpractice litigation related to dentures has increased.

Malpractice (Mala Praxis) means bad practice. As in Borillo v. Beekman Downtown Hospital (1989), it refers to acts involving matters of dental science or dental art that require personal skill and knowledge of one practicing a profession and not those that occur in everyday experience. Malpractice litigation, on the other hand, is the judicial process by which there is a judicial determination as to whether the denturist is in fact guilty of malpractice.

The consequence of bad practice may result in finding of liability on the part of the denturist and if such a practice is the direct and proximate cause of damages to the patient. This judicial determination is the end result of malpractice litigation.

The first reported professional malpractice case in England was decided in 1374 against a surgeon J. Mort. In North America the first reported case was decided in Connecticut against a medical doctor in 1794. All

Imperitia culpae adnumeratur.
(Lack of knowledge is counted as fault.)
– Legal maxim
the cases involve medical practitioners, since dentistry was not considered a profession at that time. Evidently, the legal rules expounded in cases today involving dental practitioners originated in medical malpractice cases. Dental malpractice cases involve decisions primarily from the 19th and 20th centuries.

**Consumer awareness**

We are living in consumer-oriented society. Consumers have been misled to believe that a consumer should be compensated for any loss suffered as a result of dealing with another party. At common law, a patient who undergoes treatment in a denture clinic is a consumer and the denturist is a vendor. Patients have only a very limited way in which to protect themselves from financial damages caused by a negligence of a denturist. The denturists find themselves in a position to provide compensation to the injured patients by distributing the damages they are called to pay. When patients come to a denturist, they understand that the practitioner is a denture specialist; consequently, they expect a higher quality of prosthodontic treatment than from GP dentists in the past. When their expectations are not fulfilled, patients may honestly believe that the denturist caused the failure of treatment and the denturist should compensate the patients in damages. This, in turn, may lead to litigation.

Programs presented on television have contributed to malpractice litigation. As a result of watching television, people today are better informed, or at least think they are, about their legal rights. With so many programs about medicine and litigation, almost every adult in Canada has been exposed to the word “malpractice” or has viewed programs in which the health care providers acted in an unacceptable manner. As a result, those who have some knowledge about legal rights do not hesitate to seek court help to perfect such rights.

In the view of many, denturists make wonderful persons to sue; they do not, as a general proposition, make good witnesses. Denturists are usually unappreciated, especially in comparison with physicians. Unlike the patient’s relationship with physicians in which the patient does not know what the doctor receives from OHIP, the denture patients know what the services cost, since they paid for it. Combined with the high level of expectation, the patients are aware that denturists are well paid compared to most of the population and, given the high standards that are possible, patients may feel that denturists should constantly reach those standards.

It is very easy to have disgruntled patients. These patients, with some provocation, can seek legal redress when they believe that their denture condition has not improved according to their sometimes-unrealistic expectations. Obviously, patients should not be led to believe that every treatment plan adopted by a denturist would produce successful results. Patients should not expect a denturist to be a miracle worker, for miracle workers do not exist in health care professions.

Anybody may start a malpractice suit. There is nothing a denturist can do to prevent this. Denturists must consider malpractice suits as an inherent risk of being involved in the practice of denturism. Even if the denturist successfully defends a lawsuit, the legal costs involved may be substantial. While most of the legal costs are borne by the malpractice insurer for the denturist, these costs are usually quickly passed on to the entire denturist association through increased premiums. From time to time, some of the basis legal costs may be recovered from the plaintiff. However, very often the plaintiff is unable to afford to pay these costs. Even if costs are recovered, the total cost of legal services, expert witnesses, and lost clinic time, cannot be. For this reason it is not enough to concentrate on successfully defending malpractice suits.

A prudent denturist should create a situation which is less likely to lead to lawsuits. A denturist who maintains a good personal relationship with patients during and after treatment decreases the chances of being a defendant in malpractice litigation. A denturist who shows a genuine interest in the welfare of the patient is far less likely to be sued than one who shows only an interest in the economic aspects of practice.

The information found in this article is neither a legal advice nor a lesson on dental jurisprudence. It is a discussion of rules of law found at common law and their relevance to the practice of denturism.

---

**Click HERE to return to the Table of Contents**
Coming soon... DOMx

Denturist Office Manager (DOM) has been completely redesigned – DOMx is now the most technologically advanced practice management software on the market. It offers the most complete, secure record keeping, e-billing, and charting system available. Premium practice management software brought to you by the only company specializing in serving denturists’ needs exclusively.

Call 1-800-495-8771 to find out how DOMx can help you bring order and profitability to your office.

www.denturistsoftware.com 1-800-495-8771

Specialized Office Systems

Renew® is only available through dental professionals

- Establish a guaranteed solid recall system
- Maintain contact with your patients, ensuring future follow-up work
- 50 FREE samples with every case

“Your Practice Building Partner”
Ask us about our growing shelf of products

FOR FREE SAMPLES OF RENEW CALL:
1-800-882-7341
EN FRANÇAIS: 1-800-523-4575

WWW.MID-CONTINENTAL.COM
Renew® is a registered trademark of Mid-Continental Dental Supply Co. Ltd.
Twenty-first century materials and techniques have made the creation of cast partial dentures easier and more reliable than ever before. Yet, the basic requirements remain the same: good esthetic and functional design achieved through solid communication between patient, practitioner and dental laboratory.

**Esthetic designs**

In most cases, this refers to the elimination of visible metal display. In an earlier article in *Denturism Canada*, I discussed the advantages of the Saddle-Lock® “Hidden Clasp” cast partial in achieving this goal. However, a quick review of its benefits would be a good starting place here.

Saddle-Lock uses the more pronounced natural mesial and distal undercut planes of the abutment teeth adjacent to the denture saddle. This allows stress to be shared by the adjoining teeth as forces are distributed in an anterior-posterior direction. Clasp emergence is back at the casting finishing line providing proper resiliency. The clasp terminals are positioned at the end of the denture saddle, effectively locking the segment to the ridge. Accurate measurement and paralleling of the planes using the “Retentoscope” (a precise survey and design instrument) ensures each abutment tooth has a comfortable, yet positive load. Saddle-Lock also handles inadequate retention and instability in free-end saddle cases. The retentive clasp force located in the distal undercuts transmits its stabilizing force into the loose end segment of the denture resisting dislodging forces during mastication.
In summary, the benefits of this esthetic design approach are:

- Superior esthetics. No facial display of the metal retentive clasp arms.
- Superior retention. Normal tooth contour provides a more dependable and usable undercut on the proximal surfaces than on the facial or lingual surfaces.
- Gentler on abutments. Both the rest placement and retention area used reduce stress on the abutment tooth during normal functions.
- Superior function. The retentive clasp is activated to resist lift of the appliance due to tacky food during chewing compression and does not transmit stress to the tooth.
- Durability. Esthetic designs function longer without problems. The cast partial does not bend or torque during function. This reduces work hardening and resulting clasp breakage.

Solid communication

There is no one single more important factor than good communication in determining the optimal success of a cast partial prosthesis. In the past, the very nature of cast partial design forced patients and professionals to communicate through various combinations of verbal instructions, cryptic notes and hand-drawn diagrams. All too often, the result was misunderstandings, errors and omissions in the final case and dissatisfaction from all concerned. Today, there are four critical components to good communication: case planning; computerized cast partial design; education and accurate impressions and models.

Case planning

Good communication begins with collaborative, insightful case planning and consultation. It starts with study models being sent to the laboratory for pre-planning and computerized prosthesis design. This takes all the guesswork out of the process and virtually eliminates adjustments. At Aurum Ceramic, for example, we provide you with a duplicate model on which a survey and design has been outlined. You can also request a custom tray.

Computerized cast partial design

Technology has supplied us with another new key vehicle for clear, concise communication: an interactive computerized design system available free of charge to all of our clients. Unlike “catalogue” programs that merely list completed designs, Aurum Ceramic’s exclusive system maintains a library of all the various components (i.e., teeth, clasps, rests, connectors, etc.) needed to complete a custom prosthesis. You can also specify tooth condition, clasp type, various courses of action and materials. In fact, the system provides for up to 15,000 different partial designs per arch. Automatically applying one of Stress Broken, Semi-Rigid or Mixed Technique methodologies, it automatically creates a recommended design taking every possible configuration of the teeth into account. A detailed full-colour plot is generated for each custom prosthesis design. The system’s flexibility allows a variety of different plots clearly outlining different treatment possibilities to be sent to you for consideration and approval before the final impression is taken. All final designs are stored on the system. Any design can be quickly re-accessed and modified as needed. And, these same plots make excellent patient education tools to explain the proposed treatment.

All that we require to create a customized design is a regular prescription form specifying:

- The morphology of existing teeth.
- Whether a regular or hidden clasp framework is desired.
- Any factor that is out of the ordinary with the case.
- Any personal preferences (e.g., a particular type of palatal connectors).

Education

There is much more to creating an optimal prosthesis than just casting metal. In fact, a bad cast partial design can actually adversely affect the remaining teeth, causing long-term harm. It is important to ensure that your technician “partner” has a solid, proven background and in-depth understanding.
of how masticatory forces impact on the principles of cast partial design. This will allow them to create a prosthesis that not only restores proper function but also protects the patient’s dentition.

**Impression and model tips**
All of the careful work put into case planning and design can go out the window with poor impressions or inaccurate models. Our clients have found the following simple suggestions very helpful in achieving consistently high quality final results.

**Master impression**
1. Ensure that a full mouth impression is taken (using a high quality alginate) with all teeth and anatomical landmarks reproduced.
2. Impression must be fully extended.
3. If for an upper cast partial, make sure that the palate is included in the impression.
4. If for a lower cast partial, ensure full extension of the impression including retromolar pads.

**Bite registration**
1. Ensure bite registration is taken in centric.

**Models**
1. Die stone mixed with water (NO hardener) is recommended in a very thick, smooth mix. A thick mix will flow under vibration but does not run like a thin mix. Thickly mixed, the model is harder with less chance of air bubbles.
2. Indication of correct thickness of stone: the mix does not drip or fall off when the spatula is inverted.
3. **IMPORTANT:** After the impression is poured, DO NOT invert the tray onto a stone paddy. Inverting can cause error. The unset stone will try to sag away from the impression. The degree of sag (if it occurs) will not be visible to the eye, but it is sufficient to cause poor fit of the framework. Instead, mound thick stone on top of the tray and allow it to set. Before pouring the model, place Play-Doh (or children’s modelling clay) in the tongue area of the lower tray to keep the stone from locking over the lingual flange.

By employing good design and communication techniques and today’s technology and materials, we can achieve our ultimate common goal: esthetic partials that seat quickly and easily with fingertip pressure, yet strongly resist dislodgement.

Gary Wakelam began his career as a dental technician in 1980, achieving RDT status in 1988. He holds certificates from Swissedent, Nobel Biocare – IMZ, Dentsply and a variety of other implant and dental companies. Gary is a Registered BPS Technician and is a graduate of the Las Vegas Institute for Advanced Dental Studies (LVI) courses on Denture Construction, Advanced Cosmetics and Occlusion. He also attended the University of Western Ontario’s Continuing Education program on removable Partial Dentures. A Past President of the Alberta Association of Dental Technicians, Gary has been the manager of Aurum Ceramic/Classic’s Calgary removable laboratory since 1988.
PETER JENSEN:
Team player in a solo sport

By Cathy Anderson

Peter Jensen is a denturist with a practice in Burnaby, British Columbia. There are three great loves in his life; his family is most important. Denturism was the first to come along. BMX bike racing is what he is truly passionate about. “I’m really proud to be a denturist, and a bike racer and having a family, all those three things are great,” says Jensen.

Jensen was fortunate to have an uncle who was a denturist, and inspired his first love. “When I was little,” he explains, “I went into the lab all the time. I really enjoyed that, playing with wax and stuff.” When it came time for him to choose a profession, his choice was clear.

“It’s in my school annual, for what I’m going to do in the future.”

His second love came along a little bit later in life.

Jensen began BMX bike racing 10 years ago, at the age of 40. “When it came time to put my son in a sport, I found out about BMX through someone else. I didn’t even realize it existed,” he says. “So we put our son in it.” Soon, Jensen was hooked too. “It looked like a whole lot of fun.”

BMX stands for bicycle motocross. Racers wear all the motocross gear, but they are on bikes. “BMX bikes are what E.T. used in the movie,” Jensen explains with a laugh. “It’s the Olympic sport where the gate drops and eight people fly over obstacles and stuff to a finish line.” The race takes place on a dirt track with paved corners.

Starting to race at age 40 may have put Jensen at a disadvantage. “A lot of great riders come out of BMX because they start so young, they’re riding their bikes at a real young age, they get a lot of skill.”

It doesn’t seem to be hurting his game, though. Jensen has won three out of four of the last World Championships in his class. He has won two silver medals. He has travelled all over the world, competing with top-ranked professionals.

“There’s guys that do it for a living,” he says, “They’re pros and that’s their life.” The individual who won the world championship in China last year was a professional racer. “He beat me good, and he should’ve; he’s really amazing.”

Moetly, Jensen competes in British Columbia. He goes to the U.S. for competitions four or five times each year. He attends the World Championship every year, and this year, it is in Australia at the end of July. “My wife and my son, we’re going to make a holiday of it.”

Nothing comes from nothing, and Jensen finds it essential to spend many hours training. Five days a week, he stops by the track on his way home from work. He trains for two or three hours. “I work in Burnaby, and I live in Maple Ridge. I have to commute, and the track is in between. So I just stop off at the track and ride for a few hours. I have to train a lot.”

This is not a sport for the faint of heart. “The jumping stuff is really extreme, and if you don’t do it constantly it’s very difficult to maintain. You get really timid. You start crashing,” explains Jensen.

So far, Jensen has been lucky and avoided major injury. “I’ve got a plate in my wrist, but that’s about it. I haven’t had any bad injuries at all really, other than that.”

There is another side to the sport that Jensen is involved in. He is the
assistant coach for the provincial team, and is an enthusiastic mentor and leader. His next competition is in Desoto, Texas in March. “I’m going there to race, but primarily I’m going to assistant coach. I get along really well with the kids, so it’s sort of a good thing.

“I tend to go to the same races that they do,” he says. The races they attend are qualifying races for the Olympics. “If they do really well, then they can make the Canadian National Team, and be able to go to the World Championships.”

While in Australia, Jensen will not only be thinking about his own race. The Canadian team will be on his mind as well. He explains in a modest way that he will be involved in an inspirational role for the younger, less experienced racers.

“They have a Canadian coach, and they’re all pretty segregated, but we always look forward to trying to get together. I’m not part of the Canadian team thing, but we hang out with them and go for dinners.”

Jensen avoids thinking about retiring from his sport. “It would be better for health and friendship to continue, but hard if you couldn’t do what you used to do, even if you’re training really hard.”

For now, Jensen will enjoy the skills he has and work hard to maintain them. He may have had a late start, but it is impossible to deny that he has excelled nonetheless. “Even though I was older, I really wanted to do it. It took a long time to start, but that’s why I’ve been winning World Championships.”

The three-time World Champion, and two-time silver medalist adds with a laugh, “I can jump pretty well. For an old guy.”

“When Jensen attends the World Championship in Australia this July, he hopes to be an inspiration for the Canadian Team.”

DENTURISM PROGRAM

Reasons why you should consider joining the Denturism Program at George Yonge College:

• State-of-the-art Lab designed and equipped by KaVo, Germany
• Graduates eligible to take the licensing board exam with the College of Denturists of Ontario (CDO)
• High standard of education
• Experienced instructors
• Walking distance to Subway station

The Duties of a Denturist?
Designing, constructing, repairing, altering, ordering and fitting removable dentures.

Career Opportunity

• Independent Practice
• Institutions (e.g. Hospitals, long-term Research)
• Industry (e.g. Insurance and dental supply companies)
• Consulting firms
• Regulatory bodies and professional associations
• Public health / community health/homecare and other outreach programs
• Primary Health Centres
• Educational institutions (e.g. Universities and Colleges)

Call us at (416) 961-6161 for registration
Registration for the next batch which starts on August 10, 2009 is now well underway.
Call us today to book an appointment so we could make arrangements for you to visit our campus and have a look at our facility. We promise you, you won’t be disappointed!

869 Yonge St., Toronto ON M4W 2H2
T. (416) 961-6161 F. (416) 961-1616
E. info@georgeyonge.com | www.georgeyonge.com

Click HERE to return to the Table of Contents
MODIFICATION OF A CONVENTIONAL DENTURE FOR USE AS AN IMPLANT-RETAINED AND STABILIZED OVERDENTURE:

Introduction

In 2002, a group of distinguished scientists and clinicians met at McGill University in Montreal, Quebec, to discuss evidence-based restorative options for the edentulous mandibular arch.\(^1\) After reviewing data from randomized clinical trials and epidemiological studies, the panel issued a landmark consensus statement identifying the mandibular overdenture stabilized by two implants as the first-choice standard of care for edentulous mandibles.\(^1,2\) Data presented at the symposium\(^1\) and by numerous subsequent studies\(^2\) have documented the ease of implementation and significant improvements in patient comfort, satisfaction and prosthesis stability provided by implant-stabilized overdentures compared to conventional dentures.

This article will briefly review the underlying principles and techniques for stabilizing an overdenture with two AdVent® dental implants with Ball Abutments and Cap Attachments (Zimmer Dental Inc., Carlsbad, CA, USA).

Figure 1. Restorative components include the implant, Ball Abutment and Cap Attachment assembly.

Figure 2. Ball Abutments are threaded into the implants and torqued to 30 Ncm.

Figure 3. A Cap Attachment Transfer (left) and Housing (right) are placed onto each Ball Abutment and undercuts are blocked out with soft material.

Figure 4. Voids created in the denture base allow Cap Attachment Housings to fit passively inside. Small lingual vents are also created through the denture base.

Figure 5. Autopolymerizing acrylic placed in each void adheres to the Housings when the denture is placed into the patient’s mouth. Excess acrylic will express through the lingual vent.

Figure 6. Cap Attachment Housings picked up in the denture base.

Figure 7. A retentive Cap Attachment Nylon Liner is placed into one housing at a time and evaluated intraorally for retention strength.

Figure 8. The completed restoration can be removed by the patient for oral hygiene.
Design concept

One implant is placed in the mandibular symphysis region on each side of the midline and restored with a Ball Abutment. Retentive Cap Attachments are processed into the overdenture base and snap onto the Ball Abutments to retain and stabilize the overdenture [Fig. 1]. The underlying restorative goal is to maintain complete soft-tissue support of the prosthesis by allowing the overdenture to rotate freely on the resilient attachments. Placing more than two implants with similar attachments reduces or eliminates the rotational movements of the overdenture on the Ball Abutments and may transfer undesirable fulcrum-type stresses to the implants themselves. This could result in implant overloading. If left untreated, implant overload can cause progressive peri-implant bone loss and eventual component fracture.

Each retentive Cap Attachment provides five pounds of retention when snapped onto the Ball Abutment. This retention can also be decreased to meet the needs of individual patients. Absolute parallelism of the Ball Abutments is not necessary because the Cap Attachments can be attached to their respective Ball Abutments, then rotated to create a common path of draw with one another prior to pick-up in the denture base. Cap Attachments consist of a retentive nylon liner and a metal housing. When the nylon liners wear out, they can be removed from the metal housings and replaced with new liners without having to reline the overdenture. Guidelines for this type of restoration are summarized in Table 1.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Cautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate residual ridge to support an overdenture</td>
<td>Flat ridges that would cause loading of implant abutments during function</td>
</tr>
<tr>
<td>Adequate bone volume to accommodate two implants at least 10 mm in length</td>
<td>Diseases or conditions that could adversely affect implant health and survival</td>
</tr>
<tr>
<td>Ability and willingness to maintain oral hygiene</td>
<td>Poor bone quality that could compromise implant survival</td>
</tr>
<tr>
<td>Need for improved retention and lateral stabilization of tissue-supported denture</td>
<td>Implants that diverge more than 28° from each another</td>
</tr>
</tbody>
</table>

Direct pick-up technique

After implant placement, osseointegration, and release by the dental surgeon, the patient may be reappointed to begin restorative procedures. The tops of the implants will be visible and located slightly above the soft tissue, and the surrounding gingiva should appear healthy and fully mature. The dental surgeon may have relieved the patient’s existing denture and placed a soft liner to prevent impingement of the implants during the postoperative healing period. Healing screws (or healing screws with height extenders) will have been placed into the tops of the implants. At this time, the healing screws should be unthreaded and removed with a 1.25 mm-diameter hex tool.

Ball Abutments are one-piece components that consist of a male ball that rises above a 1-mm-high collar, and a threaded shaft that screws directly into the implant [Fig. 1]. For optimum functioning, the top of the Ball Abutment collar should be approximately 1 mm above the highest point of the soft tissue; however, it is important to keep the abutment height as low as possible.
in order to decrease the lever-arm effect applied to the implants by the tissue-supported overdenture. When additional height is needed, the 2 mm height extender can be used with the Ball Abutment to obtain 3 mm of vertical height from the top of the implant. The 1.25 mm-diameter hex tool is placed in a properly calibrated torque wrench and used to screw the Ball Abutment into the implant and tighten to 30 Ncm of applied torque [Fig. 2]. The implant portion of the restoration is now complete.

The next step will be to process the Cap Attachments into the base of the patient’s existing denture. Alternatively, Cap Attachments can also be easily incorporated into the baseplate of a new denture prior to processing. Cap Attachment Transfers are placed on the Ball Abutments in the patient’s mouth, and Cap Attachment Housings are placed over them. Undercuts beneath the Cap Attachment Housings are blocked out with soft utility wax or other material to prevent the ingress of acrylic during the pick-up procedure [Fig. 3].

The base of the patient’s existing denture is carefully relieved above the locations of the Cap Attachment Housings [Fig. 4], and care is taken to ensure that the housings fit passively inside the base when the denture is placed in the patient’s mouth. Autopolymerizing acrylic is placed into the relieved areas of the denture [Fig. 5], and the prosthesis is carefully positioned in the patient’s mouth to pick up the Cap Attachment Housings [Fig. 6]. Adding lingual vents to the relieved areas of the denture is recommended to facilitate the release of excess autopolymerizing acrylic during this step. After the material sets, voids around the housings are filled in with additional autopolymerizing acrylic, and then the tissue-contacting surfaces of the denture are smoothed and polished.

The remaining block-out material and Cap Attachment Transfers are removed from the Ball Abutments in the patient’s mouth. One retentive nylon liner is pressed into one of the incorporated Cap Attachment Housings in the denture base [Fig. 7] and its retention is evaluated on the Ball Abutment in the patient’s mouth. If necessary, retention can be decreased with the coring tool provided in the set of Cap Attachment Instruments. The same procedures are performed with the second Cap Attachment to complete the restoration [Fig. 8].

**Discussion**

The ball-and-socket attachment allows a full range of prosthesis motion and maximum contact between the overdenture and the mucosa during mastication. Placing the retentive sockets in the overdenture base reduces hydraulic resistance to coupling and lowers functional stresses on the implants. For the denturist, the ability to decrease retention to meet specific patient needs, utilize the attachments on implants that are only relatively parallel, and replace retentive Cap Attachment Nylon Liners without the need to reline the denture make the system easy to use and maintain.

Patients can eat a wider range of food items with less difficulty, and experience significantly greater confidence in conversation, social activities and intimacy than conventional denture patients. All of these factors can positively influence patient health and quality of life.

**Conclusions**

The implant-retained and -stabilized overdenture represents the first-choice standard of care for patients with edentulous mandibles. Prosthetic procedures and replacement of retentive sockets are relatively simple, and the ability of the patient to remove the overdenture facilitates good oral hygiene.

**References**


The Journal of Canadian Denturism/Denturism Canada is available online in a highly interactive format that includes:

- Active hyper-links to websites and e-mails contained in the publication
- Active links to the specific stories from the front cover and contents page
- Active links to advertiser websites from their ads

Please check out the interactive Denturism Canada at www.denturist.org
Restorative Dentists, working in the Team Approach, should request Implant Direct Implants for their patients to reduce or eliminate the cost of prosthetic components.

Why Buy Abutments?
Implant Direct Implants with All-In-One Packaging

Include Free Abutments

Why Overpay for Abutments Transfers and Analogs?
Abutments for Internal Connection Implants from the Inventor of the Internal Connection: G. Niznick US. Pat. # 4,960,381

Compatibility & Precision Guaranteed!
Titanium Abutments for $102 Cnd
Gold Abutments for $120 Cnd

LEGACY® ABUTMENTS for Zimmer, BioHorizons & MIS Implants
Platform: Hexagon - Internal Bevel

REPLANT® ABUTMENTS for NobelBiocare Replace® Implants
Platform: Tri-Lobe - Butt Joint

SWISSPLANT® ABUTMENTS for Straumann & Blue Sky Implants
Platform: Octagon - External Bevel

Two-Piece Implants
include fixture-mount/transfer that can be shortened for use as a final straight abutment

Three One-Piece Implants

ScrewDirect®
ScrewIndirect®
ScrewRedirect®
Straight Snap-on
Screw-ceiving
Angled Contoured

Why Overpay for Abutments Transfers and Analogs?
Abutments for Internal Connection Implants from the Inventor of the Internal Connection: G. Niznick US. Pat. # 4,960,381

Compatibility & Precision Guaranteed!
Titanium Abutments for $102 Cnd
Gold Abutments for $120 Cnd

LEGACY® ABUTMENTS for Zimmer, BioHorizons & MIS Implants
Platform: Hexagon - Internal Bevel

REPLANT® ABUTMENTS for NobelBiocare Replace® Implants
Platform: Tri-Lobe - Butt Joint

SWISSPLANT® ABUTMENTS for Straumann & Blue Sky Implants
Platform: Octagon - External Bevel
The Denturist Association of Ontario is presenting its annual Perfecting Your Practice Conference at the Hilton Niagara Falls Fallsview Hotel in picturesque Niagara Falls, Ontario.

From October 1-3, 2009, this premier event offers Denturists, as well as their staff members, a wide variety of learning opportunities to improve upon their practices, while networking with their colleagues and industry suppliers. The conference has become a must attend event within the Denturist profession. The combination of an exciting setting, lots of fun, useful information, interactive discussion, hands-on sessions and motivating presentations makes for an outstanding and memorable event.

Dress is casual for the conference.

Perfecting Your Practice is open to all member Denturists from across Canada as well as internationally and registration packages will be sent in spring. Look in the Summer 2009 issue of Denturism Canada for pricing, registration information, accommodation booking information and a more detailed breakdown of the three days or contact the Denturist Association of Ontario at (905) 677-0440. Toll free (800) 284-7311 or info@denturistassociation.ca

Note: This is an adult-only event. No pets allowed. As costs are incurred guaranteeing meals, the DAO is unable to issue refunds for cancellations. The DAO reserves the right to refuse late registrations.

DENTURIST ASSOCIATION OF ONTARIO
● 905-677-0440 ● www.denturistassociation.ca ● info@denturistassociation.ca

2009 PYP venue: The Hilton in Niagara Falls
Robert Cabana, d.d. www.robertcabana.com

Robert Cabana would like to suggest to you these DVDs showing all the various stages of fabricating total implant-supported and gum implant-supported prostheses, from an initial consultation to installation. When you purchase the complete set, a DVD of client endorsements is available, personalized with your name and telephone number, for only $12. You can lend it to your patients to help them make a well-informed decision.

- Denturologist since 1977, with more than 10,000 prostheses to his name.
- Recipient of the 2006 Denturologist Award of Distinction
- Recipient of the 1st Prize in Canada for the number of prostheses on implants realized amongst the members of the Dental Implant Society in 2006.

“I recommend use of these DVDs to all those who are referred to me. They are an outstanding source of information.”

Dr Thierry Dumas, DMD MRCDS (C) - Maxillofacial Surgeon (more testimonials and videos on our website)

Order this consultation brochure on our website!

For information: 450 372-6511 • www.robertcabana.com • info@robertcabana.com

---

Denturists are talking about...

maxident

The Quick & Economical Denturist Management Software System

- Full management solution to increase efficiency and income!
- Includes Billing, Treatment Planning, Scheduling, Recalls, Marketing & Reports
- Easy to use color-coded program
- Full clinical integration available for charting, implants and digital images
- Tablet PC compatible
- Integrates with professional accounting software
- Try Before You Buy & 60-Day Money-Back Guarantee
- Ready-to-use computer available and delivered to your door! (Canada only)

In North America call 1-888-MAXIDENT (1-888-629-4336) or International 001-204-987-9099 • www.maximsoftware.com
DACnet™ can instantly inform denturists of:
• The amount to be paid by the insurer
• A co-pay or deductible that needs to be collected
• What procedures are covered by the dental plan
• If there is an error in the claim

DACnet™ reduces or eliminates:
• Wait times for pre-determinations
• Rejected claims
• Paper handling and filing
• Receivables

DACnet™ CERTIFIED SOFTWARE VENDORS:

Abelsoft Corporation
905-333-3200
Mireille Thomas
mireillet@abelsoft.com

Axxium Technologies & Resources
514-374-6296
Michel Aufoujal
maufoujal@assium.ca

C.L.G. Inc.
AD2000
514-935-8324
Colette Tellier
clg@ad2000.info
www.ad2000.info

Domtrak Systems Ltd.
Domtrak
519-621-3344
Patti Pescod
ppescod@domtrak.com

Maxim Software Systems:
MaxiDent for Denturists
204 987-9098
1-800-663-7199 ext.31
Cheryl Kanhai
cheryl@maximsoftware.com

Specialized Office Systems
Denturist Office Manager
1-800- 495-8771
Dean Fenwick
dean@specializedoffice.com
www.denturistsoftware.com

The Bridge Network
Tracker
416-222-0123
issue@bridge-network.com
www.bridge-network.com

INSURANCE CARRIERS ACCEPTING DACnet™ CLAIMS

• Alberta Blue Cross (effective April 15)
• Autoben
• Coughlin & Associates
• First Canadian Health
• Great West Life
• Green Shield Canada
• Johnston Group
• Manion Wilkins
• Manitoba Blue Cross
• Sun Life Canada

For those of you who have already subscribed, please notify the Denturist Association of Canada with address, telephone and name changes, or if your clinic has been recently incorporated.

For more information please contact Lynne Alfreds at the Denturist Association of Canada
P.O. Box 45521, 2397 King George Hwy.
Surrey, BC V4A 9N3
604-538-3123/877-538-3123
Fax: 604-528-0317

DACnet™ HELP DESK
FOR MORE INFORMATION VISIT OUR WEBSITE AT:
WWW.DACNET.CA
E-MAIL@DACNET.CA
1-877-8DACNET (1877-832-2638)

HOT TO SET UP YOUR OFFICE FOR ELECTRONIC CLAIMS

1. Software: Choose a software vendor from the list below. The software company representative will help you through the process of making your computer DACnet™ ready. You will find the input from your software vendor indispensable as you learn to manage your office using your new software.

2. Sign up for electronic claims with DAC: Send in the subscription form with payment enclosed. Subscription forms can be downloaded from the website at www.dacnet.ca. The DACnet™ Help Desk will provide you with a unique number, start date and office number.

3. Phone your software vendor: give them the numbers etc. and they will get your software configured and network ready.
Versatility at Your Fingertips

Discover versatility with the Enterra light curing unit while saving both time and space. Enterra provides you with a system that can cure multiple types of appliances using a variety of materials. It’s the perfect solution for fabricating hard and Heat & Seat™ nightguards using Eclipse resins, custom trays using Triad and Indirect composites using Cristobal+. With ‘SmartCard’ technology, Enterra can be upgraded to add new programs and materials to its capabilities. The most recent addition is Esthetic temporaries using the RADICA provisional and diagnostic resin. A quick curing cycle, versatility of applications and an affordable price make the Enterra VLC Curing Unit a useful addition to any lab.

Benefits:
- Versatile and affordable
- Fabricates Hard/Soft Night guards;  
  flippers, base plates, drill templates; and aesthetic temporaries
- No investing, No bolt out, No hydrocolloid
- Small footprint: 13 x 13.5 x 12” in height
- 10 minute curing cycles directly on the master model; compared to hours with acrylic

www.dentsply.ca
1.800.263.1437
© 2009 DENTSPLY Canada. All rights reserved.
Co-hosted by the International Federation of Denturists and the National Denturist Association

THE ORLEANS HOTEL & CASINO • LAS VEGAS, NEVADA • OCTOBER 13-16, 2009

PRELIMINARY SCHEDULE

**Tuesday, October 13**

- Fees: $135 USF* Symposium Golf Tournament
  
  **Shot Gun**
  
  The Revere Golf Club, Henderson, Nevada
  
  *Includes green fee, cart fee, unlimited practice balls
  
  Club rentals: $45 USF per set, includes two sleeves of golf balls
  
  Transportation to be provided – fees to be announced

**Wednesday, October 14**

- 9:00 a.m. - 12 noon International Federation of Denturists 2009 Annual Meeting
  
  9:00 a.m. - 4:00 p.m. Continuing professional education

**Thursday, October 15**

- Exhibits open Exhibit Hall
  
  8:00 a.m. - 10:00 a.m. Breakfast for registered attendees
  
  10:00 a.m. - 12 noon Continuing professional education
  
  12 noon - 1:00 p.m. Lunch for registered attendees
  
  1:00 p.m. - 4:00 p.m. Continuing professional education
  
  4:00 p.m. - 5:30 p.m. Cocktails break for registered attendees
  
  7:00 p.m. - 9:00 p.m. International Presidents Dinner (by invitation)

**Friday, October 16**

- Exhibits open Exhibit Hall
  
  8:00 a.m. - 9:30 a.m. Breakfast for registered attendees
  
  9:30 a.m. - 12 noon Denturist Association of Canada Annual Meeting
  
  9:30 a.m. - 12 noon Continuing professional education
  
  12 noon - 1:00 p.m. Lunch for registered attendees
  
  1:00 p.m. - 4:00 p.m. Continuing professional education
  
  6:30 p.m. - 9:00 p.m. Special closing event
  
  9:00 p.m. - 10:30 p.m. Symposium poker tournament (Fees TBA)

**Saturday, October 17**

- 8:00 a.m. - 12 noon Denturist Association of Canada Annual Meeting
  
  9:00 a.m. - 12 noon National Denturist Association Board Meeting
  
  GOLF: Transportation to be provided (Fees TBA)

HOTEL INFORMATION  |  THE ORLEANS HOTEL & CASINO

4500 W. Tropicana Ave., Las Vegas, NV  89103

$67 PER NIGHT (Tuesday, October 13-Thursday, October 15), Single/Double

$130 PER NIGHT (Friday, October 16-Saturday, October 17), Single/Double

Plus $5.00 per night Resort Tax

(access to Fitness Centre, free hi-speed Internet in Business Centre, in-room coffee, unlimited local and 1-800 telephone calls),plus 9% tax.For reservations call 1-800-675-3267.

Identify the “International Federation of Denturists – Group Code 9IFDC10”.

**Deadline for reservations: September 13, 2009**
**DENTURISTS WANTED**

- **Dentist interested** in associating with denturist in Lakeside retirement community in Ontario-Niagara Region. Potential for increased case acceptance. Great opportunity for new graduates or existing practitioner. Will mentor if necessary. Please reply to Dr. Sonny BSc., DMD, P.O Box 852 Hamburg, NY 14075 or call 716-648-1820.

- **Denture clinic located in the heart of Lloydminster, Alberta,** Canada’s only border city, is seeking an energetic, dedicated, dynamic, professional licensed denturist. This is a full-time position in an ideal location, halfway between Saskatoon, SK and Edmonton, AB. The clinic is a bright and cheery workspace and has a large custom-built lab with lots of natural light (photos available upon request). An added bonus is the opportunity to become the sole owner of this 30-year old established and busy clinic. Owner is considering retirement within the next two to three years but is willing to stay on as a lab technician once the transfer of ownership is complete. Contact kdclinic@telus.net or fax to 780-875-6721. Serious inquiries only, please.

- **Very active 44-year denturist office** requires an associate in western Canada. Please contact Ora Dental Studio, 800-665-1964.

- **Denturist associate position available.** Two locations: Toronto (Central North); Toronto (downtown west). Both clinics are well established and require a highly motivated practitioner wanting to grow their own practice. E-mail carlos@denturai.ca

- **Denturist seeking** to associate in an established clinic, willing to relocate. 613-263-3050 or dntrmkr@yahoo.ca

- **Busy denture clinic in Altona/Winkler MB** looking for experienced lab technician. Please email résumé to ctmelun@mts.net

**EQUIPMENT FOR SALE**

- **Gel mixer** Gel Bat 6 duplicating machine. Contact Karen Suykens at 705-568-8565.

- **Four drawer (white) 6" x 9" file cabinet,** comes with pouches and hanging holders. Please call 250-833-1500.

- **Items for sale:** WWll army dental field chair (folds up); dental chair S.S. white; hydraulic (antique); dental cabinet (antique); 3 fash hydraulic press Herbst; 12 Kerr compress spring clamps; Red Wing lathe w/quick chuck 6"; .5 H.P. model trimmer handler; burn out furnace (new) Hoppert; 3 casting arms (different sizes); butane tank w/regulator torch & accessories. Call 519-438-0260.

**EQUIPMENT WANTED**

- **Wanted to purchase:** Looking for an Ivoclar/Ivocap bath. Please email information specifications, price, and picture, if available, to kdclinic@telus.net.

- **KAVO boil-out & polishing unit;** Ticonium shell blaster for sale. Boil-out: $5000 obo; polishing unit $3000 obo. Polishing unit specifications and images may be viewed at www.wasserman-dental.com (Model wp-ex80). Ticonium shell blaster suitable for casting lab $3000 obo. If interested please call 519-622-4500 for additional information.

**CLINICS FOR SALE**

- **Established, profitable,** Edmonton-based mobile denture clinic for sale. Owner retiring after 12 years. Different purchasing plans available. Flexible hours. Email: patricia@forgetmenotmarketing.ca

- **Busy practice for sale** in boomtown Red Deer, Alberta. Ultra modern office, two computerized operatories, large laboratory. Referrals from over 10 dentists. Excellent gross and net profit. Serious inquiries only please. Contact Dave or Ellen Thomas at 403-358-5558 days or 403-347-7635 evenings.

- **Denturist clinic is for sale in the heart of Bellevue, WA, USA.** After 16 years of practice I am ready to retire. Excellent reputation, 2 operatories plus in-house lab, huge reception and waiting rooms, 2 baths, in 1,200 square feet. Telephone: 425-869-4112; E-mail: bakodent@dentureusa.com

- **Retiring – Clinic with friendly patients.** Same location for 39 years. Centrally located in Kelowna, heart of lake and wine country in the Okanagan Valley, BC. E-mail jtalario@telus.net or 250-861-3212.

- **Denture clinic for sale, central Toronto.** Single operatory room, lab on site.

- **Priced to sell.** For further details e-mail dentureclinic4sale@hotmail.com.

- **Denturist practice for sale, Vancouver, B.C.** Owner retiring immediately.

- **30 year-practice** at downtown east side (China Town area). Gross sales over $200,000 yearly. Cheap price for quick sale ($38,000). New patients frequently referred by dentists and nearby government dental centre. If interested please phone as soon as possible before it is too late! Y. M. Lee 604-684-0024.

- **Denture clinic for sale, London, Ontario.** 30 years in same location on busy road. Priced to sell. For further info please call 519-438-0260.
Joachim “John” G. Blanke
Registered Dental Technician and Denturist
As a result of lung cancer on Monday, November 17, 2008, Joachim “John” G. Blanke of London passed away at home surrounded by family. He was 74. He was the loving husband of Marnie McArthur, and much-loved father of Gabrielle Gunton (Robert) of London, Andre Blanke (Michelle Rozeluk) of London, and father to Margo Watson (Andrew) of New Zealand and Brian Kyle (Tina Mathias) of London. He was the special Opa of Jessika, Carlie, Alexa, Caleb, Myah and Zoe. He is survived by brothers Jurgen and Peter in Germany. Also missed by Ingrid Blanke of London.

John would like to thank Dr. Megan Miller and her palliative care team at Victoria Hospital. John also wants to thank the members of L.D.D.S. for 40 years of creative dental reconstruction and his friends at McCormick Home. He said, “I enjoyed every day I was a denturist. Thank you to my patients.”

Donations may be made to Ontario Federation For Cerebral Palsy, 425 First Street, London, ON N5W 5K5 or to Lung Cancer Canada, 1896A Avenue Road, Toronto, ON M5M 3Z8 or to McCormick Home Foundation, 2022 Kains Road, London, N6K 0A8. Online condolences accepted at www.amgfh.com

Dean Rhyno
Registered Dental Technician and Denturist
Dean Rhyno, a member of the College of Denturists and the Denturist Association of Ontario, passed away at Southlake Regional Health Centre, Newmarket, Ontario, on Wednesday, March 11, 2009. He was 53 years of age. He was the husband of Kandy (Janes), and loving father of Rachael, Nicholas and Joshua. He was the son of the late Raymond and the late Helen Rhyno. Dean will be missed by his brothers and sisters. He was the son-in-law of William and the late Rose Janes, and brother-in-law of Rob Janes and family. He will be missed by many colleagues and patients. Donations to Southlake Regional Health Centre, Newmarket, or Trillium Gift of Life would be appreciated.

A clever idea

Tungsten carbide cutter EQ – Dual cutter for work on resin

Rough trimming and fine smoothing with just one cutter! This dual cutter is provided with one extremely sharp and one very fine toothing, for both rough work and fine smoothing of surfaces. It is equally suitable for finishing fine details. You can now switch between these two work phases without interruption or change of instrument. Thanks to the combined toothing of this ingenious new cutter, you save up to two polishing steps and precious time. Talk to your local Westan representative who will be pleased to advise you.
<table>
<thead>
<tr>
<th>COMPANY</th>
<th>PAGE</th>
<th>PHONE</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aluwax Dental Products</td>
<td>19</td>
<td>616-895-4385</td>
<td><a href="http://www.aluwaxdental.com">www.aluwaxdental.com</a></td>
</tr>
<tr>
<td>Aurum Ceramic Dental Labs</td>
<td>3</td>
<td>800-661-11696</td>
<td><a href="http://www.aurumgroup.com">www.aurumgroup.com</a></td>
</tr>
<tr>
<td>Bego Canada Inc.</td>
<td>IBC</td>
<td>418-683-6567</td>
<td><a href="http://www.begocanada.com">www.begocanada.com</a></td>
</tr>
<tr>
<td>Baluke Dental Studios</td>
<td>8</td>
<td>905-764-6322</td>
<td><a href="http://www.baluke.com">www.baluke.com</a></td>
</tr>
<tr>
<td>Biodenix</td>
<td>28</td>
<td>800-313-8338</td>
<td><a href="http://www.biodenix.com">www.biodenix.com</a></td>
</tr>
<tr>
<td>Central Dental</td>
<td>OBC</td>
<td>800-268-4442</td>
<td><a href="http://www.centraldental.com">www.centraldental.com</a></td>
</tr>
<tr>
<td>Dentsply</td>
<td>34</td>
<td>800-263-1437</td>
<td><a href="http://www.dentsply.com">www.dentsply.com</a></td>
</tr>
<tr>
<td>George Yonge College</td>
<td>25</td>
<td>416-961-6161</td>
<td><a href="http://www.goergeyonge.com">www.goergeyonge.com</a></td>
</tr>
<tr>
<td>Impact Dental Laboratory</td>
<td>11</td>
<td>800-668-4691</td>
<td><a href="http://www.impact-dental.com">www.impact-dental.com</a></td>
</tr>
<tr>
<td>Implant Direct</td>
<td>30</td>
<td>604-730-1337</td>
<td><a href="http://www.implantdirect.com">www.implantdirect.com</a></td>
</tr>
<tr>
<td>Ivoclar Vivadent</td>
<td>13</td>
<td>800-533-6825</td>
<td><a href="http://www.ivoclarvivadent.ca">www.ivoclarvivadent.ca</a></td>
</tr>
<tr>
<td>Lifestyles Midland</td>
<td>15</td>
<td>705-527-7772</td>
<td><a href="http://www.lifestylesmidland.com">www.lifestylesmidland.com</a></td>
</tr>
<tr>
<td>Laboratoire Dentaire Concorde – Canada</td>
<td>17</td>
<td>800-668-3389</td>
<td></td>
</tr>
<tr>
<td>Maxim Software</td>
<td>32</td>
<td>800-663-7199</td>
<td><a href="http://www.maximsoftware.com">www.maximsoftware.com</a></td>
</tr>
<tr>
<td>Mid Continental Dental Supply</td>
<td>20</td>
<td>800-882-7341</td>
<td><a href="http://www.mid-continental.com">www.mid-continental.com</a></td>
</tr>
<tr>
<td>New Brunswick Denturists Society</td>
<td>17</td>
<td>506-727-7411</td>
<td><a href="http://www.nbdenturistssociety.ca">www.nbdenturistssociety.ca</a></td>
</tr>
<tr>
<td>Novalab</td>
<td>6</td>
<td>819-474-2580</td>
<td><a href="http://www.novalab.inc">www.novalab.inc</a></td>
</tr>
<tr>
<td>Oxyfresh</td>
<td>23</td>
<td>705-327-7935</td>
<td><a href="http://www.oxyfresh.ca">www.oxyfresh.ca</a></td>
</tr>
<tr>
<td>Pow Laboratories</td>
<td>14</td>
<td>800-265-4052</td>
<td><a href="http://www.powlab.com">www.powlab.com</a></td>
</tr>
<tr>
<td>Robert Cabana</td>
<td>32</td>
<td>450-372-6511</td>
<td><a href="http://www.robertcabana.com">www.robertcabana.com</a></td>
</tr>
<tr>
<td>Specialized Office Systems</td>
<td>20</td>
<td>800-495-8771</td>
<td><a href="http://www.denturistsoftware.com">www.denturistsoftware.com</a></td>
</tr>
<tr>
<td>Specialty Tooth</td>
<td>29</td>
<td>250-964-7188</td>
<td><a href="http://www.specialtytoothsupply.com">www.specialtytoothsupply.com</a></td>
</tr>
<tr>
<td>Vident</td>
<td>IFC</td>
<td>800-263-4778</td>
<td><a href="http://www.vident.com">www.vident.com</a></td>
</tr>
<tr>
<td>Westan Dental Products Group</td>
<td>37</td>
<td>800-661-7423</td>
<td><a href="http://www.westan.com">www.westan.com</a></td>
</tr>
<tr>
<td>Zimmer</td>
<td>5</td>
<td>800-265-0968</td>
<td><a href="http://www.zimmer.com">www.zimmer.com</a></td>
</tr>
</tbody>
</table>

To reach denturists across Canada through *Denturism Canada* magazine and its targeted readership, please contact me directly at

**1-866-985-9788**

al@kelman.ca
BEGO is proud to introduce the New Artegral® Tooth Series from Merz Dental:

Functionality for all
- Aesthetics in harmony
- Universal function
- Time-saving handling
- Wide range of applications

Along with our Popular Series:

The Michelangelo of teeth
- Unmatched Aesthetics
- Unique Design
- High Functionality
- Wide range of applications

The Modern Art of Teeth
- Natural-looking tooth
- Modern, and Universal
- For every budget
- Wide range of applications

For more information on Merz Teeth available at BEGO, Contact us at 1 800.463.2680, or visit www.merz-dental.de
Your Source For Teeth

One of the largest stocks under one roof in Canada. Distributor for the following brands.

Overnight delivery with Purolator Air service.

Contact your sales representative or our tooth counter for consignment requirements.

Servicing Canadian Laboratories & Denturists for over 60 years

Central Dental
The laboratory and denturist supply specialist.

3420 Pharmacy Ave. Unit 3, Scarborough, ON, M1W 2P7 Ph: 416.694.1118 or 800.268.4442 Fax: 416.694.1071

www.centraldentalltd.com