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Ultra Suction system increases the retention of mandibular complete dentures. Their retentive capacity in comparison to conventional dentures has been positively demonstrated via retention tests and clinical observation.

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A new generation of denture teeth: 43
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Moncton bound: Atlantic Canada here we come

The weather here in Ontario continues to be cold, windy, and snowy, with some of the largest accumulations we have seen in many years. Wiarton Willie having failed to see his shadow February 2 has now hopefully propelled us into an early spring, although the cold temperatures and snow make Wiarton Willie’s prediction somewhat hard to believe.

That’s where we can look forward to the joint DAC and New Brunswick Denturist Society’s Conference this May 23-28, 2011. At the DAC meeting in Whistler last May, we were pleased to host the regulators from all provinces. This was the first joint meeting of all the regulators in Canada in the past 10 years. The regulators formed the Canadian Federation of Denturist Regulators, who will now meet annually to discuss regulatory issues as they pertain to each province and how the common goals can be shared amongst the regulators. This year in Moncton the regulators will meet for two days, May 23 and 24 to continue their dialogue of the regulatory issues that affect the profession.

There will be numerous meetings, events, and educational seminars for all to participate in. There will be Curriculum Advisory Board Meeting, the DAC and NBDS Annual General Meeting, continuing education sponsored by 3i, Pro-Tech, and Glaxo Smith Kline. Also, don’t forget the golf tournament, the “kitchen party” or Caleigh, plus the famous and fabulous lobster buffet.

I encourage and invite all Denturists from across Canada and hopefully from other parts of the world to join us to gather, meet and exchange ideas and enjoy the beauty that New Brunswick has to offer. This will be an exciting time to rid ourselves of the winter blues. So prepare and plan an exciting spring holiday and enjoy the NBDS Convention with fellow Denturists and friends.

As 2011 unfolds, we have to look at what motivates us, as we are in a profession that captures the true meaning of art and science. We have to look at others through the art of what they do and how they execute that art at a level which inspires us, or where we inspire others.

There is the saying that we will at some point have our 15 minutes of fame, but that will not just drop into your lap; in most cases we must earn that fame by means of active differentiation. You must keep your confidence in front of you; you must be at your best at all times. You must be willing to trust in yourself and in others. Others can feel that confidence and be able to follow it. Confidence is visible, and therefore most vital to our successes.

We must have the required knowledge and skills to maintain our competence at its highest level. Our competence and our confidence should be a passion which becomes more intense in our everyday activities.

In this new era we are asked to do more with less time, and with so many people depending on us to do it correctly. We must grasp others’ attention to be successful, have a meaningful message, be one of a kind, and stand out from the group. If we are able to do this, we are creating value to others.

This year my wife Glenda and I will participate with the Canadian contingent of the Starkey Hearing Foundation February 26 to March 13, 2011, for our eighth mission abroad. Our mission this year will visit the cities of Nairobi, Kisumu, and Mombasa in Kenya, Africa. Here we will fit over 3,000 children who suffer with hearing loss with hearing instruments.

Our missions help the children of the world hear. Children are our future and we must nurture these children for all of our futures. I extend a warm welcome to all our colleagues, from near and far to join us in Moncton, where we will have the chance to meet, mingle and discuss the issues of our chosen profession.

“I encourage and invite all Denturists from across Canada and hopefully from other parts of the world to join with us to gather, meet and exchange ideas and enjoy the beauty that New Brunswick has to offer.”
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Le temps ici en Ontario continue d’être froid, venteux et neigeux; il y a de nombreuses années qu’on n’avait pas vu autant de neige. Puisque la marmotte Wiarton Willie n’a pas vu son ombre le 2 février, on nous prévoit un printemps précoce. Toutefois, le froid et la neige nous laissent douter de la prédiction de Wiarton Willie.

En revanche, nous pouvons nous réjouir à l’idée de la réunion conjointe de l’ADC et de la Société des Denturologistes du Nouveau-Brunswick (SDNB), qui aura lieu du 23 au 28 mai 2011.

À la réunion de l’ADC qui s’est tenue à Whistler, en mai dernier, nous avons eu le plaisir d’accueillir les organismes de réglementation de toutes les provinces. C’était la première rencontre avec des représentants de l’ensemble de ces autorités canadiennes depuis 10 ans. Ces derniers ont créé la Fédération canadienne des organismes de réglementation de la denturologie, qui se réunira désormais chaque année pour discuter de dossiers liés à la réglementation dans chaque province et de la façon dont les organismes de réglementation peuvent œuvrer à des buts communs. Cette année, à Moncton, les organismes de réglementation se réuniront pendant deux jours, le 23 et le 24 mai, pour poursuivre leur dialogue sur les questions de réglementation qui touchent la profession.

Il y aura de nombreuses réunions, activités et séances de formation pour tous. Également au programme : une réunion du Comité consultatif des programmes d’études, l’assemblée générale annuelle de l’ADC et de la SDNB, des activités de formation continue commanditées par 3i, Pro-Tech, et Glaxo Smith Kline. N’oublions pas le tournoi de golf, la soirée « Calligh » ainsi que le célèbre et magnifique buffet de homard.

J’invite tous les denturologistes de partout au Canada et espérons-le, d’autres régions du monde – à se joindre à nous pour nous rassembler, échanger des idées et admirer les merveilles que le Nouveau-Brunswick a à offrir. »
les merveilles que le Nouveau-Brunswick a à offrir. C’est une belle façon de chasser la dépression hivernale. Donc planifiez des vacances printanières emballantes et participez à la rencontre de la SDNB en compagnie de vos confrères et amis denturologistes.

En ce début de l’année 2011, nous devons nous pencher sur ce qui nous motive, puisque notre exerçons une profession qui allie véritablement l’art et la science. Nous devons observer les autres à travers l’art qu’ils exercent et nous inspirer du niveau d’excellence avec lequel ils l’exercent, ou encore ce peut être nous qui inspirons les autres.

On dit que nous avons tous l’occasion de vivre 15 minutes de gloire, mais cela n’arrive pas sans effort; dans la plupart des cas, nous devons mériter cette gloire grâce à la différenciation active.

Il faut avoir confiance et afficher cette confiance; il faut être à son meilleur en tout temps. Vous devez être prêt à vous faire confiance et à faire confiance aux autres. Les autres peuvent décéler cette confiance en vous, ce qui les encouragera à se laisser guider. La confiance est une qualité visible, donc absolument essentielle à notre réussite.

Nous devons avoir les connaissances et les qualités nécessaires pour maintenir nos compétences à un niveau optimal. Notre compétence et notre confiance doivent constituer une passion qui devient plus intense dans l’exercice de nos activités quotidiennes.

En cette nouvelle ère, on nous demande de faire plus en moins de temps et tant de gens comptent sur nous pour que nous travaillons correctement. Nous devons attirer l’attention pour réussir, véhiculer un message significatif, être unique et nous démarquer du groupe. Si nous y parvenons, nous créons de la valeur pour autrui.


Nos missions aident les enfants du monde à entendre. Les enfants sont la voie de l’avenir et nous devons en prendre soin pour notre avenir à tous.

J’invite chaleureusement tous nos collègues, d’ici et d’ailleurs, à se joindre à nous à Moncton, où nous aurons la chance de nous rassembler, de fraterniser et de discuter de sujets qui intéressent notre profession privilégiée.

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The single most important factor giving rise to the explosive healthcare budgets in developed countries has been the change in illness patterns in the past century. Up until the early part of the 1900s, the leading cause of illness and death in North America was due to acute disorders such as TB, pneumonia and other infectious diseases. Acute disorders are generally short-term medical illnesses and are usually the result of a viral or bacterial invader, and in most cases respond well to a cure.

Today, however, chronic illnesses are the main contributors to disability and death, especially heart disease, diabetes and cancer. Chronic illnesses are slower to develop and often remain for the duration of a person’s lifespan once contracted. Most cases of chronic illness cannot be cured and as such can only be managed by the patient and health care provider congruently.

These illnesses have both psychologically and socially based implications for their causes.

For example, personal health habits such as diet and smoking have a direct causal effect in the development of heart disease and cancer. Consequently, health practitioners have had to evolve in part to explore the causes and develop ways to modify behaviour. Healthcare practitioners have had to assist those with chronic illness to adjust both psychologically and socially to their changing health condition.

This entails changing or developing treatment and lifestyle regimens to self-care and the affects on family functioning that may ensue. Often we have clients who have elderly parents or relatives who have had breast cancer or other types of the disease, while others speak about heart disease and diabetes. In these instances we soon realize how affected our clients are about the prospects that they may have a greater hereditary chance of being prone to contracting the same medical conditions.

It is important for us to understand our role in the healthcare and social cycle in identifying the high-risk behaviours that may ultimately contribute to the manifestation of these diseases. It is increasingly important today that our patient medical histories are as accurate and updated as possible. Changing patterns of illness have been charted and followed closely by epidemiologists for the specific goals of determining frequencies, distribution and causes of illness based upon the physical and social environments.

These statistics lead to not only who has what type of illness in a certain geographic area but also why it may be more prevalent using both morbidity and mortality parameters.

Therefore, our comprehensive medical charting practices are directly aiding healthcare research in determining the major causes of disease in this country and particularly those diseases that lead to early death.

This is how greater automotive safety measures were implemented when data historically showed that traffic accidents were the major leading cause of deaths amongst children and adolescents in the ‘70s.

Today, our data contributes to the nationwide effort to reduce the risk factors among the most vulnerable susceptible to heart disease through the campaigns in smoking cessation, lowering cholesterol, increasing exercise and promotion of weight loss.

Hopefully, we a collective profession, can add to the quality of life improvements among those diagnosed with chronic illness so that they can live out their lives as free from pain, disability and lifestyle compromise as possible.
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Darwin Convention Centre

In conjunction with the 21st Biennial National Conference of the Australia Dental Prosthetists Association

MEMBER REGISTRATIONS:
• Early Bird Registration – Member $795 (received prior to 19 April 2011)
• Registration – Member $895 (received from 20 April 2011)

NON-MEMBER REGISTRATIONS:
• Non-member registration $1,145

All registration fees are quoted in Australian dollars and include all local taxes.

For more information visit: http://www.conferenceworks.net.au/adpa/index
Why is long-term care (LTC) planning important?

Our largest demographic of the population is aging as baby boomers begin to retire. Age-related health disorders such as Alzheimer’s and dementia will increasingly be diagnosed, underlying the need to invest in long-term care insurance (LTC).

The Canadian Medical Association reported that four in five Canadians believe the aging population will broadly impact the quality of senior’s healthcare services, and/or the financial resources to pay for good healthcare.

With this realization many people are opting to buy private insurance that would pay a long-term benefit to cover long-term care. LTC pays a benefit, should one lose the ability to perform normal daily activities such as bathing, dressing, eating, moving, and regular continence while using the bathroom alone. Moreover, LTC coverage is designed precisely to help pay for the additional costs relating to dementia (which includes cognitive impairment, impaired speech moving, recognizing or identifying objects or persons). Considering that Alzheimer’s disease occurs with age, we must expect an increase of occurrence as people live into their 80s and 90s due to medical advancement.

Caregivers are predominantly spouses (who may also be coping with age-related issues), and daughters, adding to the demands of their career and family.

Without long-term care insurance (LTC) the financial security of aging spouses and their children can be affected if additional personal care is needed. If you or your parents are over 40, consider LTC planning today could lessen any future lifestyle impact and financial burden on the family in future years, if long-term care is needed. 

“The Canadian Medical Association reported that four in five Canadians believe the aging population will broadly impact the quality of senior’s healthcare services, and/or the financial resources to pay for good healthcare.”
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When working to help expand a practice, our consultants frequently find that the staff and the owner are going in different directions because they have not sat down and created a mission statement. This is important whether there is one staff member or 20.

What is a mission statement?
To be effective, a mission statement should guide the actions of the practice, spell out its overall goal, provide a sense of direction, and guide decision-making. It provides the framework or context within which the practice’s strategies are formulated. It would answer the question, “Why do we exist?”

An example:
“Our practice is dedicated to delivering the highest quality dentures to our patients. Our goal is a patient who has received the best possible care from each member of our team, who is enthusiastic about their service from us and as a result actively refers others to our office. We also have the purpose of establishing a suitable, stress free and pleasant working environment that is conducive to the physical and mental well being of all the patients, as well as every staff member AND the owner too. Our other goals are cheerful, caring and highly motivated staff members working together to their fullest potential in a happy environment.”

Staff are important too
Notice that staff are very much included in the above statement. Stressed, unhappy staff won’t deliver quality care. Creating a stress-free and cheerful working environment will not only attract patients but also good staff (and help you keep them too). The staff can examine their own actions and interactions with patients and compare themselves to the ideals set out in the mission statement. They can ask themselves when they mishandle something: “Did that action provide the best quality care to our patient?” And then they can work out how to do it better next time. Good staff are pretty self-correcting when they know what is expected of them.

Getting started
If you have staff, include them in the working out of the wording of the statement because everyone must agree on it and work daily toward the achievement of those goals.

Step one:
First of all, you as the practice owner must create a rough outline of what you’d like to see in your mission statement. (See more examples at end of this article.)

Step two:
Then you hold a staff meeting (about a half-hour with no interruptions like ringing phones, patients arriving, etc.). Ask each staff member directly for their input. Hash it out until you have a statement all staff agree with.

Step three:
Now ask your staff to work out exactly how each one of them, through his/her function in the practice, contributes to realizing this mission statement. Let them know the date and time of a follow-up meeting (schedule about an hour) where they are to bring the above work-out as well as suggestions for
improvements in their areas, and ideas for enhancement of patient care, in line with the mission statement.

Step four:
At the second meeting, have each of the staff outline what they have prepared in terms of how their functions contribute to the accomplishment of the mission statement. Go through this with each staff member in the presence of the other staff, so that they see how they each contribute to the accomplishment of the mission statement, and also how all the functions interrelate and rely on everyone doing their job right. This may take more than one meeting.

Step five:
Finally, take up the suggestions and ideas presented by the staff and write it all up and polish it. Give each staff member a copy and ask for written feedback. Fine tune from that feedback and arrive at a final version.

Step six:
Once formulated, the mission statement should be given to all staff and put in the policy manual for your practice. Additionally, it should be published in your marketing materials, displayed in your waiting room and/or other areas of your practice, as well as on the home page of your website. It should make existing patients and future new patients feel confident in the quality of treatment and care they can expect from you and your staff.

Sample mission statements:
“Our mission is to provide the finest dentures and care possible. We are committed to providing a lifetime of optimum oral health to our patients and strive to foster patient relationships based on mutual trust and the best patient service possible. Patients will be at ease knowing that their care will be administered with a sense of comfort and kindness and that we will not rest until they are satisfied with their smile.”

“Our purpose as a denture team is to provide the best quality dentures to our patients, our family and our friends. We will strive to deliver this treatment as compassionately as possible. We want to help our patients have a lifetime of smiles. We take pride in our profession.”

Food for thought
I hope that I have inspired you to create your own unique mission statement and get it into use. Having a focussed, happy, productive team who are all going in the same direction is a magnificent thing.

Now you CAN get “there” because everyone knows where “there” is.

Janice Wheeler is the president and co-owner of the The Art of Management Inc., a practice management company dedicated to helping denturists and other healthcare practitioners reach their full potential. For more information call 416-466-6217 or 800-563-3994, e-mail info@amican.com, www.amican.com

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Ultra Suction™
denture stabilizer system
materials and methods

BY TED J. CARSON AND MONY PAZ

Ultra Suction system increases the retention of mandibular complete dentures. Their retentive capacity in comparison to conventional dentures has been positively demonstrated via retention tests and clinical observation (1).

A clinical study published in the EDA Journal, Jan. 2010 Vol. 56, showed a significant improvement in the denture retention after the application of Ultra Suction system. The aim of this article is to familiarize the clinician with the materials and methods through a comprehensive installation process.

Ultra Suction works on a simple mechanical principle: suction. Two tiny one-way valves embedded into the lingual or palatal aspect of the denture base draw air from beneath the denture via two air channels, collectively open to a retention chamber. As the wearer bites firmly, the air trapped between the mucosa and the denture is expelled through the valves. Under negative atmospheric pressure, the diaphragms seal off the valve inlets. The pressure difference; that is, the lower pressure beneath the denture (2,3) exerts a pull and draws the denture closer to the borders. The result is a better fit to the tissues and an improved resistance to dislodging forces.

The documented dental literature teaches us that the supporting soft tissue under a well crafted maxillary complete denture is subjected to -80mmHg of negative atmospheric pressure. This is the suction level experienced by upper denture wearers (4). Ultra Suction valves have been developed to generate the same negative force when applied to mandibular dentures or to palateless maxillary dentures.

The system is commercialized as a full kit with illustrated mounting instructions. The components may be used for either upper or lower dentures, on completely new dentures or fitted on existing dentures during the reline/ rebase procedure.

**Valves**
Two one-way valves designed to expel the air beneath dentures. The central hole in the valve body is described as the inlet and the valve cover as the exhaust.

**Processing caps**
As their names suggest, the caps are fitted onto the valve bodies before the installation procedure. Their role is to protect the valves. They are removed only after the polishing phase.

**SYSTEM COMPONENTS**
The **spacer bar** is used to create a retention chamber. Made of malleable metal, the bar is designed to sit intimately against the ridge. It can be easily bent, burnished and adapted to almost any alveolar ridge.
Diaphragms
Two diaphragms and two spares come with the kit. These tiny plastic discs seal the inlet under negative atmospheric pressure and release the pressure under resting conditions, at the rate of 10mmHg per 15 sec.

Service key has two extremities. The upper part is used to grip, close and open both the valve covers and the processing caps. The lower part is a slightly larger replica of the valve and may be used as a gauge for depth and diameter.

The popular proverb “a picture is worth a thousand words” attributed to Confucius is certainly the philosophy adopted by the Korean Academy of Dental Technology. In his clinical and technical papers, Associate Professor Yi Cheong Jae aptly reinforces one of the main goals of visualization, namely making it possible to absorb large amounts of data quickly. This display of some interesting shots takes us through the installation process (5) starting with two light-body vinyl polysiloxane impressions loaded on special trays: Fig.1. The impressions were boxed, with particular attention to preserving accurate borders and to encompass the tuberosity protuberances: Fig.2

Fig. 1 Vinyl Polysiloxane impressions

Fig. 2 Boxed impressions

Yellow stone was used to pour the casts from the impressions and after setting, the cast models were trimmed (Fig. 3-4).

Fig. 3 Impressions poured

Fig. 4 Casts are trimmed

On the ridge, the location of the spacer bar was pencil designed, making sure that the bar stopped at least 1 cm short of the end of the denture: Fig.5 - 6. The bar was stabilized using two to three small drops of cyanoacrylate and any undercuts were blocked-out (Fig. 7 -8).

Fig. 5 Spacer bar’s location prepared

Fig. 6 Minimum 1 cm short of the denture

Fig. 7 Spacer bar adjusted and burnished

Fig. 8 Any undercuts blocked out

Hard base plates were prepared on top of the spacer bars (Fig. 9-10) followed by bite blocks (Fig. 11). After bite registration, the casts were mounted on an articulator (Fig. 12) and teeth set-up for try-in was carried out (Fig. 13-14).

Fig. 9 Maxillary base plate

Fig. 10 Mandibular base plate

Fig. 11 Bite blocks

Fig. 12 Teeth set-up for try-in
In this case study, the Agar flaking technique and cold cure acrylic were used. However, all other flaking and packing techniques are acceptable.

Each model (cast) was packed in a two-part flask (Fig. 15-16). The spacer bar remained on the model and any undercuts were blocked out (Fig. 17). Cold cure acrylic poured in (Fig. 18).

After polymerization and de-flasking, the bars were removed from the dentures by digging prudently to prevent damage to the walls of the retention chamber (Fig. 19-22).
The dentures were then trimmed and polished (Fig. 23). It should be noted that if the valves are mounted before polishing the dentures, there is a high risk of ending up with protruding valve covers, which is not a favourable outcome in terms of patient comfort.

At the chosen lingual site, the location of the valves was drawn with a felt marker between first and second premolar, with the center of the valve preferably 1-1.5 mm above the highest point of the retention chamber (Fig. 24-25).

Processing caps were then placed in the valves to protect the core from being filled with self-cure acrylic and then tried in (Fig. 29a-30).

Ultra Suction™ denture stabilizer system materials and methods

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The valves were installed with cold cure acrylic (Fig. 31-32). Soft rubber cylinder points were used to remove excess material and to polish around the valves (Fig. 33). The dentures were given a final sheen (Fig. 34).

The processing caps were removed and the valve body inspected (Fig. 35-36).

Using a 1 mm fissure, a communication channel was created between the valve and the high point of the retention chamber (Fig. 37-38). For dentures with a significant thickness of acrylic between the valves and the retention chamber, drilling is done on an obtuse angle.

Each valve was rinsed and dried thoroughly to ensure a smooth placement of the diaphragm into its housing (Fig. 39-40). The perforated cover was fitted and tied up using the service key (Fig. 41-43).
PREVENTIVE MAINTENANCE
Practitioners were encouraged to recall their patients every six months. This shows that the clinician cares, thus increasing patient loyalty and also income stream.

A simple and efficient recall system developed by Ted Carson consists of a computerized patient database and a recall postcard printed on both sides (Fig. 44-45). The patient’s last visit was entered into the records. Six months later a pop-up window displayed the names due for check-up. A postcard was sent. Most patients responded positively to this follow up.

During the biannual visit, dentures were checked for their fit to the supporting tissue, followed by a general examination of the oral cavity. On this occasion, calculus deposits were removed from around the retention chamber and the air channels were thoroughly cleaned (Fig. 46).
Ultra Suction™ denture stabilizer system materials and methods

The decrease in the rate of applied negative force by 10mmHg per 15 sec., attributed to the design of the diaphragms, suggests that we may have a more tissue friendly denture than we first thought. It is well known that the supporting tissue is subject to ~80mmHg under conventional maxillary dentures, which caused an increase in epithelial width in the palate and attached gingiva, and a decrease in epithelial width in the alveolar mucosa (4) in most, if not all, complete denture wearers. This response is directly related to the functional demands of the tissue. In view of this documented evidence, it would be reasonable to conclude that Ultra Suction’s negative force is less invasive than that of conventional dentures.

DISCUSSION

Ultra Suction system appears to increase considerably the retention of complete dentures in both clinical observation and in statistical findings. Their retentive capacity is superior to that of conventional dentures (1).

For more information contact: OnCore Dental Inc., 605 Goerig St. Woodland, WA. 98674, 360-841-8426, Fax 360-225-685, www.oncore-dental.com

REFERENCES:
POURING ACCURATE MODELS

Accurate models are essential to the success of any dental laboratory or denturist office because an inaccurate model will guarantee that all other phases of the restorative process cannot be done properly. There are different techniques for each type of laboratory or denturist office with some similarities. Some techniques are time consuming, while others are technique sensitive. New techniques will be described to help simplify the process, save material costs and time, and ensure more consistent results.

The first step in the process of making an accurate model is pouring the impression. There are many considerations in this first step such as the type of stone to use, the water to powder ratio, the spatulation time, the vacuum mixing, and the initial set and final set times. But one of the seemingly most troublesome considerations is how to overcome the hydrophobic nature of the impression material. Just as a newly waxed car will cause water to bead and shed from the surface, an impression will resist water from flowing onto its surface. Therefore, it is necessary to use some type of surfactant to break the surface tension of the impression material. The failure to do so will lead to dimensionally inaccurate models as well as models filled with voids (often called bubbles).

Traditionally, spray on surfactants have been the most popular method of application. With this type of application, it can be difficult to produce consistent results because it is technique sensitive. Sometimes uneven amounts are distributed over the impression and either voids will occur due to the lack of a surfactant or chalky spots will appear where oversaturation of a surfactant exists. At times these types of surfactants do not reach small critical areas in the impression such as found on a prepared tooth.

A new approach is found in the product Wonderadmix. Wonderadmix replaces the manufacturer’s recommended amount of water. When this product is used, the optimal amount of “surfactant” is distributed by the dental stone. The result is a consistent and highly accurate cast. Wonderadmix also breaks the surface tension between the dental stone and water creating a slightly harder and denser cast.

As seen in Figure 1, Wonderadmix comes with an empty 1.18 L (40 oz.) bottle and five 25 ml syringes containing a concentration of the product. Simply empty one syringe into the bottle, fill the rest of the bottle with water, and shake well before each individual use. Wonderadmix is then ready to use in place of manufacturer’s recommended amount of water. The 1.5 gallon kit provides 200 uses, and the 3 gallon kit provides 400 uses. In summary, spray methods of applying surfactants make it difficult to produce consistent results, but this new technique described ensures the most consistent and accurate results.

TONGUE AND VOID FILLING

Another step in making an accurate model is the filling of the tongue area and voids in the impression. If the tongue area is not blocked out, the stone will flow over the edges of the tray and when the stone is set, it will become locked to the tray. If the model is pried off the tray, there is a high probability that the model will break or the impression material will tear. Sometimes there are large undercuts caused by bubbles in the impression material or because of the presence of tori. If these areas are not blocked out, impression tearing often occurs.

A few methods have been used in the laboratory to solve the problem of the tongue area. Some lab technicians and denturist simply cut away the tongue area while the stone is still wet.

The drawback of this method is that additional trimming and basing is necessary after the model is set. Others use paper towels or Play Doh to fill in the tongue area. Paper towels leave a very rough and unprofessional looking surface which requires additional trimming to smooth. Play Doh is not heat stable and will melt during the setting of the cast. Additionally, cleaning Play Doh from the cast is difficult, and if the newly set cast is held under water to clean, the accuracy and detail is compromised.

Blocking out voids in the impression has a few methods as well. Some like to use expensive lab putty which is permanently fixed to the impression and cannot be reused. Others use some form of wax which either does not stay in place well during vibration or poses the risk of distorting the impression because it needs to be heated and melted first.

The use of Wonderfill is an alternative method for both the filling of the tongue area and the filling of voids. Wonderfill is heat stable, so it will not melt during the set time like Play Doh, and it leaves a smooth professional looking surface which requires no further work. As demonstrated in Figure 2, Wonderfill is easy to use, just remove the desired amount from the container and mold it into the shape desired. It must be noted that because Wonderfill is water soluble, excess water must be removed from the impression tray before application.

The use of this material and method saves time, material, wear of equipment, and simplifies the process.
BOX AND POUR PROCESS

Boxing the impression is the best way to insure the peripheral border of the impression is preserved as well as controlling the flow of stone and the thickness and density of the stone cast. Traditionally, there have been two methods used: the wax bead box and pour process and the plaster-pumice matrix.

The wax bead box and pour process is accomplished by surrounding the impression with utility wax and then attaching boxing or base plate wax to form the box. The plaster-pumice matrix method is much more involved. First the cast is placed on a base pad suspended by some putty. Then a plaster-pumice mixture is flowed around the impression, and when it sets, it must be trimmed to the desired shape. Finally, utility wax, sticky wax, and boxing wax are used to form the box. Once the box is formed, the impression can be poured. The entire process can take 30 minutes per model.

There is a new method which saves significant time and material. Wonderform casting rings are a new casting ring type boxing system. When the Wonderform casting rings are used in combination with Wonderfill, there is no need for any wax products and most of the Wonderfill can be reused several times. It is a versatile, stainless steel system which can be adjusted to accommodate large impressions or small quadrants.

As demonstrated in Figure 3, to use the Wonderform casting rings, take 10 oz. of Wonderfill and flatten it to approximately ½ in. thick and 5” in diameter. Place Wonderfill onto a 5” x 5” base pad and push the impression into the Wonderfill. Then use the Wonderform casting ring like a cookie cutter to slice through the Wonderfill and surround the impression. The impression is now boxed and ready to pour. The entire process takes only 5 minutes compared to 30 minutes for traditional methods.

The Wonder Line Products manufactured by Dental Creations, Ltd. are designed to improve the process of model making by simplifying the process and saving time and materials.
We are very excited to be hosting the NBDS and DAC national event here in our beautiful province at the Delta Beausejour in Moncton.

The conference will feature meetings, continuing education, and fun. Here are some reasons to attend:

THURSDAY
Thursday afternoon will feature a golf tournament so we can goof off and have fun. After that, a meet-and-greet evening (no dressing up, in fact we want you to dress down — down-home style: blue jeans, T-shirts and sandals). We will have a buffet with fresh Atlantic lobster, the best in the world! Not those little canners either. We’re talking at least 1.5 pounders each!

And we’re having a Caleigh (Ceilidh)!
That’s a down-home party featuring Irish/Acadian music, dancing, stories, and about whatever you please.

The entertainment is that gal we all saw playin’ and swayin’ at the Olympic Games opening ceremonies. None other than Samantha Robichaud! Check her out at www.samantharobichaud.ca/

FRIDAY
After a long day of courses, we have another reason for you to kick up your heels! Our final feast will include more of that incredible Bay of Fundy lobster, paired with a hip of buffalo (and you thought they were only out west).

Then we work off all that food, with the East Coast Music Awards award-winning group The Divorcées (www.thedivorces.com)
Now where are you going to find a combination of great meetings, continuing education all wrapped around this caliber of entertainment? Only here in Moncton, New Brunswick!

You’ve heard how we love to have a good time here in the Maritimes. So don’t wait too long before deciding if you want to come; you know you do! Spaces for all events are limited, so book early.
**SCHEDULE 2011**

Hôtel Beauséjour 750, Main Street, Moncton, New Brunswick E1C 1E6  1-800-268-1133

**Monday May 23**
- 8:30 a.m.  Federation Meeting*

**Tuesday May 24**
- 8:30 a.m.  Federation Meeting*
- 5:30-7:00 p.m.  Federation Cocktails (Invitation)

**Wednesday May 25**
- 8:30 a.m.  Curriculum Advisory Board Meeting
- 1:00-4:30 p.m.  DAC Executive Meeting
- 6:00-9:00 p.m.  President’s Cocktail (Invitation)

**Thursday May 26**
- 8:30 a.m.  DAC AGM (all day)
- 11:00 a.m.  Golf Tournament
  (limited space/registration following)
- 6:00-7:00 p.m.  Cocktails
- 7:00-10:30 p.m.  Buffet & Caleigh (music, dancing, golf prizes)
  *Featuring Samantha Robichaud*

**Friday May 27**
- 8:30 a.m.  DAC AGM (all day)
- 8:30 a.m.  Nathan Roy,
  Implant & Bone Grafting Specialist, Dentsply
- 10:30 a.m.  *3I and Pro-Tech Continuing Education (NC)*
- 1:00 p.m.  Peter Ford Pharm. D.  “Xerostomia” causes and
  treatments, sponsored by Glaxo Smith Kline
- 1:00 p.m.  Eric Chatelain, Francois Seger, implants
- 3:00 p.m.  Janice Wheeler, The Art of Management Inc.
  Cocktails
- 6:00-7:00 p.m.  Final Feast & Dance
  *Featuring The Divorcees*

**Saturday May 28**
- 8:30 a.m.  Continuing Education keynote speaker
  All on 4 implants, Dr. Nash Daniel, BSc, MSc,
  DMD, FRCD(C)
- 8:30 a.m.  Dean Fenwick, DOM
- 1:00-3:00 p.m.  NBDS General Annual Meeting
- 5:00-7:00 p.m.  Wrap-up Cocktails/Canapés

*This schedule is subject to change (NC) non-confirmed  
* We continue to confirm/add speakers

For more information check our webpage:  nbdenturisociety.ca for registration forms or 1-888-382-1106

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See you in Moncton!
## NBDS Convention 2011 Registration

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**Full Registration (No Educational Seminars):**

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**Full registration includes:**
- **Education Seminars – any combination**
- **Thursday night – lobster and steak, “Cailigh/Party” and golf awards, live music**
- **Friday night – Dinner (lobster & bison) Country Night with great live music**
- **Friday & Saturday Supplier’s Display Breakfast – 5 direct con ed credits**
- **Saturday night – Wrap-Up Cocktails (with snacks) HST included in prices**

*(NOTE: golf not included in full registration)*

### Education Seminars Only (Member or Non-member)

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**Cost for Individual Events**

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<tr>
<td>Friday May 27 Final Feast &amp; Dance</td>
<td>$121.00</td>
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<td>Fri/Sat May 27-28 Suppliers Display Breakfast</td>
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<td>Saturday May 29 Wrap Up Cocktail Party</td>
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Lobster is being served; please indicate number of lobster desired  Thurs. _____  Fri. _____

Lobsters will average 1.5 lb. **One lobster per person is included in the buffet. If you want more than one, there is an additional charge of $20.00 each.** If partaking in lobster, wear casual clothes and bring your dancing shoes.
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The Denturist Association of Ontario will be hosting the 13th annual Perfecting Your Practice Conference on SEPTEMBER 15-17, 2011 at the Village at Blue Mountain Conference Centre in picturesque Collingwood, Ontario.

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 spectacular event within the denturist profession. The combination of a great setting, lots of fun, useful information, issue discussion, hands on sessions and refreshing motivation, makes for a wonderful and memorable event.

REGISTER EARLY!

The PYP conference seminars, receptions, meals and tradeshow are for registered adult delegates. Perfecting Your Practice is open to all member denturists from across Canada as well as internationally. Further information and registration details will be sent in early summer or contact The Denturist Association of Ontario at (905) 238-6090, toll free (800) 284-7311 or info@denturistassociation.ca

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THE TRADITION CONTINUES…
TECHNORAMA 2011
Friday 5:00-6:00 P.M.
THE SWISS DENTURE CONCEPT; THE DEVELOPMENT OF COMPOSITE TEETH
Speaker: Max Sturm
Sponsor: Candulor AG

Friday 5:00-6:00 P.M.
BEYOND BASICS OF AESTHETIC AND FUNCTIONAL CHALLENGES
Speaker: Dr. Herman Kupeyan
Implant Substructure Design – The Essential Element To Long-Term Functional Success:
Conventional implant restorative modalities fulfill the requirements for the majority of patients undergoing dental implant treatment. However, in those few that have above average aesthetic expectations and those who exert above normal biting forces, the conventional treatments options can fall short. Clinical cases and their solutions are presented utilizing alternative designs of All Zirconia and All Titanium based frameworks to meet these demanding conditions.

Friday 5:00-6:00 P.M.
ILLEGAL LABS
Speaker: David McDonald, College of Dental Technologists of Ontario
Sponsor: ADT
This lecture will cover:
• What is an illegal lab?
• What oversight does the College have?
• Government mandates to College
• The investigation process
• How does the College investigate an illegal lab?
• Costs involved
• What is the RDT/member’s role?
• Where do we go from here?

Friday 6:15-7:15 P.M.
SIMPLIFIED RESTORATIVE OPTIONS FOR PREDICTABLE RESULTS WITH DENTAL IMPLANTS
Speaker: Fadi Touma, RDT
Sponsor: Astra Tech
Atlantis™ patient-specific abutments.

Friday 6:15-7:15 P.M.
E.MAX CAD-ON
Speaker: Jeff Smith, CDT
Sponsor: Ivoclar
The IPS e.max CAD-on technique is a distinctive process which utilizes the multi-layer functions within the Sirona InLab system to produce a high strength zirconium oxide framework along with a strong, esthetic lithium disilicate overstructure. These two milled objects are produced from the same design file in which the software automatically splits the full contour design to create both pieces. Once milled, the overstructure is adjusted to fit the sintered framework and then the two pieces are fused together with a unique interfacial ceramic material. During this lecture, participants will become familiar with all aspects of the CAD-on design and processing technique. Topics covered will include:
• Overview of the CAD-on Process
• Material science relating to the CAD-on technique
• CAD design considerations
• Fitting and adjusting the milled components
• Fusion of the CAD-on ceramic pieces
• Shading and glazing techniques

Friday 6:15-7:15 P.M.
DIGITAL IMPRESSIONING THAT PARTNERS WITH EVERY LABORATORY
Speaker: Roger Johansen, CDT
Sponsor: 3M ESPE
CAD/CAM dentistry and how it fits with the lab business.

Friday 7:30-8:30 P.M.
SUCCESSFUL REMOVABLE IMPLANT PROSTHETICS WITH MYERSON THERMOPLASTICS
Speaker: Kris Schermerhorn, CDT
Sponsors: Myerson/Central Dental
This lecture will explain how Myerson’s new range of thermoplastic materials can be used to make fixed temporaries that snap into place without using cement, flexible partials with attachments, screw retained fixed temporaries, and screw retained fixed dentures. Participants will learn advantages and contra-indications of thermoplastic materials and how they can often be used to solve even the most challenging cases.

Friday 7:30-8:30 P.M.
UNLOCKING THE MYSTERIES OF TRICERAM
Speakers: Trevor Langchild, RDT & Cristian Angelesco
Sponsor: Dentaurum
Sponsors: Dentaurum
FRIDAY 7:30-8:30 P.M.
SLEEP APNEA: MEDICAL CONCERNS AND SOLUTIONS
Speaker: Peter Pontsa, RDT
Sponsor: Dent-Line of Canada

Over the past few years, Obstructive Sleep Apnea has created a new interest within the dental profession and is quickly becoming an area of significance. Mr. Pontsa will discuss how serious this potentially life threatening disease is. He will discuss using a multidisciplinary approach to treat the symptoms and an emphasis will be placed on treatment modalities and the use of oral appliances such as the SleepPlus mandibular advancement device. On completion of this seminar the participants should be able to:
- Understand alternative treatments and options for sleep apnea.
- Become familiar with current obstructive sleep apnea examination protocols.
- Understand the advantages and procedures for oral appliance therapy.

SATURDAY 9:30-10:30 A.M.
BE MORE PRODUCTIVE WITH THE SENSABLE INTELLIFIT TM DIGITAL RESTORATION SYSTEM
Speaker: Sean Ferguson, CDT
Sponsor: SensAble Technologies

This live demonstration:
- Shows how to digitally design flexible and metal partials, full contour crown and bridge, and veneers.
- Covers restorations including metal occlusion, metal dummies, combination cases and open facings. Distributed digital workflows are also discussed.
- Illustrates how the system can be used to create obturators, splints and nightguards.

SATURDAY 9:30-10:30 A.M.
LOVE – THE REVOLUTION IN DENTAL CERAMICS
Speaker: Stéphan Provancher, CDT, Pr.d.
Sponsor: Dentsply

This presentation will prove the scientific evidence and new possibilities with the LOVE concept to fulfill the highest aesthetical demand in a simple and reliable way; achieve a better understanding of one’s choice in a dental ceramic material; learn modern ceramic build-up strategies leading to efficiency and maximum profitability, including universal shade selection in a 2-in-1 concept for a modern society led by renewed esthetic paradigms.

SATURDAY 9:30-10:30 A.M.
OCCLUSION AND FUNCTION FOR BEGINNERS
Speaker: Craig Pickett, RG, CDT
Sponsor: Whip Mix

Many technicians were never taught the basics of oral function and occlusion. This course will cover muscles of mastication, terms and definitions of occlusion and function, and basic articulation theory. This course is good for review, but designed for the beginner.

SATURDAY 10:45-11:45 A.M.
DIGITAL SCANNING FOR SUCCESS
Speaker: Vincent Munoz
Sponsor: Henry Schein

SATURDAY 10:45-11:45 A.M.
THE DYNAMIC FUNCTION OF DENTURE FABRICATION
Speaker: Alice Sager, CDT
Sponsor: Vident

This lecture is specifically designed to establish a true understanding and learn how movement of the mandible and all its dynamics play an essential functional role in accurately restoring the mastication process for patients with implant retained prosthetics or conventional removable prosthetics. Emphasis will be on the bio-logical prosthetics in accordance with nature.

Concepts discussed:
- Impression technique.
- How to read the impressions.
- Achieving accurate CR & VDO.
- Articulating casts properly.
- Tooth selection.
- Denture set-up & occlusion theory.
- Selective contouring procedure – laboratory and clinical.

SATURDAY 10:45-11:45 A.M.
RHEIN83 PRESENTS: COST EFFECTIVE ATTACHMENT TREATMENT PLANNING FOR IMPLANTS & MILLED OR CAST BAR CONNECTIONS
Speaker: Andrew Long, RDT, MICOI, ABIST
Sponsor: Nordenta

Introducing the newest components of the OT Equator 3 in 1 System. Andrew will illustrate technical and clinical advantages of the low-profile, space-saving 4.4mm width and 2.1mm vertical dimensions in comparison with other attachment systems. He will show how OT Equator 3 in 1 offers multi-functional capability for cast passive bar connections using Equator implant abutments. When to use spherical or straight line attachment systems for proper treatment planning will also be addressed.

SATURDAY 11:30-12:30 P.M.
BREAKTHROUGH TECHNOLOGIES IN PRACTICE MANAGEMENT FOR DENTURISTS
Speaker: Dean Fenwick, B.Ed, MCP
Sponsor: Specialized Office Systems

Significant changes in technology will now allow denturists to become much more effective and efficient in recordkeeping and patient charting. This will be a practical course focusing on three core challenges and practical solutions for the denturist: 1) professional patient recordkeeping; 2) challenges and solutions for effective patient charting; 3) effective use of patient records.

SATURDAY 11:30-12:30 P.M.
DENTURE ESTHETIC: THE GENIOS SMILE
Speaker: Dr. Eric Dufresne, DMD
Sponsor: Dentsply

This short presentation aims to review the scientific and aesthetic parameters that govern the choice of tooth prosthesis. Thereafter the new tooth “Genios” Dentsply will be introduced. Finally the concepts of occlusion and tooth assembly of this multi-purpose will be demonstrated.

SATURDAY 11:30-12:30 P.M.
MONOLITHIC ZIRCONIA – SOLID FUTURE
Speaker: Julia Keren, CDT
Sponsor: Zircon2Zahn
THE TRADITION CONTINUES...
TECHNORAMANA 2011

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SR PHONARES®
Modern Masterpieces

Defining the art of denture esthetics

Precision crafted with Nano Hybrid Composite, Phonares represents the next generation of denture teeth offering a unique blend of unrivaled beauty and unparalleled performance.

Make Phonares your choice for lasting esthetics.
In the fabrication of removable dentures at the dental laboratory, I sometimes lack suitable anterior teeth that provide the superior aesthetics very discerning patients demand. Very often, I find myself in the situation of having to modify prefabricated denture teeth, which usually involves the incorporation of age- and indication-related characteristics, to meet the requirements of the individual case. I have always considered this situation to be completely unsatisfactory and thus have been constantly on the look-out for a solution to the problem. The purpose of this article is to give a summary of my experiences and provide insight into the development process that led to the creation of the Phonares line of denture teeth.

I started with modelling upper and lower tooth moulds that were a faithful reflection of their natural counterparts. These moulds featured all the special characteristics that I had previously found missing in existing denture teeth during my everyday work (Figs 1 and 2). For me, it has always been the first impression that counts, in other words the overall aesthetic appearance that is conveyed in the first few seconds in which I view a tooth. These first few seconds are of crucial importance, as this is the time that it takes for me to decide whether or not the tooth lives up to my expectations. In order to achieve a natural aesthetic outcome, life-like tooth moulds whose facial and palatal surfaces feature a truly anatomical design and impart an impression of naturally grown teeth are essential (Figs 3 to 6).

The objective is to achieve a vibrant, but not overly exaggerated facial texture and a practical palatal and lingual design, which supports clear speech and phonetics rather than hampering it. Moreover, I prefer anterior teeth with a harmonious, layered design and selectively incorporated opalescent and translucent areas that impart them with a life-like appearance (Figs 7 and 8).

A further important aspect for me is to have a logical range of tooth moulds from which to choose. To meet this requirement I tried to incorporate several characteristics into these denture teeth which can also be found in nature. This led to the development of age-related tooth moulds which take the different needs of patients at different stages of life into account. As a result, tooth moulds
can be chosen that match the age of the individual patient.

The suitable tooth moulds are selected in three simple steps:

First the basic shape is selected – on the basis of whether the teeth should have a more youthful or distinctive look. Then the desired degree of wear is chosen. Both the incisal and facial curvature are of importance in this respect. While teeth with more rounded incisal edges and a pronounced facial curvature are designed for use in young patients (Fig 9), those with more heavily abraded incisal edges and a flatter facial curvature are suitable for the more advanced age group (Fig 10). These features are based on the natural ageing process that occurs in the oral cavity over time.

In a third and last step the size, i.e. the dimension of the tooth, is determined by means of the diagnostic cast of the case in question. For this purpose, the teeth are classified into the categories “small,” “medium,” and “large.” Thus tooth moulds for smaller

**FIGURES 1 and 2:** Outstanding overall aesthetics of the anterior teeth

**FIGURES 3 and 4:** Natural facial and palatal design

**FIGURE 5:** Example of a naturally designed palatal aspect

**FIGURE 6:** Silver powder discloses details of the exemplary palatal design.
and larger alveolar ridges are available. Easy handling is another property I have always valued very highly as a dental technician, in addition to the aesthetic appearance and a sufficiently wide selection of tooth moulds. In these times when everybody is talking about aesthetic dentistry, removable dentures should also provide optimum “white aesthetics” (Fig 11). This is particularly true for implant-borne removable dentures, as all the parties involved, i.e. the patient, clinician and dental lab technician place high expectations on the aesthetic outcome and function of this complex and expensive type of restoration.

In order to achieve outstanding “white aesthetics,” the interproximal contours of anterior teeth should enable the teeth to be lined up very closely without creating the impression of a “white wall.”

The proximal “Set & Fit” design which I have developed allows teeth to be set up in the most diverse positions without producing open gingival embrasures that appear as “black triangles” and subsequently need to be filled with...

**FIGURE 7:** Example of a harmonious layering and a natural-looking opalescent effect

**FIGURE 8:** The vibrant facial texture meets the highest aesthetic demands

**FIGURE 9:** A rounded tooth shape and lighter shades for younger patients

**FIGURE 10:** More distinctive tooth moulds and darker shades for patients in the more advanced age group

**FIGURE 11:** Unparalleled “white aesthetics”

**FIGURE 12:** Ideal proximal closure due to the “Set & Fit” design
denture base material. Even in the case of severely rotated teeth, a natural-looking tooth set-up can be accomplished (Fig 12).

To achieve optimum “white aesthetics,” I create a soft transition between the clinical crown and the tooth neck section, as this facilitates modelling of the gingival contours. By placing a wax layer that tapers towards the cervical portion of the clinical crown, the impression of naturally grown gingival tissue is created.

In order to effectively cover or frame construction elements and implant abutments, I created a cervical design which generally accommodates implant abutments with an emergence profile that is approx. 5 mm in diameter. Thus no adjustments with tooth-coloured material are required in the proximal anterior regions in most cases.

Apart from the cutting-edge Phonares anterior tooth design, the teeth are characterized by an extraordinarily high wear resistance as they are made of the new “NHC” (nano-hybrid composite) material. Due to the fact that implants are firmly anchored to the alveolar bone, materials of extremely high strength are required in the fabrication of implant-borne removable dentures. As these dentures are not supported by soft tissue, the masticatory forces are fully transferred to the materials used in the restorative process, so that they are exposed to very high levels of stress.

However, the SR Phonares NHC anterior tooth moulds are not exclusively indicated for implant-borne dentures. They can also be employed in complete and partial denture prosthetics.

CONCLUSION
A new line of denture teeth has been created which closely replicates the natural dentition in shape and surface texture. The teeth feature a harmonious four-layer design and have beautiful opalescence and fluorescence. They are made of the new NHC nano-hybrid composite material, which has been proven to provide outstanding wear resistance in various studies. Consequently, high durability and excellent resistance to wear and plaque accretion can be expected. The new denture teeth allow the dental technician to achieve precise, high-quality results with little effort or difficulty.

The Phonares teeth feature a well-balanced labial and palatal design. Due to the specially designed interdental closures, a natural-looking appearance of the denture is achieved with ease.

Contact address:
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Karlsplatz 2
73614 Schorndorf
Germany
info@michel-zahntechnik.de

The price for a denturist has been reduced to $190 per course or $350 for both days.

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EDITOR’S NOTE:
This article was previously published in Reflect, published by Ivoclar Vivadent AG. It is reprinted with permission.
Aesthetic Denture Wax: pink wax aesthetics

Candulor has extended its unique, proven Aesthetic Denture Wax product range to include a soft everyday wax. This makes it easier to give patients an accurate idea of what their completed dentures will look like as early as the wax try-in stage.

The new Aesthetic Denture Wax SOFT everyday wax is also available in the tried-and-tested Candulor colour 34. So in addition to its distinctive consistency, this wax is also colour-coordinated to match Candulor acrylics. The remarkable pliability and flow properties of this wax have also been demonstrated by test laboratories.

This wax not only offers key benefits such as exceptional pliability and ideal flow properties – it can also be easily modeled.

This soft wax in colour 34 can now be used to fabricate waxed-up dentures, which can then be shaped using the MEDIUM and HARD modeling waxes.

The characterization waxes in colours 53, 55 and 57 also allow the shade of the wax gingiva to be customized quickly and easily.

More information is available from:

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This year Candulor again joins forces with CAMLOG to set the stage for an exiting ninth KunstZahnWerk® competition at The International Dental Show 2011.

The motto for this year’s competition: **Removable or Fixed: Modern solutions for Prosthetic Implants.**

Modern, innovative, yet in line with a dental technician’s daily routine. These are the requirements for the new KunstZahnWerk competition. The latest challenge is to make a total reconstruction combined with a complete prosthesis supported by the mucus membrane and to fit a denture held by an implant. All work has to be done using the Gerber set-up technique and the teeth and implant parts supplied free of charge by Candulor and CAMLOG.

Up until the entry deadline at the end of October 2010, a total of 87 entries had been received from nine countries: Germany, Austria, Switzerland, Italy, Holland, USA, Great Britain, Turkey and Syria.

The Candulor KunstZahnWerk competition has become ever more international over recent years and shows that the awareness for high quality prosthetics is growing. Besides functionality, esthetics is also becoming increasingly important.

In February 2011, a jury made up of prosthetics specialists and practitioners will judge all the projects submitted, which will be exhibited at IDS 2011 on the Candulor booth.

The winners will be awarded their prizes at the Candulor press conference at the IDS on Friday, 25 March, 2011. The documentation submitted will be published in various professional journals.

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**Candulor ToothScout**

The Candulor ToothScout is now available in the AppStore as a free app for your iPhone, iPad and iPod. So download this ready-to-use application today!

The Candulor ToothScout is a useful tool for dentists, dental technicians and patients. It helps the user in selecting the suitable teeth for attractive, natural-looking dentures that, most importantly, suit the individual patient. After all, aesthetically pleasing and natural-looking dentures have never been more important.

**ToothScout benefits at a glance:**

- Helps you find the right shape for your patients’ front teeth
- Shows all front teeth, appropriately arranged with the gingiva
- Transfers all data to your dental laboratory or orders the set directly
- Can generate a photo of your patient and include this directly with the data

Symmetry between face and dentition is critical to an attractive and radiant appearance. This symmetry can be seen, for example, in the width of the alinasal and the position of the canine teeth.

**Here’s how it is done:**

Measure the width of the alinasal, in millimeters, using a caliper (e.g. 39.3 mm). The ToothScout immediately shows you a selection of matching tooth shapes. The tooth shapes can either be ordered directly by telephone, or the information – such as the patient name, width of the alinasal, or the front tooth shape and colour – can be forwarded via email.

A picture of the patient can also be included if you wish. The following generally applies: the more information a dental technician has, the easier it will be to create aesthetically pleasing dentures, tailored to suit the individual patient.

**Candulor Dental GmbH**

Am Riederngraben 6
78239 Rielasingen-Worblingen, Germany
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www.candulor.de

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Winning project 2009, dental technician Karin Martini, Switzerland
More powerful than you know

“Writing is not a job; it’s a hobby!” thundered my father when I told him my plans for college. “You need to get a profession: medicine, law, engineering or accounting.”

I cheerlessly acquiesced and enrolled in a pre-med program, but at the end of my first year, after struggling through chemistry, I changed my major to philosophy. When I told Dad, he grunted, “That and a dime will get you a cup of coffee.” He passed away shortly after that but his words echoed in the back of my mind for years.

After graduation I searched for a job in writing. At the same time, I wrote short stories like crazy, and sent them off to dozens of magazines. Years passed and I failed to find a job in writing, so I supported myself by waiting tables and bartending. Meanwhile, rejection letters from the magazines began piling up, and I was beginning to get discouraged.

Then one day, I met a friend for a beer in a bar near the campus of my alma mater. When I visited the restroom, some graffiti written on the wall with an arrow pointing to the toilet paper dispenser caught my eye. It read: “Bachelor of Arts Degrees – take only one, please!” Rather than laugh, I grimaced and thought, “Boy, does that sound like my Dad.”

Five years had gone by, and other than a few freelance jobs writing advertising copy, I had not made a penny from writing. I was beginning to re-think my life, when I recalled the encouraging words from my ninth-grade English teacher.

She had assigned my class with several essays to write. I remembered the glowing paragraphs of praise she wrote in bright red ink at the top of all my papers. There must have been a dozen of those compositions, and just recalling them gave me hope. I thought, “At least one person in the world believes in my writing.”

It was just the encouragement I needed, and I doubled my efforts to find work. Soon I was getting a great deal more freelance work. Enough that I was able to quit working in restaurants. Enough to make a down payment on a house. Then whenever I needed a boost in confidence, I would think again of those dozen glowing paragraphs of praise written in bright red ink at the top of my essay papers.

Suddenly everything seemed to gel. I sold my first book; I won several very important advertising awards; and three colleges were asking me to teach a class in copywriting. I was feeling very grateful and once again thought of my ninth-grade English teacher and those glowing paragraphs of praise written in bright red ink. I decided to look her up and give her a call.

When I got her on the phone my first shock was that she did not remember me. I was certain I had been one of her favorites. My second was when she told me that she never wrote paragraphs of praise. “There were simply too many papers to grade to write more than a word or two,” she said. “I would write ‘Nice Work’ or ‘Good Job,’ but never anything more.”

Unconvinced, when I got off the phone, I went up to the attic and dug out the box that held my old school work (yes, it’s true – I’m a total pack rat – especially when it comes to things I’ve written!). It took a while, but I finally found those old papers. She was right; there were no paragraphs. And, there was far less than a dozen – only two. About the only thing I remembered correctly was the bright red ink. I did, however, rate more than one or two words. On the first one she wrote, “Nicely written – well thought out.” On the other, “Good Sense of Humor!”

Nine words. Nine little words that were so heartening that over the next 15 years they grew into hundreds in my mind. Nine words that motivated me to stick to my dreams. My point? Even the least bit of praise can be powerfully motivating. So, don’t keep it in – use your power!

Robert Evans Wilson, Jr. is a motivational speaker and humorist. He works with companies that want to be more competitive and with people who want to think like innovators. For more information on Robert’s programs please visit www.jumpstartyourmeeting.com.
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**CLINICS FOR SALE**

- **Victoria, BC, denture clinic** with well-established and busy location in professional medical building. Excellent for graduate who would like build his/her own practice and buy or lease existing denture clinic in beautiful Victoria. Serious inquiries only. Contact Sergei at 250 881-8560 or email: newdiatech@shaw.ca

- **Newly established denture clinic for sale in St. Catharines, Ontario.** Great potential to expand business in a fast growing retirement community. For more information, please contact Chris at 647-290-2535.

- **Opportunity of a lifetime!** If you are looking to achieve better work/life balance, this is an opportunity to relocate to Southwest Ontario. With a large senior population in our area, we have a loyal patient base and a continual substantial annual growth. The business is based on high quality dentures construction. It is the only denture clinic in town with an excellent location, modern, fully-equipped and professionally designed. Low overhead, patients and dental referrals make this clinic very profitable. The extra space gives the possibility to sublease. Current owner willing to stay on to ensure a smooth transition if needed. For more information, call Daniela at 519-995-5533

- **Denture clinic for sale in the heart of Lloydminster, Alberta.** It is in Canada’s only border city, which is halfway between Saskatoon, SK and Edmonton, AB. My clinic has been operating since 1977. I have a good working relationship with the dentists. The clinic is a bright and cheery workspace and has a large custom-built lab with lots of natural light, you can see photos of my clinic on my website, (korpaniukdenture.com). I would be willing to stay on for a short time for the transition of the practice. Contact: kdclinic@telus.net or fax: to 1-780-875-6721.

- **Successful denturist office for sale in a fast growing Saskatchewan community.** This office has a great location on Main Street. Original owner wants to retire. For further information please call 306-682-3988 or 306-682-4386.

**CLINICS FOR RENT/LEASE**

- **Rental opportunity for denturist/dental office space in Bayview-Eglinton area, Toronto.** In a busy area near a bus stop, it has been the location of a denturist practice for over 20 years. Rent $1,500 firm. Also selling some dental equipment. If you are interested or need further information call Gabriel at 416-424-3201.

- **Denturist office for rent in Kitchener, Ontario.** Great location for someone looking to start out on their own. If interested, please email dean@fiducialdata.com.

- **For lease:** space available for lease in commercial plaza on busy street in London, ON. 975 sq. ft. to develop with signage and good exposure. Outside completely renovated. Only $850/month. Large dental office in building will refer denture patients. Ideal location to establish denture clinic with guaranteed referrals. E-mail enquires to frklongo@rogers.com.

**DENTURISTS WANTED**

- **Looking for a newly graduated denturist or a denturist looking to buy into a well established dental practice in Central Vancouver Island.** This is a fantastic opportunity for the right person. Please contact Brian at 250-246-4674 or thehappydenturist@shaw.ca for details.
Licensed denturist wanted immediately for well-established Calgary practice. Excellent benefits, wage compensation, and perks. Respond to bernchilds@shaw.ca. All inquiries confidential.

Denturists wanted for full scope practice in Michigan, USA. Must hold an active denturist license in a state or province. If you are interested in relocating respond to Dentician2000@charter.net.

Denturist office in the downtown west Toronto area. Spanish and/or Italian speaking a must. Please contact: cvalentedd@yahoo.com.

EQUIPMENT FOR SALE

KAVO boil-out & polishing unit; Ticonium shell blaster for sale. Boilout: $5000 obo; polishing unit $3000 obo. Polishing unit specifications and images may be viewed at www.wassermandental.com (Model wp-ex80). Ticonium shell blaster suitable for casting lab $3000 obo. If interested please call 519-622-4500 for additional information. Dust collection. Quatro velocity X2 two station, one mc2 micro coordinated controller, one bench-mount slide valve, 2 illuminated airports, and one air wedge, all in perfect working order, replacement value $2500 asking $1600. Contact dentureclinic@ cogeco.net or 905-937-6060.

Starting out? Don’t start off with a massive debt load. I have just retired and have all my lab and clinical equipment for sale. Everything you need to start off except the chair and the boilout. I also have a large stock of acrylic and porcelain teeth for sale. Contact me at Francois.Fournier@rogers.com for a list of equipment and materials (located in Ottawa, ON).


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