Was there something on your Christmas list this year that Santa failed to bring? Maybe you were naughty, or maybe it was just a little too big to fit into your stocking. Either way, in the holiday wake you remain hungry for your toy of choice. We asked Townies what the number one thing they wanted to purchase for their practice in the coming year was; the following pages represent the top 10 picks, and why those particular products are all the rage. As 2014 kicks off, may you resolve to acquire whatever toy remains on your personal wish list and keep your practice on the cutting-edge for years to come! (And may we make a prudent suggestion that you forgo relying on Santa and allocate some of your just-around-the-corner tax refund money to purchasing said toy!)
You haven’t gone digital yet? Using traditional film radiography is cost prohibitive and outdated. From a patient’s perspective think of the last time you or someone you know went to buy a roll of film for their camera, or took a roll somewhere to be developed. That is the same thought your patients have when you are taking and processing traditional films for X-rays. Your patients may question whether your office is as cutting edge as the offices their friends or family members go to where the X-rays pop up on the screen.

If staying cutting edge doesn’t concern you than the cost prohibitive factor should. The average cost of dental film is between $43-75 per box of 150 films. That comes to a cost of $.29-.50 per X-ray. According to the ADA, the average dental office takes 50 radiographs per day putting the daily cost between $14-25 per day. With the average practice working between four and five days per week, and 45-49 weeks per year, the yearly cost for film alone amounts to an astonishing $2,610-6,125. Purchasing a digital sensor for $4,995 becomes a simple trade in cost from film to a sensor for the first year. By year two you are ahead. Let’s not forget to add in the cost of labor and chemicals to process the film and you can easily tack on an additional savings of $400-1,000 per month by switching to digital.

With the ability to modify a digital image after it has been taken, the decrease in radiation per X-ray for your patients, your increased diagnostic ability and the reduction in overhead, you can understand why digital X-rays are a 2014 must-buy for your dental practice! – Dr. John Nosti
D. DEXIS intra-oral sensors
DEXIS, LLC
www.dexis.com

E. Schick 33
Sirona Dental Systems
33.schickbysirona.com

F. RVG 6100 Digital Radiography System
PracticeWorks, Inc.
www.carestreamdental.com

“These days if you’re not keeping up with technology you’re losing patients out the backdoor. I recently bought a practice and decided the two things I needed to update ASAP were getting new curing lights and updating to digital X-rays. I want digital X-rays so I can reduce processing times, limit radiation and simplify film storage.” – Aaron Layton, airmate

Cranex D
Soredex
www.soredex.com

Siemens USA
www.healthcare.siemens.com

ScanX Classic Digital Imaging System
Air Techniques
www.airtechniques.com

CDR iPan/CDR PanX
Sirona Dental Systems
www.schickbysirona.com

continued on page 50
An in-office CAD/CAM acquisition and milling unit is a piece of technology that everyone should have on their wish list. There are a few really important reasons why this technology is so important in today’s dental practice. The first reason is that it will make you a better dentist. When you see your preparations blown up on a screen 20 times, you realize quickly that many areas can be improved. The second reason is productivity. I can prepare a tooth and then while milling and characterization is occurring, I can see other patients without feeling rushed. I also don’t have to bog down my schedule with non-productive cementation appointments or dealing with temporary crowns that need to be recemented, or even worse are lost or broken. A third reason is that it is an amazing convenience to our patients to be able to deliver a high quality restoration in a single visit. We think that a second visit to cement a crown is just a quick 15-20 minute appointment, but for the patient is a huge inconvenience. Providing this type of service has been a great source of referrals for us. There are so many other advantages like being able to do quadrants of composites more predictably, having your team be more involved and just making dentistry more fun. I have could not ever imagine my practice without it! – Dr. Richard Rosenblatt
Diode lasers are a great adjunct to the dentist’s toolbox. These cost-effective alternatives to electrosurgery units can make life simpler and easier when dealing with tissue, and improve ROI by allowing you to complete soft-tissue procedures that you typically refer out. We use soft-tissue diode lasers for gingivectomies, crown troughing and for treatment of oral lesions. In addition, procedures like frenectomies, fibroma removal and soft-tissue crown lengthening can be submitted to insurance companies for reimbursement. I couldn’t live without my diode lasers...they are the soft-tissue handpiece in our office. – Dr. Glenn A. van As

“I bought a new practice in July and was used to the soft-tissue laser in my old office. I found myself using it multiple times a week – frenectomies, cleaning up crown margins, controlling tissue height around veneers, etc. – and when all of a sudden I didn’t have one, I felt very incompetent in these procedures. I couldn’t wait to buy one and I have been very happy with my purchase.” – Dr. Allison Beehner, allio12

J. Picasso/Picasso Lite
AMD LASERS, a DENTSPLY Int’l. Co.
www.amdlasers.com

K. Waterlase/Waterlase MD/ Dual Wavelength Waterlase iPlus All Tissue Laser
BIOBASE, Inc.
www.waterlase.com

L. PerioLase MVP-7 for LANAP
Millennium Dental Technologies, Inc.
www.lanap.com

iLase Wireless Diode Laser
BIOBASE, Inc.
www.biolase.com

Sapphire Portable Diode Laser
Den-Mat Holdings LLC
www.denmat.com

SIROLaser
Sirona Dental Systems
www.sirolaser.com

NV Microlaser
Philips Consumer Lifestyle
www.usa.philips.com
There are so many advantages to digital impressions over conventional impressions. These include immediate feedback on prep, the fact that you can inexpensively retake impressions, and the elimination of the cost of trays and impression materials. They’re highly accurate without fear of pulls, tears or bubbles on the margins. There’s no fear of distortion upon removal or material not being set. There’s no tearing of impressions after being poured. They provide reproducible results. Take a breath. There’s no disinfectants necessary that can lead to distortion of non-VPS materials. You can save old impressions and models without taking up physical space. There is no boxing up cases and sending them out and paying for shipping. There are no lost cases. They’re more comfortable for patients (especially gaggers). Many labs discount their fees to the dentist due to their savings using digital work flow. Are those enough reasons to switch? – Dr. Mark Fleming

“I believe the digital impression scanner will be the next technological advance in dentistry that will improve patient comfort and provide a higher level of customer service to the patient by reducing the time between appointments. As competition between manufacturers brings the cost to the dentist down and improvements to the capabilities that the scanner can provide, this will be one technology that more dentists will be willing to invest in (when compared to a CEREC type unit.)” – Ron Goers, goers2
CBCTs in the general dental practice seem to be all the rage these days. As someone who is a sucker for any gadget or gizmo in dentistry, naturally I was drawn to this shiny new toy. I’m in my mid-40s and as most guys my age are getting comb overs and Corvettes, I prefer to spend my money on more productive things! If you perform root canals, do any TMJ treatment, orthodontics or implants, then you really need to look at this technology. One of the least promoted applications of cone beam technology is endo. Gone are the days of wondering how many canals a tooth has while troughing through a crown. I can even get my working length figured out before I take out my hand piece. Obviously CBCT is a no brainer for implantology and as someone who does the majority of my implant cases via guided surgery, I could not function without it. One exciting aspect that I am currently exploring is CBCT, nightguards and medical insurance. I am pleasantly surprised at the number of payments we are getting, far more than dental insurance. I am currently on my third CBCT machine, the Galileos Comfort Plus from Sirona. On top of everything a CBCT does, this one has a 3D face scanner. Imagine planning your implants in relation to the patient’s lips? You can plan orthodontic cases with the whole patient in mind. This technology is changing daily, and I can’t think of anything in my practice that I use more than my CBCT, except maybe my handpiece! – Dr. August Oliveira

"A boy’s gotta have his toys! In reality, I do a fair number of implants and guided bone regeneration, so a CT is in order.” – John Lin, iluvendo

“I believe CBCT radiology provides the most complete radiographic information and allows me to diagnose those problem mystery teeth and symptoms that can upset an otherwise smooth ordinary scheduled day of maximum production.”

– Anthony Sharber, asharber.
If I could add one piece of equipment to everyone’s wish list, it would have to be electric handpieces. I cannot think of anything aside from education that has as great an impact on the quality of my restorations. I have been using 4.5 magnification since sophomore year in dental school. That helped but that did not cut it. I have been through the good, the bad and the ugly of impression materials. While I have found ones that have really helped make my life and my technician’s life easier... that did not cut it either. Burs, materials, magnification, technicians... they all help, but if I start with a poor preparation, none of those can rescue me. The control and precision with electrics really allow me to provide the quality of care in restorative and prosthodontic dentistry that I do. I get a lot of compliments on my preparations and impressions. I was not blessed with the dental ‘Hands of God.’ I have to work hard at it. Electrics just make that hard work easier. – Dr. Michael Melkers

“Our handpieces are aging and, if we have to replace them, they are the workforce for any dental practice and should be researched vigorously.” – Gary Strohmeyer, stroh
Don’t you just hate rolling your chair past the chipped Formica veneer on the 20-year-old cabinets and ripping through yet another scrub shirt? How about when you run out of parts to take from one chair or dental control unit to fix another because the parts are no longer available from the manufacturer since they stopped producing the broken unit seven years ago!

Sometimes, in the more seasoned practice, you just have to bite the bullet, gut the place and re-do the whole darn thing. That’s when the wish list gets really fun to make!

When you have an open slate, you can list lots of “must haves” for your update/remodel (the budget becomes less of an issue because you know you will exceeded it).

You just gotta have…

• new, comfortable dental chairs with aseptic design and a fully adjustable (giglioarthritic) headrest.
• a dental control unit without gaskets. Sometimes the only way to fix an outdated gasket is to cut a rubber dam and hope for the best. Pinch valve technology eliminates this dilemma.
• solid material cabinetry. Don’t skimp here based on price; think several years down the road. Don’t get cheap countertops that are harder to clean and more likely to chip or flake.

By the way, the more advanced the technology the faster your current computers become obsolete so be sure to consider updating your computers to meet the technical demands of your reconstruction. – Dr. Michael Glass

“My patients expect me to utilize high tech equipment. I have one of the most modern/up-to-date offices in my area. My patients value that I am always looking to use the best and most modern technology available so that it makes their visit quicker, gives better results and also keeps them more comfortable.” – Dr. Paul Ferraioli, pferraio
Dental implants are one of the fastest growing treatments in dentistry. Adding implants to your mix of services can provide a tremendous boost to practice productivity, profitability and enjoyment. Investing in an implant system and implant education is a must for the modern general practice. A proper implant system will make placing and restoring implants more predictable.

I can’t imagine where my practice would be without dental implants. We have progressed from the simple “onesie twosie” to the more complex cases. It all starts with that initial implant system and education. – Dr. Tarun Agarwal

“I have been restoring implants for years. My goal for this year and next is to become competent at placing them as well. Thus my goal was to purchase a system, which I have recently done. As well, I have completed a six-day surgical residency so I know what to do with the surgical kit.” – Dr. Alan Munk, almunk

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“Implants are the future of dentistry.” – Dr. Tyler Williams, icefish1
Over the past 25 years we have seen practice management software evolve and become a key component of the daily functions in a dental practice. There is so much information collected for teams to use to help support a full and productive schedule.

If you feel like your software is not giving you what you need, there are many others to choose from. It is important that you learn as much as possible about the different varieties of programs that are available and find the one that best meets your needs.

It is rare to see staff properly trained on dental software; therefore, practices have a lot of missed opportunities and loss of income. No matter which software you choose, you must provide training through the vendor to get optimum results. Have them back at least once a year for a refresher.

Many practices aren’t performing regular updates and many do not have the hardware to support their software. The top reasons for updating your software are support, security and software functionality improvements, thus being more productive. When software ages, the company could cut your support services.

It is more important now more than ever before to have an updated intuitive software system that is working well for you, your team and your patients.

– Sandy Pardue

“My present PM software has been orphaned and I need to have an upgradable system.”

– Scott Dubowsky, smdubowsky
Intra-oral cameras are handy to have in a dental office. We use ours regularly to document the condition of a new patient's teeth, and to show fractures, broken teeth, decay and gingival problems. The photos are captured and entered immediately into the patient's file. Intra-oral cameras are great for patient education, as they validate the need for treatment.

Insurance companies are more likely to pay for treatment when you submit both an X-ray and a photo. I couldn't practice without my intra-oral camera!

– Dr. Elizabeth Fleming

"I needed to upgrade my current intraoral cameras – the newer ones (we chose Digital Doc) have more features (ability to take photos of one tooth, a quadrant, an arch and extraoral facial shots) and better clarity/image quality. We use them for every tooth we restore – as a patient educational aide and for diagnosis. You can see so much more when an image is blown up screen size on a monitor..."

– Wayne T. Yee, wayneye