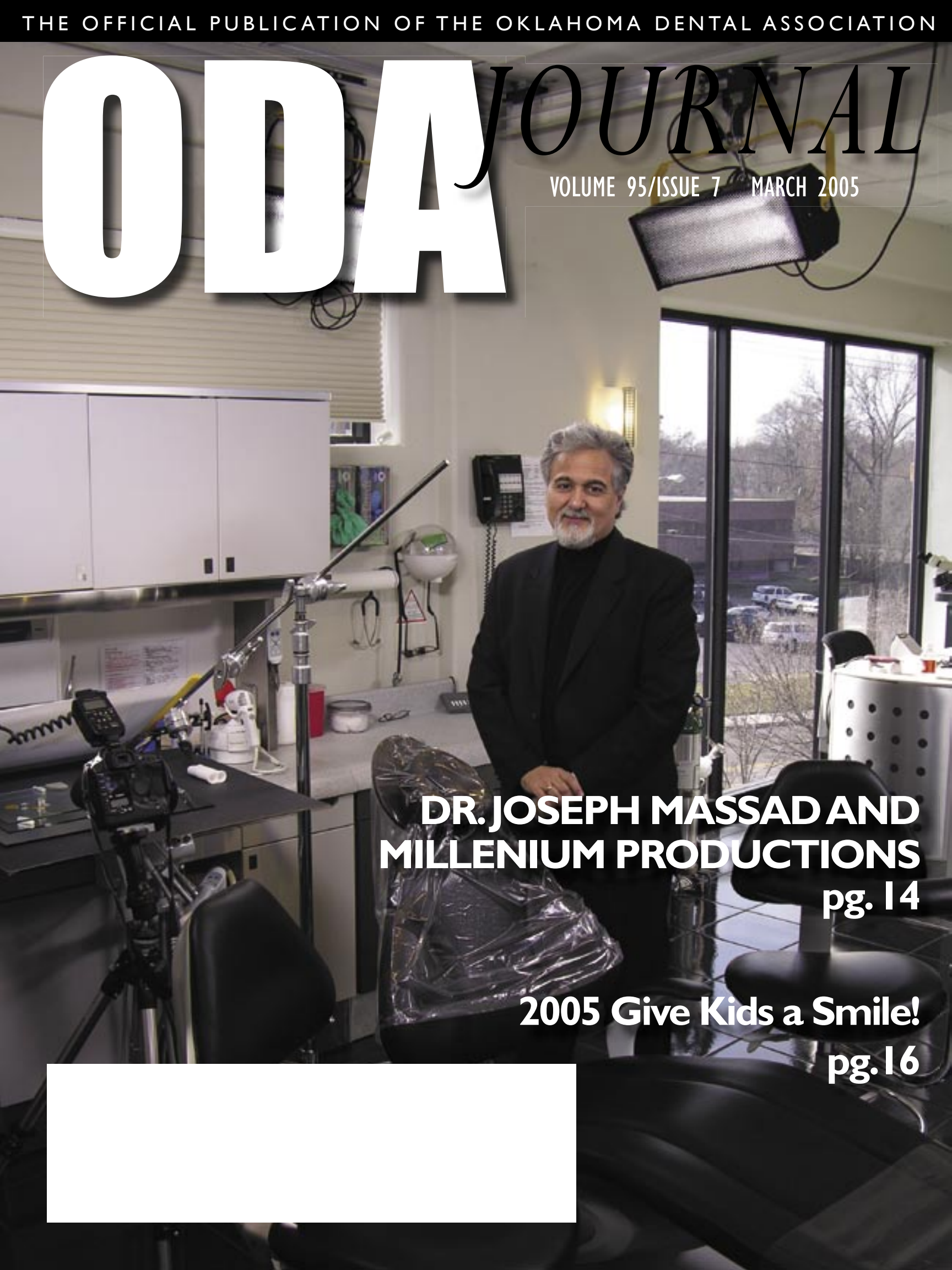


ODA JOURNAL

VOLUME 95/ISSUE 7 MARCH 2005



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MILLENIUM PRODUCTIONS**
pg. 14

2005 Give Kids a Smile!
pg. 16

Add More Patients Without Adding Costs!

Delta Dental of Oklahoma's



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In response to growing consumer demand, DDOK has developed **DeltaPatient Direct™** - our new discount referral program that allows patients to access quality dental care and pay dentists directly - at the time of treatment.

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MEMBER PUBLICATION
AMERICAN ASSOCIATION
OF DENTAL EDITORS

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EXECUTIVE DIRECTOR'S MESSAGE

By: Dana Davis

This is the third installment in my series on ODA and its Partners in Dentistry. Previously I highlighted the Oklahoma Dental Foundation and DENPAC, and now this message will focus on the Oklahoma Dental Association Services Company (ODASCO), which is the ODA's youngest Partner.

ODASCO, Inc. was formed in April of 2001. The ODA House of Delegates approved a resolution to form a wholly-owned, for-profit subsidiary, and to use reserve funds to capitalize ODASCO in exchange for stock – with the ODA being the sole stockholder. ODASCO exclusively represents the ODA in developing business relationships with vendors for products and services available to the ODA and its members.

ODASCO is governed by a Board composed of five ODA members who are elected by the ODA Board of Trustees. In addition, the ODA President, the Chair of the ODA Council on Membership and Membership Services, and the ODA Executive Director also serve as ex officio members of the ODASCO Board.

ODASCO has two masters to serve. It must serve the ODA membership by identifying new products and services for the dentist and the dental office, to be offered exclusively to ODA members at discounted rates. And it must also answer to the ODA – as its sole stockholder – by providing annual dividends and other services to the ODA. Unlike many of the companies on Wall Street, ODASCO has paid very generous dividends to the ODA; payments in 2003 and 2004 equaled \$25,000. These dividends help support the ODA operating budget and help to keep dues stable. In addition, ODASCO shares staff and operational costs with the ODA. Based on a cumulative review of dividends and services, ODASCO has contributed over \$130,000 to the ODA. This is an equivalent of \$112 per ODA member in 2004.

Currently, ODASCO endorses 21 vendors who offer products from liability insurance to credit cards. The ODASCO advertisement on the following page lists all of the endorsed vendors. The more ODA members who use these vendors, the more benefits for both ODA and its members will be accrued.

The ODASCO Board works hard on your behalf and devotes large amounts of time in the process. For instance, the recent renegotiation of the MBNA contract took over one hundred volunteer hours. We all owe ODASCO a word of thanks and we should all remember to use the endorsed products and services. ●



DENTAL ORGANIZATION NEWS

TULSA COUNTY (TCDS)

By: Jeff Parker, DDS, TCDS Editor

WOW – When **Dr. Gordon Christensen** came to Tulsa on January 7th, around 650 dentists and their dental teams came from five different states to hear his very informative program! It was truly AWESOME!!! We want to recognize and offer “Many Thanks” to Burkhart Dental, Dynamic Dental Solutions, and Patterson Dental Supply for supporting Dr. Christensen's program.

Our Table Clinics and Elections evening were held January 25th and we had another outstanding Table Clinics program that was organized by chairman **Dr. David Wong**.

Both of our March programs are being held at the Tulsa Renaissance Hotel. Tuesday, March 15th will include our Awards Banquet and Installation of Officers, and our Friday, March 18th all-day continuing education program will feature **Dr. Charles Wakefield** on “Current Perspectives in Restorative Materials & Cosmetic Dentistry” – all dentists and their offices are encouraged to attend this excellent program!

TCDS welcomes **Dr. Kevin Winters** who recently transferred from the Northern District.

EASTERN OKLAHOMA DONATED DENTAL SERVICES (EODDS)

EODDS Annual Report: Eastern Oklahoma Donated Dental services, Inc., provides dental care to the disabled, aged, and needy of eastern Oklahoma in the (918) area code. The services donated by the participating dentists are free of charge to these patients. EODDS raises funds to administer the program and pay laboratory bills.

Area philanthropic organizations have been gracious to help the EODDS clients with their donations. Tulsa County Health Department and the state legislature also provided funds this year. Several dentists have made personal contributions to EODDS or the Tulsa Community Foundation (TCF), which controls an endowment fund for the benefit of EODDS. We would like to acknowledge the following individuals for their support. **Drs. Gayle Dennehy, Larry Sims, Mark Hodge, Robert Gerety, Ron Lamb of the World Dental Relief Organization, James Hackler, Gary Burnidge and Terry Vandale and Vaught, Burchard and Associates Inc.** TCF assures us these funds will be held for the benefit of free dental care to the public.

The 204 dentists aligned with EODDS have donated over \$369,244.00 worth of dentistry in 1198 dental visits to 383 patients. EODDS has spent \$124,818.32 in administrative and laboratory costs. We were told that this is an excellent ratio by funding providers. General dentists and all of the specialty groups provide care for these patients. If you want to help this cause please sign up as a provider by contacting EODDS at: (918) 595-4151 or eodds@hotmail.com

continued on pg. 7



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Office Policy Development Kit
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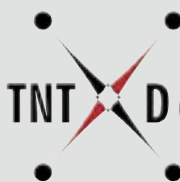
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CALENDAR OF EVENTS

march

- MARCH 2** – ODA Faculty Appreciation Lunch, OUCOD, 12:00 PM
- MARCH 4** – ODASCO Shareholder's Meeting, ODA Headquarters, 1:00 PM
- MARCH 4** – ODA Board of Trustees Meeting, ODA Headquarters, 1:30 PM
- MARCH 7** – ADA Washington - Leadership Conference, Washington, DC
- MARCH 8** – ADA Washington - Leadership Conference, Washington, DC
- MARCH 9** – ADA Washington - Leadership Conference, Washington, DC
- MARCH 15** – Tulsa County Dental Society Awards Banquet & Installation of Officers, Renaissance Hotel, Tulsa 6:00 PM
- MARCH 18** – Tulsa County Dental Society All-Day Meeting Featuring Dr. Charles Wakefield, Renaissance Hotel, Tulsa
- MARCH 21** – Retired Dentist Lunch, ODA Headquarters, 11:30 PM
- MARCH 22** – Oklahoma County Dental Society Board of Trustees Meeting, 6:00 PM
- MARCH 24** – Oklahoma County Dental Society Dinner Meeting, Homebuilders, 5:30 PM
- MARCH 25** – Oklahoma County Dental Society Continuing Education, Homebuilders
- MARCH 28** – Tulsa County Dental Society Executive Meeting, 6:00 PM

Have an event you would like listed
on the ODA Calendar?
Email details to events@okda.org

A P R I L

- APRIL 1** – Oklahoma Association of Women Dentists Continuing Education
- APRIL 18** – Retired Dentist Lunch, ODA Headquarters, 11:30 AM
- APRIL 18** – Eastern District Meeting, Hot Springs, Arkansas
- APRIL 19** – Eastern District Meeting, Hot Springs, Arkansas
- APRIL 19** – Oklahoma County Dental Society Board of Trustees Meeting, 6:00 PM
- APRIL 27** – Woody Cohlmlia Golf Tournament
- APRIL 28** – Oklahoma Dental Association Annual Meeting, Oklahoma City, Cox Convention Center
- APRIL 28** – ODA Board of Trustees Meeting, Oklahoma City, Cox Convention Center, 10:00 AM
- APRIL 28** – ODA House of Delegates Meeting, Oklahoma City, Cox Convention Center, 1:00 PM
- APRIL 29** – Oklahoma Dental Association Annual Meeting, Oklahoma City, Cox Convention Center
- APRIL 29** – Oklahoma Dental Association Open House, ODA Headquarters, 6:00 PM
- APRIL 30** – Oklahoma Dental Association Annual Meeting, Oklahoma City, Cox Convention Center

**REGISTER ONLINE
FOR THE 2005
ODA ANNUAL
MEETING!**

www.okda.org

Contributions to the endowment fund may be made by check to:

Tulsa Community Foundation/EODDS Fund
7010 S. Yale Ave. Suite 110
Tulsa, Oklahoma 74136

EODDS covered by Channel 6 in Tulsa: KOTV – The News on 6 in Tulsa – recently produced a story on **Emily Stacey** of Broken Arrow. Through EODDS, Emily was able to get new dentures. **Dr. Steven Hogg** provided the care for Stacey.

Stacey is thrilled with her new dentures. “They look great,” she says. Stacey says the dentures look just like her original teeth. Stacey’s 14 year-old daughter Alyssa also thinks her mother’s new smile is gorgeous.

Stacey, who has relied on a wheelchair for transportation for the past year, has a fully-equipped van with lift for the wheelchair. Unfortunately, the van has recently given out, with the transmission being a major problem. Stacy has no money to pay for the van repairs, so **Dr. Hogg** and other Tulsa County dentists have set up a fund to help fix Stacey’s van.

The fund to repair Stacey’s van is located at People’s State Bank.

Attn: Jan Adams to benefit Emily Stacey

EODDS

445 South Lewis

Tulsa, OK 74104

Charitable contribution Tax ID # 41-2103655

Dr. Gary Burnidge Named Volunteer of the Year by TulsaPeople:



Photo courtesy of TulsaPeople

Dr. Gary Burnidge was recently named Volunteer of the Year by TulsaPeople magazine for the work he has done with EODDS. **Dr. Burnidge** has been instrumental in the formation and success of EODDS and we are very proud of him and thankful for everything he

does for EODDS and the citizens

of Tulsa and Eastern Oklahoma. Congratulations to **Dr. Burnidge** on this well-deserved recognition! ●

ARE YOU A MEMBER OF A DENTAL FAMILY?

The ODA LEGACY project is currently seeking information from ODA members who have parents, grandparents, siblings, cousins, or other family members who are also dentists.

Please contact the ODA and provide your dental family tree and photographs. This information will be used to honor dental families at the ODA Annual Meeting, in various publications, and at events related to the ODA Centennial celebration.

Contact Kay Mosley to submit your family information:
405.848.8873; kmosley@okda.org



build.

ODA HOSTS SENIOR DENTAL STUDENT & SPOUSE NIGHT

For the third year in a row, the Oklahoma Dental Association hosted a Senior Dental Student and Spouse Night Dinner. The event took place on Tuesday, February 1st, at the OU Faculty House Restaurant in Oklahoma City. Over 40 students and spouses were in attendance.



Dana Davis, Executive Director, discussing with Jessica Spring and Mark Meredith the importance of their association with the ODA.

The evening was sponsored in part by ODASCO, Inc. and MBNA Practice Solutions/SKY Financial Solution. The function served as a great opportunity for dental students to become familiar with the avenues of practice financing and practice management, and also gave the students a vision for their future following graduation.

Guest speakers included Tom Angeloni, MBNA Practice Solutions; Joe Strunk, Alexander and Strunk Insurance Agency; and Dr. Jerome Miller, ODASCO President. Also in attendance were Dr. Stephen Young, Dean, OU College of Dentistry; Ms. Dana Davis, ODA Executive Director; and Ms. Kay Mosley, ODA Director of Membership.

Door prizes were donated by MIDCO Dental and Alexander and Strunk. ●



Tom Angeloni with MBNA Practice Solutions explains the different avenues of financing for dental practices.

ODA PHOTO ALBUM



Drs. Carl Collier and Ralph Venk prepare a large mammoth tusk as part of their work at the Sam Noble Oklahoma Museum of Natural History at the University of Oklahoma.



Photos courtesy of Mervin Barnes.

ODA President-Elect Dr. Sid Nicholson (left) with Dr. Brandjord (ADA President-Elect) at the 2005 ADA President-Elect's Conference. *Photo courtesy ADA News. © 2005 American Dental Association*



KENNETH MALAMENT
JAMES DUNN
AVISHAI SADAN
KEN HEBEL

ODA ANNUAL MEETING
APRIL 28- MAY 1, 2005

ODA NEW HEADQUARTERS Building Update

Work on the Oklahoma Dental Association Headquarters is approaching its final hour! The external brick work is almost completed and much of the work inside is finished.

The outside of the building is approximately 90% complete and the inside is about 70% complete. April 15th, 2005 is the current projected move-in date.

Don't miss the Oklahoma Dental Association Open House on April 29th, 2005. See Page 24 for more details. ●



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VOLUNTEERS & DONATIONS NEEDED

City Rescue Mission
800 West California Street
Oklahoma City, OK 73106

City Rescue Mission is a non-profit agency that operates from donations. The Mission offers food and housing for homeless persons. On average there are 80 to 200 children living at the shelter at any one time. The ages of children range from newborn to age 18.

Currently there are two dentists who volunteer for the clinic hours. Any children living in the Mission are qualified for dental care. Adults who participate in the mission's Rehab Program are also seen in the dental clinic. Dr. James Murtaugh sees children on Wednesday morning and Dr. Tom Basey works in the adult clinic.

The City Rescue Mission is currently seeking more dentists who are willing to donate their time at the dental clinic.

Services provided include dental exams, cleanings, fillings, extractions and prosthetics (full and partial dentures).

Additionally, the dental clinic is in need of gloves, masks, gauze pads, patient napkins, cotton, suction tips, anesthetics, and x-ray developer. Also needed are toothbrushes, toothpaste, floss, education pamphlets, and handouts for dental hygiene classes conducted at the City Rescue Mission.

For more information about the dental clinic, contact Shele Walker, dental consultant, at 405.232.2709, extension 108. ●



ADA 19th New Dentist Conference
June 23-25, 2005 – Westin River North Hotel

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Dr. Gordon Christensen
- "Achieving Excellence in Restorative Dentistry," Dr. Warren Jesek
- "Measuring Success – Know Your Numbers," Dr. Bill Blatchford
- "Making A Name For Yourself,"
Mary Byers
- "Everything They Didn't Teach You in Dental School About Managing a Practice," Dr. William Van Dyk
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SPOTLIGHT: COUNCIL ON DENTAL CARE

COUNCIL MEMBERS

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Chair

BRETT WARN

South Central District

JANNA MCINTOSH

Eastern District

NEWTON SIMER

Tulsa County

DON SMITH

Oklahoma County

BILL SMITH

Northern District

MONICA NEELY

Oklahoma County

BRIAN BENNITT

Southwest District

JEFF PIERCE

Northwest District

JOHN BIGGS

Central District

The Council on Dental Care exists to ensure that the citizens of Oklahoma receive the best possible dental health care. This goal is accomplished by evaluating, analyzing, and influencing various dental care programs to ensure the public receives value for dollars spent. The Council evaluates, analyzes, and distributes information on the delivery of dental care through private, state and federal prepaid programs.

This Council is also tasked with overseeing the mediation review program, which was created to handle any differences between a dentist and a patient or a third party carrier. The Council on Dental Care also acts as liaison between the dental profession and commercial insurance carriers, dental service corporations, the Department of Human Services and other community or state public programs, the Veterans Administration, Indian Health and other federal programs, and the state health planning and development agency.

Additionally, this Council monitors public health and institutional dental services in Oklahoma, monitors the manpower needs of the state, and reviews the placement of all National Health Service corps

dental personnel in designated critical shortage areas in Oklahoma.

Current issues and activities of the Dental Care Council include: the Sub-council on OHCA and DHS are discussing reimbursement rates with OHCA for certain dental procedures, the Committee on Care Dent and Senior Dent will meet soon to discuss revisions of these programs, and the Taskforce on Health Care Reform has presented a revised policy on health care reform to be included in the ODA policy manual.

Nineteen Mediation Review cases were opened in 2004, resulting in an 84 percent success rate. The ADA Mediation Review Workshop on October 22, 2004 was a success. Nineteen dentists statewide participated.

The ODA is a member of the newly formed Children's Oral Health Coalition. The purpose of the Coalition is to seek out additional funding for dental projects for children. Dr. Lee Beasley will appoint Dr. Kevin Haney to represent the ODA on the Coalition.

Additionally, the Council on Dental Care will sponsor the ADA CDT-5 Workshop to be held at the 2005 ODA Annual Meeting. (See page 24 for details). ●



CREATE YOUR OWN LUCK

Have you ever seen a company that is so successful you think to yourself, "Boy, aren't they lucky?" Once we think it's luck, it takes away our power to create our own success because we think "luck" is something out of our control.

Turn your thoughts toward how things could be better for you and your practice. Success doesn't just happen, it's created. Here are some ways you can create your own luck and make this a great year!

1. **Be open.** To new experiences, things you hear, new ideas, and feedback from patients.
2. **Talk to strangers.** People you don't know could be a new patient or introduce you to new patients. You never know.
3. **Make small talk.** When you start small you earn the right to move to big talk. Make the connections first and once you find what you have in common you can easily move to the next level.
4. **Ask for and offer help.** Don't pressure anyone. Let people know what you need or what you're willing to give without

backing them into a corner.

5. **It's OK to stray from your chosen path.** Many successful businesses have gotten that way from an off-the-wall idea that they took a chance on, or a person that they had a good feeling about. Trust your gut; it may lead to your wildest dream.
6. **Say Yes even when you want to say No.** Successful people know that nothing will happen when you say no and a "yes" will at the very least create a new opportunity for new contacts, experiences, growth, and potential profit.

Those who are successful engage in one or more of these techniques on a daily basis. If you try combinations of these ideas, you will see new opportunities created before your very eyes.

Submitted by David Onken of General Lighting & Sign Services. 2701 Northwest 1st, Oklahoma City, OK, 73107, (405) 235-3239.



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DR. JOSEPH MASSAD AND MILLENNIUM PRODUCTIONS: THE FUTURE OF DENTISTRY WILL BE TELEVISED

Tucked away in a normal office building on East 21st Street in Tulsa, Oklahoma is an epicenter of modern dental education. The Massad Removable Prosthodontic Center is the culmination of Dr. Joseph Massad's vision for advanced learning. The center is a place where dentists and laboratory technicians can come and learn about subjects and procedures such as the latest developments in prosthodontics.

The Massad Center has two large Kavo-equipped treatment rooms and a complete Kavo laboratory – all of which are utilized for the numerous intimate continuing education sessions put on at the Center. However, the amenities created by Dr. Massad for continuing education, while state-of-the-art, are only half the story. The rest of the story, the thing that makes the Massad Center so amazing, is what you notice when you walk into the first treatment room: huge stainless steel racks of Italian lights mounted on the ceiling.

The lights exist because in addition to being a Center for hands-on learning, the Massad Center is also home to Millennium Productions, a film development company focusing on dental continuing education DVDs, and the racks of lights allow Massad's production team to film the dental procedures and demonstrations that take place on-site. Dental continuing education films such as Dr. Stanley Malamed's latest *Emergency Medicine in Dentistry* were filmed at the Massad Center. Malamed's film necessitated the hiring of emergency medical workers, ambulances, and firefighters to accurately reproduce a medical emergency response.

Not only are the films produced by Millennium Productions filmed at the Massad Center, but they are also edited on-site. The Massad Center features two video editing suites and an audio suite. The video editing suites are full of pristine Macintosh G5s, loaded with gigs of RAM and terabytes of hard drive storage, and each offering dual oversized, widescreen monitors – simply the best video editing equipment in the business.

Currently, Millennium Productions and Dr. Joseph Massad are in the post-production phase of Dr. Massad's third installment in his Predictable Complete Dentures video series. The latest installment in Dr. Massad's popular series, Volume Three, will be available in Spring of 2005. This film will be Dr. Massad's best and will boast Dr. Massad's patented human anatomic animation that brings the human body to life in ways that have previously been impossible. This film will also be the most expensive, boasting a production cost of over one-half of a million dollars.

Dr. Massad's son Jodain is also busy at the office of Millennium Productions. Jodain, a senior film student at NYU, has been busy editing his senior film project, *Sweet Escape*, at the Millennium offices. In addition to his film studies at NYU, Jodain has been instrumental in previous Millennium Productions, even serving as Director for Dr. Stanley Malamed's *Emergency Medicine in Dentistry* film.

Dr. Massad's expertise in prosthodontics extends beyond the Massad Center. Dr. Massad continually travels the international dental lecture circuit and was named one of the top clinicians for CE in 2005 by *Dentistry Today*. Dr. Massad has faculty positions at the Pankey Institute in Florida, Tufts University School of Dental Medicine in Boston, the University of Texas Health Science Center at San Diego Dental School, and Oklahoma State University College of Osteopathic Medicine.

The future of the Massad Removable Prosthodontic Center and Millennium Productions is wide open. As more and more internationally renowned clinicians seek out Millennium Productions for development of their video CE, as Dr. Joseph Massad continues to travel the country lecturing on prosthodontics, and as the Massad family continues to produce more filmmakers like son Jodain, the bigger and more advanced the Massad Center will become. And since the Center sits on the cutting edge of dentistry and film development now, the possibilities of what this Center will achieve in the future seem limitless. ●

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Give Kids a Smile! 2005



The 2005 Give Kids a Smile! (GKAS) day was a huge success! This year, many new GKAS efforts began, while the projects that were repeats of previous years' efforts grew bigger and more effective. Overall, almost 100 ODA dentists worked on Give Kids a Smile! day to provide dental treatment and care to over 350 underserved children. Care ranged from fluoride treatments to root canals, with the approximate value of dental care provided totaling over \$60,000!

And Give Kids a Smile! day wasn't just what occurred on February 4th. Many dentists agreed

to see children after GKAS day, thus providing long-term care or addressing problems that just could not be handled in a single day. Additionally, thousands of screenings were conducted during the entire month of February as part of National Children's Dental Health Month. The broader activities of Children's Dental Health Month will be reported in the next ODA Journal.

What follows is a brief description of the GKAS efforts that spanned the state of Oklahoma. And start planning now – GKAS 2006 is now less than one year away!



Dr. Stephen McCullough and Dr. David Deason screen first graders

YUKON

The oldest Give Kids a Smile! program in Oklahoma occurs every year in Yukon. Dr. David Deason is the pioneer of Yukon's efforts to improve the state of children's oral health in Yukon, and he has sustained a program that predates the

ADA's GKAS day by almost thirty

years. This year, the Yukon dentists joined together to screen every single first grader in the community (950 children).

Following the massive screening effort, numerous Yukon dentists helped treat children that were identified as in need of oral care by the Yukon Helping Hand's coordinator.

The reason why Dr. Deason's program is so successful is because every dentist in the Yukon community participates in the program. Because of this 100% participation, Yukon's state legislators and local leaders get behind the effort – even going as far as to issue a city proclamation recognizing the efforts of Yukon dentists and the importance of children's dental health.



Dr. Chris Recknagel screens children at Mustang schools

MUSTANG

This year, Mustang began to duplicate the efforts that have been so successful in Yukon.

Dr. Chris Recknagel led the Mustang dentists in an effort that screened all Mustang first graders and then provided treatment to needy children. This was Mustang's first year conduct-

ing such a program, and thanks to Dr. Recknagel's organization, Mustang dentists' participation, and excitement about the program from the Mustang School Board the first year was already a success and will continue to grow in the coming years.



Dr. Steven Hogg treats a young patient

TULSA

Dr. Kimberly Cozort again organized a community-wide effort to treat Tulsa children in need of oral care. The Tulsa program took place at the Tulsa Technology Center and featured the participation of numerous

Tulsa area dentists and several

of the dental assistants from the

assistant training program at the Technology Center.

Dr. Cozort coordinated with the Neighbor for Neighbor program in Tulsa to identify children in need of dental care. The Tulsa effort at the Tulsa Technology Center was the GKAS effort in Oklahoma that grew the most from 2004 to 2005. The reality of this GKAS effort, like most others, is that success for a pioneering program breeds even more success in following years. Keep that in mind when thinking about your own GKAS program.



Dr. Krista Jones helps out at the Oklahoma Indian Clinic

OKLAHOMA INDIAN CLINIC

Dr. Pete Stover began a GKAS effort at the Oklahoma Indian Clinic in Oklahoma City. At the Indian Clinic, several Oklahoma City area dentists

volunteered in a morning and after-

noon shift to treat children identified by the clinic as in need of dental treatment.

A waiting room full of patients was entertained by Captain SuperTooth from Delta Dental. Eventually all children were seen, and treatment ranged from fluoride application to a root canal (thanks Dr. Waugh!). This first-year effort was a huge success, and Oklahoma City News Station Channel 9 covered the event – look for the video on the ODA Web site.

continued on pg. 18



Giving Moore kids a smile

MOORE

In Moore, Dr. Richard Freeman opened his office to children from across the Oklahoma City metropolitan area. Like the Indian Clinic, Dr. Freeman's waiting room was full of children (and their parents) awaiting dental care. Several ODA dentists, hygienists, and assistants helped

out at Dr. Freeman's office. Dr. Freeman found children for his event by faxing program details to school nurses, community groups, and even advertised his event on the radio. Overall this was an incredible inaugural event, and now that word is out about Dr. Freeman's efforts, next year will be even larger.



Give Kids a Smile! in Oologah

THAT'S NOT ALL

Several ODA dentists opened their own offices for care during GKAS, treating children in need of oral care from their immediate community. Examples of

this type of treatment were

Drs. Jeff and Russell Danner in northwest Oklahoma City, Dr. Brian Drew in Shawnee, and Dr. Joe Maltsberger in Oologah.



Dr. Danner treats a patient in his office

Each of these offices identified children needing care by coordinating with local schools and treated the children, free of charge, in their offices during GKAS. And all of these offices have participated in this manner for several years.

These types of efforts just go to show that GKAS does not always have to be a massive event with several dentists. You can make a difference at any level; it's often as

easy as simply devoting one morning in your office to the treatment of kids from your local school that you know need help. Giving Kids a Smile comes in all shapes, forms, and sizes! *For more Give Kids a Smile photos, visit www.okda.org.* ●

GKAS PARTICIPANTS

YUKON

Tamara Berg
Ryan Brackett
Gary Britton
Keith Coulson
David Deason
Richard Johnson
Tom Leverich
Ron Leverich
Mark Mesikep
Stephen McCullough
Chris Recknagel
David Reiter
Robert Rickey
Martin Shedeck
Catherine Sherry
Stuart Stephens
Bryan Taylor
Ken Templeton
Rick Willingham
Scott Wyatt

OKLAHOMA INDIAN CLINIC

Pete Stover
Michael J. Fox
Krista Jones
Pete Swan
Scott Waugh
Mitchell Kramer
Dan Wilguess
Susan Whiteneck
Deanna Berry
Lindsay Smith

MOORE

Christian Pilgrim
Melanie Emerson
Janet Hendrick
Wm. Ross Ryan
F. Kurt Clark
Charles Goldsmith

MUSTANG

Sid Johnson
Chris Recknagel
Doug Riggs
Marcia G. M. Tarter
John R. Ainsworth
Ryan Brackett
Kristi Cobb
Pat Cohenour

INDIVIDUAL PRACTICES

Brian Drew
Russell Danner
Jeffrey Danner
Joe Maltsberger
Thai-An Doan
Andrew Guthrie

TULSA

Kimberly Cozort
Stan Groom
Steven Hogg
Ryan Nowlin
James Steyer
John Landers
Walter Davies III
Micah Bevins
Jerry Smith
Blake Henry

GKAS PHOTO ALBUM



Dr. Haught talks to kids at Public School 128 in Harlem, just blocks from the Columbia University dental school. *Photo courtesy ADA News. © 2005 American Dental Association*



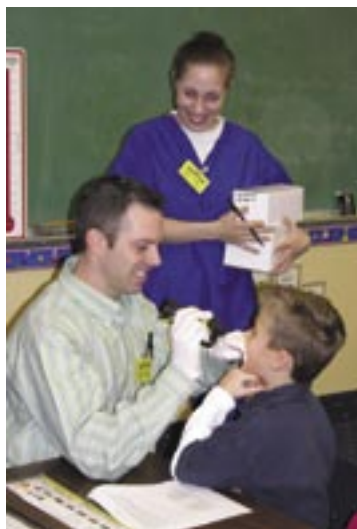
Dr. Dan Wilguess helps out in Oklahoma City



Back row: L to Right: Debbie Beel, Director of Special Services; Donnie Lightfoot, Deputy Superintendent; Karl Springer, Superintendent; Donna Sheppard, RDH; Pat Cohenour, DDS
Front Row: L to Right: Marcia Tarter, DDS; Chris Recknagel, DDS; Kristi Cobb, DDS



Dr. Haught and Olympic gold medal gymnast Carly Patterson with staff members from Public School 128 in New York on Feb. 4. *Photo courtesy ADA News. © 2005 American Dental Association*



Dr. Ryan Brackett screens a Yukon child.



Captain Supertooth, Dr. Kimberly Cozort and the rest of the Give Kids a Smile gang in Tulsa



Dr. Haught and Give Kids A Smile youth ambassador Carly Patterson, the 2004 Olympic gold medal all-around champion and U.S. Olympic Committee's "Sports Woman of the Year," at Columbia University Pediatric Dentistry on Feb. 4. *Photo courtesy ADA News. © 2005 American Dental Association*



Dr. Pete Stover screens a child at the Oklahoma Indian Clinic



A small portion of the army of Give Kids a Smile! volunteers in Yukon

2005 ODA OFFICER NOMINATIONS

THE COUNCIL ON NOMINATIONS AND ELECTIONS OFFERS THE FOLLOWING INDIVIDUALS AS 2005 ODA OFFICER CANDIDATES. THESE POSITIONS WILL BE VOTED ON DURING THE ODA HOUSE OF DELEGATES MEETING ON APRIL 27, 2005 AT THE COX CONVENTION CENTER IN OKLAHOMA CITY.



VICE PRESIDENT KRISTA JONES (OKLAHOMA COUNTY)

Krista Jones, DDS, graduated from the University of Oklahoma College of Dentistry in 1981 and then opened a practice in Edmond. Jones has been President, Secretary-Treasurer, National Children's Dental Health Month Chair and Mediation Review Chair for Oklahoma County Dental Society. She has been President of the Oklahoma Association of Women Dentists and the OU College of Dentistry Alumni Association and is a Charter fellow in the Dean Robertson Society. Jones serves as Chair of the ODA Sub-council on Mediation Review, and served as Chair of the ad hoc committee to study reorganization. Additionally, Jones is Secretary-Treasurer of the Oklahoma Section of the American College of Dentists, South Central Regent for the Academy of Dentistry International, Fellow in the International College of Dentists, Pierre Fauchard Academy, Academy of General Dentistry, and the American Academy of Cosmetic Dentists.

Krista Jones is married to Craig Stinson, a United Methodist minister. Jones and Stinson enjoy medical mission trips together and are active in their community, where Jones has served as Chair of Edmond's Visual Arts Commission and on the Edmond Hospital Board.



ADA DELEGATE STEVEN HOGG (TULSA COUNTY)

Steven Hogg, DDS, graduated from the University of Oklahoma College of Dentistry in 1980. Hogg is currently an ADA Delegate, having begun his current term in 2004. Previous to serving as an ADA Delegate, Hogg served as an ADA Alternate Delegate. Hogg was ODA President in 2000-2001 and President of Tulsa County Dental Society in 1994. He is a Fellow of the American College of Dentists, International College of Dentists, and the Pierre Fauchard Academy. Hogg has served as Chair of the ODA Dental Reimbursement Committee, is a member of the Tulsa Technology Center Dental Assisting Advisory Committee, is a Certified Medical Examiner for the State of Oklahoma, and has served as Chair of the Board for Delta Dental of Oklahoma.

In 1996, Hogg received the James A. Saddoris Award for Outstanding Contributions to Organized Dentistry—the ODA's highest award.

Steven Hogg married his Tulsa Hale High School sweetheart Pam in 1976 and they have one daughter, Lyndsey, who is currently attending Oklahoma State University and plans to attend pharmacy school.



ADA ALTERNATE DELEGATE SCOTT WAUGH (OKLAHOMA COUNTY)

Scott Waugh, DDS, graduated from the Baylor College of Dentistry in 1974 following a tour in Vietnam in which he received the Combat Infantry Badge, Silver Star, Army Accommodation Medal (3 times), Air-Combat Medal (2 times), National Defense Ribbon, and Republic of Viet Nam Service Medal.

Waugh has previously served as an ADA Delegate and is currently an ADA Alternate Delegate. Waugh was President of the ODA in 2002-2003, and has served as Chair for the Council on Government Affairs, the Sub-council on Peer Review, and for DENPAC. Waugh has also served as President of the Oklahoma County Dental Society. Waugh is a Fellow of the American College of Dentistry, International College of Dentists and the Pierre Fauchard Academy.

Waugh received the ODA's Thomas Jefferson Award (which recognizes outstanding individual Dentists for their contributions in their community) in 1995. Waugh is active in the Peace Lutheran Church, Edmond Chamber of Commerce, and the Edmond

YMCA. Waugh has been married to Sheri Reinauer Waugh for over thirty years and has three children: Scott, married to Ashlee; Christopher and Maggie.



SPEAKER OF THE HOUSE OF DELEGATES LARSON R. KESO (OKLAHOMA COUNTY)

Larson R. Keso, DDS, MS, graduated from Washington University School of Dentistry in 1955 and was recognized as a distinguished alumnus from Washington University in 2002. Keso served in the U.S. Air Force from 1954 to 1960.

Keso has served as President and Director of the American Association of Orthodontics Insurance Company. He has served as President of the American Association of Orthodontics, Southwestern Society of Orthodontics, Oklahoma Orthodontic Society, and Oklahoma County Dental Society. Keso has been the ODA Speaker of the House of Delegates since 2002. Keso is a Fellow of the American College of Dentists and the International College of Dentists, and is a Diplomate of the American Board of Orthodontics.

Keso received the ODA's Dentist of the Year award in 1997 and the Benjamin Franklin Scroll for journalistic excellence in 1982. Keso is married to Mildred Keso and has two children: Blair L. Keso, Nashville, TN; and Mary Larson Keso, Monroe, LA.

2005 ODA COUNCIL NOMINATIONS

In addition to the previous officer nominations, the Council on Nominations and Elections offers the following candidates for ODA Council service.

These nominations will also be voted on by the House of Delegates during the April 2005 meeting.

COUNCIL ON ADMINISTRATION

Sub-council on Budget and Finance
Doug Chancellor (Oklahoma County)
Larry Sims (Tulsa County)
Todd Bridges (South Central District)

COUNCIL ON ADMINISTRATION

Sub-council on Bylaws and Policy
E. Vann Greer (Oklahoma County)

Tyson Christy (Eastern District)

COUNCIL ON ADMINISTRATION

Sub-council on Nominations and Elections
Jandra Mayer-Ward (Northern District)
Laurie Southard (Tulsa County)

COUNCIL ON DENTAL CARE

Monica Neely (Oklahoma County)
Robert Mongrain (Tulsa County)
Larry Kiner (Northwest District)

COUNCIL ON DENTAL CARE

Sub-council on Mediation Review
Jandra Mayer-Ward (Northern District)
Jimmy Smith (Northwest District)
Billie Reeder (Eastern District)

COUNCIL ON DENTAL CARE

Sub-council on OHCA and DHS
Lisa Grimes (Northwest District)

Logan Coffee (Eastern District)

COUNCIL ON DENTAL EDUCATION AND PUBLIC INFORMATION

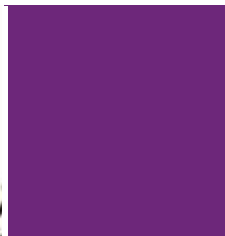
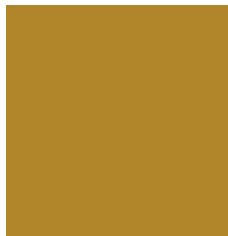
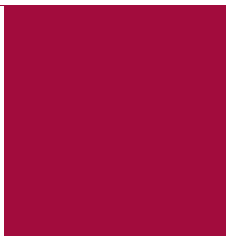
Sarah Campbell (Northwest District)
Samia Hanna (South Central District)
Wrany Southard (Tulsa County)

COUNCIL ON GOVERNMENT AFFAIRS

Robert Augsburger (Tulsa County)
Keefe Carbone (South Central District)

COUNCIL ON MEMBERSHIP AND MEMBERSHIP SERVICES

John Bell (Northern District)
Erin Roberts-Svob (Northwest District)
Jack Sheets (Eastern District)



2005 ODA ANNUAL MEETING PREVIEW

The 2005 ODA Annual Meeting is right around the corner! The 2005 meeting will be held April 28 through May 1 at the Cox Convention Center in Oklahoma City.

One of the highlights of the ODA Annual Meeting is the renowned Scientific Sessions that take place throughout the meeting. This year is no different. In fact, it is hard to remember an ODA meeting with a more compelling lineup of internationally-known speakers.

Between now and April, the ODA Journal will be running previews of the 2005 ODA scientific speakers, giving you an insight into the biographies of each speaker and what you can expect from their sessions at the 2005 meeting.



Kenneth A. Malament
D.D.S., M.Sc.D.

Dr. Malament received his D.D.S. from N.Y.U. College of Dentistry and a specialty certificate and Master's degree from Boston University School of Graduate Dentistry. Dr. Malament has a full-time practice limited to prosthodontics in

Boston that includes a dental laboratory with master dental technologists. He is a Clinical Professor at Tufts University and a Course Director in the postgraduate Department of Prosthodontics. He is an Examining Director and Diplomat of the American Board of Prosthodontics. Dr. Malament

is a Fellow of the American College of Prosthodontics, Academy of Prosthodontics, Greater New York Academy of Prosthodontics, and Northeastern Gnathological Society. He is an active member of many dental organizations including the International College of Prosthodontists, American Academy of Fixed Prosthodontics, American Academy of Esthetic Dentistry, Academy of Osseointegration, Northeastern Prosthodontic Society and American Equilibration Society. The President of the Greater New York Academy of Prosthodontics, he has served as Past President of the Northeastern Gnathological Society and the Northeastern Prosthodontic Society, Secretary and Director of the American College of Prosthodontists and Secretary-Treasurer of the International College of Prosthodontists. Dr. Malament was on the research and development teams for two different well-known ceramic products and developed instrumentation used in clinical practice. He is a consultant to three journals and has published significantly in the dental literature.

Session: Integration of Esthetic Dentistry and Prosthodontics

Dentistry that is esthetic to the patient is an important clinical objective. The knowledge within dental technology, dental science and dental practice has dramatically expanded leading to better quality artistry and more standards based clinical applications. Ceramics are the most consistently predictable esthetic dental material. Today, dentists can offer more treatment options for patients' complex problems. Metal-ceramics continue to be the "state of the art" and will profoundly affect prosthodontic care in the future.

All-ceramic materials were developed to improve ceramic color and marginal fit. Until recently few research reports attempted to study their long term use or factors that relate to their performance without modeling the original data. Original research will be presented that studied the clinical behavior of over three thousand all-ceramic restorations. Life history and fracture rates were studied over twenty years in relationship to factors that might affect success. Factors such as tooth position, preparation, luting procedures and gender are significant to long-term ceramic success.

Dental implants have become an integral part of dental practice today. Maintaining predictability and high success rates impose great challenges to the dental team. Edentulous ridge defects constitute a major problem. In the past, long teeth have been placed into defects to take up vertical space. Gingival and tooth symmetry and the esthetic results were often compromised. Today, these conditions as well as the lack of bone can be augmented surgically with soft and hard tissue grafting. This many not always produce long-term predictable results. Prosthetic techniques will be discussed utilizing newly developed ceramic gingival material for design and fixed prosthodontics.



Howard S. Glazer, D.D.S.

Dr. Glazer is a Fellow and Past President of the Academy of General Dentistry, and former Assistant Clinical Professor in Dentistry at the Albert Einstein College of Medicine (Bronx, NY). He has been a visiting clinician at several

universities around the country including: SUNY Buffalo, Univ. of Minnesota, Univ. of California San Francisco, Univ. of Texas Houston, Univ. of Florida Gainesville, and the Univ. of Missouri Kansas City. Additionally, he is a Fellow of the American College of Dentists, International College of Dentists, American Society for Dental Aesthetics and the American Academy of Forensic Sciences, and a Diplomate of the American Board of Aesthetic Dentistry. Dr. Glazer is an Attending Dentist at the Englewood Hospital (Englewood, NJ). Additionally, Dr. Glazer is the Deputy Chief Forensic Dental Consultant to the Office of the Chief Medical Examiner, City of New York.

For the past several years, Dr. Glazer has been named as one of the "Leading Clinicians in Continuing Education" by *Dentistry Today*. He lectures throughout the United

States, Canada, Europe, Scandinavia, India, China and Korea on the subjects of cosmetic dentistry (materials and techniques), forensic dentistry and patient management.

He is married with two children and maintains a general practice in Fort Lee, NJ and The Bronx, NY.

Session: Impressions, Temporaries, Fiber Splinting: "No Fuss – No Muss!"

This hands-on presentation is designed to familiarize the participants with the latest methodology, advantages and techniques for proper impressions and fabrication of temporaries. With so many materials available in the marketplace, it is often difficult to choose what is best for any given situation.

Considerations of cost, ease of use and clean-up, and of course, patient comfort, are key elements in selecting the right material for use. Techniques will be simple and easy to follow. State-of-the-art materials require almost no mixing and/or counter clean-up. The materials are virtually tasteless, quick setting, and can be used with a variety of techniques.

The instructor will demonstrate several materials and their applications. Participants will then utilize models to practice various techniques, using a variety of impression materials, composite resins, and the latest fiber resin technology. Light and self-curing composite materials will be demonstrated for ease of use in creating aesthetic temporaries for porcelain laminated veneers, inlay/onlays, crowns, bridges and intra and extra-coronal splinting. Repair of removable appliances will also be discussed in addition to single tooth replacement.

Participants should bring the following materials with them:

- explorer
- scaler
- double ended cement instrument
- two stone blocks with: a) six lower anterior teeth or six upper anterior teeth set in a natural curve; and b) two premolars and two molars (or any combination thereof) set in a straight line with a central channel prepared approximately 2mm deep by 3 mm wide
- scissors
- protective eyewear
- cordless LED light (optional)

REGISTER FOR THE 2005 ANNUAL MEETING ONLINE TODAY!
www.okda.org

dentist • n. a person who examines and treats conditions that affect the teeth and oral cavity

The Oklahoma Dental Association will be hosting a Coming and Going Lunch during our Annual Meeting in Oklahoma City. The luncheon will target practicing dentists who are looking for an associate or interested in selling a practice. Additionally, Junior and Senior dental students — those who will soon be interested in becoming an Associate or purchasing their own practice — will be attending this informative session.

Program presenters are Michael B. Inderlied and Timothy N. Payne, of IP Financial Advisors and Your Family Business, LLC. With 26 years experience between them, they specialize in assisting business owners and professionals with financial and retirement planning.

Inderlied and Payne will present “The Fundamentals of Succession Planning”. If you are considering selling your practice, taking on an associate to succeed you, or seeking a practice to buy, this presentation will get you started in the right direction. They will cover corporate structure analysis, business valuation, developing buy/sell agreements, and capturing the full value of your practice for retirement.

As an added bonus, licensed practitioners will receive one (1) hour continuing education credit for attending the seminar.

The Coming and Going Lunch will be held on Saturday, April 30, 2005 from 12:00PM to 1:30PM at the Cox Convention Center, Room 8. The cost of the ticket is \$25 per person. ODA members are encouraged to support this program by sponsoring a student for an additional \$25.

This is a limited attendance lunch. If you are interested in attending please contact Kay Mosley, Director of Membership at 405.848.8873 or 800.876.8890.

Features

A background image of a large, modern building with a glass facade, surrounded by greenery and trees. The building has a prominent central tower and is set in a landscaped area with a paved walkway in the foreground.

**DON'T MISS THE
ODA OPEN HOUSE!**

COME CELEBRATE THE OPENING OF THE
NEW ODA HEADQUARTERS, APRIL 29, 2005

COCKTAIL RECEPTION BEGINS AT
6:00 PM WITH A RIBBON CUTTING
CEREMONY STARTING AT 6:30 PM

COCKTAIL RECEPTION BEGINS AT
6:00 PM WITH A RIBBON CUTTING
CEREMONY STARTING AT 6:30 PM

The *Code on Dental Procedures and Nomenclature* (the *Code*) is a living document that undergoes periodic changes to reflect new technology or to further clarify procedure code nomenclature or descriptors. Since 1990 the *Code* has been published in manuals titled *Current Dental Terminology* and the 11th version (“CDT-2005:”) became effective January 1, 2005. The purpose of this workshop, designed for dentists and their staff, is to identify the recent changes that have been made and explain the reasons for these changes and their effects. This workshop will develop and refine your knowledge and understanding of the *Code*, and your coding skills.

“Keys to the Code: Unlocking the Doors to CDT-2005” covers a number of related topics, including:

- The *Code*'s history, structure and revision process
- A detailed review of changes within each of the twelve categories of service
- Appropriate use of new and revised dental procedure codes
- Using the *Code* on dental claim submission through coding scenarios

Workshop participants are encouraged to bring their copy of the CDT-2005 manual with them. Copies of the manual are available from the American Dental Association's catalogue sales area which can be reached on-line at www.adacatalog.org or by telephone at 800-947-4746

Glen D. Hall, DDS is a graduate of the University of Texas Health Science Center, Dental Branch, at Houston. He completed a General Practice Residency at USAF Regional Hospital, March AFB, California. He is a Fellow of the American College of Dentists and the International College of Dentists. He has served on the Texas Dental Association's Council on Dental Care Programs and is still active at the Constituent level in Texas. He presently serves on the ADA Council on Dental Benefit Programs and is serving on the Subcommittee on the *Code*.

SCIENTIFIC SESSION ANNOUNCEMENT

Due to faculty obligations, Dr. Stanley Malamed's session at the 2005 ODA Annual Meeting, "Emergency Medicine in Dentistry" has been cancelled.

Due to faculty obligations, Dr. Stanley Malamed's session at the 2005 ODA Annual Meeting, "Emergency Medicine in Dentistry" has been cancelled.

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MALAMENT, K.A. PROSTHODONTISTS — ACHIEVING QUALITY ESTHETIC DENTISTRY AND INTEGRATED COMPREHENSIVE CARE WITH NEW GENERATION TECHNIQUES AND MATERIALS. THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION, 131:1742, 2000

ABSTRACT

BACKGROUND Prosthodontics is the dental specialty responsible for diagnosis, rehabilitation and maintenance of patients with complex clinical conditions involving missing or deficient teeth and/or craniofacial tissues. The essence of the specialty is expert treatment planning.

OVERVIEW/LITERATURE REVIEWED In recent years, new approaches and technology have been introduced as a result of research performed in universities and by industry. The field of prosthodontics continues to evolve owing to a better understanding of the biology of the oral cavity and the introduction of new techniques and improved biomaterials. Improvements in periodontal and oral surgical techniques, implant procedures and materials, esthetic restorative materials, and jaw tracking recorders and articulators have led to enhanced functional and esthetic oral and maxillofacial prostheses.

CONCLUSIONS AND CLINICAL IMPLICATIONS The complexities of today's technical and clinical procedures and the higher expectations for more esthetically pleasing dentistry by the general patient population have placed a premium on teamwork involving general dentists, specialists and dental technicians..

Prosthodontics is one of the oldest of the nine specialties recognized by the American Dental Association; the American Board of Prosthodontics was established in 1947. It is the dental specialty responsible for diagnosis, rehabilitation and maintenance of patients with complex clinical conditions involving missing or deficient teeth, craniofacial tissues or both, and for providing treatment via the use of biocompatible substitutes such as implants. The essence of the specialty, however, is expert treatment planning.

Prosthodontists have developed and popularized most restorative techniques, including esthetic dentistry, implant dentistry, materials science and occlusal management and have served in the academic, research, military and hospital communities.¹⁻⁴² It is interesting to note that within the last decade, the majority of prosthodontists have chosen full- or part-time private practice.⁴³ The specialty follows standards regulated by the ADA emphasizing comprehensive care in areas of fixed, removable and maxillofacial prosthodontics. In addition, the American College of Prosthodontists, or ACP, has developed the Classification System for Complete Edentulism^{44,45} to guide practitioners and students in assessing objective diagnostic criteria that will assist in treatment recommendations and referrals. This diagnostic system enables the dentist to evaluate the severity of edentulism using a scale that ranges from 1 (least difficult) to 4 (most difficult). It allows dentists to recommend treatment scenarios appropriate for an individual patient's diagnostic level. The ACP is developing other areas in prosthodontic classification as well.

ADVANCES IN PROSTHODONTICS

A team approach. The practice of prosthodontics has evolved from a somewhat formulaic procedural beginning to a biologically based standard of treatment that recognizes the importance of a multidisciplinary approach to patient care. The generation of a successful



Figure 1. A. A patient in need of a complete reconstruction because of worn restorations, periodontal disease and caries. B. Supportive therapy as completed by a periodontist, an oral surgeon, an endodontist and a dental technician, using metal-ceramic and all-ceramic restorations.

resolution for a patient's problems depends on a prosthesis that restores esthetics, form and function. This results from the integration of the skill and knowledge of general dentists, prosthodontists, other dental and medical specialists, oral biologists, material scientists and industry. The practice of dentistry as a whole and of prosthodontics in particular has changed dramatically in the last two decades. The most significant changes in the practice and teachings of prosthodontics⁴⁶ result from the continued advances made in implant therapies, esthetic and adhesive dentistry, and material science and dental technology, as well as in periodontics and maxillofacial surgery. All of these improvements have made dentistry significantly more complex. In the hands of practitioners with advanced training who can render expert decisions, this complexity translates into more treatment options that lead to better function and esthetics.

Periodontics. Classic periodontal treatment⁴⁷⁻⁴⁹ in conjunction with prosthodontic treatment (Figure 1) has improved during the past 20 years, allowing the retention of teeth (as abutments) that in the past would have been sacrificed. In addition, periodontics has developed better methods to control periodontal infection.^{50,51}

Maxillofacial surgery. Maxillofacial surgery has improved grafting procedures for bone and soft tissue in all areas of the mouth. Surgical grafting and alveolar distraction osteogenesis^{52,53}—a process that splits bone and uses forces to slowly separate it, resulting in the growth of new bone—have facilitated better and more esthetic implant placement as well as improved soft-tissue defects. As a result, yesterday's long-span fixed bridge often is today's combination of single restorations and implant prostheses.

Implant dentistry. Implant dentistry has improved the quality of life for countless patients^{54,55} (Figures 2 and 3). Prosthodontists have been influential leaders in implant research and design, and their work has led to restoration treatment (whether involving a single tooth or a complete dentition) that is wholly different from that of the past. Important research continues in the field of tissue engineering that may lead to the replacement of missing oral and facial structures, which permits implant and prosthesis placement in previously deficient sites.^{56,57} Technology for computer-assisted design/computer-assisted manufacturing is being explored as an aid in the development of hard and soft tissue that might contain implants to retain extraoral and intraoral prostheses.⁵⁸ Dental implants have been especially important for patients needing maxillofacial treatment.² Implants today can securely retain extraoral prostheses for orbital, auricular and nasal areas of the face, as well as larger areas of the face. They can retain prostheses to repair defects caused by clefts, facial deformities, tumors and trauma. Implant therapy has advanced

to allow immediate loading with a provisional prosthesis in certain conditions.^{59,60}

In complex treatment and in higher-risk surgical placement, screw-retained and retrievable implant prosthetic designs are advantageous. Prosthodontists have developed different fixed-implant abutments, such as those fabricated of high-strength ceramics,⁶¹ to realize more esthetic anterior and single-tooth therapeutic results. Thus, prosthodontics has become more complicated, and the specialty has responded by working more efficiently through teamwork³ with other dental specialists, including dental technicians, for treatment planning and therapy. Dentists not trained extensively in comprehensive care and the complexities of implant and advanced treatment can make errors that can be costly. Prosthodontists are trained to resolve these difficult problems, and so general dentists and other specialists may want to consult them about potential referral.⁴⁶

Ceramic materials. Fixed prosthodontic restorations predominate in the practice of dentistry today.⁶²⁻⁶⁴ Dental materials for fixed prosthodontics continue to improve in strength, marginal accuracy and color. Ceramics are long-lasting, esthetically pleasing materials widely available in improved all-ceramic and metal-ceramic systems. The interest in all-ceramic materials grew out of the desire to eliminate the metal substructure and the need for greater translucency to correct potential negative color properties of metal-ceramic restorations. While esthetically pleasing, all-ceramic materials are useful primarily as individual restorations,⁴⁻²⁷ some may have potential for use in small-span cantilever or three-unit anterior fixed bridges. Generally, they are not as strong as metal-ceramic materials. Nevertheless, the fracture rate of all-ceramic materials²⁸⁻³⁶ should decrease owing to recognition of the influence of tooth position and the core material (dentin or core substitute) to which the restoration is luted as determinants of survival. In addition, the continuing development of improved dentin bonding and luting agents⁶⁵⁻⁸⁰ should help to minimize fractures.



Figure 2. A patient with a severely resorbed edentulous mandibular ridge that provided limited support for a complete denture. An oral surgeon placed bone grafts and then osseointegrated implants at the site.



Figure 3. A metal-ceramic implant prosthesis that includes gingival ceramics.

tion esthetic materials in large or complex single-tooth restorations.

Metal-ceramic materials³⁸ continue to be dentistry's state of the art. They can be used in any situation, in a single-unit restoration or in the most complex complete fixed or implant prosthesis, provided that there is enough space to ensure that the prosthesis will have the strength necessary to withstand dental forces. Metal-ceramic technique is continuing to advance with the incorporation of different lower-fusing feldspathic and glass-ceramic materials⁸⁵ (Figure 4). A problem in the traditional metal-ceramic design was the poor esthetic effects of metal visibly underlying ceramics at the margin. Practitioners continued to use this technique because of the belief that metal provided the best marginal seal.⁸⁶ However, prosthodontists developed a technique that provided better esthetic results without compromising marginal accuracy.⁸⁷⁻⁹³ This was

done by cutting back the metal from the margin area and up the axial wall to permit an increased zone of a 360-degree buccal ceramic shoulder. This technique has proved beneficial in areas in which esthetics are a major concern, but using it requires increased skill on the part of the dental technician. A crucial treatment goal is to create a prosthesis that, after removal of pathology, will restore form and function and protect the tooth against breakage. Ceramics meet these standards in most conditions, yet one must bear in mind (if for nothing more than a standard of reference) that the most time-tested and successful dental material and the continued standard of care for the posterior restoration is gold.

CONCEPTS USED IN BUILDING A SUCCESSFUL PROSTHESIS

The use of quality materials alone does not guarantee a superior dental prosthesis that will be long-lasting. The solutions to esthetic and functional problems depend in large part on the education and talent of the prosthodontist/dental technician team. There are many steps in building a successful prosthesis, and the temptation to combine or omit any of them should be resisted.

Practitioners must realize that the esthetic resolution in fixed prosthodontics is determined not only by color, but also by anatomy. Teeth have both three-dimensional (form) and two-dimensional (silhouette) properties.^{39,94} The nature of the gingival framing or dark spaces around teeth affects their symmetry. In addition, the esthetic appearance of teeth is controlled more by form, surface texture and the emergence profile than by color. This underscores the importance of the following steps in preparing prostheses.



Figure 4. A. A patient with a skeletal abnormality, anterior open bite, worn and unesthetic fixed bridge. She experienced pain, in part because she had full molar disclusion. B. The patient after treatment by an orthodontist and oral surgeon who completed orthognathic surgery to restore normal arch integrity and occlusion. Her maxillary anterior teeth were rehabilitated with a metal-glass ceramic bridge to restore her occlusion and esthetic profile.

Use of diagnostic predictors. An accurately mounted diagnostic cast can be prepared and a diagnostic wax-up made to reestablish proper arch form, occlusal plane and functional form, tooth contours and esthetics. Preparing a diagnostic cast is an essential step, because the cast can be used as a blueprint both for the provisional, surgical stage of treatment and for the final restoration.

Prosthodontists helped to develop and encourage the use of dental photography, computer imaging, computerized tomographic scanning, digital radiography and computer design as well as volumetric bone-imaging techniques. These diagnostic procedures are helpful in developing treatment plans that recognize the patient's esthetic needs, even when the problems are simple. Treatment waxing—placing tooth-colored wax⁹⁵ in the mouth to aid in modeling the projected prosthesis—can demonstrate three-dimensional problems that both the prosthodontist and the technician will face and need to resolve. Furthermore, the diagnostic wax-up can be helpful as a teaching model. The patient can better understand potential problems by seeing them and discussing them with the practitioner. The information can be shared with the technician, and any necessary alterations can easily be made.

Tooth preparation. A strong, well-fitting and esthetically pleasing dental restoration absolutely requires proper tooth preparation. Preparation length, width, tapering, resistance form and marginal design are physical factors important to a long-lasting prosthesis. The development of the adhesive technique and improvements in materials science have led us to reexamine preparation design for different conditions.^{96,97} Shoulder or chamfer preparations are advocated for use with ceramic materials.⁹⁸ A minimal reduction of 1.4 millimeters

monly is recommended for any type of dental ceramic except in veneer procedures. If the practitioner lutes all-ceramic restorations principally to enamel, he or she can reduce veneer, partial-coverage and full-coverage restorations by 0.3 mm to 0.5 mm. Ceramic restorations should be physically strong, and their color should be developed by layering or stratification methods. The development and use of electrically driven high-speed or air-driven, slower-speed, high-torque handpieces and microscopes allow the prosthodontist to develop better preparation anatomy with more ease.

Creation of master dies. The new generations of polyvinyl siloxane and polyether impression materials produce accurate, stable dental impressions, which can be poured many times to produce accurate stone casts.⁹⁹ Because they are more stable than earlier-generation materials, they do not have to be poured immediately. Previous die systems used plaster bases, which – because setting plaster has unpredictable expansion properties – could experience dimensional distortion. Newer master die systems use indexed plastic resin bases¹⁰⁰ that have better die positional accuracy and stability. Therefore, when a die is sectioned off a master cast, its relation to the original cast is less likely to be compromised. Unfortunately, many variables, including the expansion properties of impression materials or setting stone, still have the potential to distort the positional accuracy of a sectioned master cast. Try-in procedures for fixed-bridge procedures should not be omitted until further improvements are made in pin and individual die stability.

Making intraoral records. These records, made by the dentist, consist of centric-relation, facebow (arbitrary or kinematic) and pantographic tracings. A pantographic record can be used to record extensive mandibular movements.^{41,101} Research has brought to dentistry electronic computerized pantographs¹⁰² that are efficient and easy to use. A prosthodontist now can record and study mandibular motion quickly. The electronic information recorded is analyzed by a computer to provide information and settings for any of several chosen adjustable articulator systems. Casts then can be mounted on the articulator with the facebow and centric relation records.

Treatment waxing. First developed for patients with complete dentures, esthetic try-in procedures are a cornerstone of prosthodontic treatment.⁴² Tooth-colored try-in wax materials have been popularized by prosthodontists for fixed and implant dentistry⁹⁵ and can considerably improve understanding, communication and collaboration among the practitioner, the dental technician and the patient. The procedure allows all parties to preview the esthetic result and to test the contour and shape of the simplest anterior restoration or the most complicated complete rehabilitation anticipated for the final prosthesis. The treatment wax is easily altered. A full-contour wax-up can be used as an index¹⁰³; it is an accurate tooth contour guide that allows the technician to build prosthetic copings or frames that provide optimal strength, occlusion and ceramic color properties.

Selection of color. Research continues to develop methods to record the complexities of tooth color with computers that analyze such data.¹⁰⁴ The environment and a dentist's color perception influence shade decision,³⁹ owing to variations in daylight and artificial light. Tooth color has been described as a function of hue, chrome and value.^{39,104} Different areas of a tooth have different color properties and factors that influence the absorption and reflection of light, such as opacity, translucency, opalescence, iridescence and fluorescence. Opaque and translucent areas in teeth – and even the size, shape and color of the gingival frame – are other factors that need to be determined before an individual tooth color can be developed.¹⁰⁵

Work continues on the improvement of commercial dental shade guides, because quality control problems exist that produce inconsistent and often inaccurate color information.¹⁰⁶ They are manufactured of either acrylic resin or layered high-firing feldspathic porcelain and are not regular dental ceramics. Prosthodontists have developed techniques to create custom-made shade tabs¹⁰⁷ that can aid in producing more accurate color because they consist of metal-ceramic or all-ceramic cores with matching dental ceramic to represent the desired



Figure 5. A. The replacement of an aged fixed bridge. The patient had extensive alveolar ridge resorption and was not a candidate for implants. B. A metal-ceramic fixed bridge completed with gingiva-colored feldspathic porcelain was used to represent the resorbed alveolar ridge and lost gingival anatomy. Marginal buccal butt gingival ceramics provided the appearance of shorter canine lengths. A periodontist provided gingival and connective-tissue grafting to build and fortify the remaining anterior edentulous ridge.

prosthesis color. Treatment wax-up can be of further help, because it tests the final prosthetic design. Dentists and technicians may overlook this step and make bisque ceramic teeth first—but if major alterations are needed, the metal frame may no longer properly support the ceramic. Even if the dentist grinds away contour in the bisque ceramic phase, important color effects previously achieved can be lost permanently. Layering and stratifying different opaque and translucent porcelains produce the best ceramic color,¹⁰⁸ and technicians spend a lot of time developing these subtle but essential effects.

Tooth shade selections are difficult. In the end, the communication between the practitioner and the technician still is based on informed guesswork, modified by countless factors such as training, experience, environment and acuity of perception. Given the limitations on the prosthodontist's ability to determine the proper color of teeth, it is helpful to involve the patient directly in decisions about color so as to ensure his or her satisfaction. It also is essential to involve the technician, who ultimately must make the ceramic article. Dental ceramics then can be built up easily to develop the correct tooth color.

Use of ceramic oral mucosa. Gingiva-colored ceramics have been developed sufficiently so that they now are suitable for use in tooth- or implant-supported fixed prosthodontics.^{102,109} They are used to re-create normal mucosal contour and are particularly effective in flat edentulous areas or in areas with residual ridge defects. They also can improve dental-gingival symmetry or correct gingival defects that cannot be repaired surgically (Figure 5). Finally, they can provide lip support for patients with implants, and they offer the advantage of being easy to clean. Developments and improvements in different gingiva-colored porcelains are continuing.

CONCLUSION

During the last decade, dental technology, science and practice have advanced dramatically, greatly expanding and improving the choices of materials and techniques. The most important issue in dentistry today is not the debate about which material, color or technique is best; rather, it is the establishment of good communication among general practitioners, prosthodontists, other dental specialists and dental technicians and patients. Emphasis needs to be placed on engaging the patient and members of the multidisciplinary team more directly and earlier in the process of restorative treatment so that cooperative goals can be established and better ways found to share knowledge. Teamwork and referral of complex treatment can be beneficial for the general dentist and overall patient care. Practitioners and technicians have much to share with each other in identifying potential difficulties posed by a patient's condition, specific dental materials and techniques, or stages of work in progress. ■

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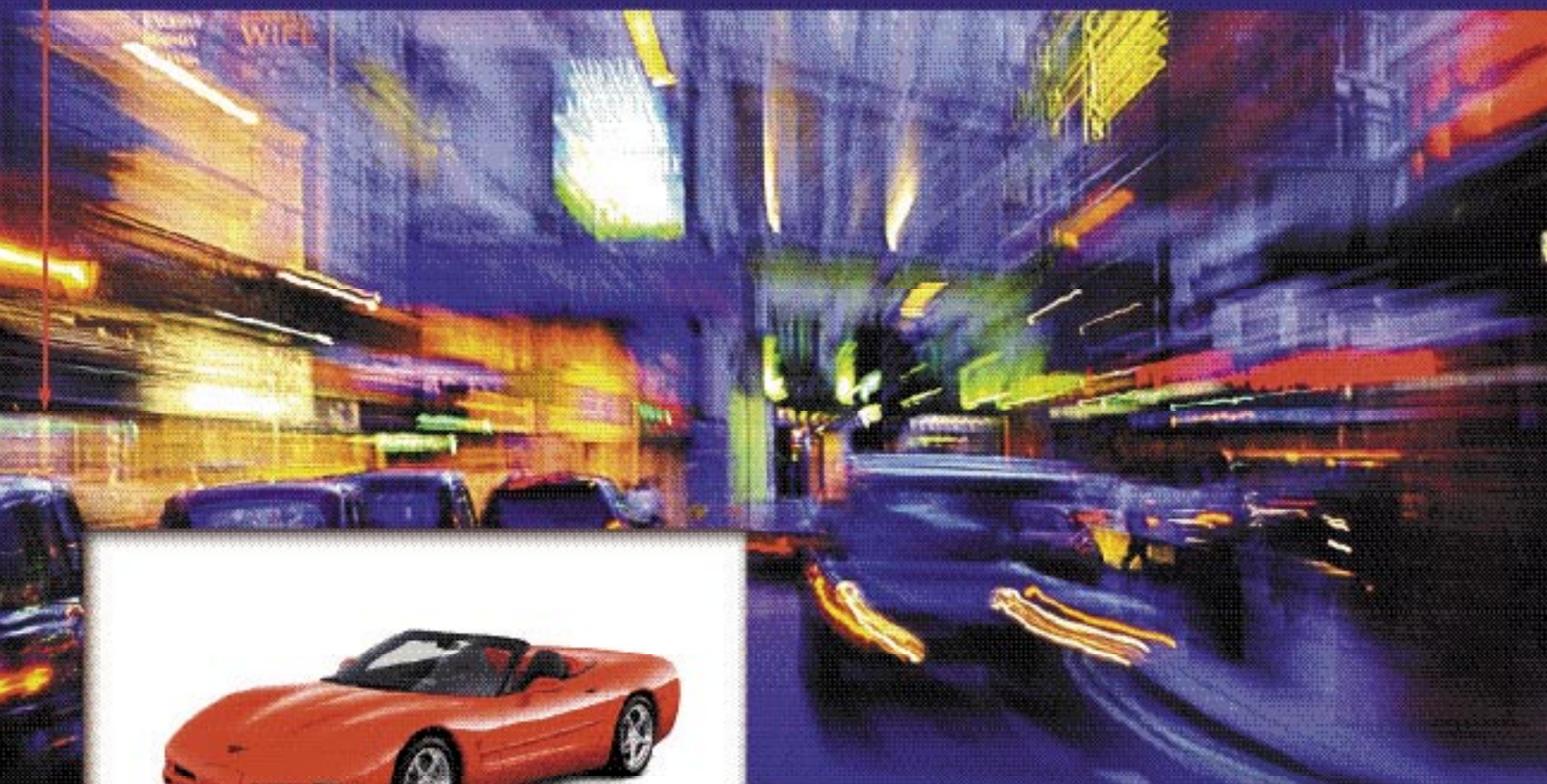
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