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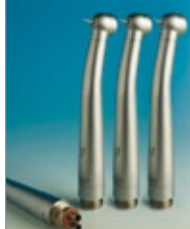


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27 Woodcock Close
Birmingham, B31 5EH
mobile 07981075157
voicemail 08450044388
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WWW.PROFI-DENTAL.CO.UK

Take a good look at the teeth shown in Fig1a, b, c: Clinical appearances that can be treated using the Invisalign system. Fig2a & b: ClinCheck representation.

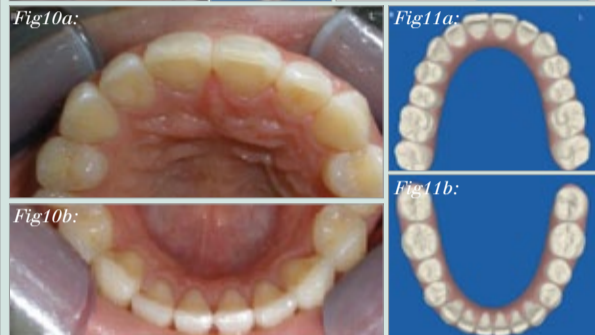
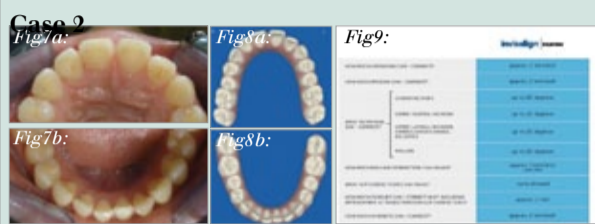


Fig7a & b: Patient with diastemas in anterior segments. Fig8a & b: ClinCheck model showing spaces present in the anterior. Fig9 table: Invisalign Express criteria. Fig10a & b: Intra-oral photographs show diastemas are resolved. Fig11a & b: ClinCheck showing all spaces closed.

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to perform any necessary IPR. At the completion of treatment, retainers are fabricated and given to the patient to stabilise and maintain this new position.

One of the nice things about Invisalign is that hardly any new armamentarium is required to begin treating patients with this system. Every general dentist has impression material already in their office. Every dentist should have a digital camera to assist with treatment planning. The only new equipment needed is a few IPR disks and strips, which can be acquired for a trifle amount.

Case 1

This 35-year-old male patient presented to our office seeking to correct his minor crowding (Fig. 5). His chief complaint was that his teeth were overlapped, causing food to become impacted. In addition, he was concerned with the esthetic appearance of his smile.

This patient was familiar with the Invisalign brand name, and specifically asked if he would be a candidate for this treatment modality.

A complete dental and medical work up was performed. No carious lesions were noted, and his periodontal health was in order. Alternative treatment options were given, along with the risks and benefits of each choice. After a thorough discussion, the patient decided to proceed with Invisalign.

Detailed PVS impressions were taken (Genie Heavy and light Body, Sultan Healthcare)



Case 2

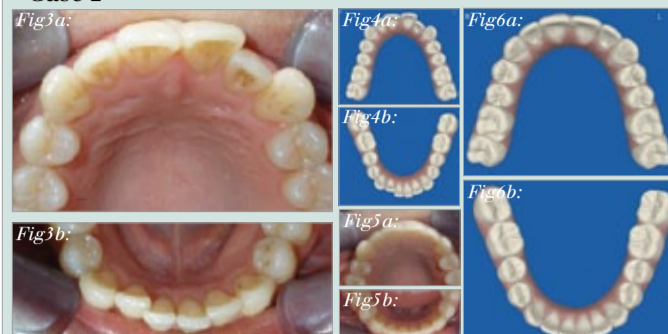


Fig3a & b: Patient with minor crowding present in both arches. Fig4a & b: ClinCheck representation showing crowding. Fig5a & b: Invisalign treatment lasting only 9 months. Fig6a & b: ClinCheck model showing projected treatment outcome.

along with a bite registration (Genie Bite, Sultan Healthcare) and all necessary photographs using a digital camera (Canon Rebel XT).

The ClinCheck was developed and can be seen in Fig. 4. The maxillary arch exhibits 4mm of overlapping, with the

left lateral incisor being positioned slightly palatally. The left central incisor partially covers the lateral incisor, with the left canine protruding buccally. The mandibular arch has approximately 3mm of crowding present; the right lateral incisor is being pushed lingually and slight crowding is present in the rest of the anterior region.

Treatment objectives were to rotate the canines and anterior teeth, creating more space for the lateral incisors to properly come into the arch. Once aligned, the anterior teeth would return back into position, allowing for a uniform, symmetrical arch form.

The patient's treatment lasted approximately nine months, and required minor IPR on both the maxillary and mandibular arches. At the end of treatment all teeth were aligned properly, with no overlapping present between them (Fig. 6). Retainers were fabricated and instructions were given to the patient how to properly maintain his new smile.

This patient was glad to finally have this minor issue resolved after so many years. He never wanted to have traditional fixed orthodontics, and was happy to have his teeth aligned properly in less than one year's time with clear, removable appliances.

Case 2

This 28-year-old female patient wished to close the spaces present between her front teeth. Intra-oral examination revealed that diastemas were present between most anterior teeth, in both dental arches (Fig. 7).

A full workup was performed and no contraindications were noted. Alternative treatment options discussed,

and the patient elected to continue with Invisalign treatment.

PVS impressions, a bite registration, and photos were taken. The ClinCheck setup was constructed, and can be viewed in Figure 8. The maxillary arch exhibits 2mm of spacing present, most noticeably between the two central incisors. The mandibular arch has 3mm of spacing, and slight misalignment of the central incisors.

The goal of treatment was to re-rotate the anterior teeth slightly, while rotating the canines to help close all diastemas. In addition, the teeth would be aligned properly with even contact points present between them.

Since this case required only minor movements to achieve its desired goal, it qualified as an Invisalign Express case. An Express case is one where approximately 2mm of spacing or crowding is present, and less than twenty degrees of rotation is necessary (Fig. 9). Only ten aligners are fabricated for an Express case, and treatment time is six months or less. The advantage of this over a full Invisalign case is that the cost to the practitioner is significantly reduced.

The treatment time for this patient was six months. At the completion of treatment, all diastemas were resolved, and the teeth were in proper alignment (Fig. 10). Again, take note how the ClinCheck and end of treatment photographs are identical (Fig. 11).

Using just Invisalign, we were able to correct this patient's concerns, allowing her to enjoy her new smile. Once treatment was finished, she was thrilled with her new smile and has become a spokesperson for our practice, and for Invisalign.

Invisalign is a resourceful treatment tool, that will help boost patient satisfaction and lead for a bright future for your practice. DT

About the author



Dr Schwartz graduated from Touro College with a Bachelor of Arts degree in Biology. He received his Doctor of Dental Surgery degree from New York University College of Dentistry. Dr Schwartz practices general and cosmetic dentistry in Midtown Manhattan. He is a member of the American Dental Association, the Academy of General Dentistry and the New York State Dental Society. He currently resides on Long Island with his wife and family. He is an avid magician and enjoys bike riding.