Immediate Complete Denture Impressions: Case Report and Modern Clinical Technique

pg. 22

Continuing Education
SPECIAL EDITION!
SMART SOLUTIONS
FOR DENTAL PRACTICES

- Personal Lines of Credit
- 100% Dentist’s Mortgage
- Personal Financial Services
- Start-up Practice Financing
- Real Estate & Equipment Financing
- Practice Consulting Services
- SNB Digital Lockbox
- Cash Management Services

Bank of Oklahoma City™
A Division of Stillwater National Bank
6301 Waterford Blvd., Suite 101 • 8101 S. Walker Ave., Suite B
Since 1894 • 405.427.4000 • www.banksnb.com • Member FDIC
TABLE OF CONTENTS

4 ODA Today

4 Message from the Executive Director
5 Calendar of Events
6 ODA Spotlight
7 Patient’s Page - Caring for Your Dentures
8 ODA Legislative Loop
10 2009 Give Kids a Smile®
26 Ski-N-Learn

12 Who & What

12 2009 Annual Meeting CE Preview: Howard Farran, DDS, MBA, MAGD
14 Meet the Staff: Kim Loving-Proby, ODA Receptionist
16 Past President’s Perspective – Dr. Ben Benson

18 Features

18 ODA CE Seminar Series - Treating Your Geriatric Patient
22 Immediate Complete Denture Impressions
28 Association Seeks Indefinite Delay on FTC Red Flags Rule

30 Classifieds

ADVERTISERS

Inside Front Cover:
Stillwater National Bank

Inside Back Cover:
ODA Endorsed Companies

Back Cover:
Delta Dental

13 Alexander & Strunk
17 American Academy of Dental Practice Administration
21 Blue Sky Bio
25 CoreVault
29 Dallas County Dental Society
16 Insurance Answers Plus
15 Mercer Transitions
17 Ocean Dental
15 Paragon
25 Star of the South
Happy New Year!

I wish you, your families, and your office staff a very successful and healthy 2009.

You all have received your 2009 dues invoices and quite a few of you have paid. I am sure when you opened your invoice and looked at the bottom line you thought, “That’s a lot of money!” It is, but it covers several organizations’ dues. If you took the time to read the reverse side of the dues invoice, you would see small print explaining what each line item is. If you are like me, you seldom read the fine print especially if it is on the back side of the page. So let me explain what all of the line items on your invoice represent.

The bulk of the money goes to three different organizations: the American Dental Association (35%), the Oklahoma Dental Association (36%), and your Component/District Society (1% to 10%). In essence, your mandatory dues equal 72% to 81% of the total amount on the invoice. The remaining 19% to 28% supports programs that have a direct, and very positive, impact on your profession and falls into the voluntary dues category.

The **Alliance to the ADA and ODA** dues of $95 (6.7%) is split between the two organizations. The Alliance is the organization for the spouses of dentists. They work at both the national and state levels to promote oral literacy programs and conduct advocacy programs.

The **Pride Section** at $25 (1.8%) was created by the ODA House of Delegates to fund lobbying at the State Capitol. In essence, this voluntary dues section should support the cost of the ODA contract lobbyist. In 2008, the income from this section paid 48% of ODA lobbying costs.

The **Smile Section** at $25 (1.8%) was created by the House of Delegates to fund public relations activities, the speaker’s bureau, public service time and exhibiting at meetings of teachers, seniors, etc. The public information and public relations programs have developed over the years to include Children’s Dental Health Month, Give Kids A Smile® Day, oral health information for the public on the ODA Web site, ‘Find a Dentist’ on the ODA/ADA Web sites, patient information pages in the Journal and on the Web site, the Adopt-A-Dentist program, the Braum’s program, and numerous other public health education initiatives. In 2008, the income from this section paid 15% of the ODA’s public information and public relations costs.

The **Dentists Health and Wellness Section** was created by the House of Delegates to assist chemically-dependent members and their families toward recovery from the disease through education, information, and referral. These voluntary dues are held in the Relief Fund. The Relief Fund contributes $1,400 per month to the Oklahoma Health Professionals’ Program which provides services to ODA members and their families. In 2008, the income from this section paid 73% of the Relief Fund’s costs for this program.

Since all three of these membership sections are considered voluntary, your contribution to these sections is tax-deductible as a business expense. If you have not paid the additional $75 to become a member of all three sections, I urge you to consider sending another check to the ODA to join these sections. As you can see, they do provide valuable services to our members. The additional $75 represents only 5% additional dues.

Lastly (but not least), your dues invoice has a line item that provides you the opportunity to make a contribution to the ADA Political Action Committee (ADPAC) and the ODA Political Action Committee (DENPAC). The amount for 2009 is $165, with $49 going to ADPAC and $116 going to DENPAC. Currently, DENPAC is considered one of the top ten nonprofit PACs in Oklahoma. During the 2008 election cycle, our PAC contributed over $50,000 to candidates and had a 100% success rate. This is an awesome achievement and I congratulate our lobbyist, Scott Adkins, and the DENPAC Board for the wise use of our PAC dollars. In two years we will have statewide elections including the Governor’s race. We must now rebuild our war chest and once again be prepared to make a positive impact!

Currently one third of our members give to our PAC. We need to increase this number if dentistry is to continue to have input into state laws that affect the practice of dentistry and the delivery of dental care. Please send a personal check to the ODA payable to DENPAC in the amount of $165 to help promote and protect your profession. This contribution is NOT tax-deductible.
January 2009

1st
– ODA Offices Closed

2nd
– ODA Offices Closed

13th
– ODA Junior/Senior Night: OU Faculty House, 6:00-8:00 PM

14th
– Children’s Oral Health Coalition Meeting: ODA, 10:00 AM

16th
– ODA Council on Dental Education & Public Information Meeting: ODA, 9:00 AM
– ODA Council on Nominations & Elections Meeting: ODA, 10:30 AM
– ODA Council on Membership & Membership Services Meeting: ODA, 11:00 AM
– ODA Endorsements Committee Meeting: ODA, 1:00 PM
– OCDS Installation of Officers

19th
– Retired Dentists Lunch: ODA, 11:30 AM

22nd - 24th
– Southwest Dental Conference

27th
– OCDS Board Meeting: ODA, 6:00 PM

30th
– Governor’s Task Force on Children and Oral Health Meeting: ODA, 1:00 PM

February 2009

6th
– Give Kids a Smile® Day

11th
– Dentist Day at the Capitol Lunch/Visit: ODA, 1:00 PM
– Dentist Day at the Capitol Reception: ODA, 5:30 PM

12th
– OCDS General Assembly

13th
– ODA Council on Technology and Electronic Communications: ODA, 9:00 AM
– ODA Annual Meeting Planning Committee Meeting: ODA, 11:00 AM
– ODA Council on Governmental Affairs: ODA, 1:00 PM
– OCDS Continuing Education

16th
– Retired Dentists Lunch: ODA, 11:30 AM

24th
– OCDS Board Meeting: ODA, 6:00 PM
Now, the name you trust at home is a welcome addition to your workforce, as well, in assorted styles to suit your practice’s environment.

The ODA endorses Land’s End Business Outfitters for custom office apparel. Give your office a professional, welcoming image with high quality, comfortable, personalized apparel offered by Land’s End Business Outfitters. Your staff will appreciate the comfort, fit and easy care of Lands’ End quality clothing. You’ll like the choice and value of their classic shirts and other items that come carefully embroidered with your logos. Staff apparel from Land’s End Business Outfitters is an easy, cost-effective way to make your team happy and project the image you want for your practice.

- 10% discount on logo’d apparel and gift certificates.
- Now no minimum size order needed.

To take advantage of the ODA program or to request a catalog, please call 1-800-990-5407; or visit their website at http://ada.landsend.com.
Caring For Your Dentures

Taking good care of your dentures is just as important as taking care of your natural teeth. To keep your dentures looking sparkling white and clean, you need to keep up with your daily maintenance.

Cleaning Your Dentures
You should brush your dentures every day with a soft bristled toothbrush to remove food and plaque. The same goes for your gums and tongue. Just like your natural teeth, dentures also need some flossing for hygiene purposes. Leaving bits of food in between the teeth creates a breeding ground for bacteria. Dentures are very delicate and can break easily if they are dropped. When cleaning your dentures, always hold them over a soft towel or fill your sink with water. You don’t want to drop them in the sink. They can break if dropped on a hard surface, or they might end up down the drain.

Storing Your Dentures
Dentures can become warped if they dry out or are placed in hot water. When you are not wearing them, your dentures should always be kept in water (not hot) or in a denture solution recommended by your dentist. Keep them away from children and pets.

Tips on Taking Care of Your Dentures
- Never wrap your dentures in a paper towel because they could easily get thrown away.
- Never use household products to clean dentures other than mild dish soap or liquid hand soap.
- Always keep your dentures out of reach of children and pets; kids love to play with them and dogs love to chew on them.
- With a lack of moisture, dentures can warp. Some dentures have a metal base. Do not let those sit in their cleaning solution for more than 15 minutes.
- If your dentures feel uncomfortable in any way, go to your dentist and ask for an adjustment.
- Some foods can stain your dentures, so be selective of the foods you eat.
- Keep a spare denture handy, just in case one becomes damaged.
- Store your dentures in a dental solution.
- You may use a denture adhesive to keep your dentures in place.

When you first receive your dentures, you may have to wear them almost all the time to allow your mouth to get accustomed to them. After a few weeks, you can begin removing your dentures when you go to sleep at night. Visit your dentist if your dentures are uncomfortable and hindering you from enjoying your meals. You should not feel pain when wearing your dentures while eating.
MARK YOUR CALENDARS!

1:00-2:30 p.m.
Come-and-go educational session and lunch at the ODA building to learn about legislative issues on the docket that may affect dentistry in Oklahoma. Lunch sponsored by DENPAC.

2:30 – 5:00 p.m.
Dentists meet with legislators. Schedule an appointment with your legislator to meet during this time. Park at the ODA building and ride a van to the Capitol.

5:30 – 7:30 p.m.
ODA Legislative Reception at the ODA Building - Hors d’oeuvres and drinks provided.

Your participation is imperative! Sixty legislators attended the 2008 Dentist Day at the Capitol reception and many districts were not represented by ODA members. The first question every Legislator asked was “Is there anyone here from my district?”. That answer needs to be YES! A personal relationship with your State Representative and Senator is the most important step toward educating the legislature about our issues. Don’t sit back and assume others will be representing your district. YOU be the one!

DENTIST DAY AT THE CAPITOL – COMMITMENT FORM
Attend all the events that day, or attend only what your schedule allows.

☐ Yes! I will attend all of the day’s events
☐ Yes! I will attend only the educational session/lunch and meet with my legislators
☐ Yes! I will represent my legislative district during the Legislative Reception

Name
Address
City     State    Zip
Phone    Fax    Email

Return this form to the ODA by fax 405-848-8875

Contact your Legislator to make an appointment:
House of Representatives: 405-521-3711 or 800-522-8502
Senate: 405-521-5692. Visit www.okda.org to find out who your Legislators are!
DENPAC
ADVOCATING FOR THE QUALITY OF YOUR PRACTICE
AND THE INTEGRITY OF OKLAHOMA DENTISTRY

DENPAC MEMBERSHIP
$165 MEMBERSHIP
$49 OF WHICH SUPPORTS ADPAC

Put Your Money Where Your Vote Should Be!

☐ Enclosed is my DENPAC contribution
Name: ____________________________________________________________
Address: _______________________________________________________
City: __________________________________________________________
State: __________________________ Zip: ____________________________
☐ Check (make checks payable to DENPAC)
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express
Card No: _______________________________________________________
Expiration Date: ________________________________________________
Signature: _____________________________________________________

Thank you for your donation!

Please return this form and your contribution to:
DENPAC
317 NE 13th Street
Oklahoma City, OK 73104
Or fax to: 405-848-8875

DENPAC/ADPAC: ADPAC/DENPAC is a federal state and
federal political committee that makes contributions to
state and federal candidates and committees. Contributions
to ADPAC are voluntary and any member has a right to
refuse to contribute without reprisal. The contribution
-guidelines are merely suggestions and a member may
contribute more or less or not at all without concern of
favor or disadvantage by the association. $49 of each
contribution is transferred to ADPAC Federal to support
Federal candidates and committees, while the balance
remains in the state to support state candidates and
committees. Corporate donations will be used exclusively
to pay for the administrative and operating expenses of
ADPAC. Contributions are not deductible as charitable
contributions for federal tax purposes. Federal law
requires ADPAC to request the name, address, occupation,
and employer for each person whose contributions exceed
two hundred dollars ($200.00) or more in a calendar year.

WE WANT YOU!

Are you a dentist practicing in a rural area? Do you care how state laws affect your ability to
run a small business or practice dentistry?

If so, come join us for the 2009 Dentist Day at the Capitol! Our rural
dentists are highly underrepresented at this event each year. This is
your chance to talk with your local leaders and voice your support
and concern.

Take a look below at the list of rural district legislators that attended
the 2008 Dentist Day at the Capitol. If you are a practicing dentist
in one of the counties listed please attend this year’s event on
February 11th and help support dentistry!

Representative
Don Armes - Comanche, Tillman
John Auffet - Adair, Cherokee, Delaware
Mike Brown - Cherokee
Ann Coody - Comanche
Lee Denney - Logan, Payne
Dale DeWitt - Garfield, Grant, Kay, Noble, Osage
George Faught - Cherokee, Muskogee
Larry Glenn - Delaware, Ottawa
Terry Harrison - McIntosh, Pittsburg
Chuck Hoskin - Craig, Mayes, Rogers
Mike Jackson - Garfield
Dennis Johnson - Comanche, Cotton, Stephens
Ken Luttrell - Kay, Osage
Jerry McPeak - Muskogee, Wagoner
Brian Renegar - Haskell, Latimer, LeFlore, Pittsburg
Phil Richardson - Caddo, Canadian, Grady
Paul Roan - Atoka, Bryan, Coal, Johnston, Pontotoc
Wade Rousselot - Rogers, Wagoner
Jerry Shoemake - Muskogee, Okmulgee, Wagoner
Todd Thomsen - Hughes, McClain, Pontotoc, Pottawatomie
Purcy Walker - Beckham, Ellis, Greer, Harmon, Roger Mills

Senator:
Don Barrington - Comanche, Cotton, Stephens, Grady, Jefferson
Randy Bass - Comanche
Randall Brogdon - Rogers, Tulsa
Harry Coates - Lincoln, Oklahoma, Pottawatomie, Seminole
Earl Garrison - Muskogee, Wagoner
Ron Justice - Blaine, Caddo, Canadian, Grady
Susan Paddack - Coal, Garvin, Hughes, Pontotoc
Joe Sweeden - Kay, Osage, Pawnee, Payne
Give Kids a Smile!® is an annual one-day volunteer initiative to provide free educational, preventive and restorative services to children from low-income families. Many dentists across Oklahoma will take time from their practices to help underserved children who aren’t getting the oral health care they need.

**WILL YOU JOIN US ON FEBRUARY 6TH?**

**who:** YOU!

**what:** Provide oral care to disadvantaged children and teach them how to take care of their teeth. It will also provide you an opportunity to educate the parents about the importance of regular visits to the dentist.

1) Offer free educational, preventive and restorative services to children from low-income families.
2) Make a donation to Give Kids a Smile® so other volunteer dentists will get the supplies they’ll need.

**when:** February 6, 2009

**how:** The ODA will have a limited number of supplies available to help you as well as special GKAS! t-shirts to wear that day. Please fill out the form below with your information to request supplies and return to the ODA. To learn more please call Lynn Means at 405-848-8873/800-876-8890 or email her at lmeans@okda.org.

If you participate in GKAS! every year, and do not need supplies or t-shirts, the ODA still wants to hear from you! We will send a future issue of the ODA Journal. Please take digital photos of your activities and email them to Lynn Means at lmeans@okda.org.

**thank you for volunteering for give kids a smile!®**

Please tell us what you have planned for Give Kids a Smile!

List full names of all participating dentists: ______________________________________________

Name of your practice (for press release): ______________________________________________

Address                  City            Zip

Phone                   Fax              Email

Please mark all that apply:
☐ YES! I am planning to participate in GKAS! in my office. Here is what I have planned: ______________________________________________

☐ Please send supplies. I realize the ODA’s inventory is limited.
☐ No, I do no need supplies from the ODA.

☐ YES! I would like to make a donation to assist in purchasing GKAS! supplies. My check is enclosed. Please make check payable to the ODA and send with form.
Mark Your Calendar!

April 23 – 25, 2009
Tulsa Convention Center – Downtown Tulsa

The ODA Annual Meeting is by far the largest dental meeting in the state! Join over 1,500 dentists and other dental team members as they participate in continuing education, networking, and social events throughout the meeting!

Over 68 hours of CE available for you and your staff!
Online registration available in January
Registration packets mailed in February

Hotel Reservation Information:
DoubleTree Hotel – 1.800.838.7914 and use code OKD
Special ODA rate: *$87/king  *$87/double
*You must use the 3-letter code OKD to indicate that you are booking in conjunction with the ODA for the special rate. The cut-off for the special rate is April 1, 2009!
Dr. Howard Farran is a noted international lecturer on faster, easier, and more efficient dentistry. He has captivated audiences around the world with his innovative, informational, and entertaining style. Dr. Farran graduated from the UMKC Dental School in 1987, and his MBA from Arizona State University in 1999. He received his MAGD in 1998 and his Diplomate in the International College of Oral Implantology in 1998. Dr. Farran is the founder and publisher of Dentaltown, Hygienetown and Orthotown magazines. He is also the founder of www.towniecentral.com which includes dentaltown.com, hygienetown.com and the new orthotown.com where over 97,000 registered dentists, over 24,000 registered hygienists, and a growing number of registered orthodontists share information with each other on a daily basis. In addition, Dr. Farran is the author of several dental practice management articles and multiple video series. His experience ranges from all aspects of practice management, including business planning, operations and finance, to e-commerce business, and Internet marketing.

The Virtues of Profitable Dentistry
Six (6) Hours of CE Available
Friday, April 24, 2009
8:00 am – 11:00 am and 2:00 pm – 5:00 pm
Lecture format
Recommended for the entire dental team

Any dental team can learn how to achieve their dreams and goals. Come and enjoy Dr. Farran’s fast-paced, straight-from-the-hip, politically incorrect, exhilarating presentation while you learn more in one lecture that you ever thought possible. At the conclusion of the seminar, the participant should be able to:

• Understand why the basic Roman virtues increase your productivity and profitability.
• Know how to build a winning team without any hype, fluff, or wishful thinking.
• Know how to get twice as much done in half the time while reducing your stress.
• Know how to apply time-tested, MBA-level management to your office.
• Know how to learn and commit to operations and logistics, instead of chaos and guesswork.
• Learn to focus your practice on market differentiation, cost leadership, and niche marketing.
• Learn which sectors in dentistry are growing faster with higher net income so you can focus your practice for profitability.
• Learn how to develop a relationship-based practice instead of a product-based practice.
• Recognize why you need to understand evidence-based dentistry before it recognizes you.
• Increase treatment plan acceptance by understanding market segmentation and price elasticity.
• Learn to sell wants-based dentistry instead of needs-based dentistry.
• Learn the law of diminishing marginal utility of dental services and why it must be understood for effective case acceptance and treatment planning.
• See how going digital can dramatically increase your case acceptance.
• Learn the real reasons patients put off dental treatment.
• Learn the ultimate staffing formula so everyone dives for the ball.
• Learn the first and second laws of customer satisfaction.
• Understand the importance of a staff bonus and how to implement one.
• Teach your staff the importance of understanding the eight principles of waiting.
Is your practice protected from vicarious liability?

Does your practice operate under a corporate entity?  

Does this corporation employ or contract a dentist?

You need a separate Organizational Policy to fill the gap.

In many malpractice law suits the organization’s name is included. Although this entity may not have been negligent, it can cost thousands to defend.

The Organization Policy is designed to protect your corporation for negligent acts from an employed or contracted dentist working under that entity. Your organization is already protected with your Individual Professional Liability (must be named on the policy for coverage to exist,) but dentists working under your organization can create a gap in coverage. This gap is referred to as vicarious liability and is excluded under the Individual Professional Liability Policy.

Protect against Vicarious Liability with the Organization Policy. Why risk the costs of thousands to defend when you can protect for hundreds? Give us a call today!
Meet the Staff

A series of articles designed to help members put a face with a name of the ODA staff.

Kim Loving-Proby
Administrative Assistant & Receptionist

Kim joined the ODA forces in 2007.

Interesting Fact: Kim took ballet classes for 12 years while growing up.

I was born and raised in Los Angeles, California, with my mom (a single parent) and my brother and sister. I attended 6th through 12th grade in a multi-diverse area of Los Angeles known as the San Fernando Valley (yes, I was a valley girl!). I truly enjoyed this privilege for it taught me at an early age that good comes from individuals and not from ethnic groups. This prepared me with people skills that I consider invaluable today. While growing up, my extended family (godparents) shared with me the beauty of the ballet. This encouraged me to start taking ballet classes. I absolutely loved dancing, not to mention getting pretty and dressing up in new costumes for recitals. I continued dancing through high school. After graduating, I worked for several large aerospace companies in L.A., holding various positions from a neat-and-clean front office staff to a down-and-dirty production and shipping staff. I enjoy reading, dancing, and my theocratic meetings.

I very much enjoy all of the seasons that Oklahoma weather brings compared to those in L.A. But after living in Oklahoma City for almost 14 years, I still can’t get used to the winter months!

The two most meaningful events in my life were the birth of my daughter, Brittney Christine (whom I miss terribly since she is currently attending college in Los Angeles and majoring in special education), and meeting my loyal and loving husband, Dwight. After many years together, we still manage to go on dates! We both became students of Jehovah God’s Divine Word which has provided us with what we believe to be an accurate knowledge of Bible truths, allowing us to understand more about life than we ever would have otherwise.

What information/assistance does your position provide for the membership?

As the Receptionist, I have the pleasure of providing a warm greeting when members stop by or call needing information. Once I determine their needs, I try to assist them quickly, as most members call between patients and I recognize their time is critical. I also provide assistance with basic dues information, answer questions concerning upcoming events, and help provide contact information for members in need of referring patients. I also assist with information requests concerning CE courses held by the ODF, as well as materials requested for Dental Health Month and Give Kids a Smile!®. I assist with meeting and greeting our members when meetings are held here at the ODA office.

As the Receptionist, what goals do you have for your area in the upcoming year?

Simply to be the best Receptionist my job functions allow!

What has been the most interesting part of your job so far?

Meeting so many caring dentists who work effortlessly to provide access to oral dental care to those who are simply unable to provide it for themselves. Also, it is amazing watching the Annual Meeting come together. The entire staff works with such drive and effort to pull off the event. And, of course, being able to give satisfactory answers and assistance to those within and outside of the Association.

What is one dental-related thing you’ve learned since working at the ODA?

How important it is that all dental staff are encouraged to keep up with the latest and greatest of technology through CE in order to give their patients the best care possible.

Contact Kim at kloving@okda.org

What is your favorite movie?
Imitation of Life

Favorite book?
The Martian Chronicles

Favorite dessert?
Anything chocolate

Favorite sports team?
I’m a California girl – The Los Angeles Lakers, of course!

Boomer Sooner or Orange Power?
Neither
Let the economic dice land where they may. With 360° Planning from Mercer Advisors, your practice will grow. 

In fact, we guarantee it.

With 360° Planning we’ll guarantee a minimum 40% return on your investment within your first year, or we’ll make up the difference.*

It’s your future. Don’t gamble with it. Guarantee it with sound practice and personal financial management that delivers success.

Getting started is simple. Results are proven.

Call 1-877-MY360PLAN today to guarantee your success tomorrow.

www.my360plan.net

With 360° Planning you get:

• A comprehensive, seamless plan for your practice growth and finances
• A collaborative team of experts who can help drive you toward unprecedented success
• Integration of your practice finances with your retirement plan
• Daily analysis of each team member’s efficiency and productivity
• Focused attention on the key elements to drive practice success
• Team training and coaching
• Tax Planning Review
• The confidence of knowing your results are guaranteed

Save the dates!

360° Planning Seminars are coming to Oklahoma!

Join us in Tulsa for Economic Acceleration for Your Practice and Your Life

Learn how to craft a seamless plan to accelerate your practice and personal wealth with 360° Planning Strategies.

Presented by Dr. Mark Murphy Vice President of Educational Services, Mercer Advisors

Call 888-383-2177 today to ensure a seat in this dynamic, seminar worth 5 CE credits.

Tulsa
February 13, 2009

5 CE credits

* Terms and conditions for the 360° Planning, 40% Guarantee are available at www.my360plan.net.
Dr. Ben H. Benson has been practicing in Woodward for the past 50 years and continues that work today, even though he’s in his 70’s. He enjoys spending time with his grandchildren (six altogether) and offers thoughtful encouragement to dental students: “Keep on keeping on – it beats shoveling ditches!” As the Oklahoma Dental Association’s 2nd oldest living president, he has seen many changes in dentistry over the years. He believes dentistry has become “more complicated” with “more regulations” but also sees the profession as “better, faster”. He has also seen great changes in the ODA through leadership, membership, and the new building. He believes it is important for the current leadership to tackle the tough issues, but be fair while doing it, remaining cautious about the legislature the entire time. A man of few words, he offers this advice to dentists wishing to become a future ODA president: “It’s worth the price – we need the leadership. Always be truthful and smile.” Wise words from a great past president!
FULL-TIME
DOCTOR BENEFITS

- Generous guarantee + attainable production bonuses
- Paid vacation
- Life insurance
- 401K plan and flexible spending accounts
- Reimbursement for licensure/fees/ liability insurance/CE
- Accidental death and dismemberment
- Long term disability
- Full medical coverage
- Vision Insurance
- Signing bonus for certain locations

Referral Bonus to ANYONE who refers a doctor!

IMMEDIATE OPPORTUNITIES

- Enid, Muskogee & Tulsa, OK
- Hot Springs, AR
- Baton Rouge & Bossier City/ Shreveport, LA
- El Paso, TX

ADDITIONAL BENEFITS

- We manage all aspects of the business so you can focus on the profession of dentistry
- No financial burden
- Knowledgable, professional and experienced support staff

CONTACT INFORMATION

To apply or refer a candidate:

405.612.9041
or
dentist@oceandental.net

Chad Hoecker, DDS

Equal Opportunity Employer

ARKANSAS • INDIANA • IOWA • KENTUCKY • LOUISIANA • OHIO • OKLAHOMA • TEXAS
ODA CE SEMINAR SERIES
TREATING YOUR GERIATRIC PATIENT

The Oklahoma Dental Association is proud to present this, our second ODA Continuing Educational Seminar Series on DVD installment. This continuing education opportunity is being provided to members of the ODA free of charge and is also available on the ODA web site at www.okda.org. *The fee for non-members of the ODA to participate in this CE opportunity is $40.00.

This particular seminar, “Impression of the Implant Overdenture”, is one hour in length and participants are eligible to receive one hour of continuing education (CE) credit after viewing [please see instructions below on how to receive credit]. The Pre/Post Test found on the following page is made available for you to be able to evaluate your level of knowledge and is to be utilized for self-evaluation only. Please do not return the test to the ODA.

On behalf of the Oklahoma Dental Association, we would like to extend much gratitude to ODA member, **Dr. Joe Massad. Without his insight, background, and generous donation of time, this CE opportunity would not have been possible.

We hope you enjoy this presentation and find it informative. Look for information regarding additional presentations in the ODA Continuing Educational Seminar Series in future issues of the ODA Journal.

-The ODA Journal Editorial Committee and Staff

To receive continuing education (CE) credit, complete the evaluation form and CE reporting card found on page 20 and return it to:

Oklahoma Dental Association
317 NE 13th Street
Oklahoma City, OK 73104

*Non-ODA members: please include payment of $40.00, made payable to the Oklahoma Dental Association, in order to receive CE credit. To view the seminar online, please email Lynn Means at lmeans@okda.org to make payment by credit card and to obtain a temporary login.

For technical assistance, please contact Lynn Means at the ODA at (405) 848-8873; or by email at lmeans@okda.org.

**Our presenter, Dr. Joe Massad, may be contacted at (918) 749-5600; or by email at office@joemassad.com.
1. All implant attachments generally have the same impression coping system.
   True
   False

2. The impression of implants utilized in the overdenture procedures where there are three or less abutments should be:
   a) implant-supported only.
   b) tissue-supported only.
   c) supported by a bar with no tissue load.
   d) supported by tissue and implant abutments.

3. The use of impression copings in the implant overdenture assists the practitioner in:
   a) providing the proper impressions for the technician to fabricate the proper space to place the retentive elements.
   b) securing the impression coping into the impression allowing the technician to place an implant analog to make a cast to reflect the abutment in the mouth.
   c) always using the same height.
   d) always using a conical shape.
   e) a & b
   f) a & d

4. Stock impression trays can be used for the implant overdenture:
   a) never
   b) always
   c) if the practitioner has the ability to thermoplastically shape them for a proper fit.

5. Clear impression trays:
   a) are for promotion only.
   b) generally break easily.
   c) if the practitioner has the ability to thermoplastically shape them for a proper fit.

6. The thermoplastic trays are easily shaped by using:
   a) gas burner.
   b) sterno burner.
   c) high heat microtorch.
   d) bowl of lukewarm water.

7. In order to resolidify the thermoplastic trays after heat-shaping it is necessary to:
   a) place on countertop until it cools.
   b) place it in the ice box.
   c) blow air into it.
   d) place it in a bowl of cold water.

8. When placing the tray in the mouth to make an impression it is essential to place tissue and implant or tooth stops to:
   a) control the path of insertion.
   b) allow centering of the tray through to be in the middle of either implant tooth or ridge.
   c) allow the operator to have a tactile sense of when to stop placing pressure.
   d) a & b
   e) a & c
   f) all of the above

9. Prior to making the border impression it is necessary to:
   a) remove excess VPS stop material around the borders.
   b) remove unwanted implant impression coping.
   c) trim any axial walls (well) until only a flat stop remains.
   d) all of the above
   e) none of the above

10. Which VPS viscosity is suggested for stops?
    a) Light
    b) Extra light
    c) Monophase (medium)
    d) Rigid

11. Which VPS viscosity is suggested to make impression of borders?
    a) Extra light
    b) Border molding wax compound
    c) Monophase
    d) Light
    e) Rigid

12. Before making the final wash, you should:
    a) reduce tray overextension by cutting down with a bur.
    b) remove a thin layer (1/2-1 mm) from around peripheral border to allow wash viscosity to vent.
    c) add VPS adhesive to any exposed areas of the tray.
    d) all of the above
    e) none of the above

13. When making the final wash impression of the implant overdenture, which viscosity is best?
    a) Rigid
    b) Monophase
    c) Light
    d) Extra light
    e) a & d
    f) b & c

14. When border molding the mandibular arch the operator should have the patient:
    a) move tongue in several directions.
    b) smile several times.
    c) “pooch” their lips like a sucking action.
    d) do nothing. Border molding is not necessary.
    e) a & b
    f) a & b & c
    g) none of the above

15. Which viscosity is suggested to syringe around the implant impression copings?
    a) Rigid
    b) Heavy
    c) Light
    d) Extra light

16. When making an impression of the implant overdenture without using the impression post, which type of tray is suggested?
    a) All metal solid
    b) Pink thermoplastic edentulous tray
    c) Clear denplant tray
    d) Hydrocollid water-cooled tray

17. The technique described in this video utilized:
    a) polyvinyl siloxane.
    b) alginate.
    c) rubber base.
    d) zinc oxide eugenol.

18. When making an impression of the overdenture patient, the tissues should:
    a) be moist.
    b) be bone dry.
    c) leave all thick saliva.

19. Instead of utilizing wax border molding compound to produce a functional peripheral row, it has now been accepted that the practitioner can use:
    a) zinc oxide eugenol.
    b) rubber base materials.
    c) alginate.
    d) VPS heavy or rigid viscosity.

20. When casting the final impression in stone:
    a) no boxing is needed.
    b) proper boxing is recommended to maintain the borders.
    c) cut the handle off the tray to better manage while boxing.
    d) a & c
    e) b & c
# ODA Continuing Education Evaluation Form

**ODA Continuing Education Seminar Series on DVD**  
**“Impression of the Implant Overdenture” presented by Dr. Joe Massad**

## Participant Identification (check one)

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practitioner</td>
<td></td>
</tr>
<tr>
<td>Specialist</td>
<td></td>
</tr>
<tr>
<td>Dental Assistant</td>
<td></td>
</tr>
<tr>
<td>Hygienist</td>
<td></td>
</tr>
<tr>
<td>Office Manager</td>
<td></td>
</tr>
<tr>
<td>Receptionist</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

## Rate the Following

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenter’s Methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What overall rating would you give the instructor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were the teaching methods effective?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the pre/post test printed in the <em>Journal</em> appropriate and useful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Content</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent did the course content relate to the stated educational objectives?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What overall rating would you give the entire program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participant Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were your personal objectives for participation satisfied?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what degree did this activity enhance your current knowledge or skill?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you able to contact the lecturer with questions in a timely manner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the technical discussion easy to navigate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were all of the program features functional?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the length of this activity appropriate?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you able to contact the ODA with questions in a timely manner?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which subject or area of content was most helpful to you?

What two things did you learn from this course that you will take back to your practice?

What other subjects or topics would you like to see offered in the future?

---

**Course Title:** ODA CE - Impression of the Implant Overdenture

**Sponsor Name:** Oklahoma Dental Association

**Signature of Sponsor:** Lynn Means for the ODA, an ADAC-E-R-P - certified CE provider

**Hours of Instruction:** 1  
**Date of Instruction:**

I certify the above information is accurate.

License #:  
**Signature of Licensee:**

Please Print Name:

---

Return to: ODA, 317 NE 13th Street, Oklahoma City, OK 73104  
Fax: 405-848-8875
**Note:** Prosthetic platform compatibility only. Final osteotomies for Blue Sky Bio Trilobe implants should be made only with Blue Sky Bio smooth taper drills or non-stepped dense bone drills and taps. This is to prevent localized osteocompression.

**activFluor** surface has a modified topography for bone apposition on the implant surface without additional chemical activity.

**Blue Sky Bio, LLC** was founded almost a decade ago by practitioners, engineers and designers. Our mission was to create top quality, compatible implants and accessories at a reasonable cost. Mission accomplished. Our modern business model allows us to provide affordable pricing with quality. Today, our mission remains the same. We’re not just implant manufacturers, we’re innovators. Our implant lines boast a number of new design innovations which simplify implant placement and restoration while adding levels of safety, success and reliability for you and your patients.

At Blue Sky Bio, we like to think that we’re not just compatible with implants, we are compatible with you… the value & quality minded experienced practitioner.

Order online at [www.blueskybio.com](http://www.blueskybio.com)
For patients confronted with the extraction of their remaining natural teeth and the need for complete prosthetic rehabilitation, the transition is generally psychologically challenging for the patient and demanding of the clinician. This dramatic treatment is often necessitated by generalized caries, extensive periodontal disease, or a malocclusion that is not amenable to treatment. Of considerable significance to many patients facing this course of treatment is their desire to specifically improve the appearance of their anterior teeth, contributing to an attractive smile. In order to optimize immediate denture therapy, thoughtful consideration must be given to the treatment planning, definitive impression making, and denture tooth set-up phases of therapy.

The primary advantage of an immediate denture is the absence of an edentulous period where prosthetic tooth replacement is not available. Specifically, advantages of immediate complete dentures include the maintenance or improvement of: 1. dental aesthetics, 2. perioral and facial tissue support, 3. masticatory function, and 4. phonetic ability. If the patient's natural anterior teeth remain but are scheduled for extraction, the selection and arrangement of anterior denture teeth, from an aesthetic perspective, may be easier.

From the patient’s viewpoint, immediate complete dentures provide the psycho-social advantage of continuous tooth display to allow personal and public interactions.

Major disadvantages of immediate denture therapy relate to the technical difficulties associated with denture fabrication. Because immediate complete dentures are constructed prior to extraction of the remaining teeth, 4 significant challenges arise: 1. the making of anatomically and physiologically accurate definitive impressions in the presence of remaining teeth and associated soft and hard tissue undercuts is often difficult and occasionally impossible, 2. if the residual teeth are mobile, recording accurate interocclusal jaw registrations may be difficult, 3. creating edentulous contours on dentate master casts utilizing clinically valid and reliable estimation techniques is often associated with unavoidable

Figure 1. The patient’s clinical appearance prior to immediate denture therapy.

Figure 2. The patient’s radiographic condition prior to immediate denture therapy.

Figure 3. An impression tray (Strong-Massad Dentate & Implant Trays, Global Dental Impression Trays) is selected to fit the maxillary arch.

Figure 4. The clear polystyrene impression tray permits see-through visibility for selecting and fitting the tray to the dental arch.

Figure 5. Impression tray stops are formed in the tray using high viscosity VPS impression material.

Figure 6. High viscosity VPS impression material is applied to the impression tray borders prior to border molding.
Immediate Complete Denture Impressions

Massad, DDS

Immediate denture therapy. Figure 1. Immediate complete dentures include the maintenance of edentulous posterior regions, as well as cost, were reviewed with the patient. The patient elected full-mouth extractions and placement of immediate maxillary and mandibular complete dentures.

CASE REPORT

A 44-year-old white female presented on referral from her general dentist for evaluation and treatment of a severely compromised dentition. The patient was a professional makeup artist and expressed concern regarding the aesthetics of her smile and the appearance of her teeth during close, personal, daily interactions with her clients. The patient also reported that she smokes cigarettes (one half pack per day). This habit began 15 years ago.

Intraoral examination revealed multiple missing teeth, substantial accumulation of dental plaque and calculus, many teeth with 0 to 9 mm probing depth, generalized bleeding on probing, generalized moderate to severe mobility, and severe fremitus involving most teeth (Figures 1 and 2). Following scaling and root planing, many of the teeth previously demonstrating moderate mobility now displayed severe mobility.

The patient's remaining teeth were not salvageable. Treatment options, duration, and prognosis, as well as cost, were reviewed with the patient. The patient elected full-mouth extractions and placement of immediate maxillary and mandibular complete dentures.

Immediate Denture Impression Techniques

A number of different impression techniques have been described for use in the fabrication of immediate complete dentures. These techniques include:

1. An irreversible hydrocolloid impression made in a stock impression tray.
2. An elastomeric impression made in a border molded custom impression tray.
3. A combination or double impression technique involving (a) a primary impression made in an elastomeric impression material to capture only edentulous vestibular areas, and (b) a secondary impression made in a stock impression tray using irreversible hydrocolloid to capture the remaining teeth and associated vestibular areas. The secondary impression is made with the primary impression in place in the patient's mouth.
4. A sectional impression involving (a) a posterior section impression made in a border molded custom tray using an elastomeric impression material to capture edentulous posterior regions, associated vestibular areas, and the lingual aspects of the residual dentition, and (b) an anterior section impression, or facial matrix, made by placing a bulk of impression material in the labial vestibular space associated with the residual dentition and allowing it to set. Alternatively, the impression material may be carried to the mouth in a second sectional tray that is indexed to the primary tray. In either case, the anterior section impression will capture the facial anatomy of the teeth, the vestibular anatomy, and indices on the primary impression/tray. Upon removal of the anterior and posterior
sections separately, the 2 sections are reassembled outside the mouth (using the indices) and prepared for casting.

5. The “Campagna” combination impression involving (a) a primary impression made in a border-molded custom tray using an elastomeric impression material to capture the posterior edentulous regions and ALL vestibular areas, and (b) a secondary impression, or over-impression, made in a stock impression tray using irreversible hydrocolloid to capture only the residual dentition and pick-up the primary dentition.

Because of the residual teeth, associated osseous undercuts, and the use of hydrocolloid impression materials, these impression techniques fail to register anatomically and physiologically accurate vestibular anatomy. With the development of a new impression tray system (Strong-Massad Dentate & Implant Trays, Global Dental Impression Trays) and the use of vinyl polysiloxane many of the shortcomings associated with classic immediate denture impressions may be successfully avoided. The impression technique illustrated here employs vinyl polysiloxane (VPS) impression material to accomplish single appointment definitive immediate denture impressions.

The Maxillary Impression

Tray Selection

The first step is to determine the dimensions of the dental arch and select a stock impression tray of appropriate size (Figure 3). The impression trays illustrated here are constructed from a clear polystyrene-based polymer and permit see-through visibility to assist when selecting and fitting the tray (Figure 4). Retention slots perforate the trays to maximize mechanical retention of the material. FVS adhesive should NOT be used in the trays. Rather, it is preferred that the impression material is wiped clean from the tray in areas where the tray impinges on border and peripheral tissues. The elimination of impression material from tray borders indicates the need to selectively adjust the tray prior to making the definitive impression.

Tray Adaptation

Customized tray adaptations can be made to accommodate existing anatomic contours. The trays illustrated here are thermoplastic. To effect subtle alteration of flange trajectory, pass the tray quickly through a laboratory flame until the resin begins to soften. Once softened, carefully manipulate the tray flange into the desired shape. Cool the tray in water. Border extensions of the tray may also be reduced by grinding with a conventional acrylic resin bar.

The impression procedure described here requires repetitive placement of the impression tray in the patient’s mouth. In order to achieve consistently accurate tray placements, tray stops are used. Using high viscosity VPS, dispense quarter-size mounds in the molar, incisor, and mid-palate areas of the tray (Figure 5). Seat the tray in the patient’s mouth and center the tray over the residual teeth and ridge. Upon polymerization, remove the tray and inspect the stops to assure even thickness and that the teeth and ridge crest are centered within the tray. Trim the VPS with a sharp knife to eliminate all but the occlusal surface and incisal edge impressions and minimize any areas of soft tissue contact (Figure 5). Tray stops permit: 1. adequate and even space between the tray and residual tissues for impression material, 2. adequate and even space between the tray and vestibular reflections for impression material, and 3. consistently repeatable positioning during tray placement.

Border Molding

For maxillary impressions, it is recommended that a high or medium viscosity VPS material be used for border molding. Dispense a rope of VPS material along the peripheral tray borders, including the post-palatal seal area (Figure 6). Place the tray in the patient’s mouth and seat the tray onto the maxilla using the tray stops as guides. Use the following tissue manipulations to define peripheral borders:

- To define the buccal notches and bucal vestibular borders, grasp the cheek with the forefinger and thumb at the corner of the mouth and pull downward and forward (Figure 7). Repeat this process on the opposite side.
- To define the coronomaxillary vestibular border and hamular notch area, ask the patient to open the mouth wide (Figure 8). This will cause the coronoid processes to translate through the coronomaxillary spaces, bringing associated muscles to their terminal positions. If the mandibular opening is restricted, instruct the patient to move the mandible from side to side.
- To functionally form the posterior border of the tray, instruct the patient in Valsalva’s maneuver.40-42 Manually occlude the patient’s nostrils and ask the patient to attempt to forcibly exhale through the nose only (Figure 8). This causes the soft palate to move downward, forming the VPS along the post-palatal seal aspect of the impression tray.

Following polymerization of the VPS, remove the impression tray and inspect all peripheral borders to assure that appropriate anatomic and functional detail is present. If the rim tray is apparent through the border molding material, adjust the tray by grinding. Finally, in preparation for the definitive impression, relieve one to 2 mm from all borders using a scalpel blade and/or rotary instrument (Figure 9).

Definitive Impression

Dispense low-viscosity VPS impression materials into the maxillary impression tray (Figure 9). Inject extra-low-viscosity VPS material around all residual teeth using manual syringes (Figure 10). Inject extra-low-viscosity VPS material relatively low tear strength, permitting easier recovery of the polymerized impression from the patient’s mouth without damaging periosteally involved teeth. The relatively low stiffness of low viscosity VPS also facilitates recovery of the definitive master cast from the impression without damage. Continued on following page.
Following injection of low viscosity VPS around all teeth, place and center the impression tray on the maxilla (Figure 10) using the tray stops as guides. Repeat all border molding manipulations. Upon polymerization of the VPS, remove a ribbon of material along the occlusal wall of the impression tray (Figure 13). Seat the tray in the patient’s mouth and center the tray over the residual teeth and ridge (Figure 13). Upon polymerization, remove the tray and inspect the stops to assure even thickness and that the teeth and ridge crest are centered within the tray. Trim the VPS with a sharp knife to eliminate all but the occlusal surface and incisal edge impressions (Figure 14).

As with the maxillary impression procedure previously described, subtle thermoplastic tray reshaping and selective removal of tray material using an acrylic bur may be accomplished until an acceptable fit is achieved.

The Mandibular Impression
Examine the dimensions of the mandibular dental arch and select a stock impression tray of appropriate size (Figure 12).

Tray Adaptation
Customized tray adaptations may be made to accommodate existing anatomic contours. As with the maxillary impression procedure previously described, subtle thermoplastic tray reshaping and selective removal of tray material using an acrylic bur may be accomplished until an acceptable fit is achieved.

Tray Stops
Because the impression tray will be reseated in the patient’s mouth a number of times during the impression making, and accurate tray placement is essential, a system of tray stops must be developed early in the impression procedure. Using high-viscosity VPS, dispense a ribbon of material along the occlusal wall of the impression tray (Figure 13). Seat the tray in the patient’s mouth and center the tray over the residual teeth and ridge (Figure 13). Upon polymerization, remove the tray and inspect the stops to assure even thickness and that the teeth and ridge crest are centered within the tray. Trim the VPS with a sharp knife to eliminate all but the occlusal surface and incisal edge impressions (Figure 14).

Border Molding
For mandibular immediate denture impressions, it is recommended that a medium viscosity VPS material be used for border molding. Dispense a rope of medium viscosity VPS mate-
to assure that appropriate anatomic and functional detail is represented. If the resin tray is apparent through the border molding material, adjust the tray by grinding. Finally, relieve all borders approximately one to 2 mm using a scalpel blade and/or rotary instrument in preparation for the definitive impression (Figure 16).

**Definitive Impression**

Dispense low-viscosity VPS impression materials into the mandibular impression tray (Figure 16). Inject extra-low-viscosity VPS material around all residual teeth using manual syringes (Figure 17). As noted previously, extra-low-viscosity VPS material possesses relatively low tear strength permitting easier recovery of the polymerized impression from the patient’s mouth without damaging periodontally involved teeth. The relatively low stiffness of low-viscosity VPS also facilitates recovery of the definitive master cast from the impression without damage.

Following injection of low-viscosity VPS around all teeth, place and center the impression tray on the mandible (Figure 18) using the tray stops as guides. Repeat all border molding manipulations (Figure 18). Upon polymerization of the VPS, remove and inspect the impression for appropriate anatomic, functional, and surface details (Figure 19). Once satisfied with the quality of the definitive impression, bead, box and cast the impression using a suitable vacuum mixed dental stone (Figure 19).

**CONCLUSION**

The provision of prosthodontic restorations immediately following extraction of all remaining nonrestorable teeth is an important treatment option. Many patients in need of this therapy are eager to receive aesthetic replacement of their missing teeth, but express concern about edentulism. As new denture wearers, these patients will require time to accommodate to their situation. It is also expected that the post-extraction denture adjustment and maintenance phase of therapy will be challenging. Therefore, it is imperative that techniques be continuously developed to optimize the accuracy of immediate dentures in an effort to facilitate the difficult transition to edentulism.

As we improve conventional approaches to common prosthodontic problems, the incorporation of new materials and techniques must also be considered. The immediate denture impression procedures presented here combine standard concepts of impression tray relief and phys-
• To form the buccal notches, grasp
• To functionally form the labial and
• To functionally form the lingual and
ulations to define peripheral borders:
(Figure 14). Place the tray in the
Immediate Complete...

site side.
Repeat this process on the oppo-
and pull upward and forward.
thumb at the corner of the mouth
then smile widely (Figure 15).
purse the lips using a sucking action
to touch the posterior palate.
the patient place the tip of the
Following polymerization of the
definitive impression (Figure 16).
final grinding. Finally, relieve all bor-
pression materials into the
tyre 16). Inject extra-low-viscosity

Figure 20.
A carefully developed maxillary impression displays
ably vacuum mixed dental stone
cast the impression44 using a suit-
molding manipulations (Figure 18).
cedures presented here com-
incorporation of new materi-
prosthodontic problems, the
among edentulism. As
replacement of their miss-

CONCLUSION

Advantages of immediate com-
The purpose of Valsalva’s maneu-
Disadvantages of immediate com-

15. Bates JF, Stafford GD. Immediate complete den-

18. Anderson JN, Storer R. Immediate and

7. Appleby RC, Kirchoff WF. Immediate maxillary


32. Ettinger CW, Rayson JH, Terry JM, Rahn AO.

36. Mitchel KF. Muscle-trim and tissue control in


1942;48:111-114.

1993.

1975.


2. Standard SG. Preparation of casts for complete


1943-44:365-369.


1987-89:73-78.

1950:10:12.


1961;11:441-449.


1993.


1961;11:441-449.


1961;11:441-449.


1961;11:441-449.


1961;11:441-449.

Association Seeks Indefinite Delay on FTC Red Flags Rule

*Released by the American Dental Association - December 9th, 2008*

By Arlene Furlong

Washington—The ADA is urging the FTC to indefinitely postpone the effective date of the Red Flags Rule for dentists while reconsidering its applicability to them overall.

The Rule requires financial institutions and creditors to develop a written plan to prevent and detect identity theft. The Federal Trade Commission staff has deemed dentists and physicians as creditors that are subject to the rule when they don’t receive payment in full from their patients at the time of treatment.

In a Nov. 24 letter, the ADA requests a meeting with the FTC to discuss reasons the Association believes the rule should not be applied to dentists. The reasons, background and analysis supporting the ADA position are discussed at length in the letter, which is posted in its entirety at ADA News Today on ADA.org.

“We believe that characterizing dentists as creditors under the Red Flags Rules is contrary to the legislation on which the rule is based,” said Tamra Kempf, ADA chief legal counsel. “The rule should not have been extended to dentists without giving affected parties notice and an opportunity to comment. In addition, applying the rule to dentists and physicians is against sound public policy and will inject substantial compliance costs into the health care system without a substantial reason for doing so.”
We invite you to Join us April 16-18, 2009 at the 38th annual Star of the South Dental Meeting. We have put together an exciting continuing education program, filled with entertaining “Texas Themed” social events and excellent opportunities for camaraderie and networking. Various certification courses designed to meet licensing requirements of the dental team members will also be available. Come let Houston’s warm hospitality welcome you to a rewarding and enjoyable educational experience. We look forward to seeing you in Houston April 16-18, 2009!

Call the Society office at (713) 961-4337 to request a Registration Brochure or visit our web site at www.starofthesouth.org for more information!
**PRACTICE FOR SALE: NORTHWESTERN OKLAHOMA.** Grossing $827K in 30 hour week. Beautiful office and equipment. Five operators and one Hygiene. Owner will work for you. *(405) 359-8784 FINANCING AVAILABLE.*

**PRACTICE FOR SALE: ENID OKLAHOMA.** Grossing $500,000 in 32 hour week. Four identical operatories. Beautiful office and equipment. *(405) 359-8784 FINANCING AVAILABLE.*

**PRACTICE FOR SALE: TULSA SUBURB.** Grossing over $750K in 4 day week. Five operatories, digital and Dentrix. Elec. Handpieces. *(405) 359-8784 FINANCING AVAILABLE.*

**PRACTICE FOR SALE: TULSA.** Grossing $351.5K in three day week. Five operatories with hygiene. Huge potential for growth. *(405) 35908784 FINANCING AVAILABLE.*

**PRACTICE FOR SALE: TULSA.** Grossing $360K in three and a half day week. Four operatories. Minimal competition in area. *(405) 359-8784 FINANCING AVAILABLE.*

**PRACTICE FOR SALE: ENID OKLAHOMA.** Produced $407.5K in three and a half day week. Forty new patients per month. Three operatories. *(405) 359-8784 FINANCING AVAILABLE.*

**PRACTICE FOR SALE: OKLA. CITY SUBURB.** Grossing $553K in 32 hour week. Five operatories, nice stand alone brick office, large drawing area of seven small towns. Hunting, fishing, nine-hole golf course. Industrial park, good schools. Contact 580-335-2861

**Dental Transition Associates**

**Well-established general practice.**

**SW OK City.** Two ops plus two hygiene rooms. This busy practice draws from the interstate system in SW OK City & Tri-city areas. Grossing $370K 918-747-8808 or 918-747-4426 (fax)

**North of Tulsa** Established general practice for sale. Four ops plus 2 hygiene ops.

**South Tulsa general practice.** Well established, excellent location, great exposure & good net. 918-747-8808 or 918-747-4426 (fax)

Partnerships/Equity Opportunities now available!

**6 Day Dental & Orthodontics just may be the premier Fee-for-Service alliance of dental practices in the country.**

Our doctors earn more, seeing fewer patients, with plenty of time off to enjoy a rich and healthy lifestyle. Send doctor resumes to doctors@6daydental.com. www.6daydental.com

**Southwest OK**

Grossing $500,000, 4 day week, four operatories, nice stand alone brick office, 2,500 sq. feet. Dental hygienist, laboratory tech (in office), large drawing area of seven small towns. Hunting, fishing, nine-hole golf course. Industrial park, good schools. Contact 580-335-2861

**Associate Dentist Needed**

Dentist seeking full or part-time associate dentist. The office has updated equipment and operatories-with 9 operatories and 2 hygienists. The practice has a steady patient flow, with an experienced out-going staff. Dr. Whitefield is a LV1 trained dentist who practices modern dentistry. 401K benefits available with a guaranteed salary. If interested please call 580-762-5624 or mail resume to Dr. Quint Whitefield 1618 N 5th St. Suite 2, Ponca City, OK 74601

**NW Oklahoma City Dental Practice For Sale.** Modern office equipment. Collections exceeds $400,000/year. For information call D.R. Harris, CPA *(405)812-3870*

**Dental office space for sale or lease.** Northwest OKC near Mercy Hospital. Three operatories fully equipped plus fully furnished reception room. *(405) 819-3603*

**Practice for Sale North of Lubbock:** Highly productive practice. Large, growing, loyal patient base. Transitional phased retirement. Seller will work for purchaser as needed. Very nice building; buy or lease/purchase. Gary Clinton, Appraiser/Broker, is a Senior Member of The Institute of Business Appraisers, Inc. Call +1-800-583-7765

**For Lease: South Oklahoma City**

3 Operatories plus nice reception area and lab. Set up with all new state of the art equipment. Digital X-Ray with panoramic. Computerized in all operatories. Call for information Dr. Robert D. Mars @ 405-691-3399.

---

**LOOKING FOR A HYGIENIST?**

The Department of Dental Hygiene at the University of Oklahoma College of Dentistry has developed an email list of program graduates. If you have a job opportunity available, please email information to Dr. Jane Bowers at jane-bowers@ouhsc.edu. Dr. Bowers will email your information to all participating graduates.

Please include:
City or town
Specific days per week needed
Any pertinent information about your office that you would like to share

Contact Information
ODA ENDORSED COMPANIES

BEING A MEMBER OF THE ODA DOES HAVE ITS ADVANTAGES!

ALEXANDER AS STRUNK
Insurance products for the practice and for the individual including:
- Professional liability - Home & Auto - Business office property - Medical - Worker’s compensation - Long-term care - Term life
- Employment payroll
- Accidental Death & Dismemberment (405) 751-8356 or (800) 375-8356 - www.strunkinsurance.com

Other Insurance Programs

Paid Dental
Freedom of choice dental plan for employers
(800) 342-3279, ext. 311
www.freedom-of-choicedental.com

Direct Dental
Dollar-based, direct reimbursement dental plan for employers
(918) 932-3644 - www.directdental.net

Bank of America
ODA personal/business credit card
(800) 598-8791
Practice, practice sales & acquisition financing
(800) 491-3623 - www.bankofamerica.com

CareCredit
Patient payment plans
(800) 800-5110 - www.carecreditworks.com

Travel Discounts

Starwood
Hotel discounts on Westin, Sheraton, W Hotels & Four Points
(866) 500-0380 - www.starwoodhotels.com

Hertz
Car rental discounts
(800) 654-2201 - www.hertz.com

Programs for the Office

Online data backup and recovery services
(888) 356-2707
www.corevault.net/dataprotection/ODA

Discount on all Dimension desktops and Inspiron notebooks
(866) 467-3355
www.dell.com/eppbuy

Precious scrap metal recovery program
(800) 741-3174
www.easyrefine.com

Account collection services
(800) 685-0595
www.icsystem.com

Automated external defibrillator discounts
(866) 932-3331
www.lifeguardmed.com

Identity theft protection services
(877) 543-3562
www.lifelock.com

Website design and Internet marketing services
(888) 932-3644
www.prosites.com/oda

Electronic check acceptance
(800) 884-3724
www.telecheck.com

Electronic payment processing services
(405) 746-5965
www.rbslynk.com

Message on hold and patient appointment confirmation
(800) 644-4266
www.televox.com

Complete clinical record keeping system
(888) 243-4675
www.dentalrecord.com

For more information on how you can start taking advantage of the ODA Member-only discounts offered by these ODA-endorsed companies, contact the company directly, or visit www.okda.org today!
Good for You. Good for Your Patients.

Nearly three out of every four practicing dentists in America participate in one or more of Delta Dental’s networks. It’s no wonder. Participation in the Delta Dental networks is not only good for your patients, but also good for your practice. No other dental benefits carrier offers the same level of expertise and commitment to oral health.

Fast, convenient claims processing!
- When you sign up for direct deposit you’ll receive your payment within 24-48 hours of the claim being processed
- Our average claims turnaround time is less than two business days

What you need, when you need it!
- Our Customer Service wait time is less than 33 seconds
- Our Customer Service team gets you the information you need—quickly and efficiently

Advancing greater access to oral health care and education!
- The DDOK Charitable Foundation has given nearly $2 million to support a variety of projects and initiatives
- Funding educational school programs, college scholarships, free and low-cost clinics across the state, and more

“Because where the need is great, the giving must be greater.”

Learn more at DeltaDentalOK.org