
Timothy M. Bizga, DDS, FAGD



First Name

First Name



DISCLAIMER

I participate in several product reviews each year to keep up with the latest materials, techniques, and services. This ensures that the information I share is current and relevant to today's continuing education needs.

Today, I will be discussing some of these products and services with you.

Today I am supported in part by:

GC, Bisco, Deka, Vista-Apex, Pearl, Shofu, Colgate

Colgate-Palmolive is 220 years old this year!



Colgate outranking #2 Coke (42%) and #3 Dove (37%)

Present in over

61%

of homes globally



Caring for people's oral health in over

200

countries



Reaching over

1 billion people

with our Bright Smiles, Bright Futures education program



World’s Most Recognizable Brands

































ABOUT ME

THE DENTAL ADVISOR
CLINICAL CONSULTANT

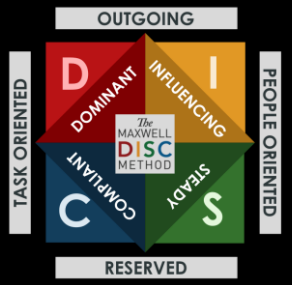
SCHOOL OF DENTISTRY
UNIVERSITY OF MICHIGAN





JOHN MAXWELL
Team
CERTIFIED





THE TRIPLE THREAT

Smile Source



THINK and GROW RICH



THE ORIGINAL UNABRIDGED EDITION

by

NAPOLEON HILL


Desire
accurate knowledge
Definite Plans
Habit
Co-operation
Will Power
Self Reliance
Definiteness of Purpose

Objectives

- Share my experience and tell stories
- Be authentic
- Have fun



The most damaging phrase
in the language is:
"It's always been done that way."

Grace Hopper

What they did not tell you in Dental School…And what you need to learn NOW

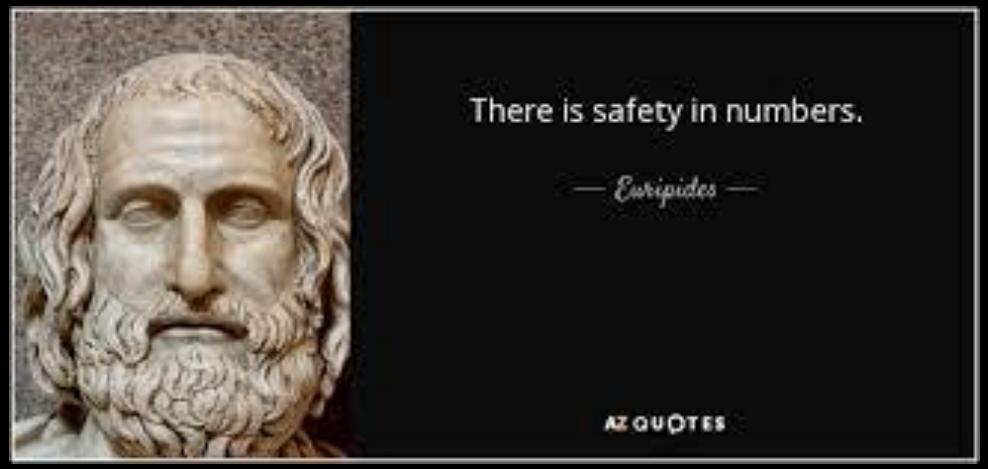
1. Precision is important, so is Speed---**Balance**
2. Indecision is a decision---**Accountability**
3. Certainty leads to case acceptance---**Confidence**
4. Insurance is a mess, but you have to deal with it---**Truth**
5. Most overestimate what can be done in 1 year, yet GROSSLY UNDERESTIMATE what can be done in 5 years---**Vision** **(The RULE of 5)**
6. People are the best/worst part of the job, but keep people first---**Priority**
7. Unlearn what you have learned---**Wisdom**

Dentistry's 8 Game Changers

1. The Great Resignation
2. Changes in Patient Buying
3. More Dental Schools
   - 16 opened since 2008
4. Higher Student Loan Debt
5. Decrease in Insurance Reimbursements
6. Expansion of DSOs or Corporate Dentistry
7. Fewer Private Practice Associateships Available
8. Delayed Retirement






There is safety in numbers.
— Euripides —
AZ QUOTES



smile source

Built for Dentists by Dentists

1) **Real savings that move the needle**
   Meaningful reductions on supplies, labs, equipment, technology, and major investments.
2) **Doctors leading doctors**
   A peer-driven network of owners who share what is working in real private practices.
3) **Community**
   Live events, study clubs, and national connections that go far beyond an online group.
4) **Support for every stage of ownership**
   From first practice to multi-location growth to long-term exit planning.
5) **Fulfillment that extends beyond the dental chair**
   Tools and guidance to build a stronger business, better team, and more sustainable life.

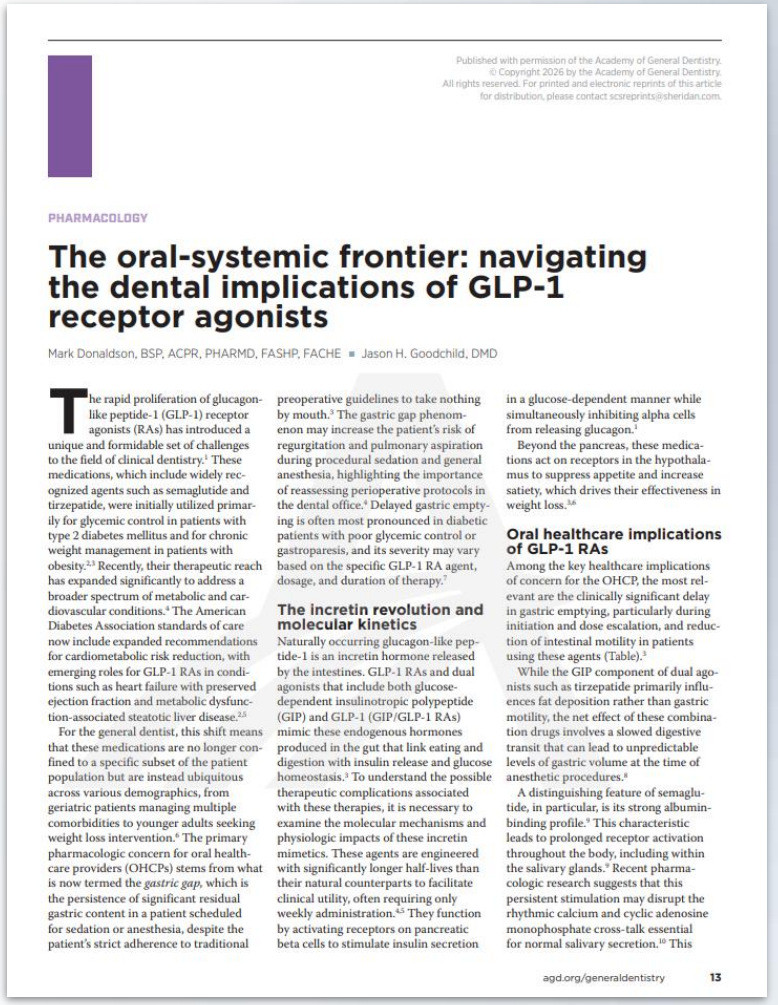


GLP-1 Drugs and Dental Practice



GLP-1 Medications

- **GLP-1 Medications** are taking the US (and the world) by storm.
- 12.4% of the US population has taken a GLP-1[1]
- Initially utilized primarily for glycemic control in patients with type 2 diabetes mellitus and for chronic weight management in patients with obesity.[2,3]
- Now, we have multiple brands and formats of “weight-loss” GLP-1 medications, you probably recognize brands like Ozempic, Mounjoro, and Wegovy



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PHARMACOLOGY

The oral-systemic frontier: navigating the dental implications of GLP-1 receptor agonists

Mark Donaldson, BSP, ACPR, PHARMD, FASHP, FACHE ■ Jason H. Goodchild, DMD

The rapid proliferation of glucagon-like peptide-1 (GLP-1) receptor agonists (RAs) has introduced a unique and formidable set of challenges to the field of clinical dentistry.[1] These medications, which include widely recognized agents such as semaglutide and tirzepatide, were initially utilized primarily for glycemic control in patients with type 2 diabetes mellitus and for chronic weight management in patients with obesity.[2,3] Recently, their therapeutic reach has expanded significantly to address a broader spectrum of metabolic and cardiovascular conditions.[4] The American Diabetes Association standards of care now include expanded recommendations for cardiometabolic risk reduction, with emerging roles for GLP-1 RAs in conditions such as heart failure with preserved ejection fraction and metabolic dysfunction-associated steatotic liver disease.[2,5]

For the general dentist, this shift means that these medications are no longer confined to a specific subset of the patient population but are instead ubiquitous across various demographics, from geriatric patients managing multiple comorbidities to younger adults seeking weight loss intervention.[6] The primary pharmacologic concern for oral healthcare providers (OHCPs) stems from what is now termed the *gastric gap*, which is the persistence of significant residual gastric content in a patient scheduled for sedation or anesthesia, despite the patient's strict adherence to traditional preoperative guidelines to take nothing by mouth.[3] The gastric gap phenomenon may increase the patient's risk of regurgitation and pulmonary aspiration during procedural sedation and general anesthesia, highlighting the importance of reassessing perioperative protocols in the dental office.[4] Delayed gastric emptying is often most pronounced in diabetic patients with poor glycemic control or gastroparesis, and its severity may vary based on the specific GLP-1 RA agent, dosage, and duration of therapy.[7]

The incretin revolution and molecular kinetics

Naturally occurring glucagon-like peptide-1 is an incretin hormone released by the intestines. GLP-1 RAs and dual agonists that include both glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 (GIP/GLP-1 RAs) mimic these endogenous hormones produced in the gut that link eating and digestion with insulin release and glucose homeostasis.[3] To understand the possible therapeutic complications associated with these therapies, it is necessary to examine the molecular mechanisms and physiologic impacts of these incretin mimetics. These agents are engineered with significantly longer half-lives than their natural counterparts to facilitate clinical utility, often requiring only weekly administration.[4,5] They function by activating receptors on pancreatic beta cells to stimulate insulin secretion in a glucose-dependent manner while simultaneously inhibiting alpha cells from releasing glucagon.[1]

Beyond the pancreas, these medications act on receptors in the hypothalamus to suppress appetite and increase satiety, which drives their effectiveness in weight loss.[3,6]

Oral healthcare implications of GLP-1 RAs

Among the key healthcare implications of concern for the OHCP, the most relevant are the clinically significant delay in gastric emptying, particularly during initiation and dose escalation, and reduction of intestinal motility in patients using these agents (Table).[3]

While the GIP component of dual agonists such as tirzepatide primarily influences fat deposition rather than gastric motility, the net effect of these combination drugs involves a slowed digestive transit that can lead to unpredictable levels of gastric volume at the time of anesthetic procedures.[8]

A distinguishing feature of semaglutide, in particular, is its strong albumin-binding profile.[9] This characteristic leads to prolonged receptor activation throughout the body, including within the salivary glands.[9] Recent pharmacologic research suggests that this persistent stimulation may disrupt the rhythmic calcium and cyclic adenosine monophosphate cross-talk essential for normal salivary secretion.[10] This

Donaldson M, Goodchild JH. The oral-systemic frontier: navigating the dental implications of GLP-1 receptor agonists. Gen Dent. 2026 Jul-Aug;74(4):13-17. PMID: 42329607.

1. https://www.forbes.com/health/weight-loss/glp-1-statistics/. Accessed July 6, 2026
2. American Diabetes Association Professional Practice Committee for Diabetes. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2026. Diabetes Care 2026; 49 (Supplement_1):S183-S215.
3. Escudero Samaniego DG, et al. Oral manifestations associated with GLP-1 receptor agonists: A scoping review protocol. OSF Storage. 2026 Mar 24 doi:10.17605/OSF.IO/NWTCS. Available at: https://osf.io/nwtcs/files/shb93. Accessed April 15, 2026

Dental Considerations GLP-1s

- Sedation risk may be increased due to the full stomach paradox.[1-3]
- Xerostomia, or Dry Mouth are reported by 10% to 15% of patients (although not listed in their official side effects).[1,2]
- “Ozempic face”refers to the gaunt, sunken appearance that can happen with rapid weight loss. It has been suggested that this side effect may lead to dentures fit and stability loss.[2]
- An “Ozempic Breath” has been also identified, and it may represent a disruption in oral homeostasis towards a dysbiosis, increasing risk for caries and other infections.[2,3]
- A metallic taste (dysgeusia) has been also reported, a condition that may lead to risky dietary choices.[3,4]
- The gastrointestinal effects of GLP-1s can lead to GERD, which combined to hyposalivation, may create an erosive environment.[4,5]

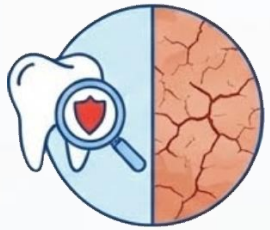
1.- Escudero Samaniego DG, Falconi Tarapues MA, Canarte Vergara BT, Salm MC, Miron Stefani C, Goncalves TMSV, De Luca Canto G, Pauletto P. Oral manifestations associated with GLP-1 receptor agonists: A scoping review protocol. OSF Storage. 2026 Mar 24. doi:10.17605/OSF.IO/NWTCS
2.- Sanders R. Oral care considerations for patients using semaglutide and similar metabolic medications. ADA News. 2025 Oct 14. Available at: https://adanews.ada.org/ada-news/2025/october/oral-care-considerations-for-patients-using-semaglutide-similar-medications/.Accessed April 15, 2026.
3.- Bernardo ME, Dallepiane FG, Escobar M, Cruz ACC, Benfatti CAM. 15 | PageSemaglutide and tirzepatide: Oral cavity effects of weight-loss therapies. EXCLI J. 2026 Jan 9;25:167-169.
4.- Khan R, Doty RL. GLP-1 receptor agonists significantly impair taste function. Physiol Behav 2025; 291:114793. doi: 10.1016/j.physbeh.2024.114793.
5.- De Fano M, Porcellati F, Fanelli CG, Corio S, Mazzieri A, Lucidi P, Bolli GB, Bassotti G. The role of gastric emptying in glucose homeostasis and defense against hypoglycemia: Innocent bystander or partner in crime? Diabetes Res Clin Pract 2023; 203:110828. doi: 10.1016/j.diabres.2023.110828.

Why PreviDent?

41 million



Widespread Use of GLP-1s:



Clinical Consequences[1]

Higher caries risk

Reduced salivary flow Erosive challenge



Recommendation:

PreviDent® 5000 ppm

Consider the Variants! **Dry Mouth and Enamel Protect!**

1. Donaldson M, Goodchild JH. The oral-systemic frontier: navigating the dental implications of GLP-1 receptor agonists. Gen Dent. 2026 Jul-Aug;74(4):13-17. PMID: 42329607.

Colgate® PreviDent® 5000 ppm

Proven prescription fluoride toothpaste with great taste.

Contains Tri-Calcium Phos



PreviDent® 5000 ppm Booster Plus
(1.1% Sodium Fluoride)
Toothpaste

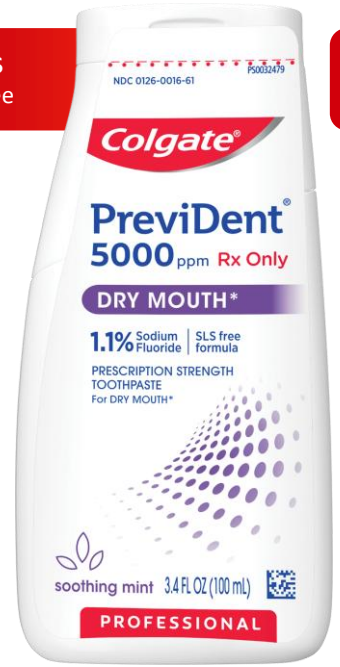


PreviDent® 5000 ppm Sensitive
(1.1% Sodium Fluoride and 5% Potassium Nitrate)
Toothpaste



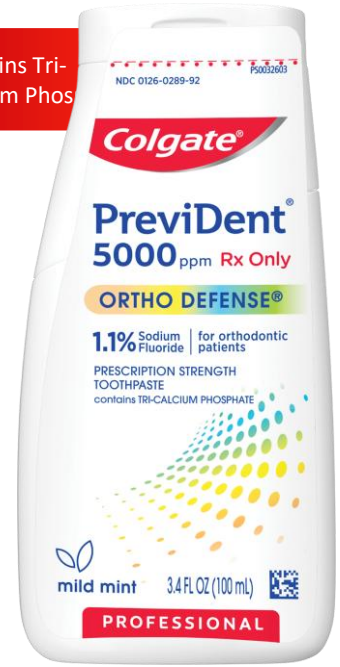
PreviDent® 5000 ppm Enamel Protect
(1.1% Sodium Fluoride and 5% Potassium Nitrate)
Toothpaste

SLS Free

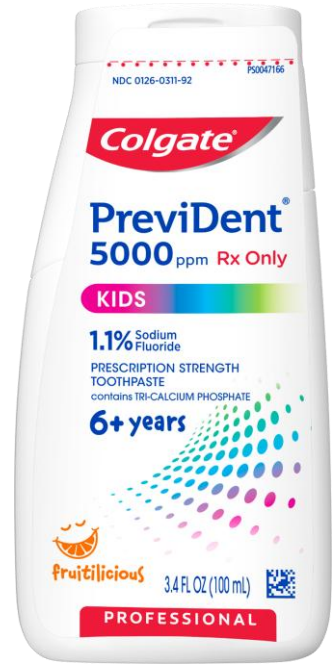


PreviDent® 5000 ppm Dry Mouth
(1.1% Sodium Fluoride)
Toothpaste

Contains Tri-Calcium Phos

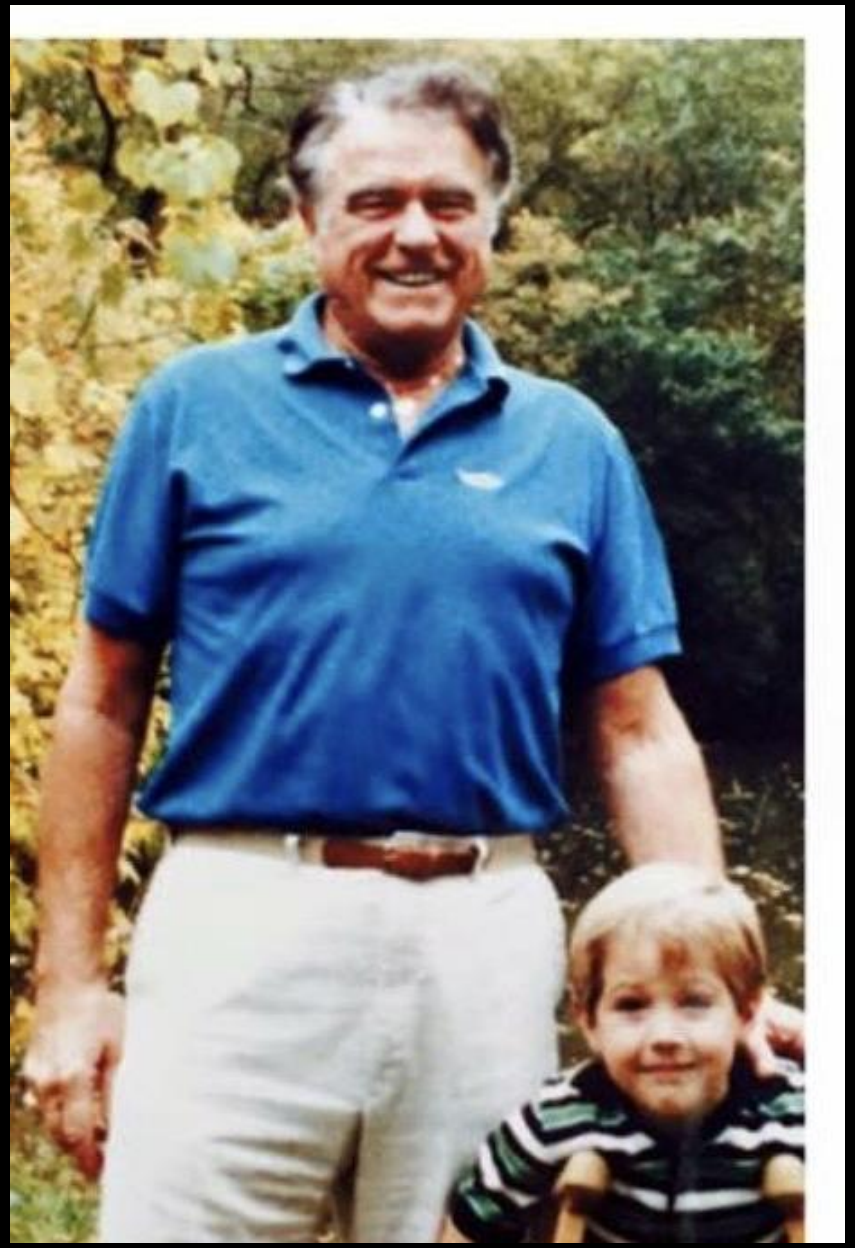


PreviDent® 5000 ppm Ortho Defense
(1.1% Sodium Fluoride)
Toothpaste

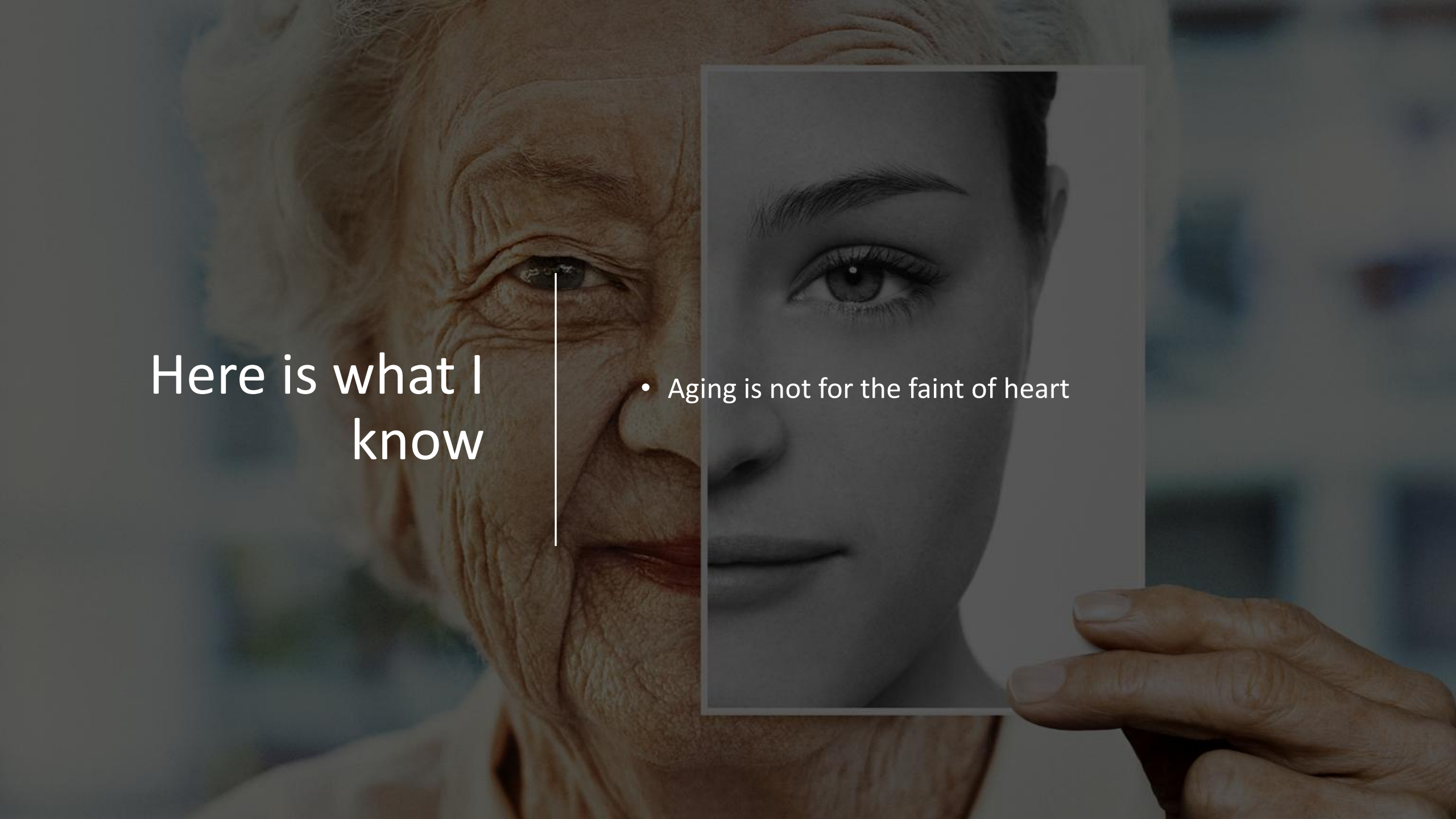


PreviDent® 5000 ppm Kids
(1.1% Sodium Fluoride)
Toothpaste

INDICATIONS: A dental caries preventive and sensitive teeth toothpaste.
IMPORTANT SAFETY INFORMATION: Do not swallow. Keep out of reach of children. Acute burning in the mouth and sore tongue may be experienced by some individuals. If accidental ingestion occurs, side effects may include nausea, vomiting, diarrhea, and abdominal pain. See Package Insert for additional safety information.

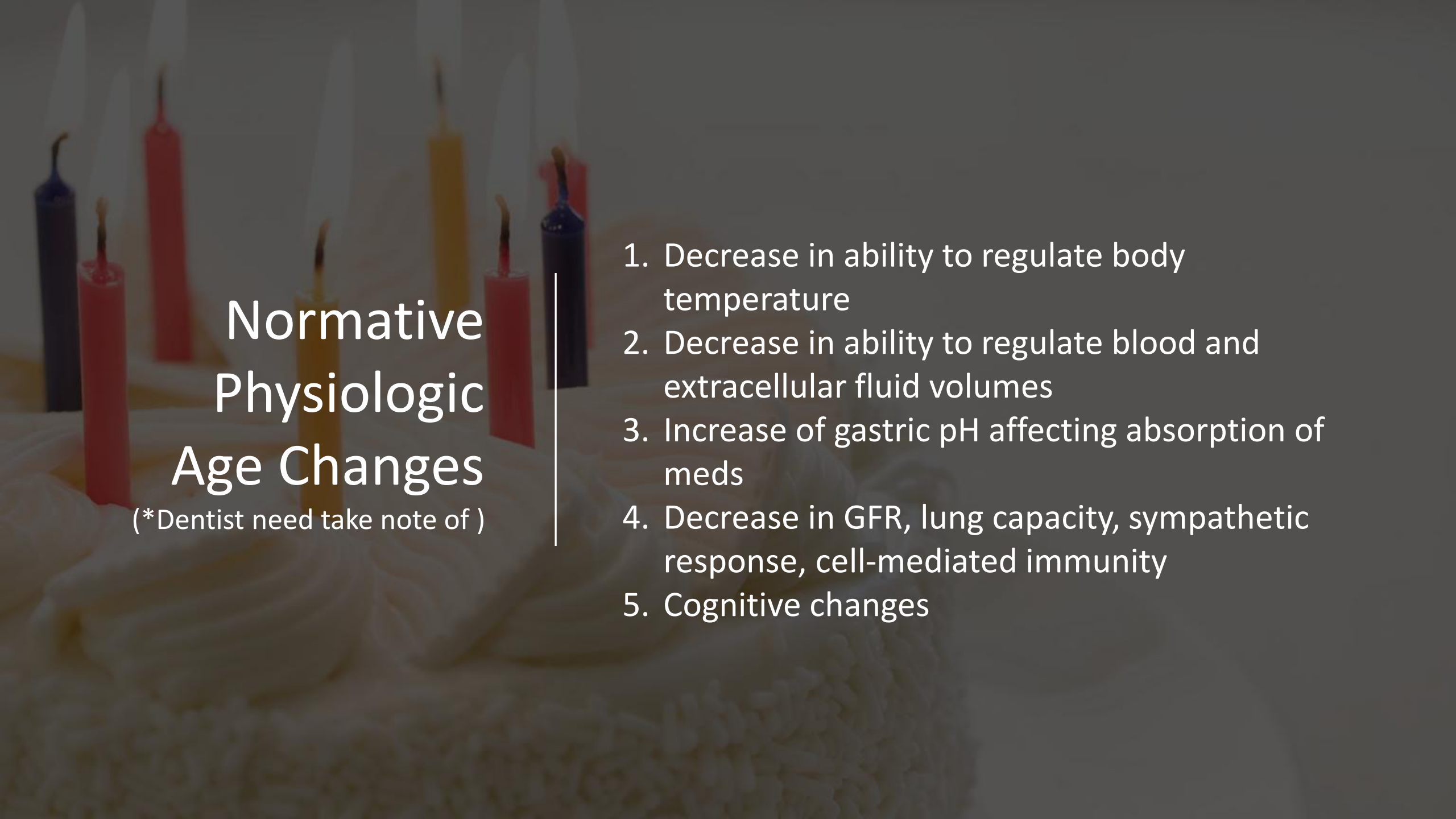






Here is what I know

- Aging is not for the faint of heart

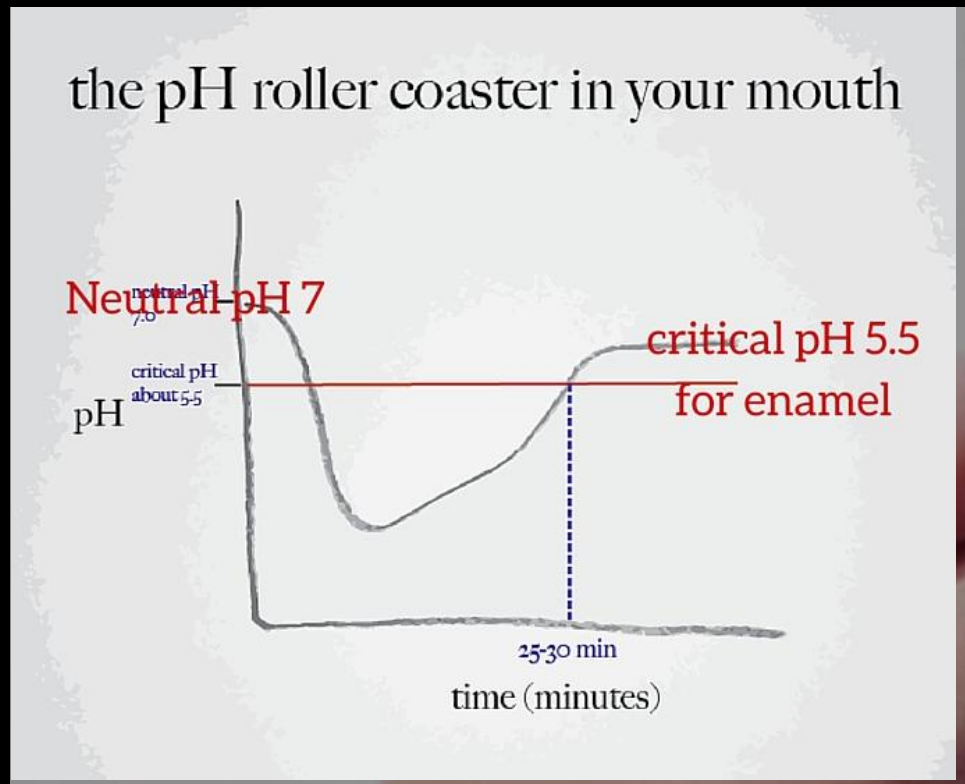


Normative Physiologic Age Changes

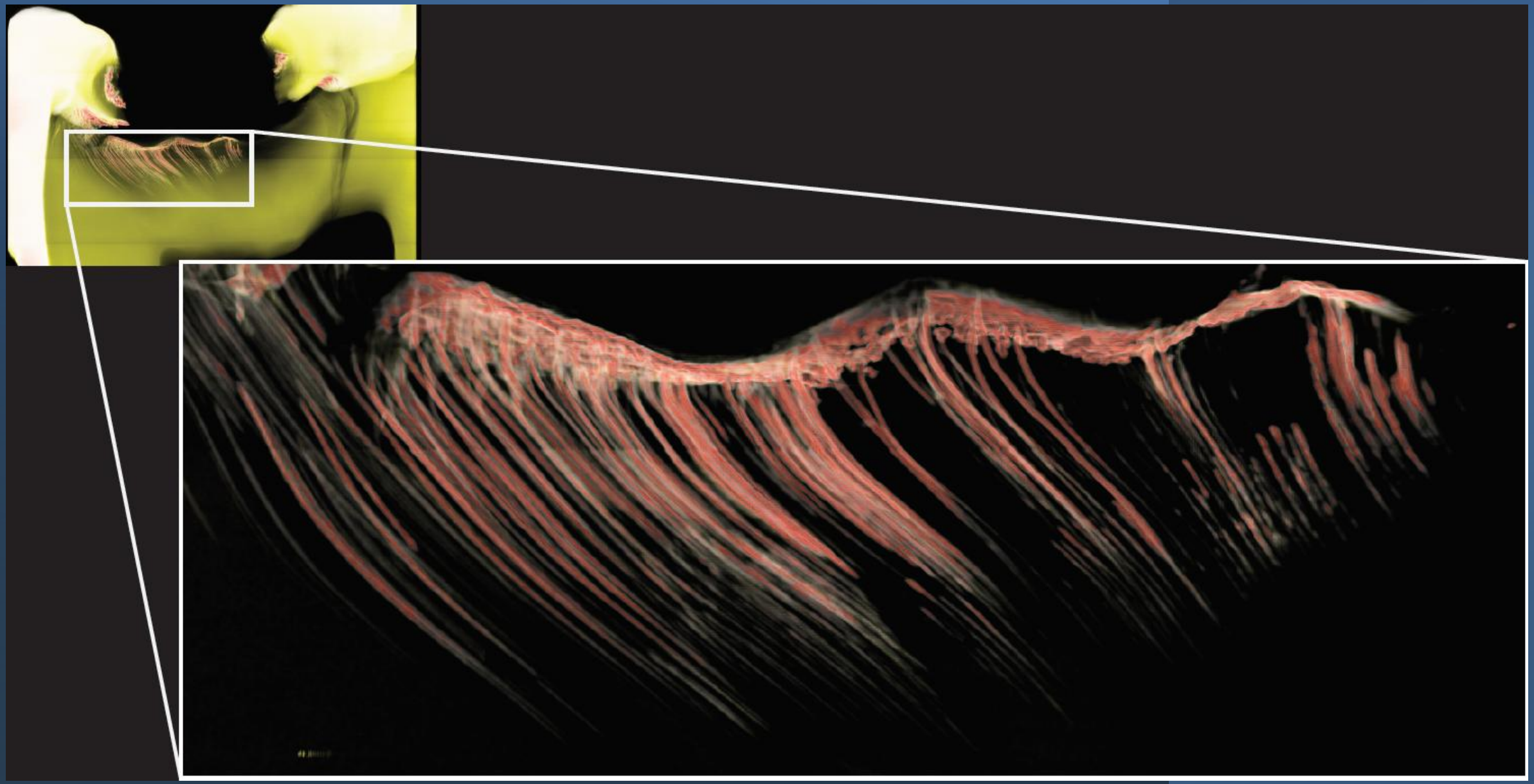
(*Dentist need take note of)

1. Decrease in ability to regulate body temperature
2. Decrease in ability to regulate blood and extracellular fluid volumes
3. Increase of gastric pH affecting absorption of meds
4. Decrease in GFR, lung capacity, sympathetic response, cell-mediated immunity
5. Cognitive changes


Roughly 348 Meds Cause Xerostomia



The critical pH of root surface is 6.2-6.7



Fluoride content in SDF and Fluoride Varnish commercial unit doses				
Fluoride product	**Unit dose**	**Concentration**	**F ion mg/ml**	**F ion mg/dose**
SDF 38%	1 drop (0.025 ml)	44,800 PPM	44.8	1.12
5% NaF Varnishes	0.25 ml	22,600 PPM	22.6	5.65
	0.4 ml	22,600 PPM	22.6	9.04
	0.5 ml	22,600 PPM	22.6	11.3
2.5% NaF Varnish	0.1 ml (4 drops)	11,300 PPM	11.3	1.13

In short, one drop of SDF has the same amount of F as one liter of properly fluoridated water.



One Drop of SDF

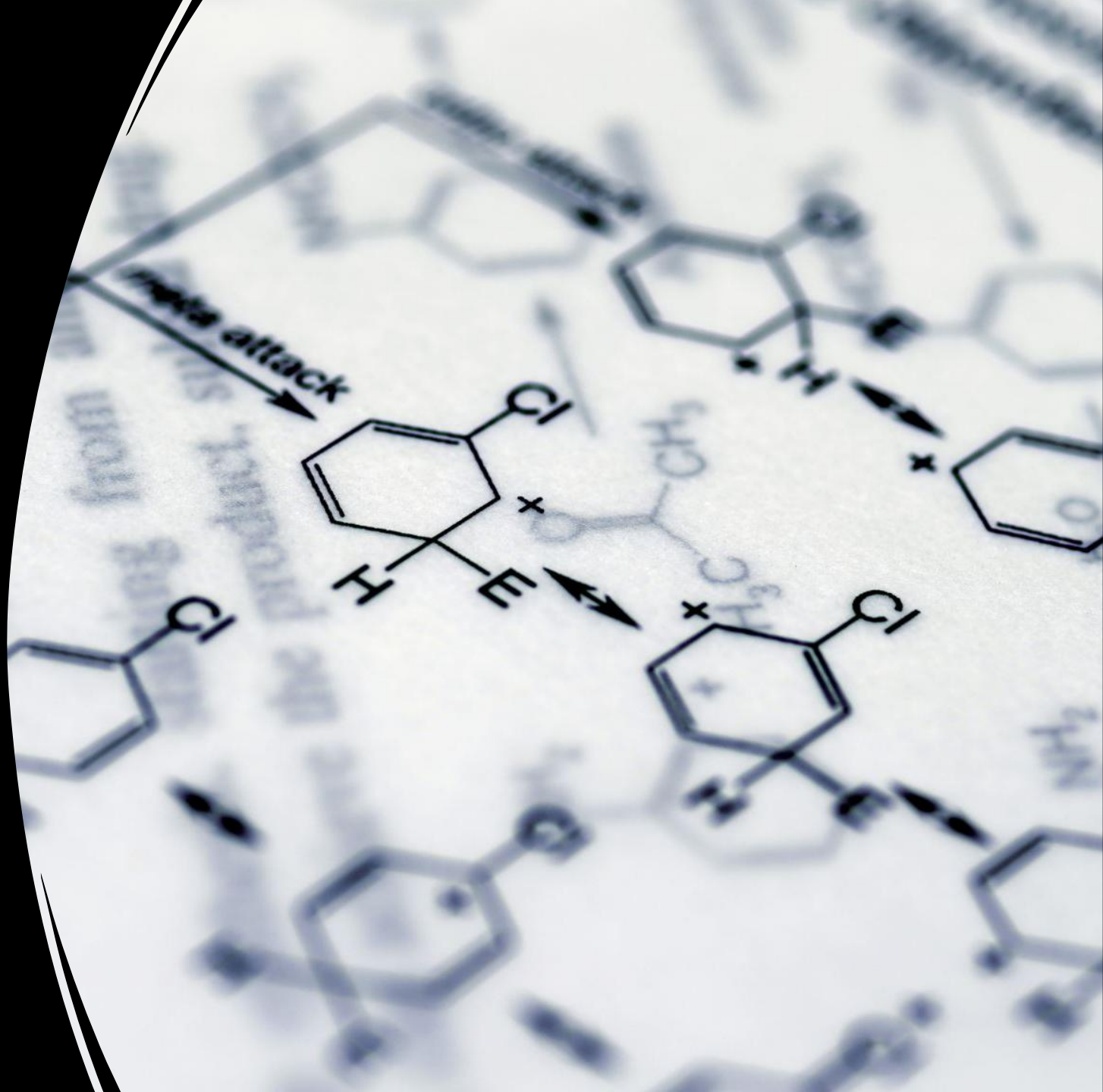
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One Liter of Water
@ 1 ppm F

2 Designations for SDF

1. Caries arresting agent
2. Fluoride based desensitizer



SDF in General Practice

Caries Arrest in Dentistry

SDF is a valuable agent widely used to stop dental caries effectively, especially for children and older adults.

Non-Invasive Treatment Option

SDF offers a non-invasive alternative for cavity management, suitable for patients who cannot undergo traditional procedures.

Sensitivity Management

SDF helps manage dental sensitivity and minimizes the progression of carious lesions, improving patient comfort.



Case Studies



CENTRIX

Two Tools, **One Smarter Approach** to Early Decay

Two of Centrix's DPS Best Products work together to deliver a "one-two punch" to early lesions—providing an easy way to treat sensitivity and encourage remineralization

Tim Bizga, DDS, FAGD, remembers the days when he would note the earliest signs of decay in a patient's otherwise healthy tooth yet would hesitate pick up the handpiece, knowing that drilling might mean sacrificing far more healthy structure than the very small lesion itself.

"That's what we had to do before," recalled Dr. Bizga, who practices in Parma, OH. "Unfortunately, it meant carefully watching the decay until it progressed enough that I felt comfortable moving forward with drilling and restorative treatment."

But since incorporating SilverSense SDF and FluoroDose into his workflow, there's a better solution. Calling the duo a "one-two punch, if you're a boxing fan" for treating early decay, Dr. Bizga has found SilverSense SDF and FluoroDose to be a dream team for caries care.

Strengthen with SilverSense SDF

"I was intrigued when I saw SilverSense SDF, and I said, 'Wow, a liquid I can paint on carious infected teeth that can arrest decay and even harden and condition softened dentin,'" he shared. "I tell my patients that we're going to 'paint medicine on their teeth.'"



In addition to being FDA-cleared to treat dentinal hypersensitivity, SilverSense SDF offers a pain-free way to treat infected lesions without staining healthy enamel or dentin. The 38% silver diamine fluoride formula fosters remineralization, inhibits calcium dissolution from hydroxyapatite, and prevents demineralization of enamel and dentin.[1]

"This is an exceptional tool," Dr. Bizga shared. "Besides young adults and children, I see many elderly patients who develop root caries, and they're often not very large or accessible. Now, I have a liquid tool that will arrest the lesion."

Lock in Benefits with FluoroDose

To help with a metallic taste that some patients report as a result of saliva mixing with SilverSense SDF, Dr. Bizga reaches for FluoroDose, a 5% sodium fluoride that's available in 6 patient-pleasing flavors: Caramel, Bubble Gum, Mint, Cherry, Melon, and the recently released DraganBerry, named in honor of Centrix's founder, the late Dr. William B. Dragan.

FluoroDose offers a smooth, nonclumpy texture; dries clear in seconds upon contact with saliva; and adheres to the teeth for 4 to 6 hours for optimal fluoride uptake.

"Taste is always the initial thing patients notice," shared Dr. Bizga, "so these wonderful flavors of FluoroDose minimize the unwanted taste patients can sometimes experience following an application of SilverSense SDF. I've found a layer of FluoroDose drives that treatment application of silver diamine fluoride deeper and seals it in. Plus, FluoroDose adds a high dose of fluoride to the affected area."

Case No. 1—*A Young Adult Patient Skips the Drill*

To illustrate the value of using both SilverSense SDF and FluoroDose, Dr. Bizga recalls 2 patient cases, beginning with one of his young adult patients.

"My college-aged patients leave home caries free, but after being away from the watchful eyes of their parents, they tend to disregard oral hygiene and return with signs of decay," he shared. "For these cases, I use Oral-B's Super Floss and apply SilverSense SDF to the spongy, foamy portion of the floss. I floss underneath the contact and scrub it up and down against the lesion. Then I dry it off and apply FluoroDose over the top for the taste and to seal it in. Based on what I've seen with my patients, I then consider those lesions arrested, treated, and less likely to advance. When the patient returns, I take new bitewings. My treatment seems to hold ground, which means I don't have to drill."

Case No. 2—*Making an Older Patient More Comfortable*

"Another case concerns an older patient who had an open contact and a partially broken-out amalgam on the second molar," Dr. Bizga said. "We were nearing the time of year when there's a lot of holidays, so he told me he didn't want extensive work done on the tooth.

"After cleaning, I applied SilverSense SDF, which metabolically shuts down all the bacterial activity. I then filled with a glass ionomer restorative. It's a sophisticated interim palliative-type treatment for the tooth that allowed the decay to be halted and the patient to be on his way. We'll monitor the tooth and possibly address it at a later date.



> "These 2 materials offer a treatment option for early incipient lesions that can be tough to access..."
>
> —*Tim Bizga, DDS, FAGD*

"These 2 materials offer a treatment option for early incipient lesions that can be tough to access with conventional methods," Dr. Bizga continued.

"We have the ability to put out the fire and at least hold ground because now the decay isn't going to advance."



FOR MORE INFORMATION:

800.235.5862 | www.centrixdental.com

1. Zheng FM, Yan IG, Duangthip D, Gao SS, Lo ECM, Chu CH. Silver diamine fluoride therapy for dental care. *Jpn Dent Sci Rev*. 2023;59:249-257.

HEALTHY TEETH, HAPPY PATIENTS

Centrix's Prevention for Life program helps clinicians prevent dental disease and patients maintain good oral health at every stage of life. These online tools show practices how adopting prevention protocols can increase revenue while supporting comprehensive patient care. Downloadable resources include:

- **Patient Risk Self-Assessment:** Patients recognize their own risk factors and explore recommended treatments, which fosters more meaningful conversations
- **Practice Health Calculator:** Shows how integrating prevention protocols can increase revenue while supporting patient care
- **Risk Assessment Forms:** Help practices streamline appointment time by conducting assessments alongside exams, boosting treatment planning accuracy, and ensuring proper coding for maximum reimbursement
- **Recare Interval Guidance:** Offers support for determining individual risk status and patient needs

Sign up for a free monthly newsletter today! Scan the QR code to check out more Prevention for Life resources.

Over $ **45 billion** lost in productivity in the U.S. each year due to untreated oral diseases.

92% of adults have dental caries in permanent teeth.

Over **34 million** school hours lost each year due to unplanned urgent dental care.



















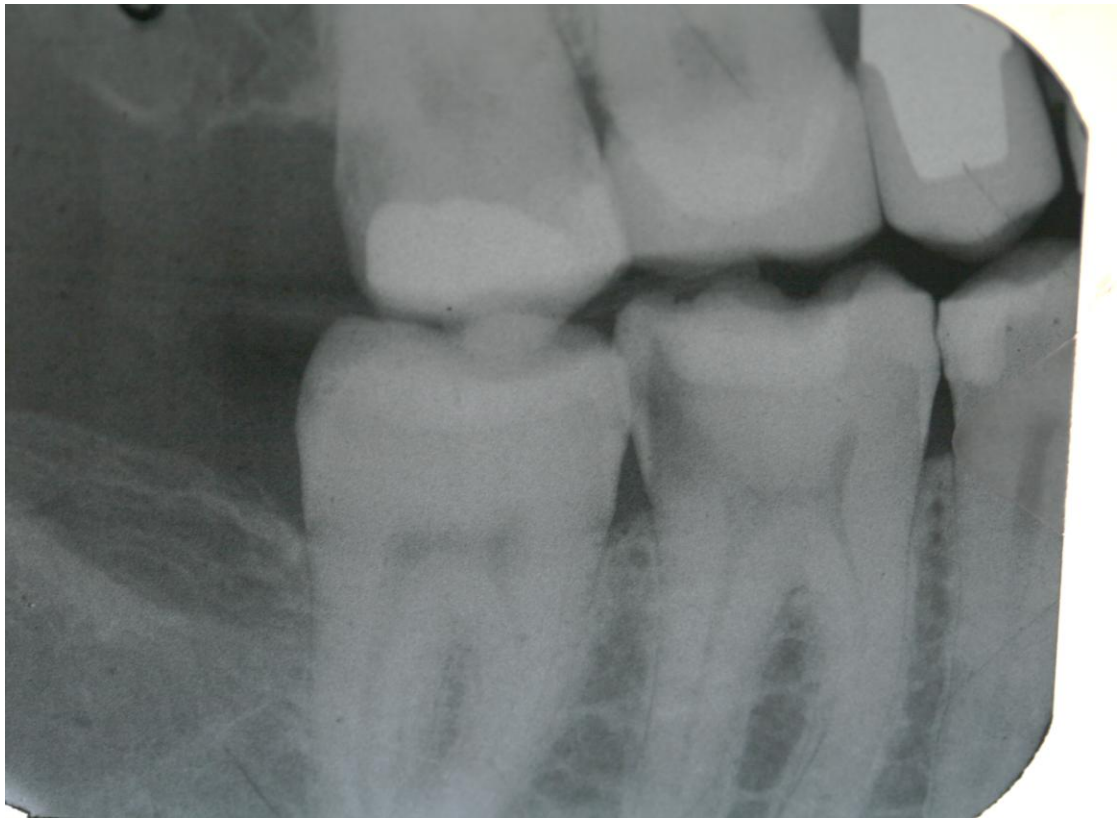














Prevention needs to be INDIVIDUALIZED



I prefer “extra protection”





Alternatives





RATIONALE FOR MI Paste® ONE?



Clean

+



Treat



Clean & Treat in One Step!

MI Paste® ONE

Active Ingredients

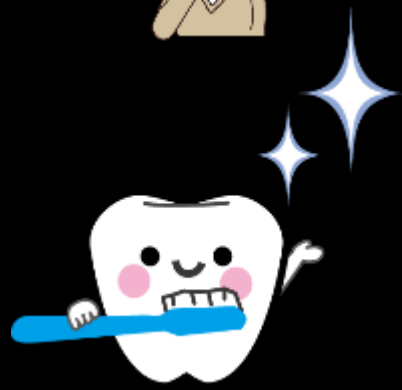
- ✓ Sodium Fluoride - **Anti-caries**
- ✓ Potassium Nitrate (5%) - **Desensitizer**





Other Ingredients

- ✓ RECALDENT (CPP-ACP) 10%
- ✓ Silica (low/mild abrasive)
- ✓ Mild foaming agent (no SLS – No Sodium Lauryl Sulfate)



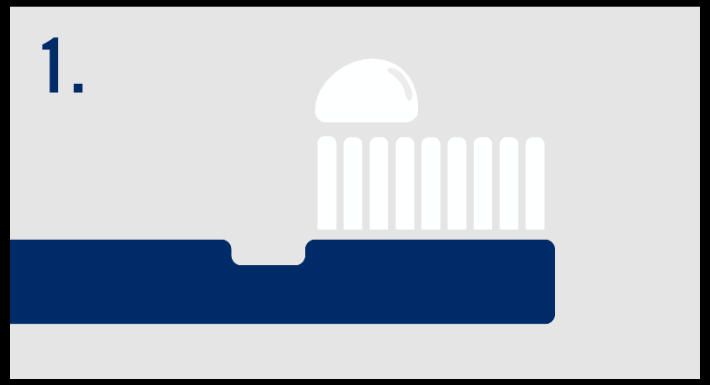




HOW TO USE

CAUTION
RECALDENT™ is derived from milk casein. Do not use on patients with a milk protein or hydroxybenzoates allergy. In case of allergic reaction; stop use, rinse mouth with water, and seek medical advice.

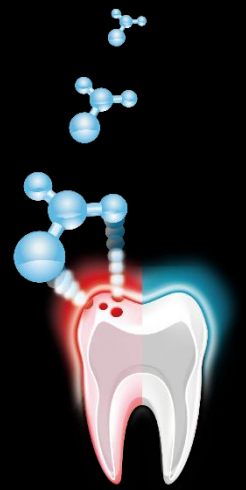
HOW TO USE:



Apply a small, pea-size amount of MI Paste ONE to your toothbrush.



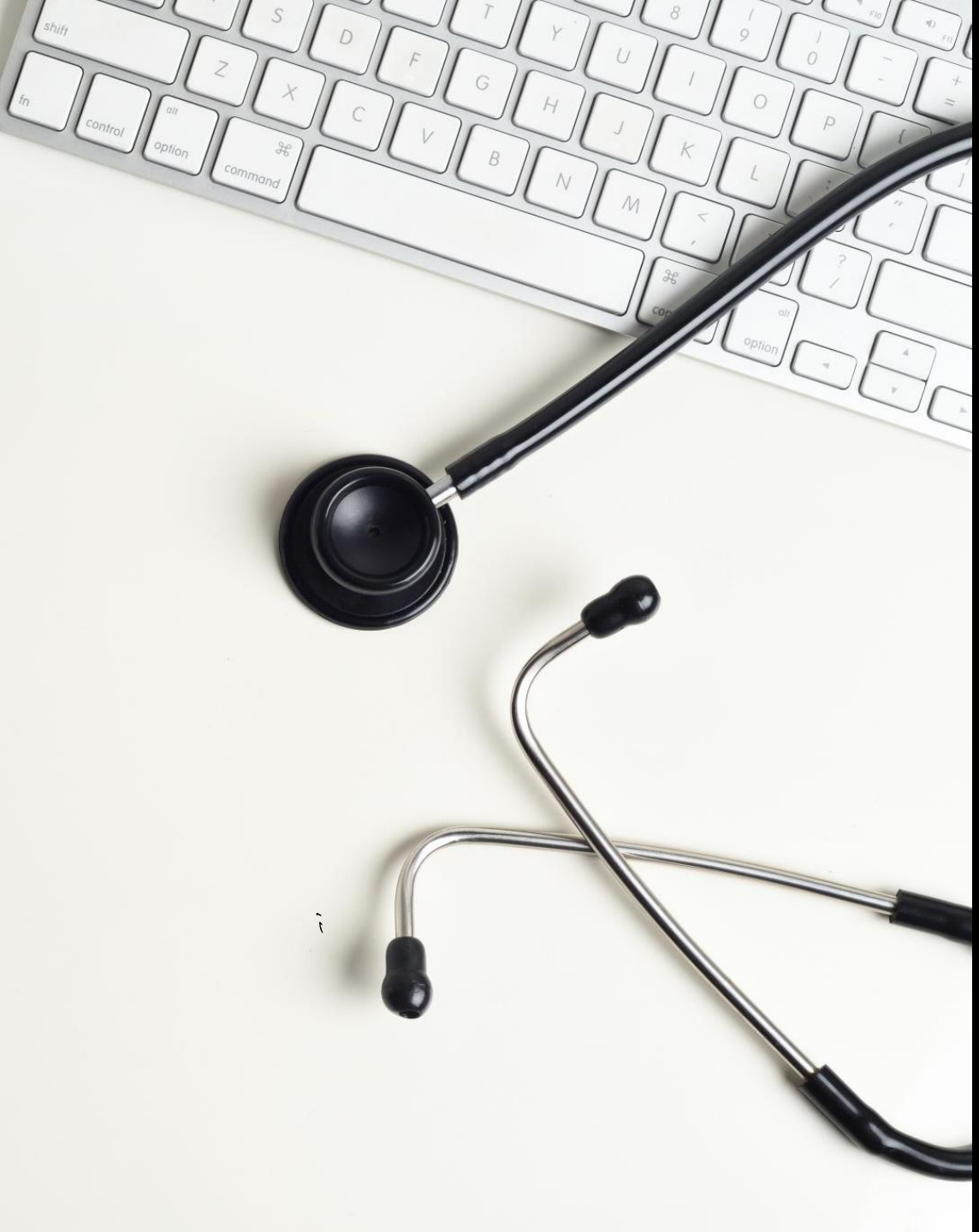
For best results, brush for 2 minutes and **do not rinse**; do not eat or drink for 30 mins after brushing. Use twice a day.



Fresh Mint

Cool and refreshing mint flavor!



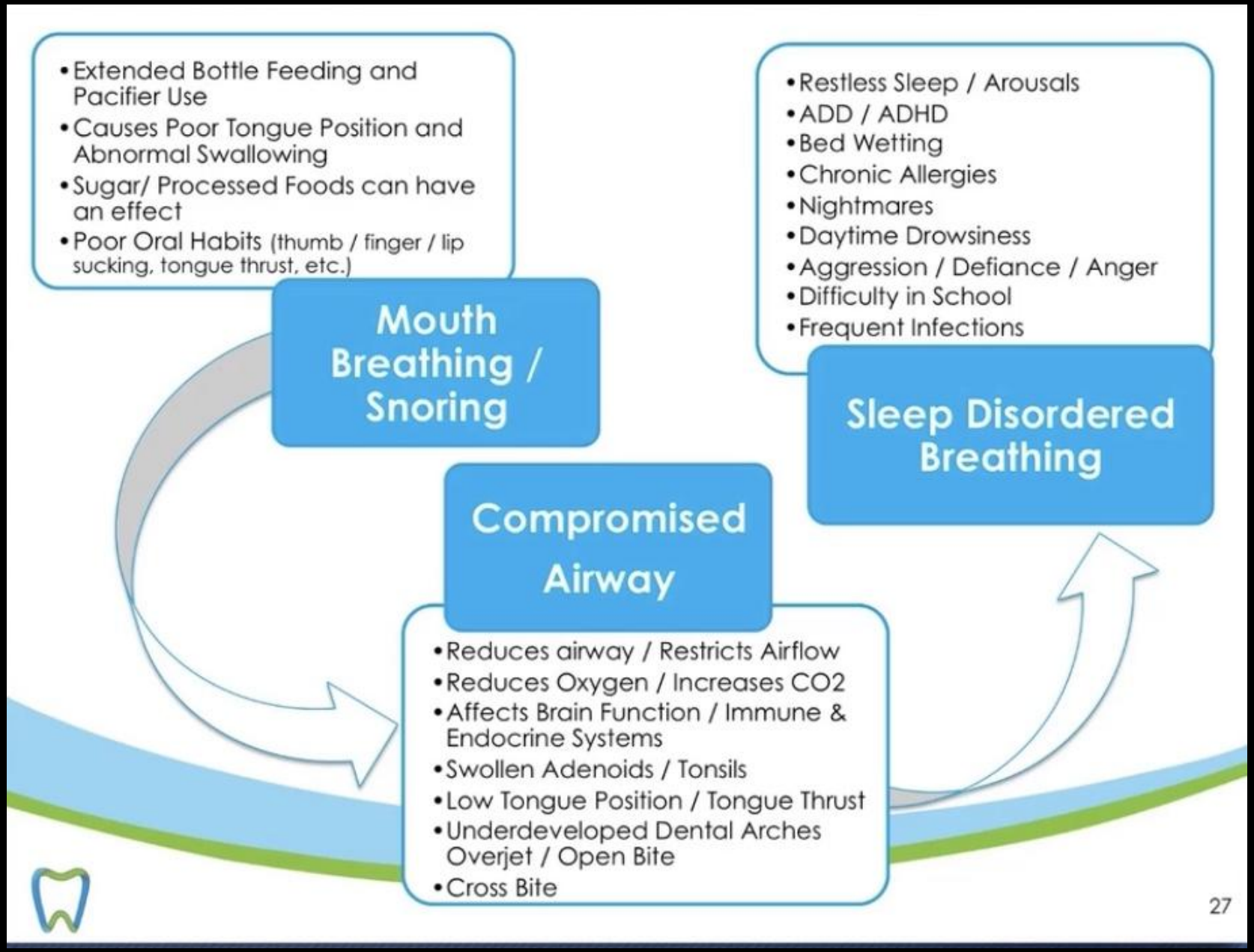


Adding Select Dental Services

- Brilliant Ways to Grow
  1. Dental Implants
  2. Adult Ortho
  3. Sleep Apnea/Lasers
  4. Botox/Fillers
  5. Cosmetic/Preventative Dentistry/ENDO
  6. Robust Hygiene Program

A Fork in the Road…

- Treat Children
  - Totally fee for service
  - Guiding growth and development
  - 4-6months of habit correction
  - Custom appliance to facilitate eruption
  - Goal is to prevent long-term adverse effects
- Treat Adults
  - Possibility of Medical Billing
  - Sleep studies are required
  - Manage symptoms
  - Multiple appliance options
  - Studies show some remission and lack of long-term efficacy


• Extended Bottle Feeding and Pacifier Use
• Causes Poor Tongue Position and Abnormal Swallowing
• Sugar/ Processed Foods can have an effect
• Poor Oral Habits (thumb / finger / lip sucking, tongue thrust, etc.)
Mouth Breathing / Snoring
Compromised Airway
• Reduces airway / Restricts Airflow
• Reduces Oxygen / Increases CO2
• Affects Brain Function / Immune & Endocrine Systems
• Swollen Adenoids / Tonsils
• Low Tongue Position / Tongue Thrust
• Underdeveloped Dental Arches Overjet / Open Bite
• Cross Bite
Sleep Disordered Breathing
• Restless Sleep / Arousals
• ADD / ADHD
• Bed Wetting
• Chronic Allergies
• Nightmares
• Daytime Drowsiness
• Aggression / Defiance / Anger
• Difficulty in School
• Frequent Infections
27

healthystart™

SLEEP DEPRIVATION – PERCENTAGE OF INCIDENCE

- Mouth breathing during sleep -1/2 inch opening reduces airway by 6 mm – average airway in 7 year old is 7mm
- Most urgent for diagnosis are in bold type below
- 20 most important symptoms ≤4 – 13+ years

Mouth Breathing Nights	**43.0%**	Snores 1 Night/Week	24.7%
Snore at All	**37.2%**	Sweating During Sleep	19.0%
Difficulty Listening	34.7%	Snores 2-4 Nights/Week	18.9%
Often Interrupts	34.7%	Bed Wetting	18.1%
Tooth Grinding	32.0%	Hyperactive	17.5%
Talks in Sleep	**31.7%**	Attention Deficit	15.7%
Wakes Up at Night	**29.0%**	**Falls Asleep Watching TV**	**13.4%**
Allergies	28.7%	Speech Problems	12.9%
Restless Sleep	**26.9%**	**Difficult, Labored Breathing**	**12.4%**
Fidgets with Hands	26.6%	Snores 5-7 Nights/Week	8.2%
Mouth Breathes Days	**25.4%**	Throat Infections	6.8%
ADHD	**25.2**		

Incidence ≥ 1 Symptom	90%	N=501
Incidence ≥ 4 Symptoms	60%	(from Stevens et al, 2016)



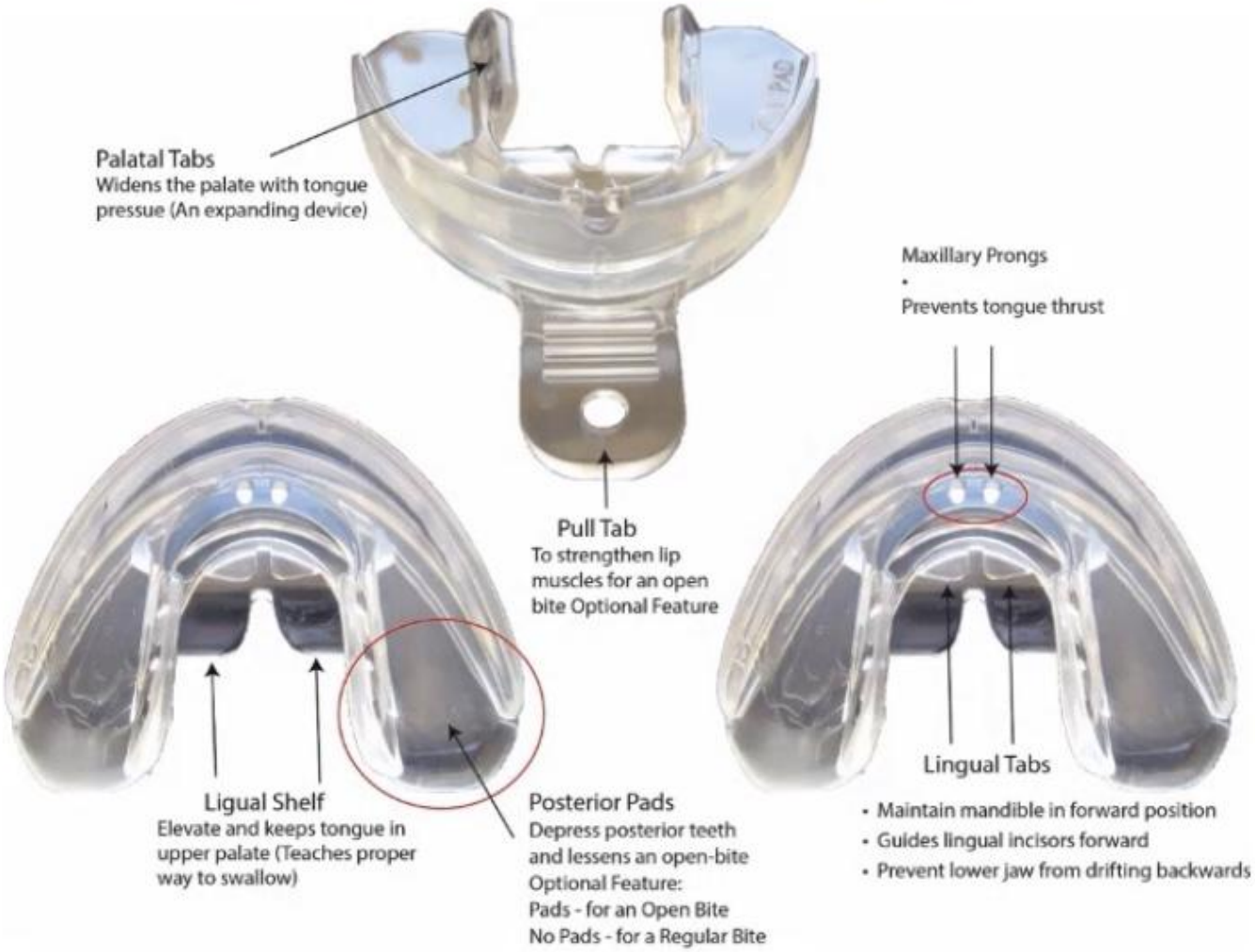
Findings

- Mouth breathing & snoring associated with more SDB symptoms than any of the other symptoms studied
- 90% had ≥1 SDB symptom
- 60% had ≥4 symptoms
- 20% experience bedwetting
- From 4 to 12 yo, 92.6% of symptoms **did not self correct;** 30% worsened with age

KIDS
AGES 5-7

healthystart™

HEALTHY START HABIT CORRECTOR® KIDS



GOT WHAT
KES!
DONUT
GIVE U


a
b
c
d

Snoring Myth

Snoring Isn't Dangerous.
It's just "disruptive"

Snoring Reality

Study conducted on 273 snoring patients

4%	tested normal for obstructive sleep apnea (OSA)
21%	had mild OSA (bad and likely to get worse)
29%	had moderate OSA (really bad – lots of comorbidities)
44%	had severe OSA (seriously bad – likely to die early)
2%	had AHI scores > 100 (really really bad – as in call 911 now)

96% of people in this study who snored also had OSA

Non-Surgical Approaches

- Weight Loss
- *Hormone Therapy
- Avoid Alcohol / Afternoon Caffeine
- Decongestants
- Positional Sleep
- Oral Appliances
- CPAP
- Lasers



Walter Stumpf

"Vitamin D3 sites of action in the brain: An autoradiographic study"

Surgical Approaches

- Nasal Surgery
- Uvuloplasty
- PPP/UPPP (UvuloPalatoPharyngoPlasty)
- Pillar Procedure (Palatal Implant)
- Expansion Sphincter Pharyngoplasty
- Lateral Pharyngoplasty
- Uvulopalatal Flap
- Z-Palatoplasty
- MMA (MaxilloMandibular Advancement)

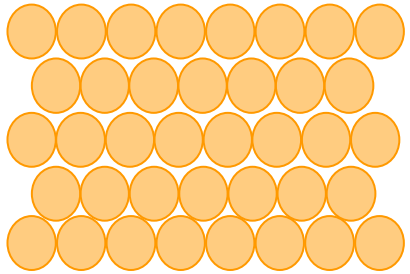
How can laser therapy help?



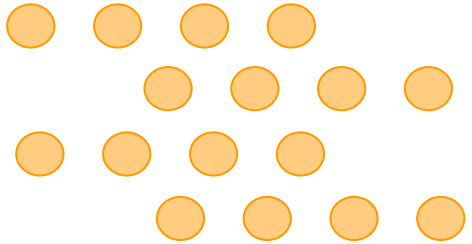


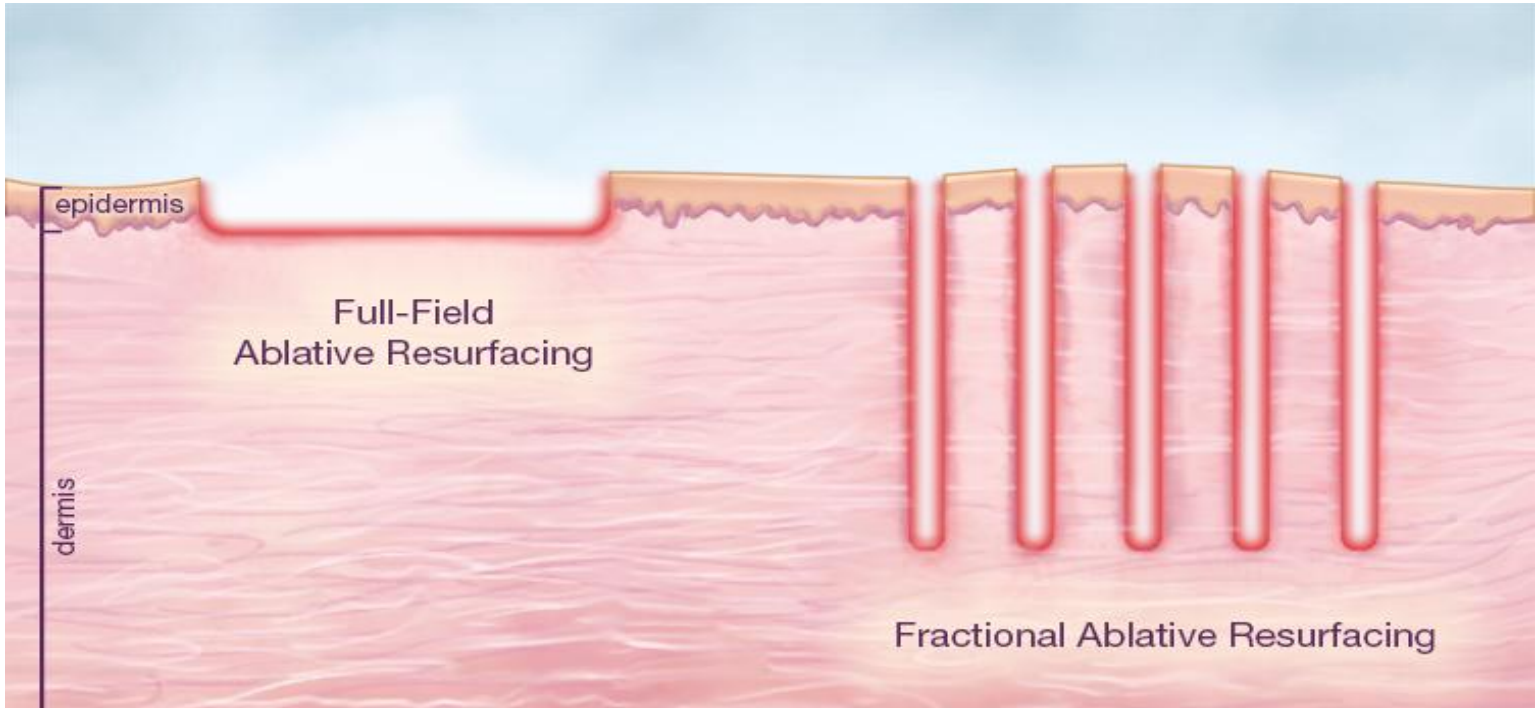
Fractional Resurfacing vs Full Ablative

“Horizontal delivery of energy”
Traditional scanning mode



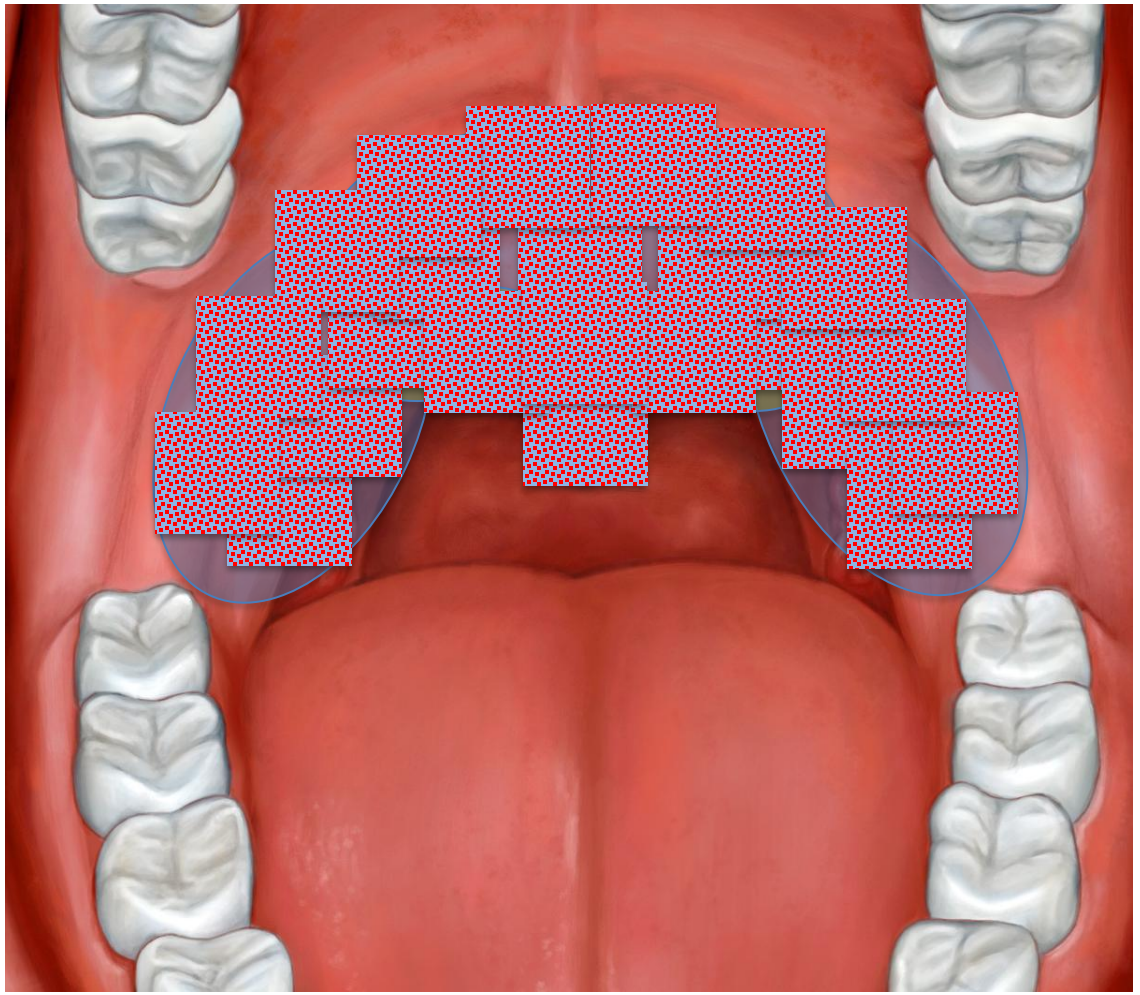
“Vertical delivery of energy”
Fractional scanning mode





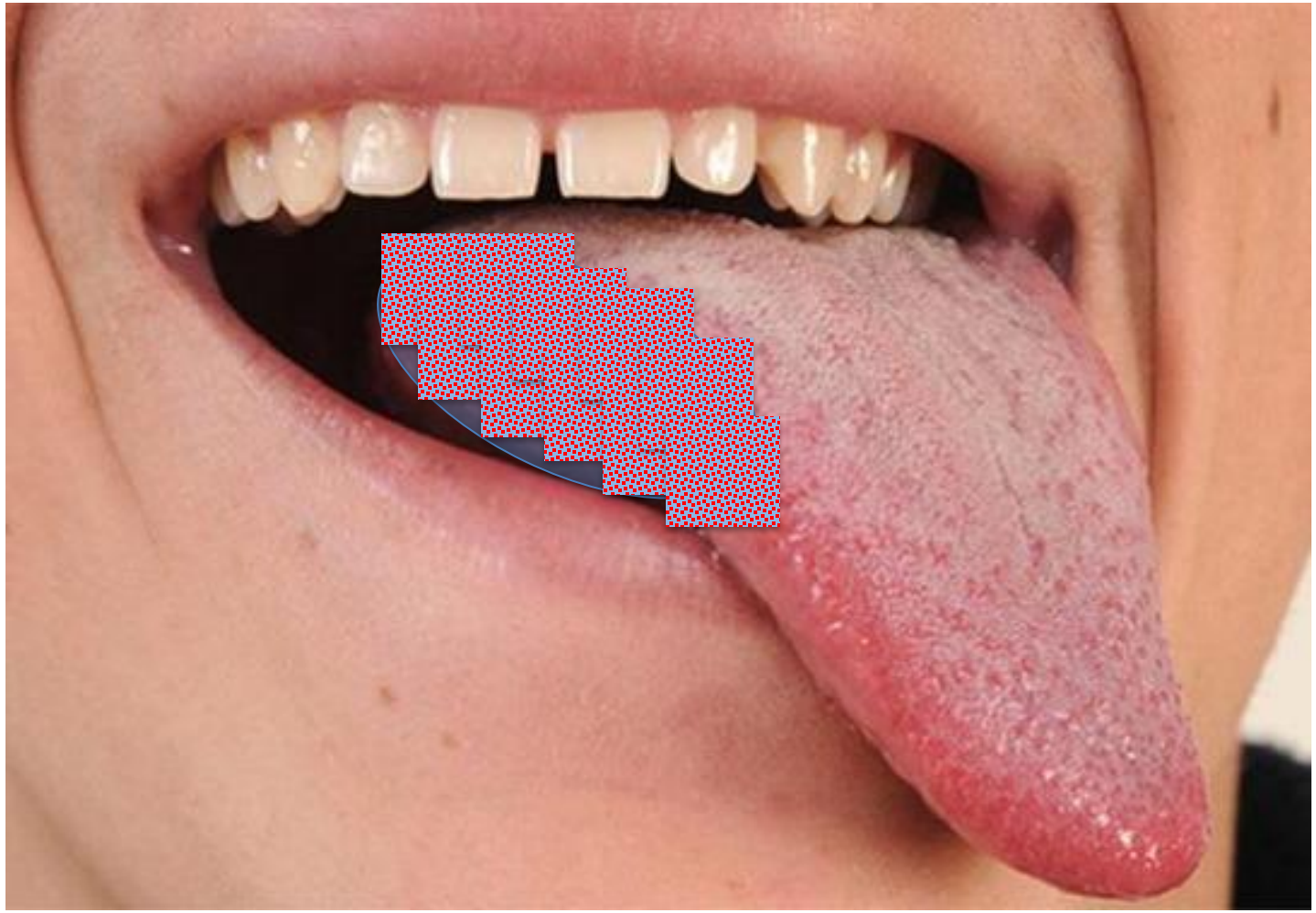
During treatment, a pattern of
tiny thermal wounds
is created stimulating collagen and
improving surface tension.
125µm = primary intention healing
= no scar tissue

Target Areas

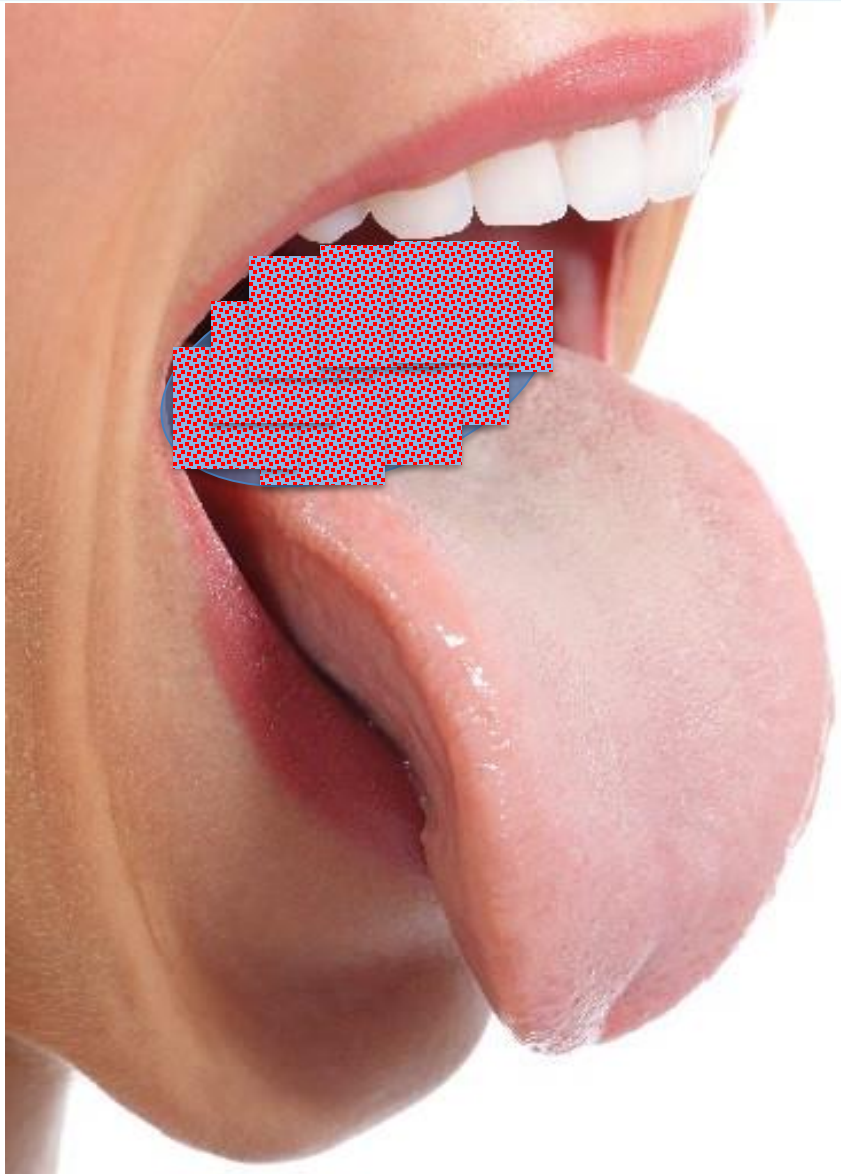


Target Areas

Lateral border of Tongue

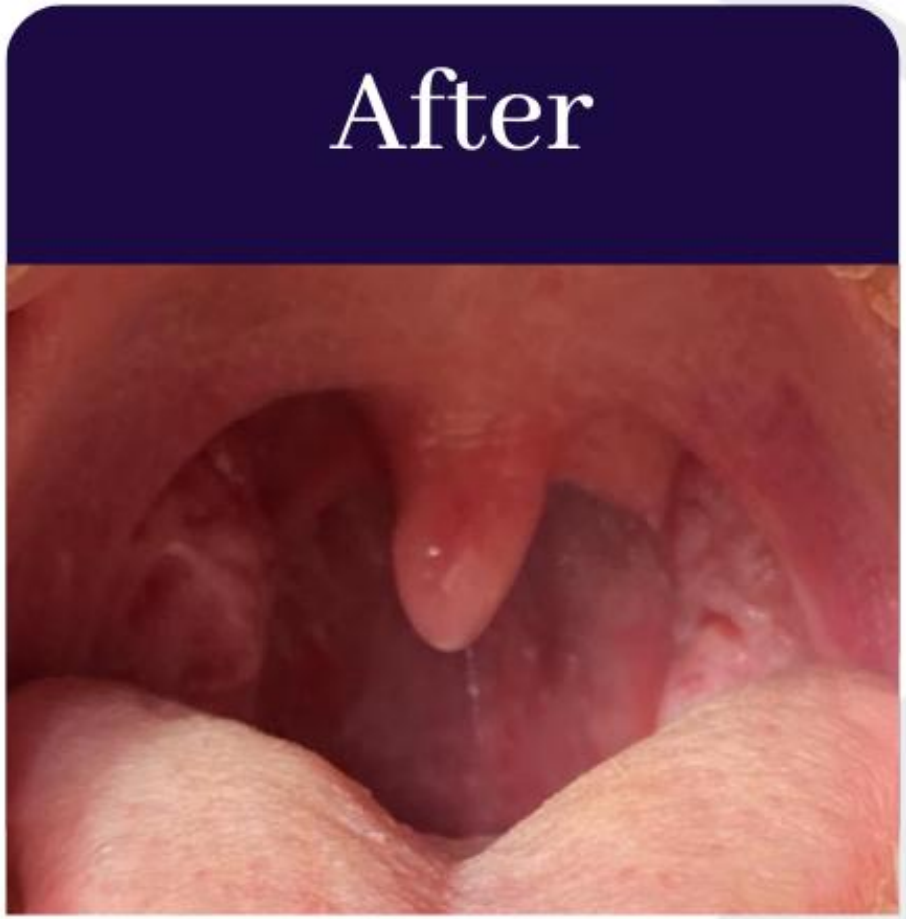


Posterior Dorsum of Tongue (lingual tonsils)



Tonsillar Decontamination Results



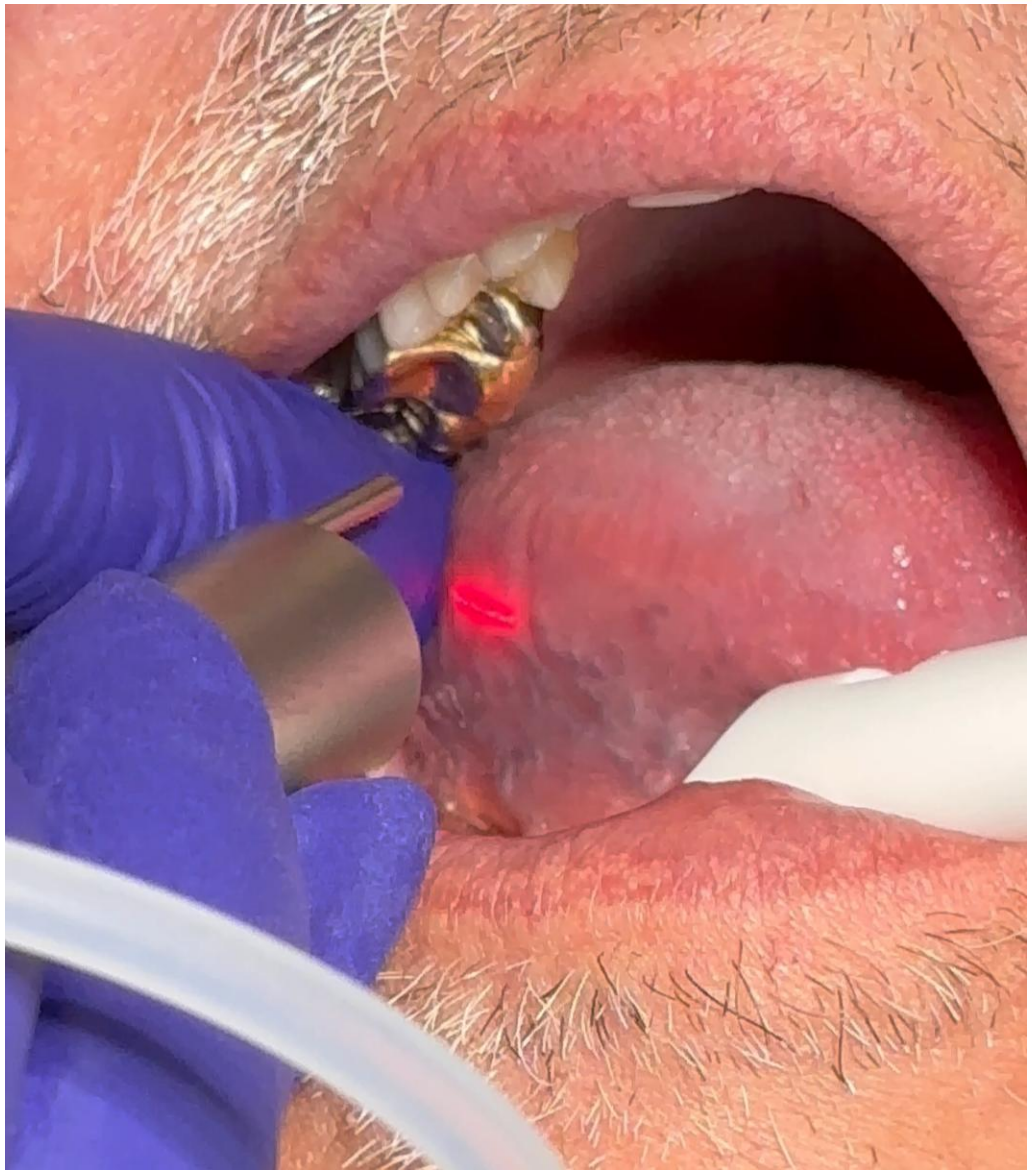


Before Treatment

1 Day After Treatment

In Operation

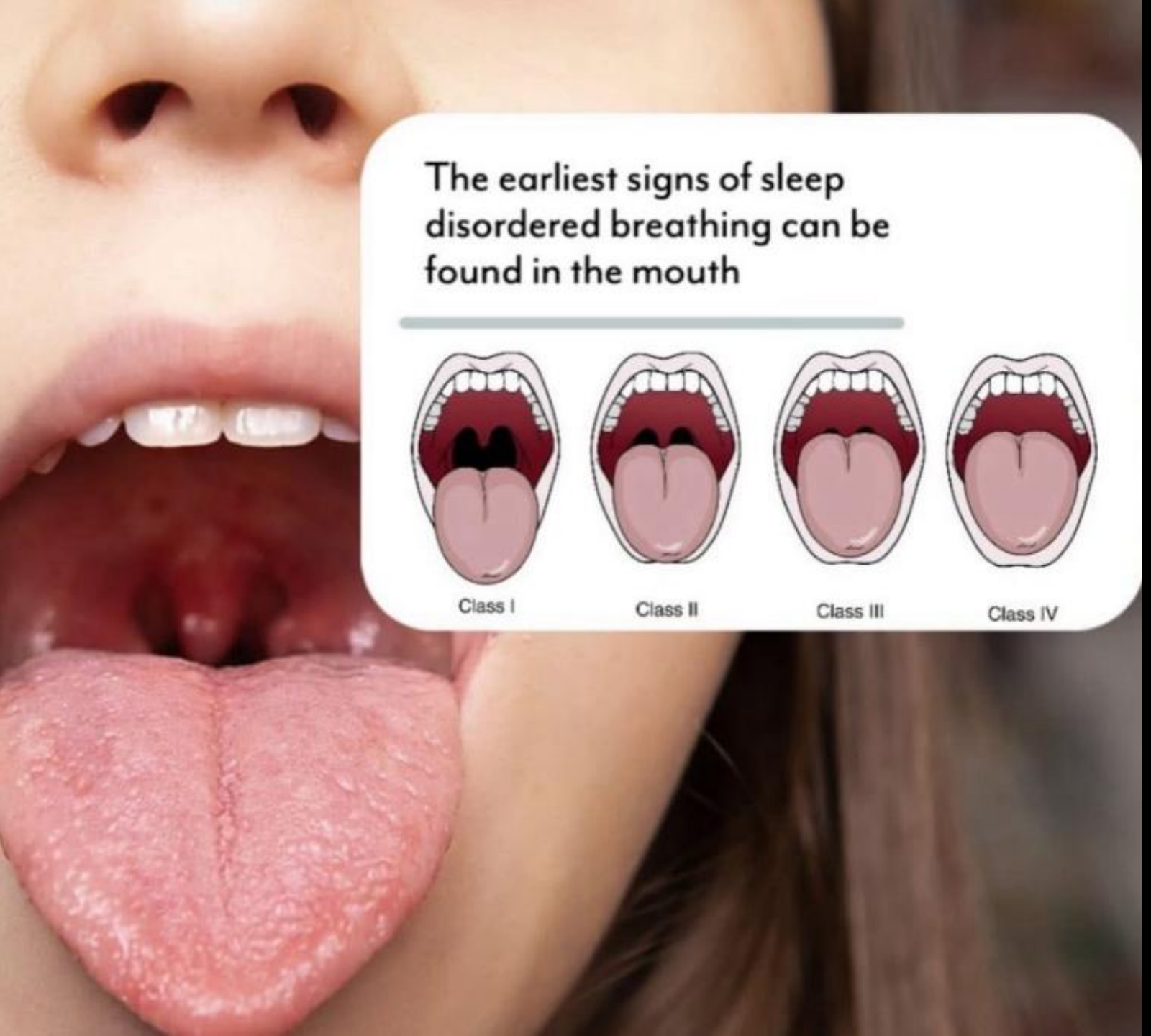




In w



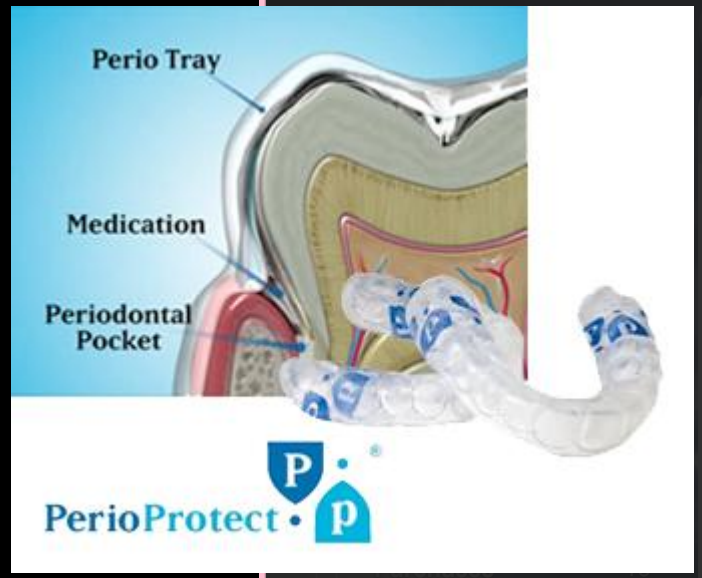
DEKA Dental Lasers



- Our goal is Mallampati score improvement



Signs to Look For





Treatment Protocol

PerioProtect

Periodontal and Peri-Implant Diseases

Condition	Initial Use	Daily Maintenance
Gingivitis	**PerioTrays** with **PerioGel** 2x per day for 10-15 minutes with first tube of **PerioGel**.	**PerioTrays** with **PerioGel** 1x per day for 10-15 minutes. **AO ProToothpaste** & **AO ProRinse** 2x per day.
Periodontitis		
Peri-Implant Mucositis		
Peri-Implantitis		
Inflammation around Crowns		

PerioSciences

Surgery

Procedure	Initial Use	Daily Maintenance
Periodontal Laser Surgery	Week 1 & 2 patient applies **AO ProVantage Gel** 3-5x per day. Tip: While patient is in the chair post-procedure, open **AO ProVantage Gel** 30ml container and apply gel to treated area. Send patient home with remaining bottle of **AO ProVantage Gel**.	Use **AO ProVantage Gel** 2x per day. Optimal usage is morning, after daily hygiene regimen and just before bed until bottle is finished. **AO ProToothpaste** & **AO ProRinse** 2x per day. Once the bottle of **AO ProVantage Gel** has been finished, add **PerioTrays** with **PerioGel** 1x per day for 10-15 minutes.
Laser Gingivectomy		
Flap Surgery		
Soft Tissue Grafting		
Implant Placement		
Extractions		
Endodontic Treatment		

Intra Oral Conditions

Condition	Initial Use	Daily Maintenance
Denture Stomatitis	Week 1 patient applies **AO ProVantage Gel** 3-5x per day.	
Ulcers – Canker Sore, Oral Lichen Planus, Acute Necrotizing Ulcerative Gingivitis (ANUG), Other		

Product Features and Applications

PerioProtect Products:

PerioTray®: Custom tray with peripheral seal for deep medication delivery

PerioGel®: 1.7% hydrogen peroxide oral debriding agent and wound cleanser

- **PerioGel:** Mint
- **PerioGel® X:** Sweet mint with xylitol
- **PerioGel® X Neutral:** Unflavored

ReminGel™: Mint flavored remineralizing/desensitizing dental gel

PerioSciences Products:

Moisyn™: Dry mouth oral rinse and mist
10 OZ BOTTLE | 2 OZ MIST (2 PACK)

AO ProVantage Gel®: Antioxidant-infused dental gel
30 ML (STANDARD) | 15 ML (ON-THE-GO)

AO ProRinse®: Antioxidant-infused mouthwash
HYDRATING | SENSITIVE | NATURAL | WHITE CARE

AO ProToothpaste®: Antioxidant-infused toothpaste
HYDRATING | SENSITIVE | NATURAL | WHITE CARE

Bibliography and Articles

Scan the QR code to view bibliography and links to published articles, or visit **perioprotect.com/solutions**



PerioSciences

Dry Mouth

Cause	Initial Use	Daily Maintenance
Generalized	**Morning and Evening:** **Moisyn Oral Rinse** Use 5-6ml per rinse. Fill up to 1/2 capful. **Daytime**: **Moisyn Oral Mist** as needed. 3-6x per day depending on severity of dry mouth.	During morning and evening, use **Moisyn Oral Rinse**. Throughout the day, use **Moisyn Oral Mist.** **Hydrating AO ProToothpaste** is an optimal addition. Consider adding **ReminGel** in **PerioTrays** for patients with high caries risk.
Medication-Induced		
Sjogrens		
Radiation / Chemo / Extreme Sensitivity[1]	*For severe dry mouth cases, reference Advanced Dry Mouth Protocol on right.*	

PerioProtect + PerioSciences

Remineralization and Sensitivity

Condition	Initial Use	Daily Maintenance
High Caries Risk	**PerioTrays** with **ReminGel** 1x per day for 15 minutes with the first tube of gel.	**PerioTrays** with **ReminGel** for 15 minutes 1x per day - 1x per week as directed by clinician.
Demineralization		
White Spot Lesions		
Tooth Sensitivity	**PerioTrays** with **ReminGel** 1x per day for 15 minutes for 7-21 days.	Use **ReminGel** in **PerioTrays** as needed. **Sensitive AO ProToothpaste** & **Sensitive AO ProRinse** 2x per day.

PerioSciences

Cosmetic Procedures

Procedure	Initial Use	Daily Maintenance
Cosmetic Tooth Whitening	**PerioTrays** with **PerioGel** 2x per day for 10-15 minutes with first tube of gel	**PerioTrays** with **PerioGel** 1x per day for 10-15 minutes with **White Care AO ProToothpaste** and

Advanced Dry Mouth Protocol

MORNING
(Reset + Condition)
- Use **Moisyn™ Oral Rinse**
- For advanced cases wait 5 minutes, then apply **AO ProVantage Gel®**

DAYTIME
(Maintenance)
- Use **Moisyn™ Oral Mist** as needed, typically 3-6x per day

EVENING/NIGHT
(Repair + Sustain)
- Apply **ReminGel™** with **PerioTray®** for 15 minutes
- Use **Moisyn Oral Rinse**
  - Wait 5 minutes
- Apply **AO ProVantage Gel**

Notes

PerioProtect: With **PerioTray** delivery of **PerioGel**, apply a thin line or ribbon of gel on the occlusal surface of the tray.

For best results, brush teeth after **PerioTray** usage. There are no eating or drinking restrictions with **PerioGel**.

For all other gels, do not eat or drink for 30 minutes after gel application.

PerioSciences: The most effective method of applying **AO ProVantage Gel** without a tray is to use the tongue to distribute the gel throughout the mouth, making sure to spread the gel on the upper and lower gums.

Research and Considerations

Visit **perioprotect.com/solutions** to explore supporting literature.

These guidelines are designed to complement your clinical

Two Ways to Profit





TREAT AIRWAY

TREAT ATHLETES

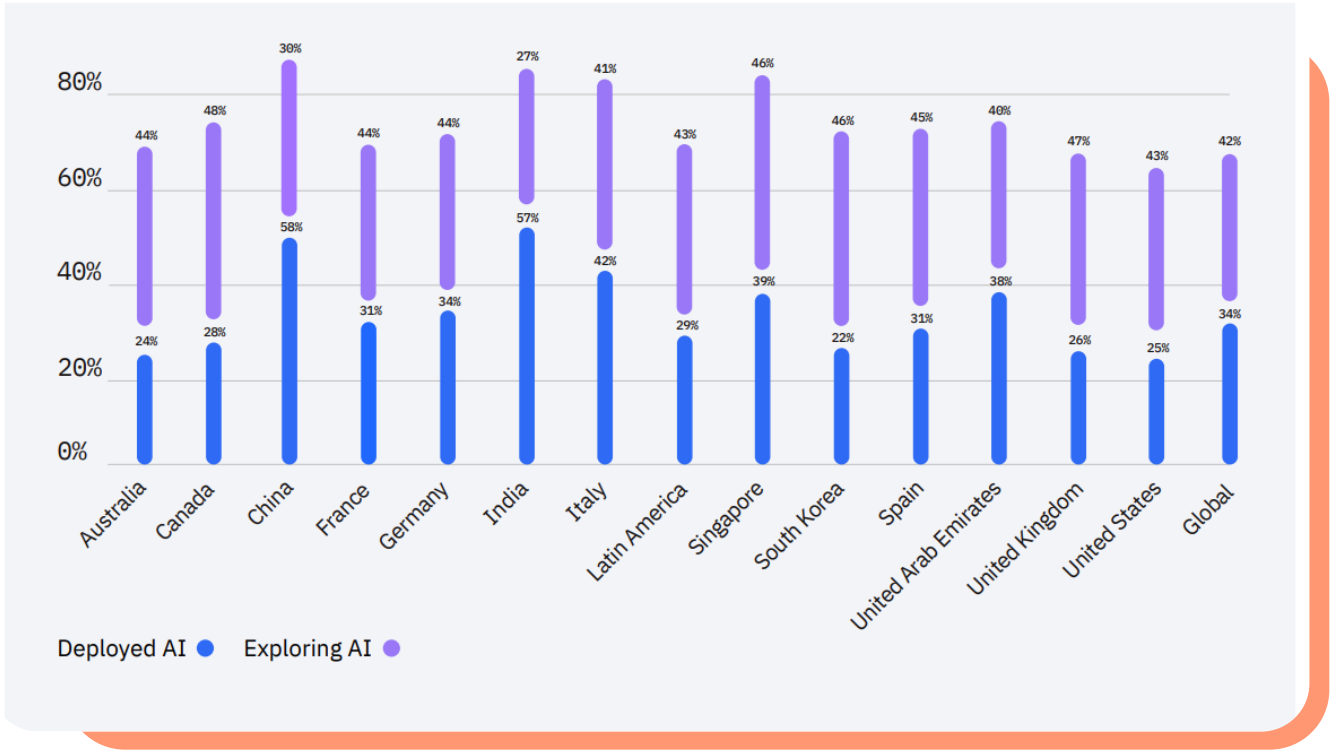
AI



Computer systems that can simulate the problem-solving and decision-making capabilities of the human mind.

AI in business

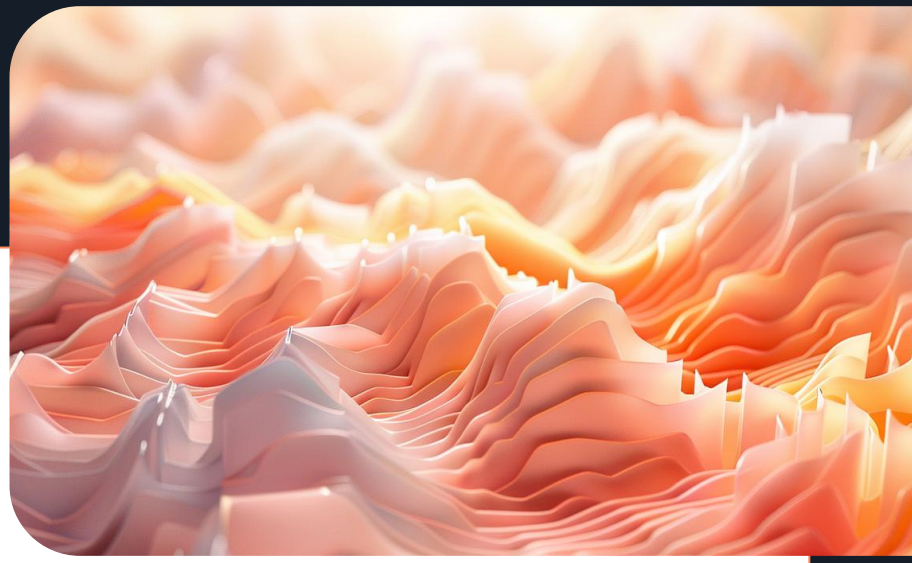




35% of businesses globally are using AI today.

42% of businesses are exploring AI.

The building blocks of AI



How AI is trained

Input

Tremendous volumes of data are fed into computer programs.

Training

Algorithms then analyze the data, detect patterns and learn.

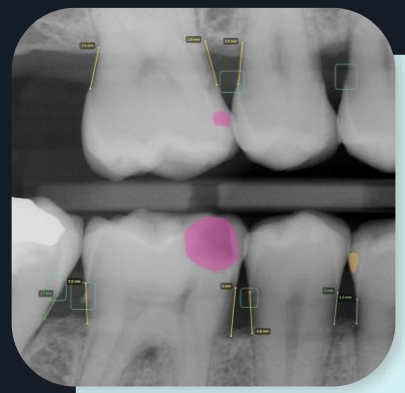
Output

AI generates insights, predictions, or decisions.

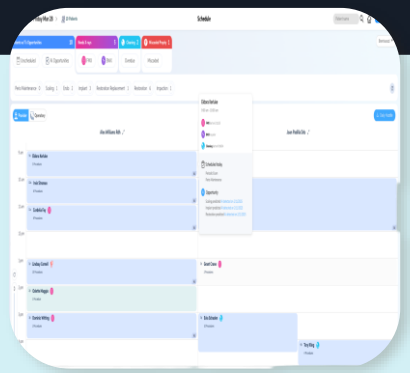
AI in Dentistry

AI in Dentistry

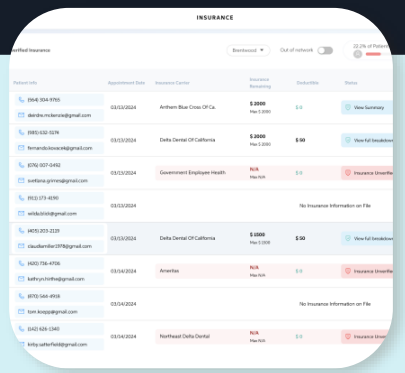
Diagnostic Assistance



Enhanced Scheduling & Chart Audits



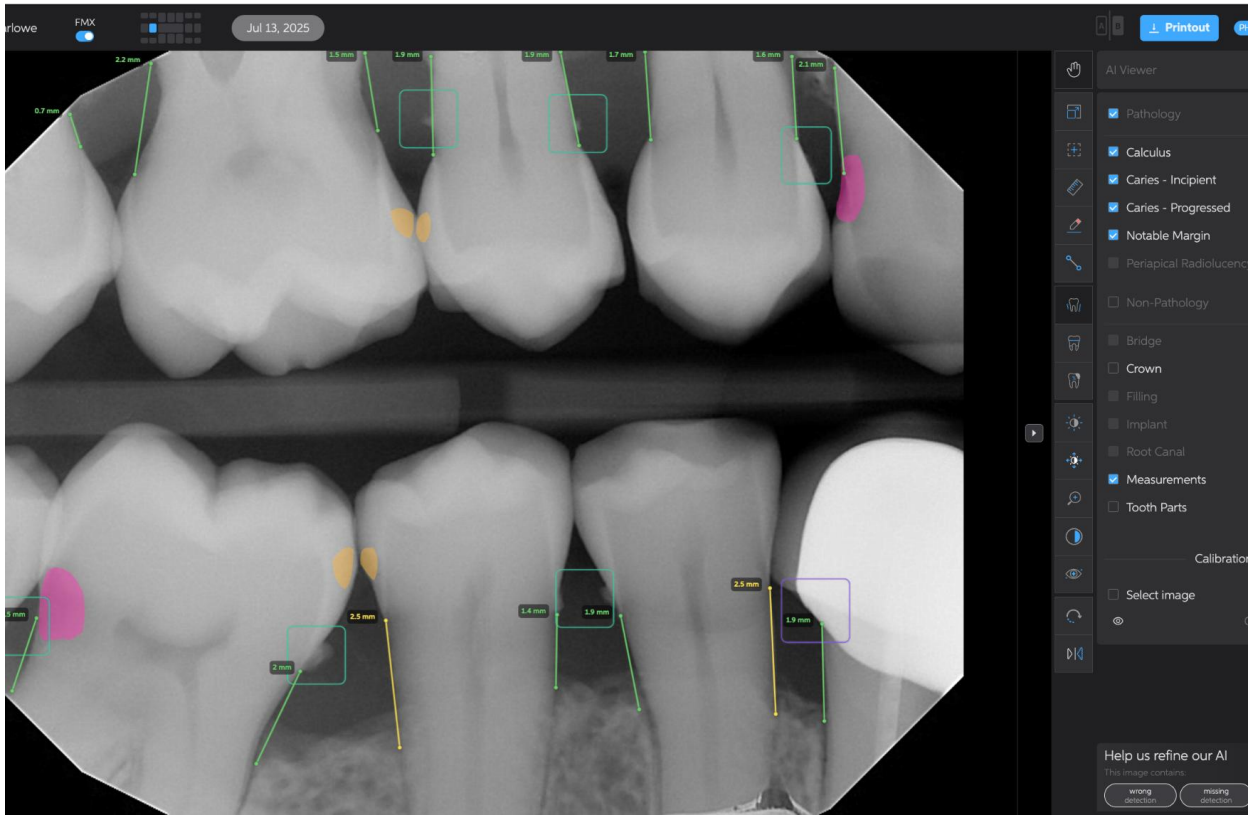
Insurance Verification

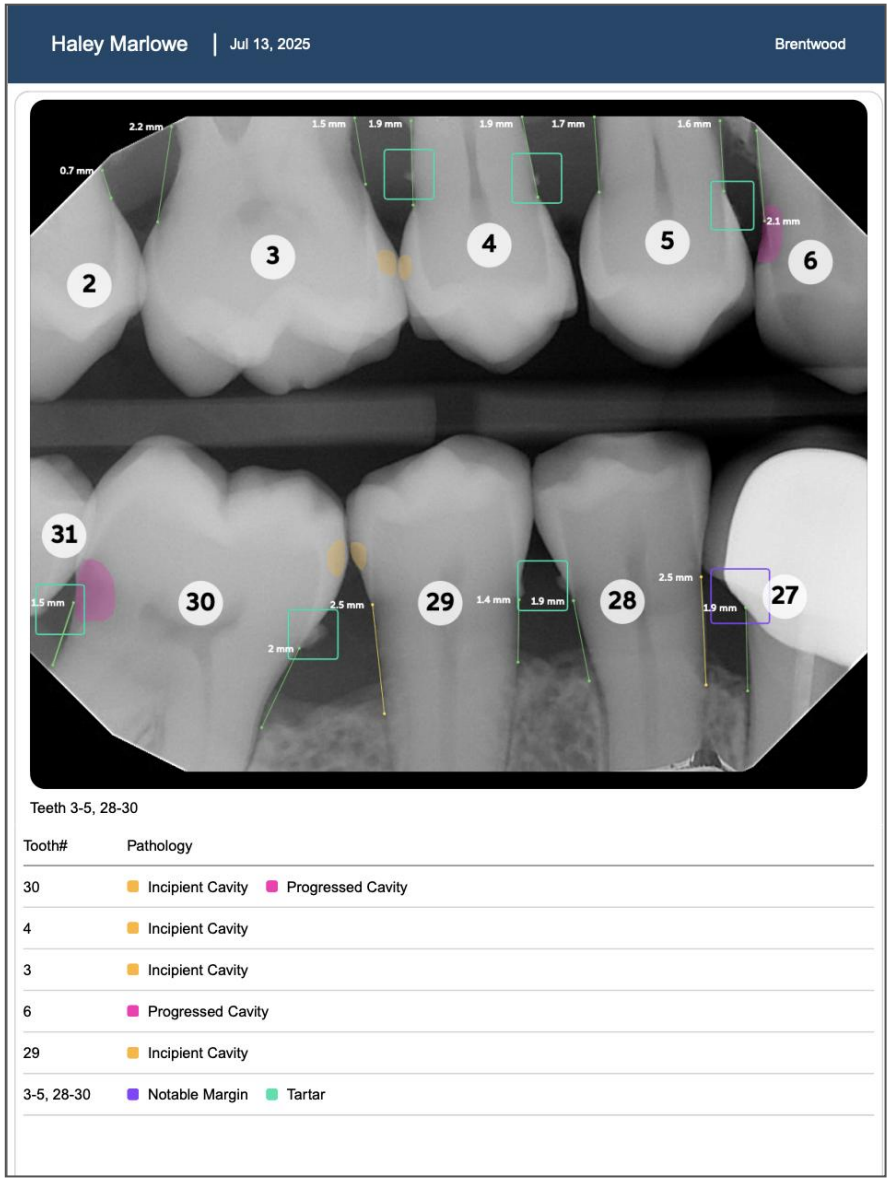


Workflow and Staffing

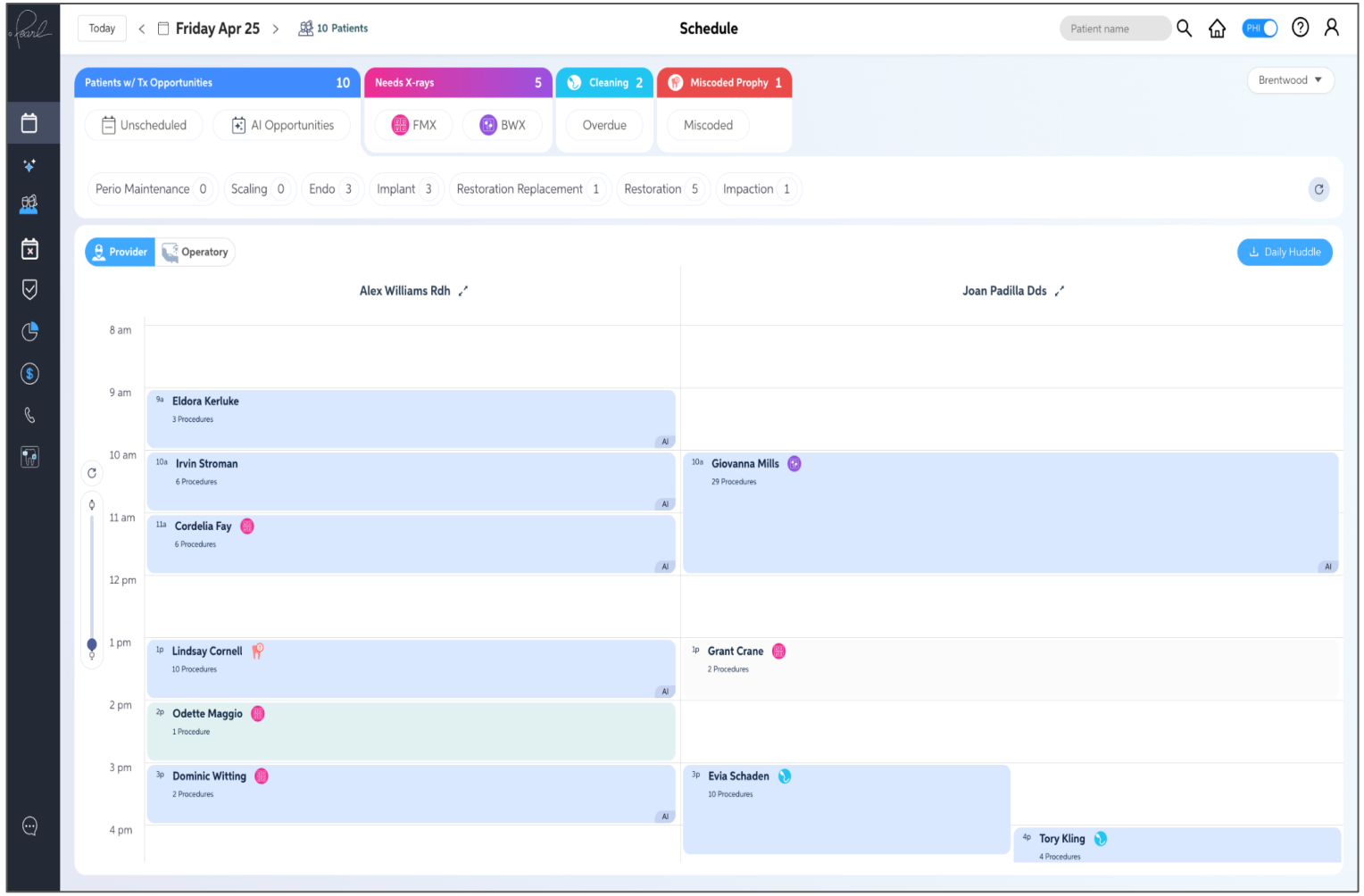


AI Printouts for Claims Submissions



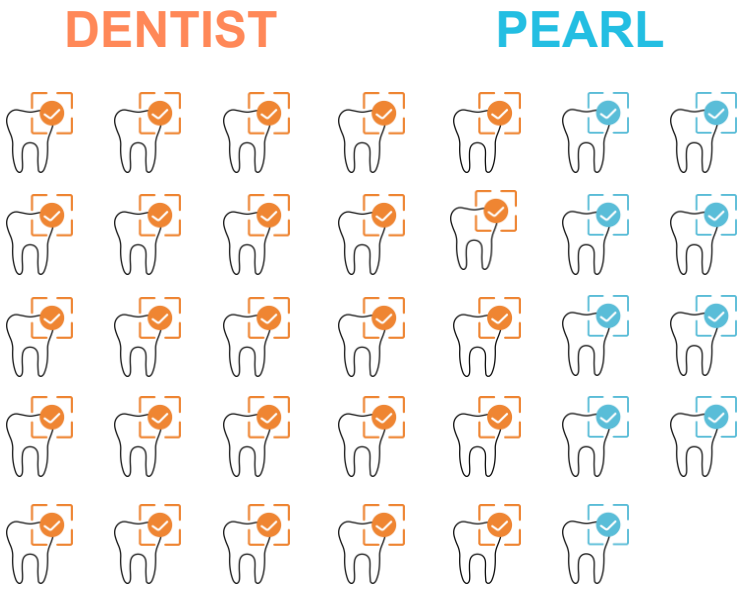


AI Performance Schedule | Highlights Daily Opportunities

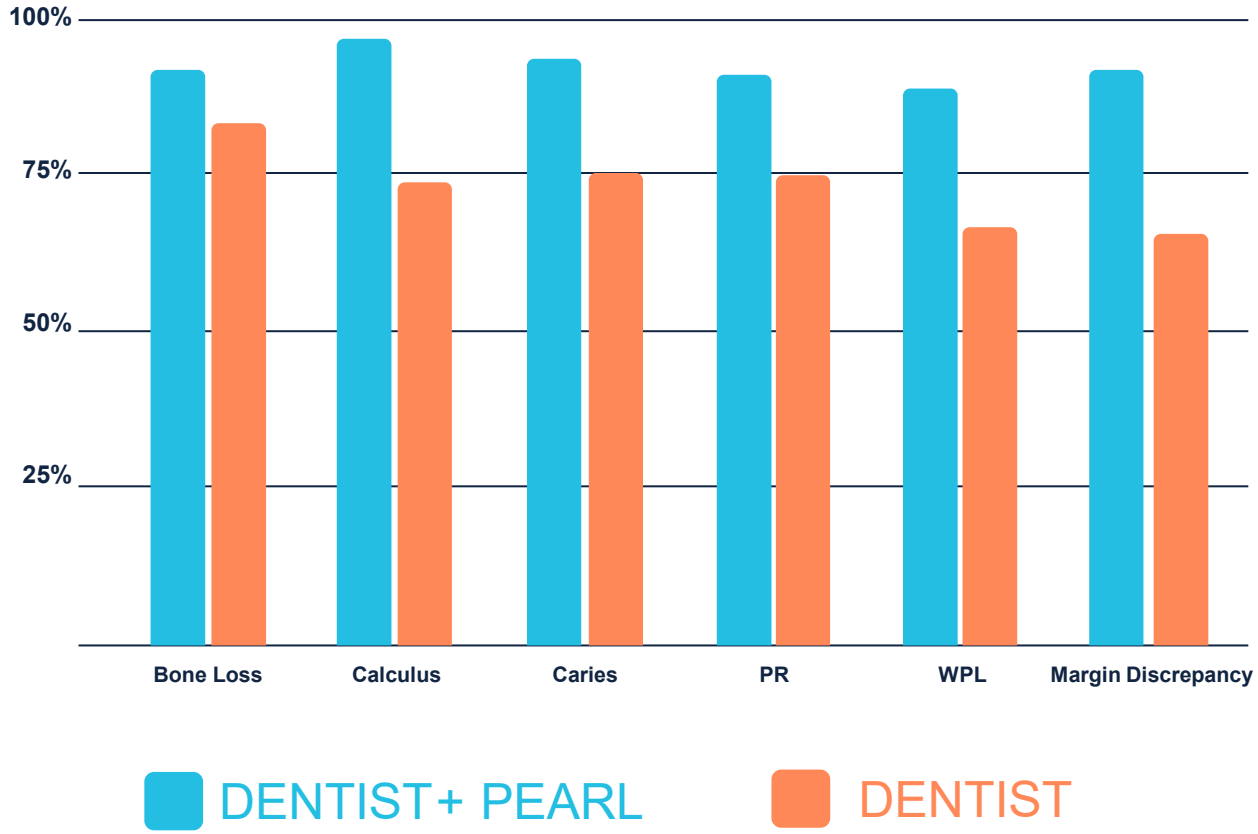


- Identify Unscheduled Treatment
- Identify Undiagnosed Treatment
- Identify Patients who need X-rays
- Identify Patients with Overdue Hygiene
- Identify Miscoded Prophy
- Enhance Same Day Dentistry

AI-Assisted Impact



37% MORE DISEASE **DETECTED**

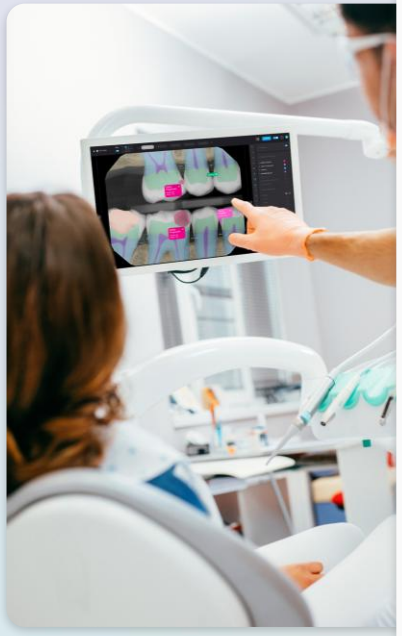


The Power of “YET” in Case Presentation

- A non-threatening keyword that shifts focus from now to inevitability
- Reduces defensiveness across DISC profiles
- Use phrases like:
  - “Is that bothering you YET?”
  - “Is that sensitive to you YET?”
- Encourages proactive, preventive decision-making



Patient Trust | BY THE NUMBERS



64%

Say they don't understand their x-rays during a consultation with their dentist 2

55%

Say **trust in the diagnosis/dentist** is the most important factor in treatment acceptance.[2]

61%

Say they have **switched dentists, sought second opinions or refused treatment** after a diagnosis.[2]

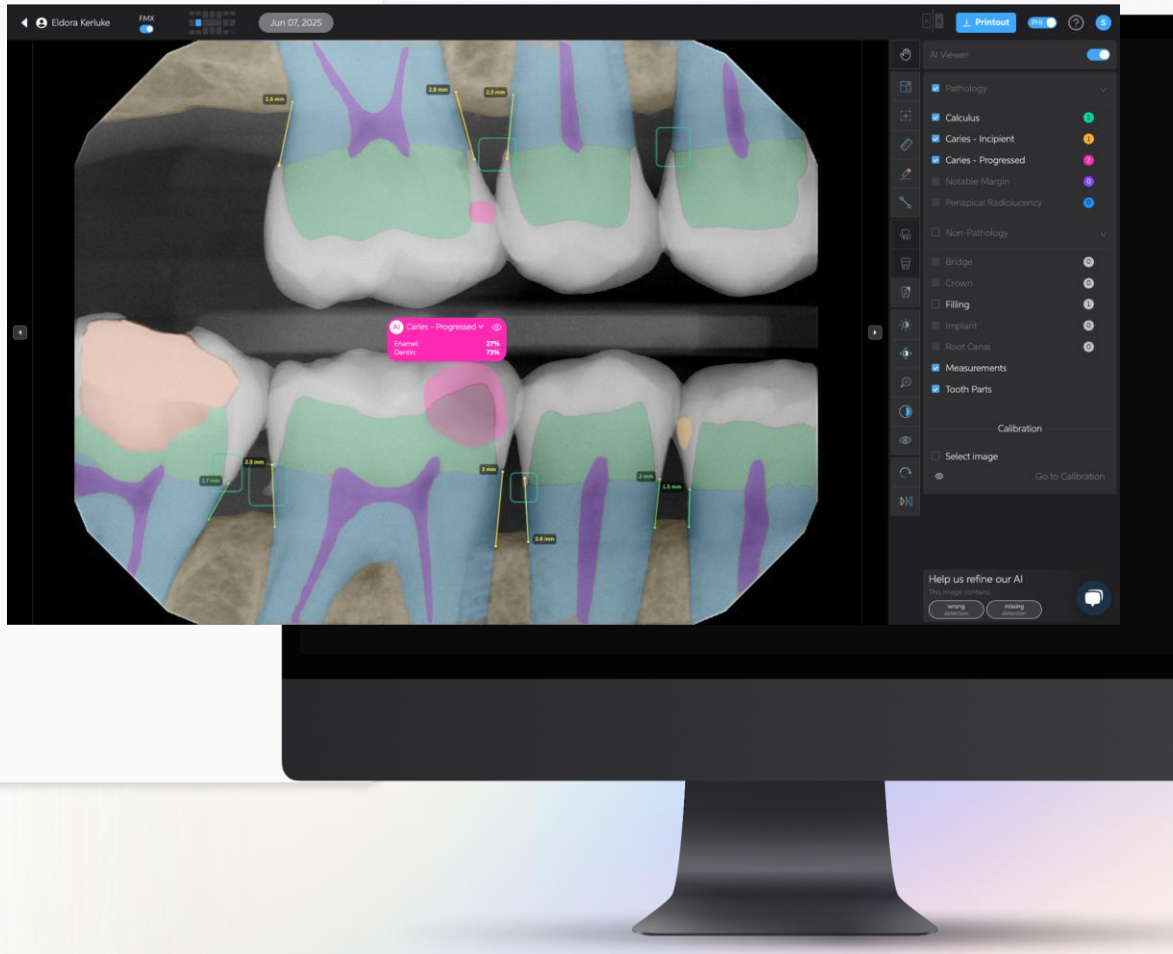
40%

Say they **distrust** dentists.

1 https://news.gallup.com/poll/1654/honesty-ethics-professions.aspx
2 https://5664760.fs1.hubspotusercontent-na1.net/hubfs/5664760/Guides%20and%20Studies/Dental%20Patient%20Trust%20Survey_8_22.pdf

Second Opinion®

- More accurate diagnoses
- Improved communication
- Timelier treatment



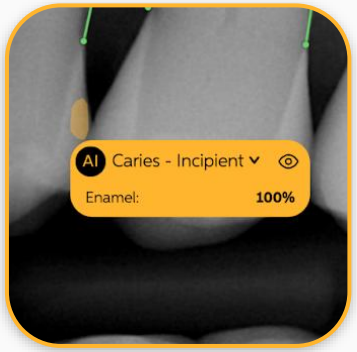
Features | AI Detections

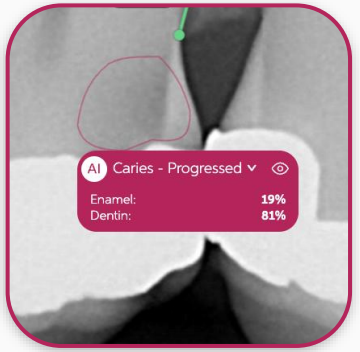
Detections

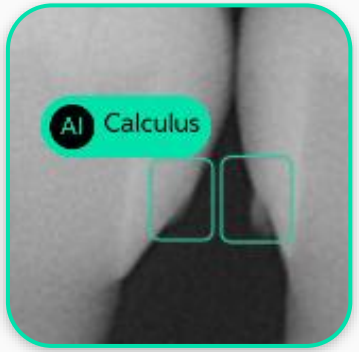
- Decay within enamel
- Decay progressed into Dentin
- Calculus
- Notable Margin
- Periapical Radiolucency

Bone Level Measurements

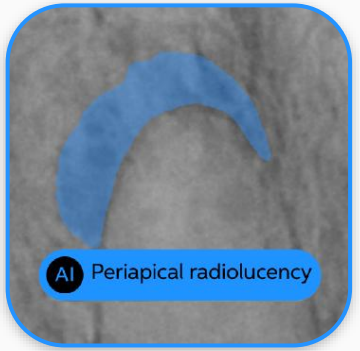
- 0 - 2.5mm
- 2.5 - 4mm
- 4mm +

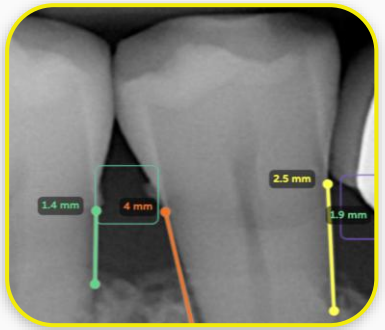




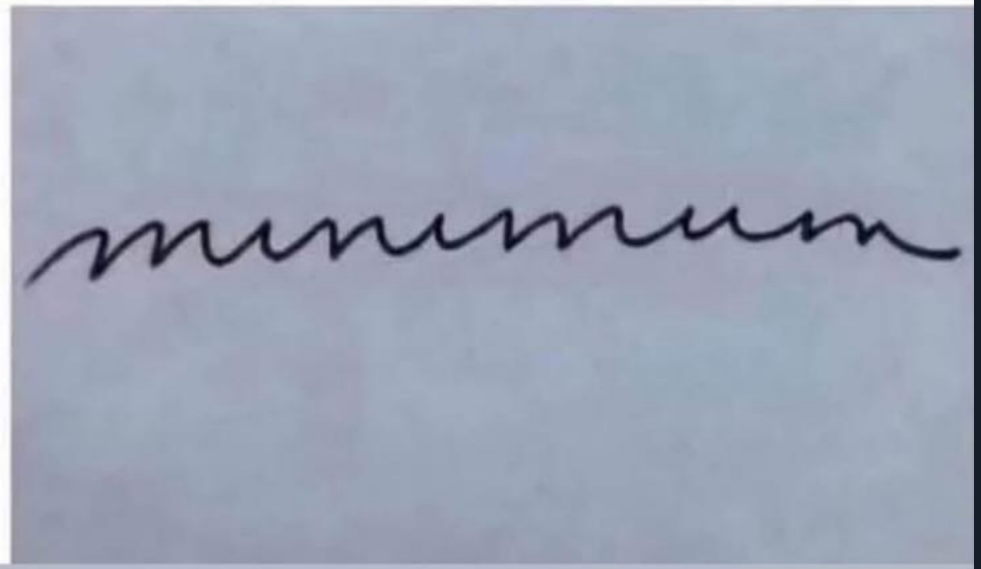




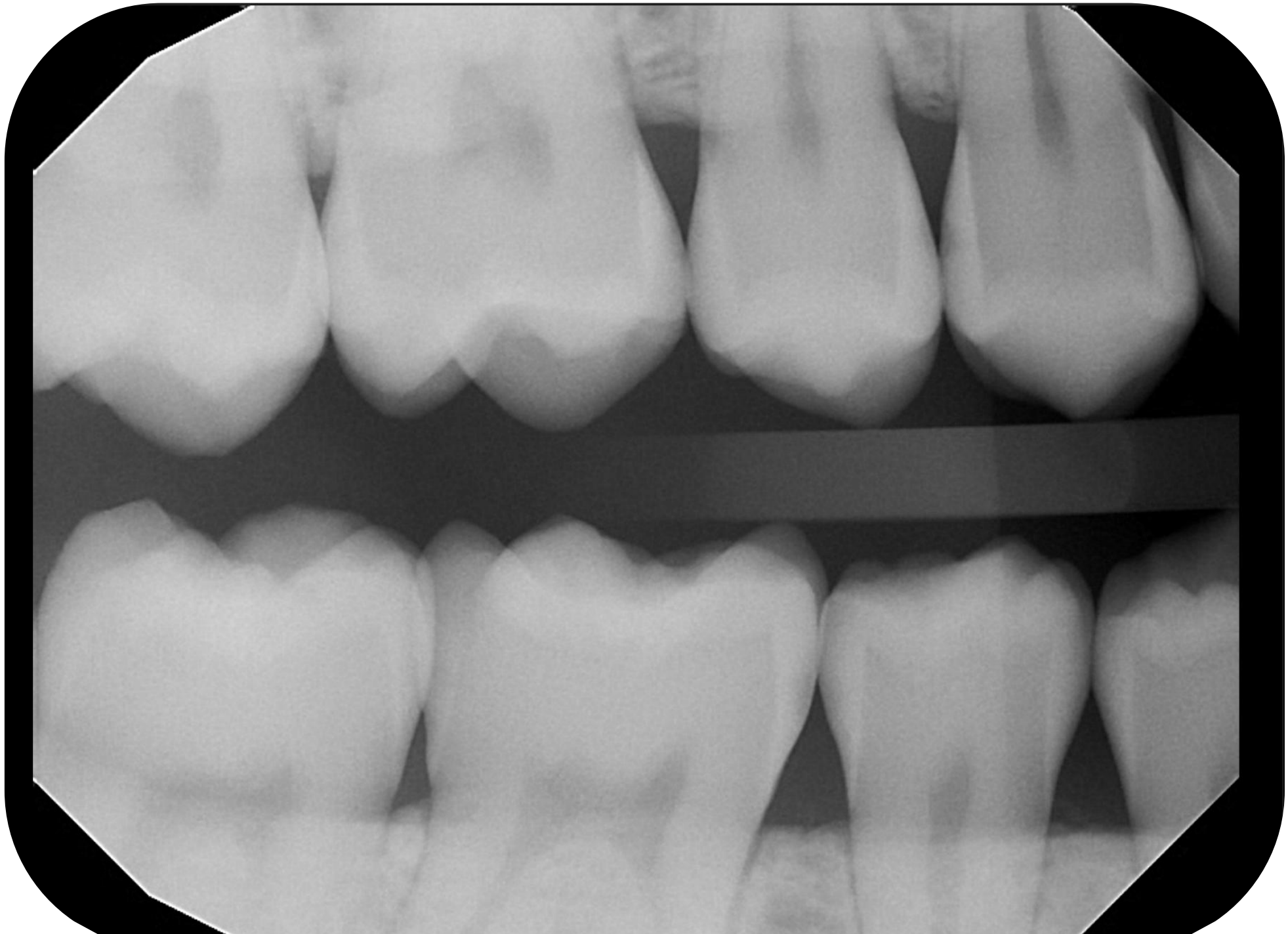




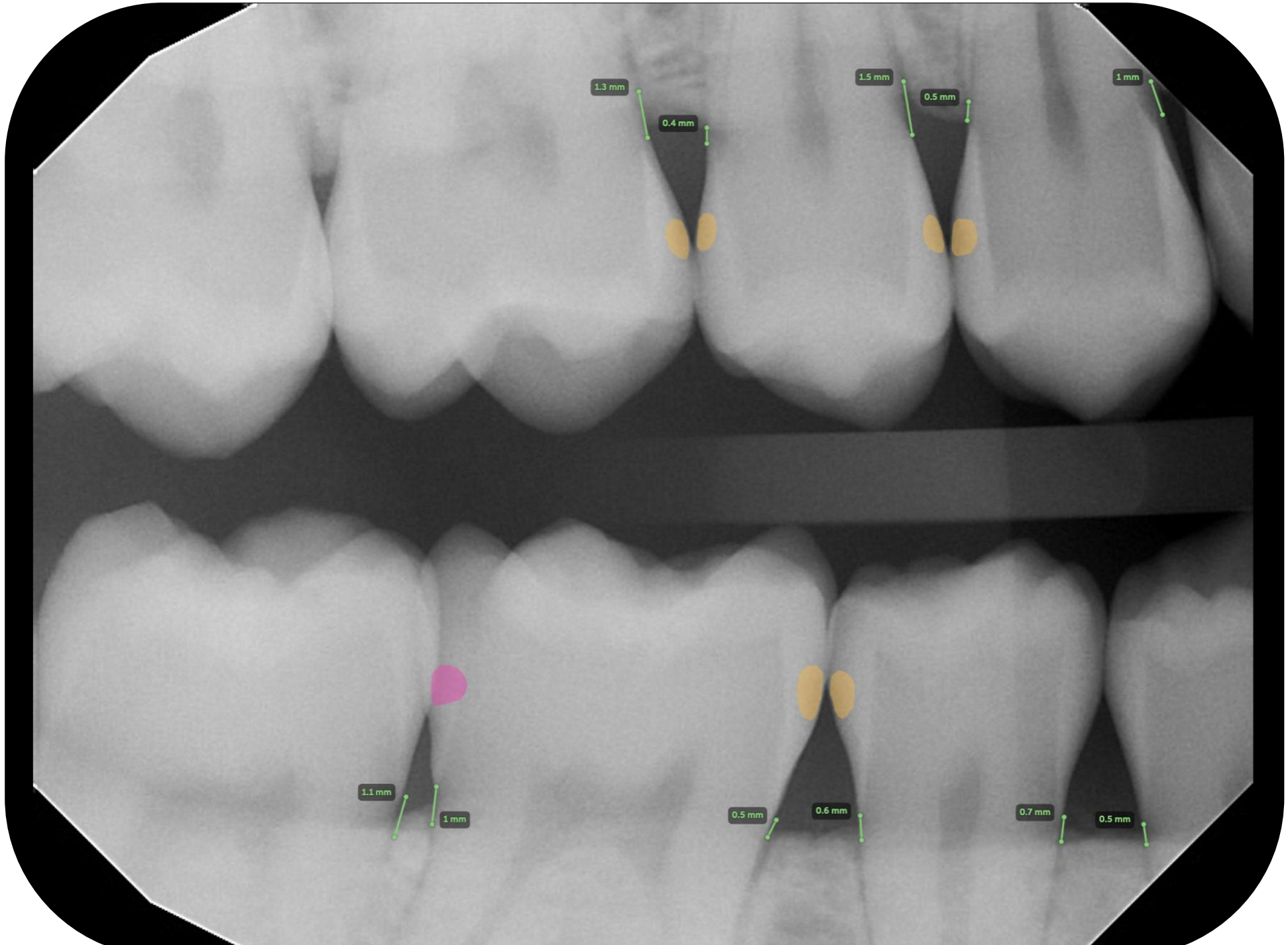
There's at least one generation that can't tell you what word this is.

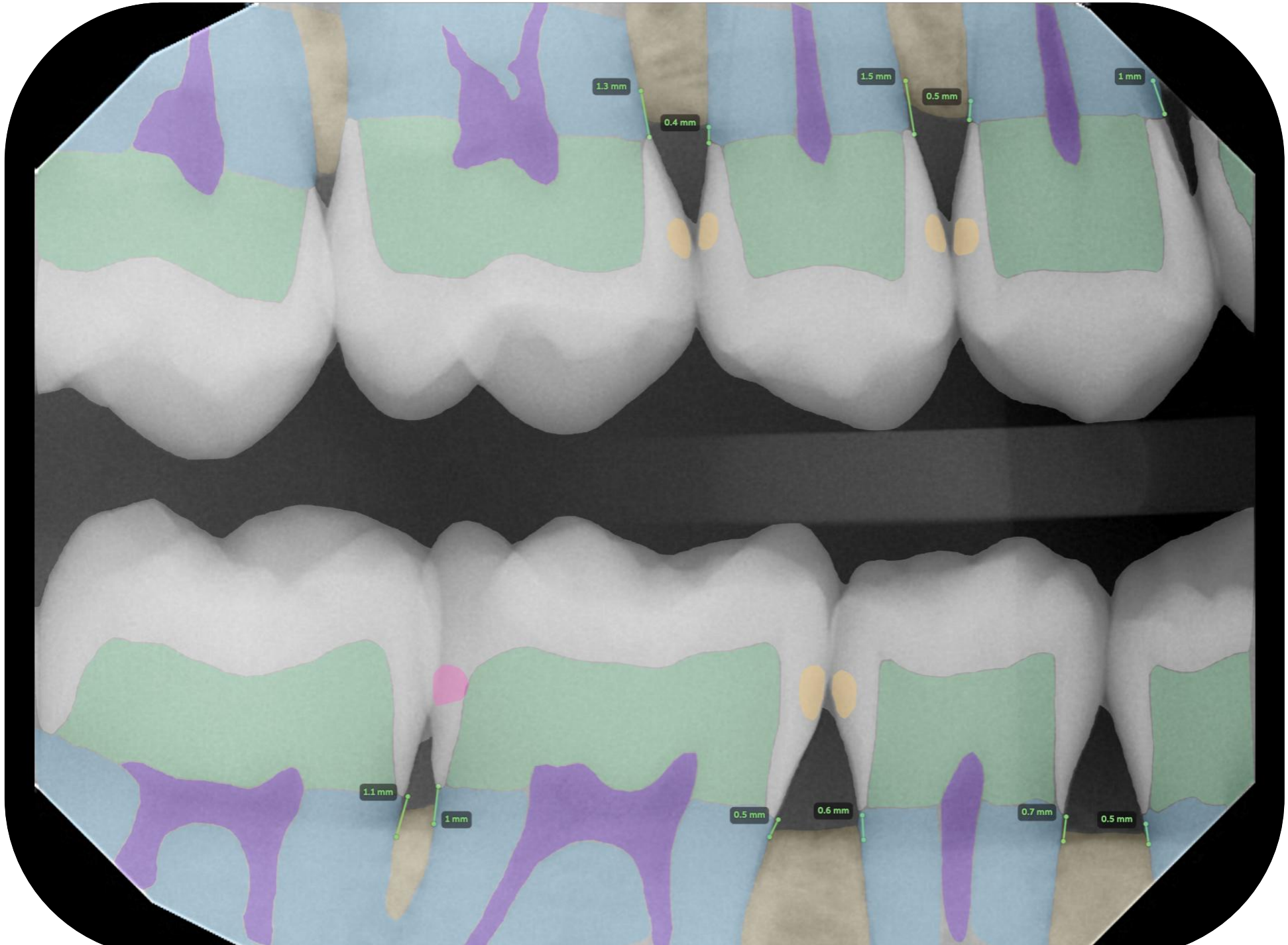


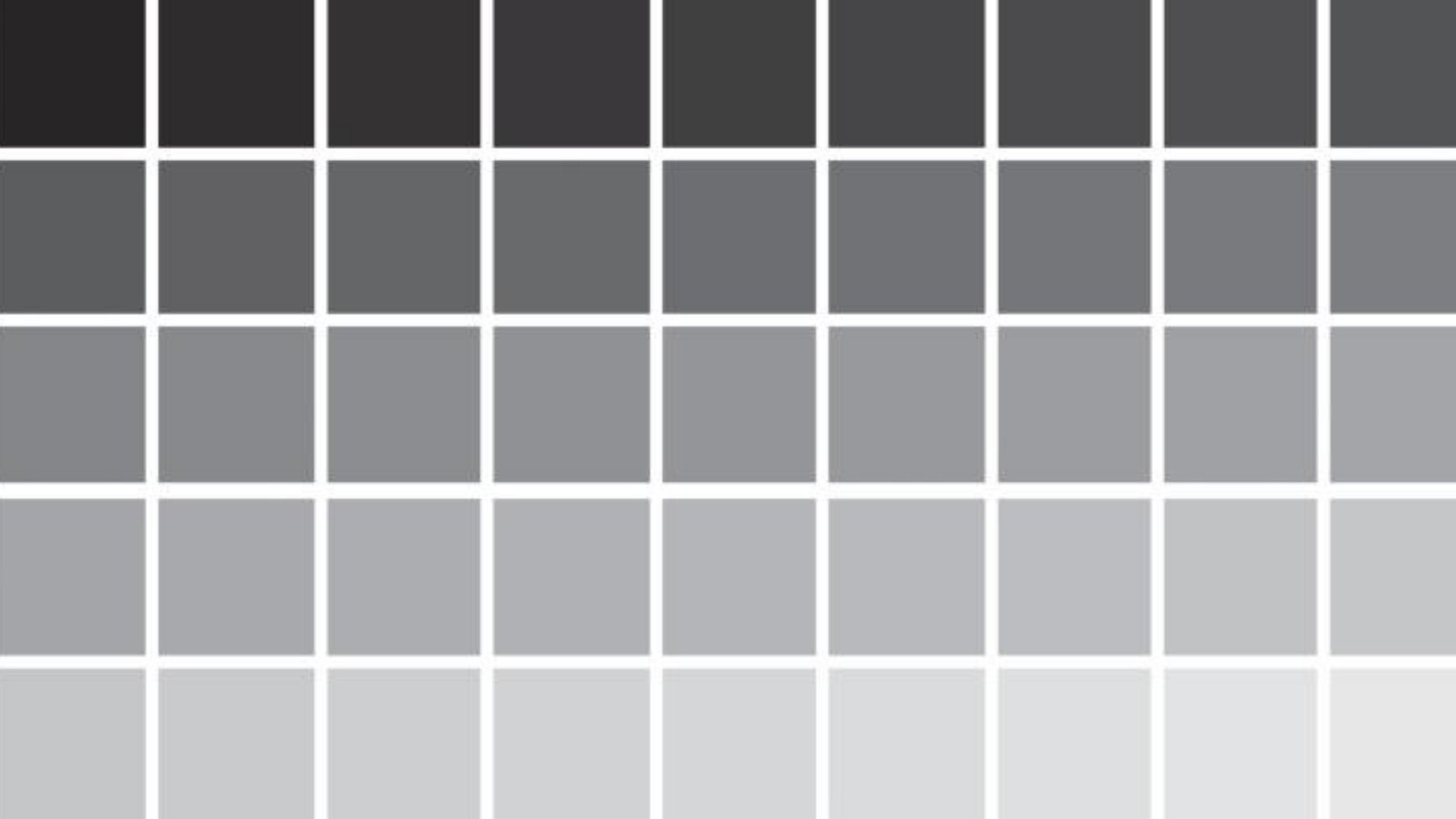
How many areas of decay do you see?



7




1.3 mm
0.4 mm
1.5 mm
0.5 mm
1 mm
1.1 mm
1 mm
0.5 mm
0.6 mm
0.7 mm
0.5 mm



Creating a Differentiator



5 Keys to Keeping Patients Coming Back

1. Treat the Patient, Not Just the Tooth
2. Co-Diagnosis (report Findings)
3. Time, Pain, Money
4. Differences
   - *Harvard Business Review April 2013*
5. Connection



Rules of Business and Referrals

1. Know
2. Like
3. TRUST



Whole Body Listening!

Larry wants to remind you to
listen with your entire body





Eyes = Look at the person talking to you



Ears = Both ears ready to hear



Mouth = Quiet- no talking, humming or making sounds



Hands = Quiet in lap, pockets or by your side



Feet = Quiet on the floor



Body = Faces the speaker



Brain = Thinking about what is being said



Heart = Caring about what the other person is saying

"Whole Body Listening Larry" Copyright 2011 E. Sautter and K. Wilson. Published by www.socialthinking.com. All Rights Reserved. Poster design and illustration by Eric Hutchison.

Which Impresses People More?





What matters to the Patient

- Can I trust you?
- Are you committed to excellence?
- Do you care about me?



Challenges with Patients

- Time
- Patients don’t tell the whole truth
- We have to marry **NEEDS** with **WANTS**

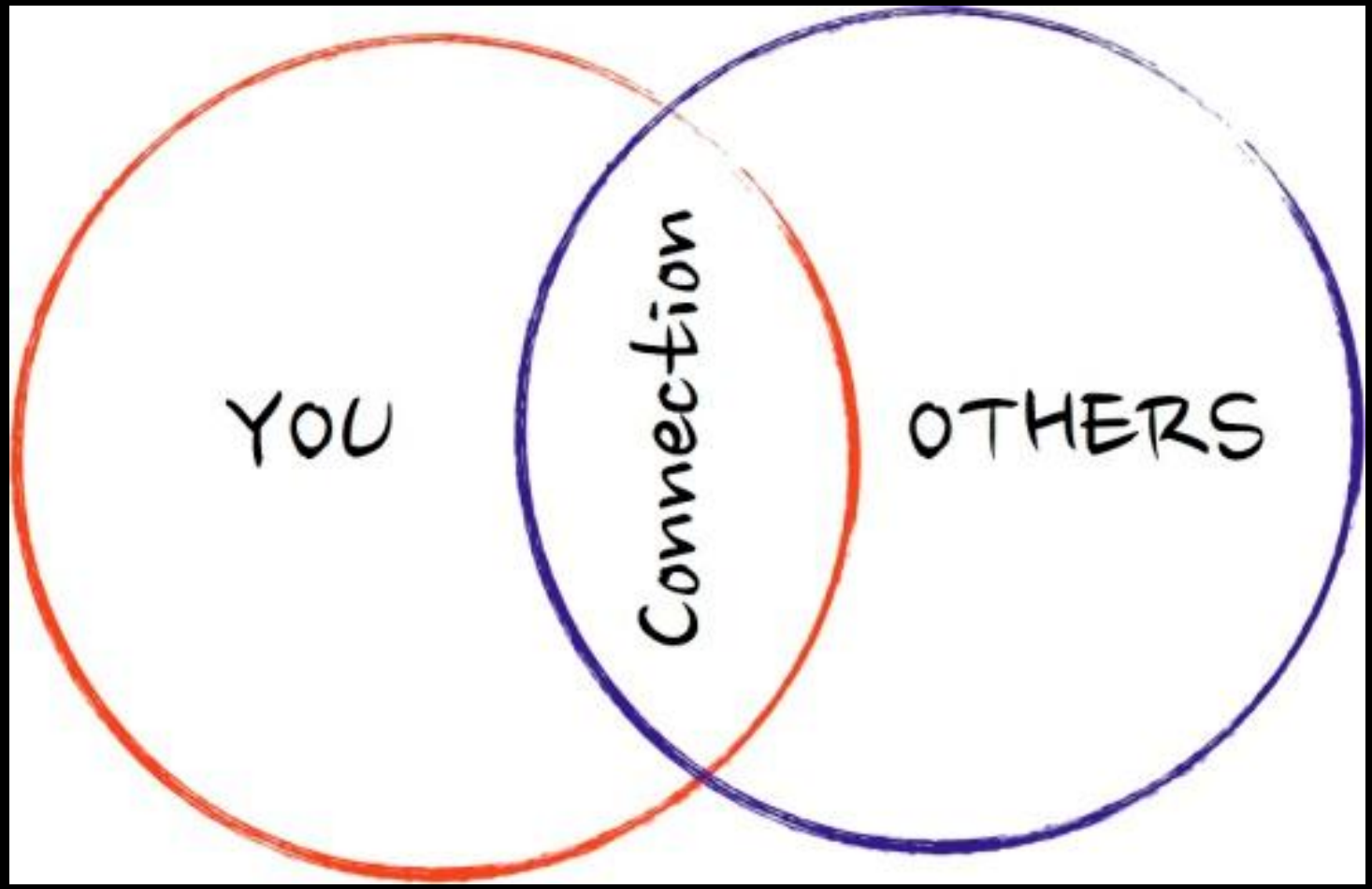


Question

- What are people most likely to remember when they leave your office?
  - Your technical explanations?
  - How they felt about the experience?

Rapport is Power

- Total responsiveness between people



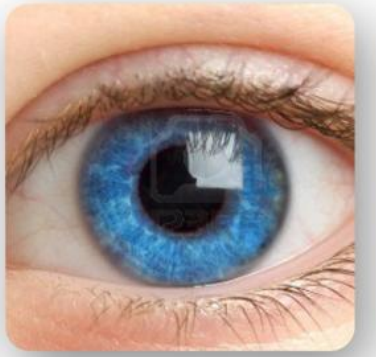


The Magic of Rapport

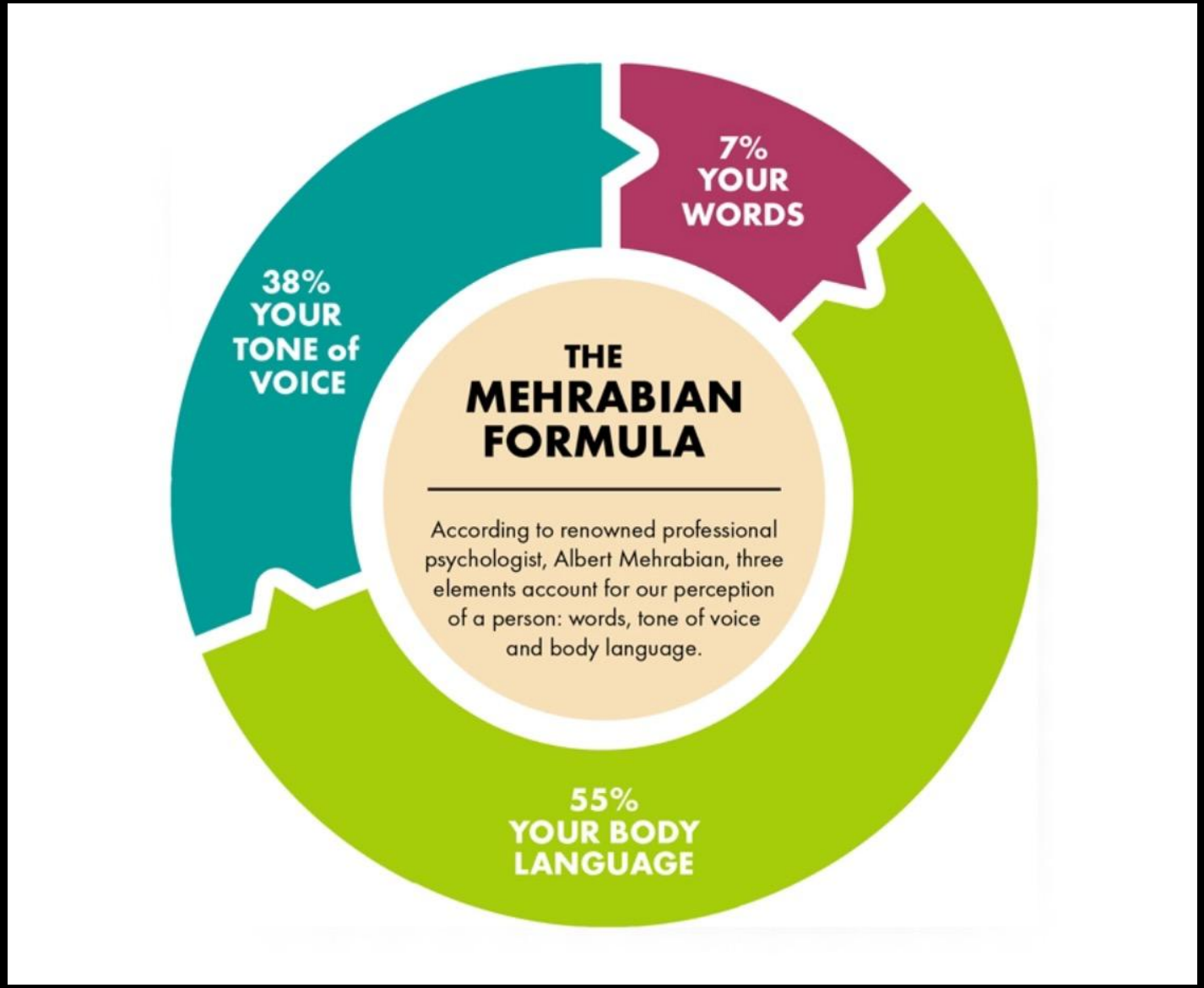
1. Rapport is created by feeling of commonality
2. Words are only 7% of communication
3. Matching and Mirroring
   - Milton Erickson, MD
   - People like people who are LIKE THEMSELVES; or how they would like to be
4. Style is more important that substance **INITIALLY**

Cues to Human Behavior

Three Channels


- Verbal (words that you choose)
- Visual (gestures, dress, eye contact etc.)
- Vocal (tone, inflection, loudness etc.)


7%
YOUR
WORDS
38%
YOUR
TONE of
VOICE
THE
MEHRABIAN
FORMULA
According to renowned professional psychologist, Albert Mehrabian, three elements account for our perception of a person: words, tone of voice and body language.
55%
YOUR BODY
LANGUAGE

Becoming More Likeable

1. Learn to remember names
2. Be a comfortable person, so there is no strain in being with you
3. Acquire the quality of relaxed, easy-going so that things do not ruffle you
4. Don't be egotistical. Guard against the impression of knowing it all.
5. Cultivate the quality of being interesting so people will get something of value from their association with you.
6. Study to get the "scratchy" elements OUT of your personality
7. Sincerely attempt to heal, on an honest basis, every misunderstanding you have had or now have. Drain off your grievances.
8. Practice liking people until you learn to do so genuinely.
9. Never miss an opportunity to say a word of congratulation upon anyone's achievement, or express sympathy in sorrow or disappointment.
10. Give spiritual strength to people, and they will give genuine affection to you.



Selling the Case

- Find the problems
- Listen, Simplify, Connect
  - Tell them
    - What you find
    - What you think
    - What you feel
- MONEY (*USUALLY* last)




Divorce Decree
PETITION FO
MARRIAGE
This Petition is for dissolution of
WHEREFORE, Petitioner prays for it
dissolving the ma
a.
b.
dividing
ached Property
follows:
ndent;
ent accor
resolvin
l Care P
Agreement resolving
t and Chil

Meet “Al”





Treatment Acceptance

- What is the number of days, on average, to case acceptance in a dental office?

69.8 days





D I S C









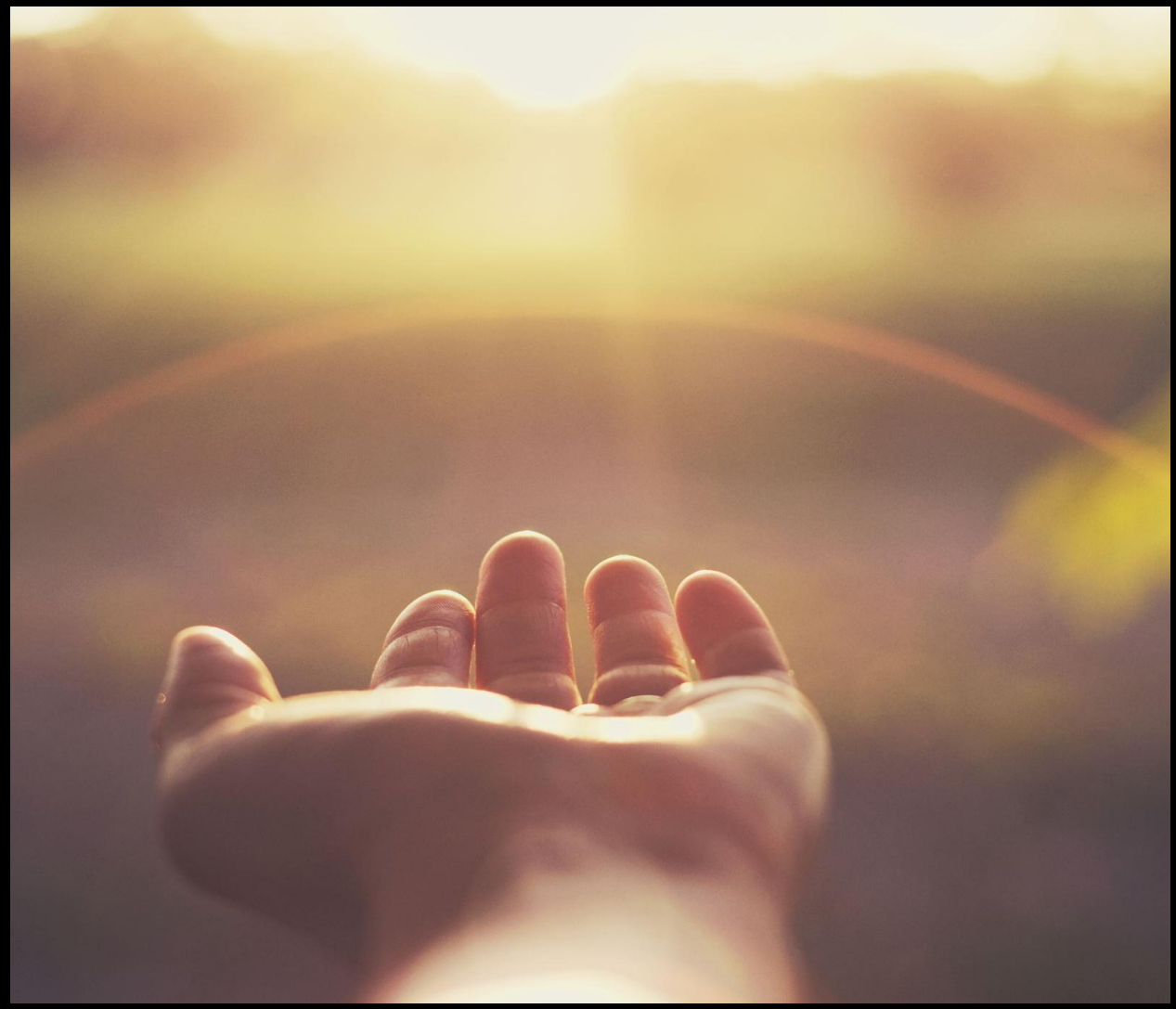





Purpose of DISC

1. To help you better understand YOURSELF
2. To help you better understand OTHERS
3. To help you be MORE PRODUCTIVE and have LESS ANXIETY when dealing with people
4. To treat others as they wish to be treated

- We judge OTHERS by their <u>behavior</u>, we judge ourselves by our *intentions* (which no one can see)



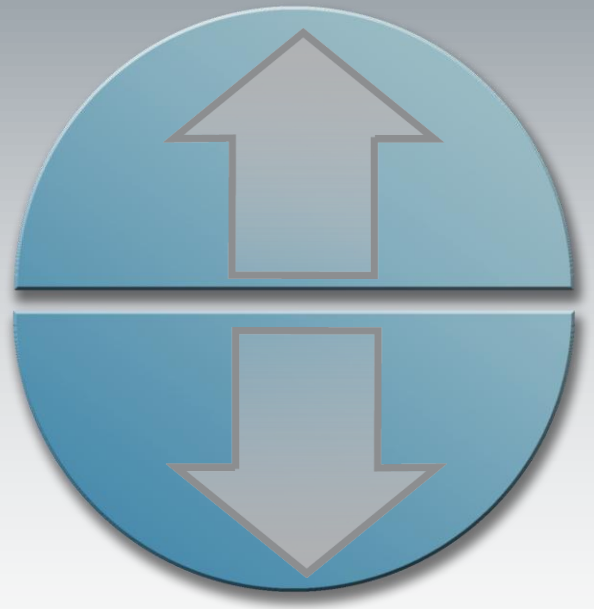
Understanding Yourself …

Everyone is “wired” differently. To understand yourself better, ask yourself these two questions:

First Question

1. Am I more Outgoing, or am I more Reserved?

Outgoing



Reserved

Understanding Yourself... Traits to look for:

Outgoing / Active

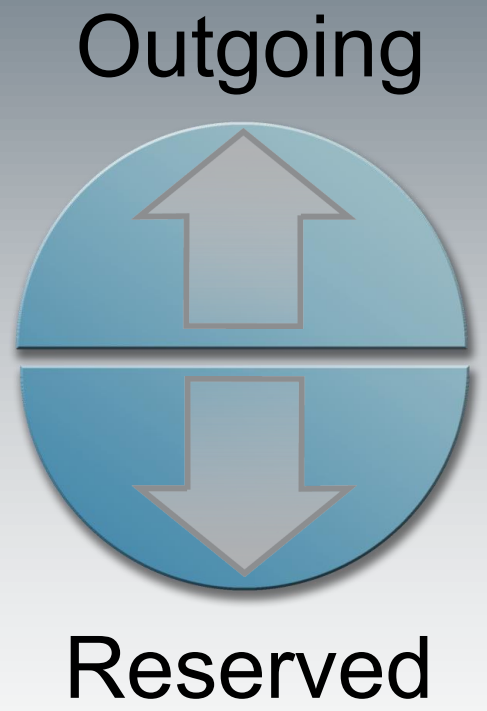
- Fast - paced
- Involved
- Energetic
- Optimistic
- Positive
- Enthusiastic

Their focus is on talking things out.

Reserved/Passive

- Slower – paced
- Cautious
- Concerned
- Reluctant
- Critical thinking
- Discerning

Their focus is on thinking things through.

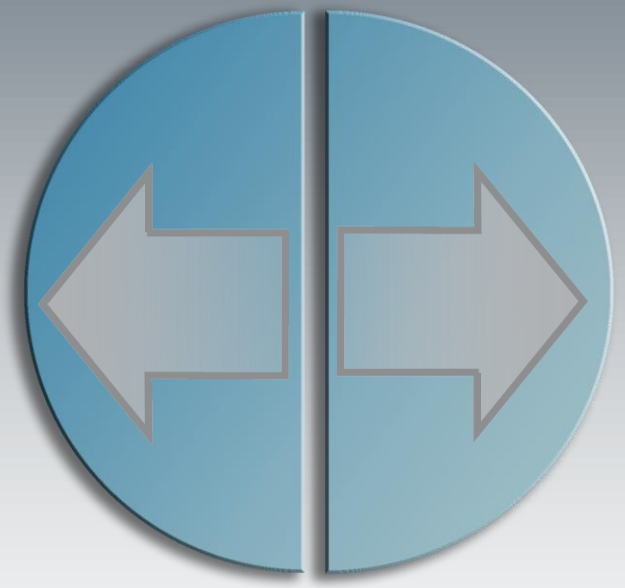


Understanding Yourself...

Second Question

2. Am I more Task-oriented or People-Oriented?

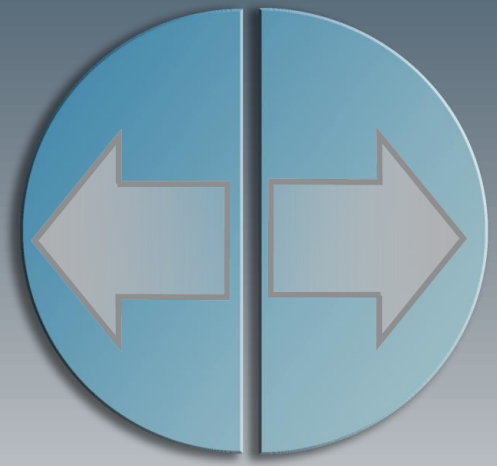
Task-Oriented



People-Oriented

Understanding Yourself … Traits to look for:

Task-Oriented



People-Oriented

Task-Oriented

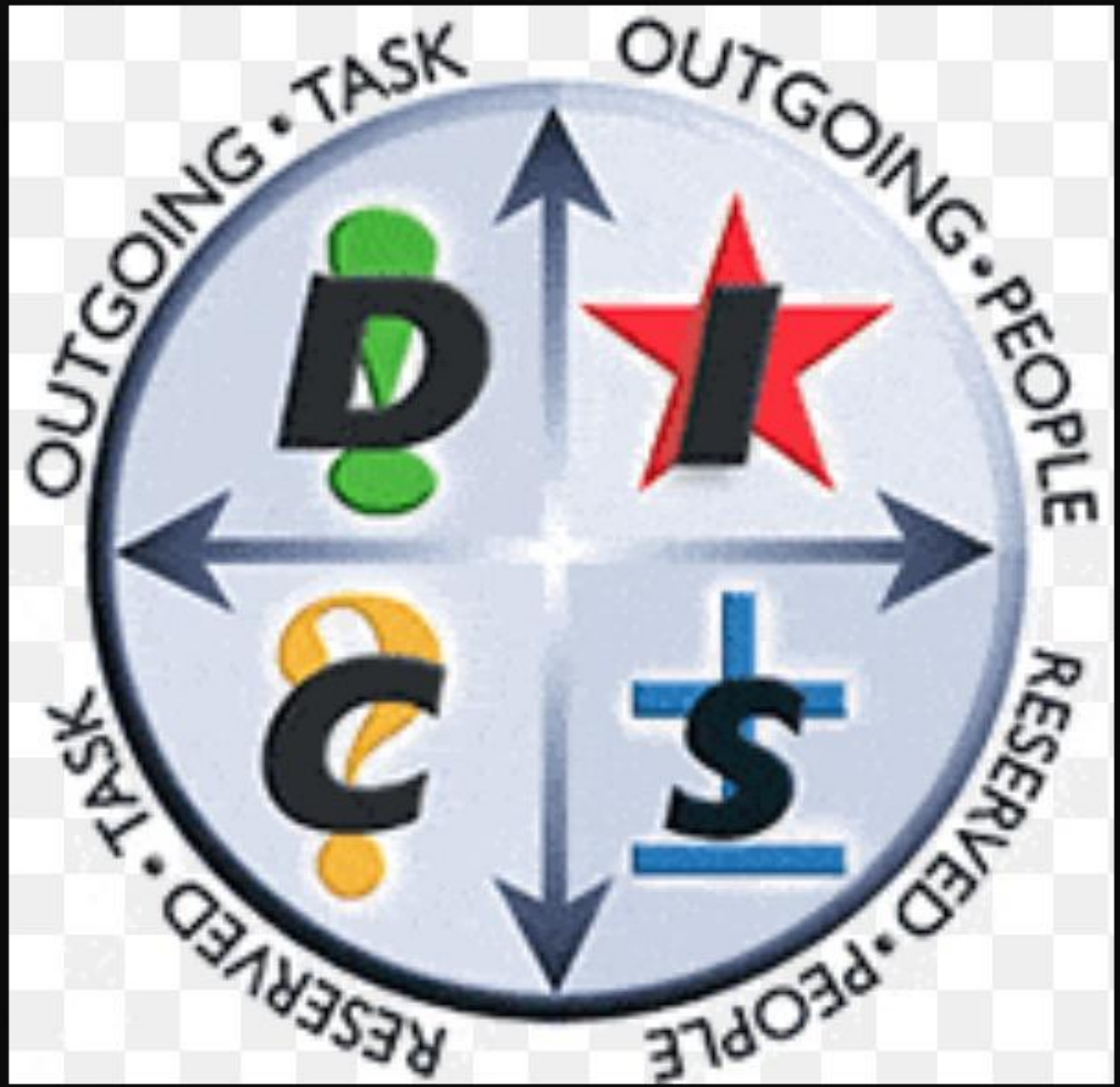
- Form
- Function
- Programs
- Plans
- Projects
- Process

Their focus is on getting things done.

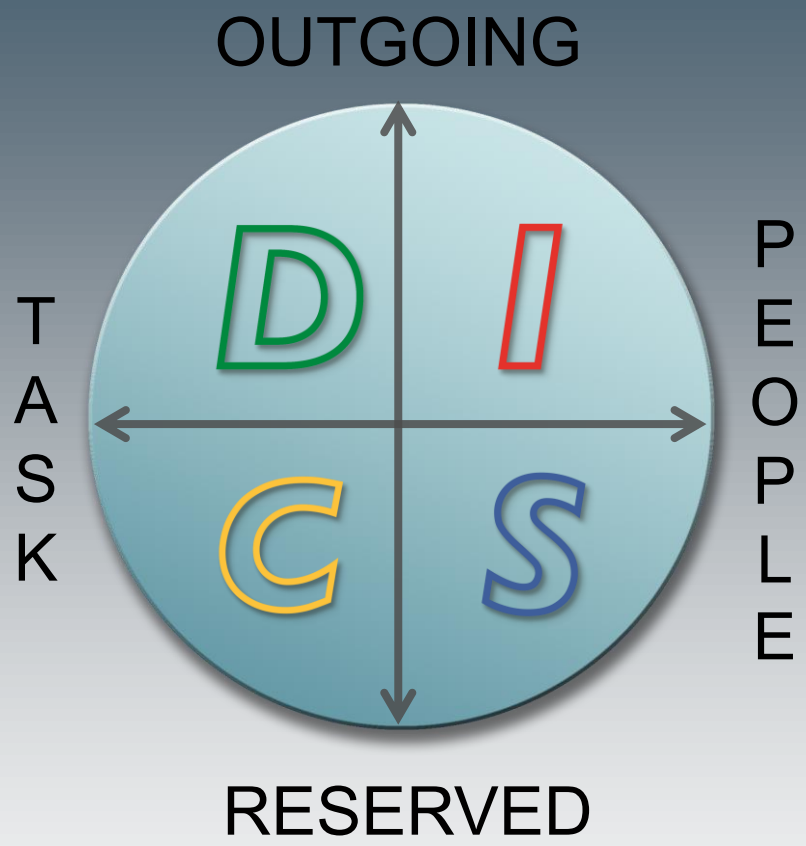
People-Oriented

- Relationships
- Caring
- Sharing
- Emotions
- Feelings
- Friendships

Their focus is on other people and how they feel.


OUTGOING • TASK
OUTGOING • PEOPLE
RESERVED • PEOPLE
RESERVED • TASK
D
I
C
S

When you combine these two ways to divide the circle, you will see that they give the circle four parts, so you can visualize the four temperament types.



Remember: Everyone is a unique blend of these four parts.

Most people have predictable patterns of behavior. They relate to specific personality styles. There are four basic personality styles: ***D***, ***I***, ***S*** and ***C***. They are also known as temperaments. They blend together to determine your unique personality style. The graphic overview of the Four Temperament Model of Human Behavior will help you understand why you often feel, think and act the way you do.



D Seeks results. Active. Multi-tasker.

- Driven by authority
- Will easily try to take control
- Embraces any change that will help them get results
- Very comfortable responding to direct confrontation
- Treasures loyalty

Greatest Fear: Being taken advantage of

D

Percentage of Population: 10%

Examples: Donald Trump, Judge Judy, Dr. Phil, Hillary Clinton

Basic needs: Challenge, Choices and Control

D Types Make Good...

- Administrators
- Athletes
- Boxers
- Builders
- Business Owners
- Coaches
- Developers
- Directors
- Drill Instructors
- Entrepreneurs
- Executives
- Fighter Pilots
- Foremen
- Government Agents
- Law Enforcement Officers
- Lawyers
- Military / Special Forces
- Motivators
- News Anchors
- Private Investigators
- Producers
- Race Car Drivers
- Real Estate Developers
- Sales Managers
- Supervisors
- Truck Drivers



D

Seeks Control

Decisive

Direct

Results

Patient Assessment

- Patient is a 45 y.o. female
- She is a high school teacher and administrator
- Her handshake is very firm and she has very steady eye contact
- She is very direct and impatient over why she cannot just have a cleaning
- What personality style might she be? *DISC*
- How will you go about presenting treatment to best influence her to accepting treatment? How might lengthy appointment plan affect her?
- For hygienists, what is the key to successfully gaining case acceptance with this patient?





Seeks friendly environment.
Always active.

- Relationship-oriented
- Emotional and animated
- Great storyteller
- Encourager
- Treasures great experiences with others

Greatest Fear: Rejection / Loss of Approval



Percentage of Population: 25% - 30%

Examples: Oprah Winfrey, Ellen DeGeneres, Dr. Tim Bizga

Basic needs: Recognition, Approval and Popularity

I Types Make Good...

Actors
Airline Attendants
Auctioneers
Broadcasters
Clowns
Coaches
Comedians
Entertainers
Evangelists
Meeting Planners
Peace Corps Volunteers
Performers
Politicians
Preachers
Public Relations Directors
Public Speakers
Masters of Ceremonies
Radio Personalities
Receptionists
Reporters
Salespeople
Teachers
Telemarketers
Telephone Operators
Travel Agents
Wedding Consultants



Persuasive

Spontaneous

Friendly

Spotlight

Rampant Caries



Patient Assessment

- This man is 38 y.o.
- He is a musical performer
- You find him to be very personable, poised and charming
- He talks a lot about how his late nights on the stage make him drink a lot of mountain dew
- What personality style might he be? *DISC*
- How will you need to present treatment to him based on your style to meet his needs? How might making him feeling ridiculed affect him?



S

Seeks a team environment. Very loyal.

- Easygoing and agreeable
- Evenly paced
- Good listener
- Compassionate
- Treasures peaceful relationships

Greatest Fear: Loss of Security / Confrontation



Percentage of Population: 30% – 35%

Examples: Dr. Martin Luther King Jr., Mother Teresa, Gandhi, Joel Osteen

Basic needs: Appreciation, Security and Assurance

S Types Make Good...

- Artists
- Child Care Workers
- Counselors
- Customer Service Representatives
- Department Heads
- Diplomats
- Flight Attendants
- Funeral Directors
- Human Resource
- Directors
- Librarians
- Managers
- Nurses
- Painters
- Pharmacists
- Pastors
- Planners
- Real Estate Agents
- Researchers
- School Teachers
- Secretaries
- Social Workers
- Supervisors
- Technicians
- Veterinarians
- Waiters/Waitresses



S

Team-Oriented

Follow-Through

Loyalty

Acceptance



C Seeks an environment that honors logic and facts.

- Compliant
- Conscientious
- Accurate
- Detail-oriented
- Treasures perfection

Greatest Fear: Criticism



Percentage of Population: 20% – 25%

Examples: Diane Sawyer, Clint Eastwood, Tiger Woods, Martha Stewart

Basic needs: Quality Answers, Value and Excellence

C Types Make Good...

Accountants
Architects
Artists
Authors
Bankers
Bookkeepers
Composers
Computer Programmers
Consultants
Dentists
Engineers
Finishing Carpenters
Inventors
Lawyers
Librarians
Mechanics
Military Intelligence
Musicians
Philosophers
Photographers
Physicians
Pilots
Professors
Scientists
Surgeons
Teachers



Compliant

Analytical

Planner

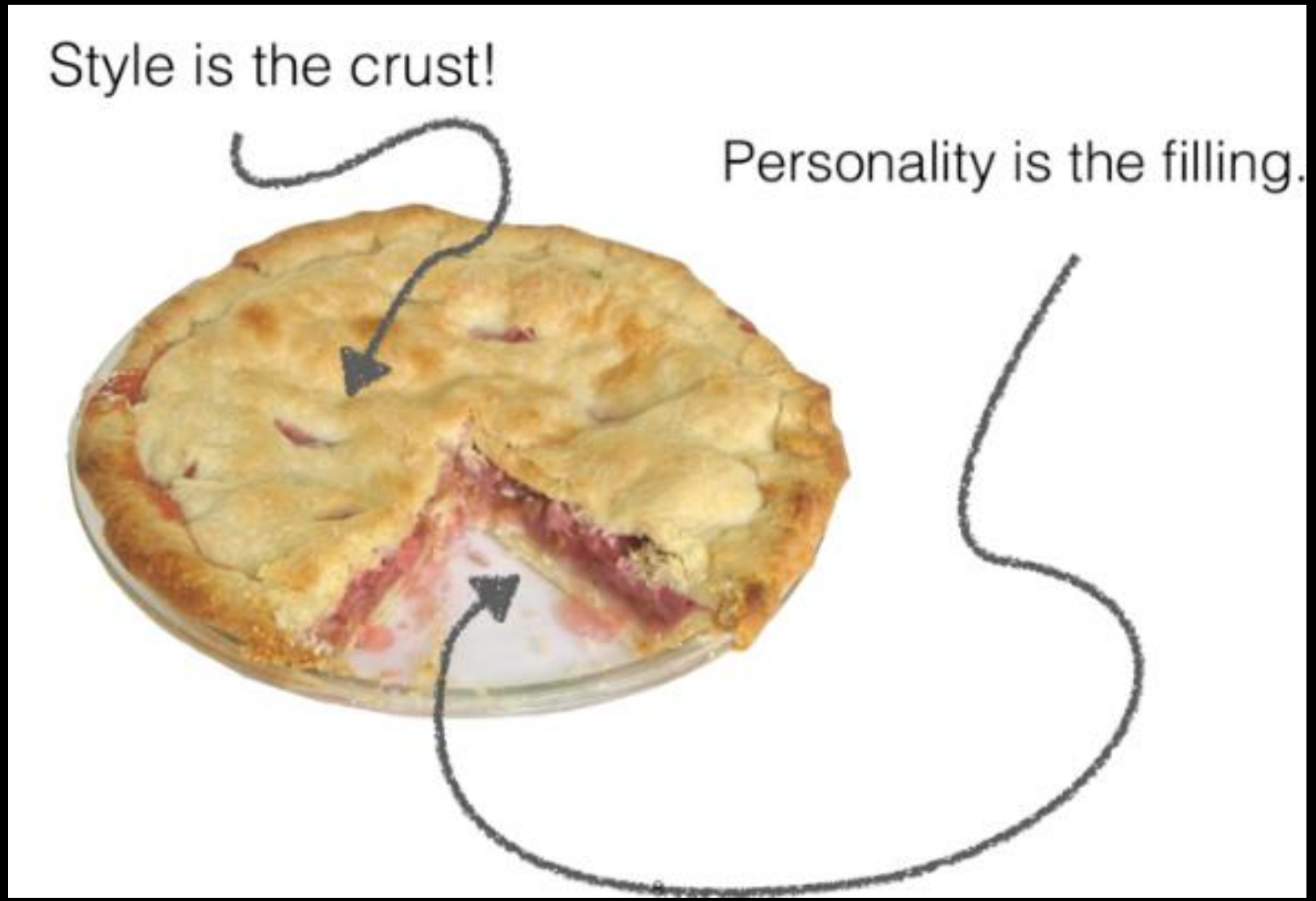
Accuracy


Just Scarves
Company
Since 1932



Mary's 10th Day




Style is the crust!
Personality is the filling.

Presenting with Style

GUIDEBOOK



Knowing What to Say & How to Say It

The Ultimate Discovery System™

Communicating with a D

- Be brief, direct, and to the point. Then leave.
- Ask “What” not “How” questions.
- Focus on results.
- Don’t ramble.
- Discuss a problem and its effect on outcomes.



Communicating with an I

- Don't do all the talking.
- Don't ignore their ideas.
- Allow time for socializing.
- Follow up with the details in writing.
- Four short 10-minute discussions are better than one 40-minute discussion.



Communicating with an S

- Create a friendly tone for the discussion.
- Show interest in them as a person.
- Don't be overly aggressive.
- Minimize the potential for confrontation.
- Give definition to the goal and everyone's role.
- Give them time to adjust to any changes.



Communicating with a C

- Provide all the details.
- Use validated facts.
- Be precise in your explanation.
- Be very specific.
- Be patient, answer all their questions, and follow up to provide them with the additional data they request.



Quick points

1. D types are “Drivers” and interested in RESULTS and enjoy benefits that solve their problems
2. I types are “Interpersonal” and interested in IMAGE and love recognition
3. S types are “Steady” and interested in most recommended PROCESSES and need reassurance
4. C types are “Idealists” and interested in DETAILS and will validate your statements



Patient Assessment

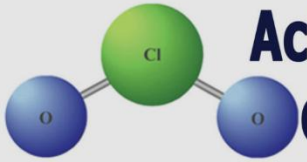
- She is a 17 y.o. female
- She says she recently had composite veneers done and they now “just pop off”. She is talkative and concerned about her appearance.
- Mom is soft spoken and concerned.
- What personality style might mom/daughter be? *DISC*
- How might you go about presenting treatment to this patient? What alternatives can you consider?





Go-To Product





Activated Chlorine Dioxide

OraCare's Main Ingredient!

OraCare

Chlorhexidine Comparison

	Chlorhexidine	OraCare
Anti-Bacteria	Exceptional	Exceptional
Anti-Virus	Poor	Good
Anti-Fungal	Poor	Exceptional
Neutralize VSC's	Poor	Exceptional
Destruction of Biofilm	Poor	Exceptional
		*Without Side Effects

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‹ Back to results



Roll over image to zoom in

INFRAY Pen Flashlight Black Light, Zoomable, Small 395nm Blacklight Detector for Dog Urine & Dry Stain. IPX5 Water-Resistant, Powered by 2AAA Batteries (1PACK)

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Style: **1PACK**

1PACK	2PACK
$17.99	$24.99

- 1. SMART-DESIGN: INFRAY Black light with adjustable focus system that allow to cover a larger area to narrow area, easily spot scorpions, dog urine (not work well on cat urine), pet stains.
- 2. ULTRA COMPACT: INFRAY UV flashlight at 5.7 inches in length is designed as EDC black light to fit in anyone's pocket, shirt, and pants or attach it to a keychain, lightweight and easy to carry around (smaller and brighter than other 51 LED black light)
- 3. TOUGH & RELIABLE: IPX5 rainproof and MIL-SPEC abrasion and corrosion-resistant anodized aircraft aluminum construction with unbreakable, scratch-resistant poly carbonate lens as well as pocket clip.
- 4. LONG LASTING: INFRAY UV LED light provides a wavelength of 390-395 nm with high quality ultraviolet led, perfect for leak detection and the blacklight offers 7 hours of run time by 2*AAA batteries.
- 5. WHAT YOU GET: INFRAY genuinely LED UV PEN flashlight and our worry-free 18-month warranty.

› See more product details

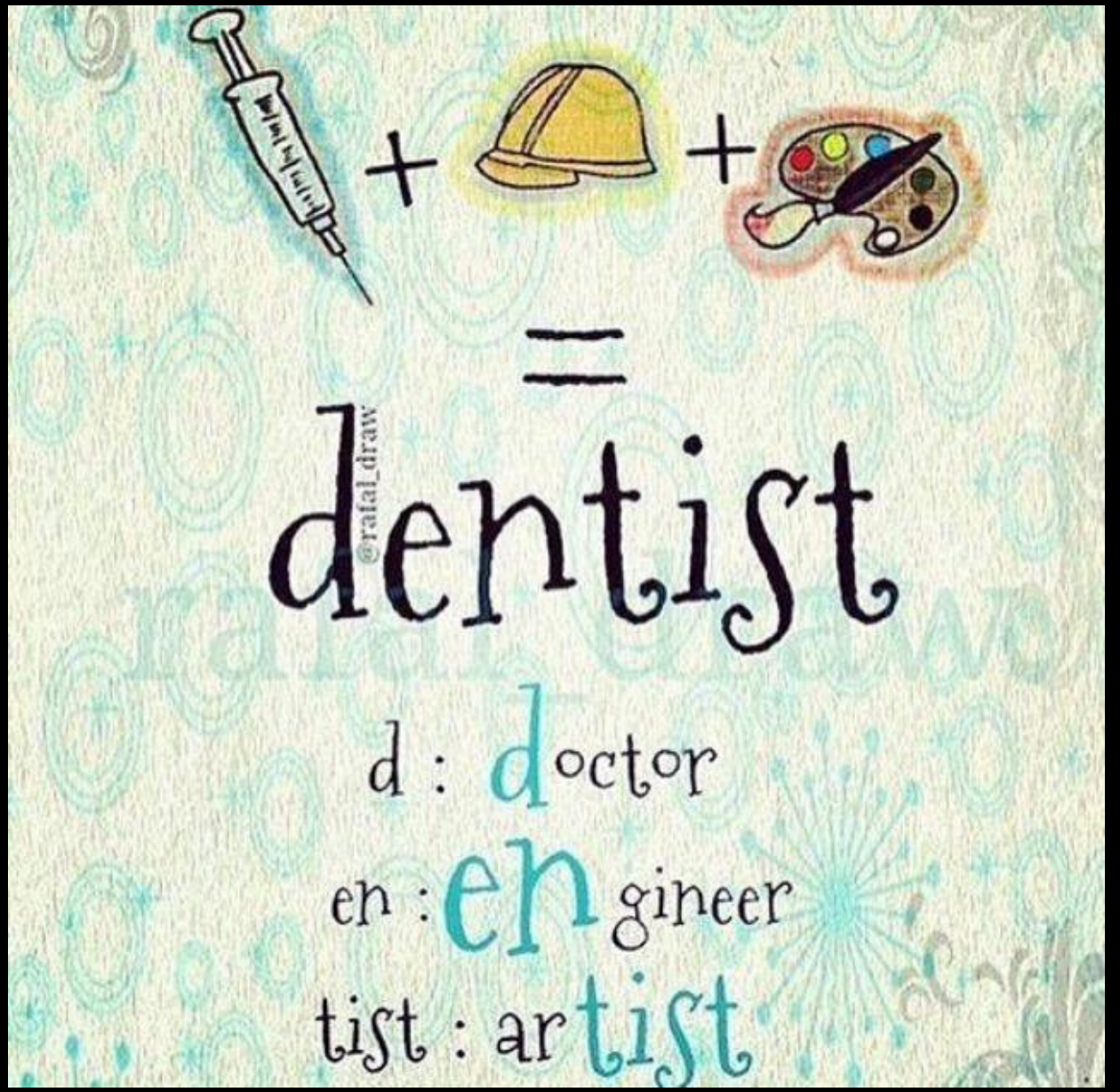
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+
+
=
dentist
@rafal_draw
d : doctor
en : engineer
tist : artist

Materials





Myth #1

SOMEONE is carefully evaluating the clinical effectiveness of new products and techniques



Myth #2

IN VITRO testing can effectively mimic clinical behavior

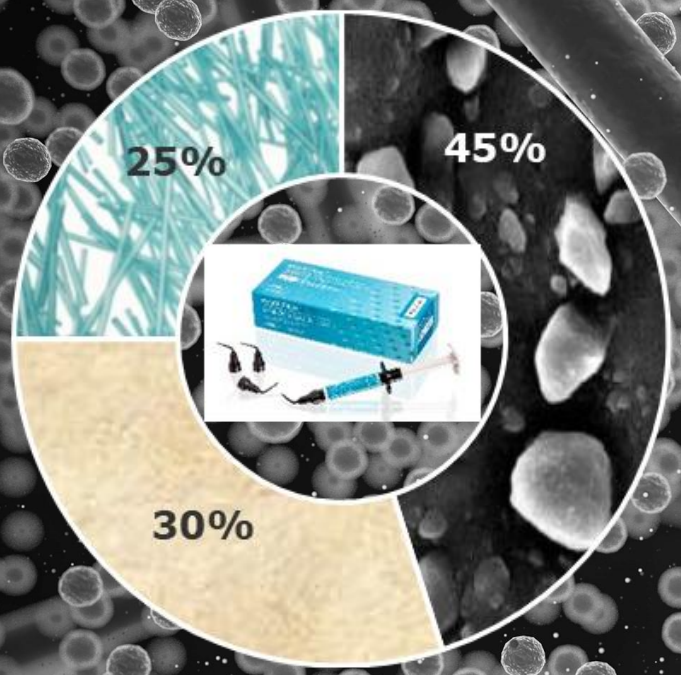
Patient Assessment

- 55 yo male
- He is quiet, nervous, and in because his wife brought him
- When questioned, he states “everything is fine, but was told he needs an implant for #10”
- Wife begins to state “everything is not fine, He needs a smile for our sons graduation.”

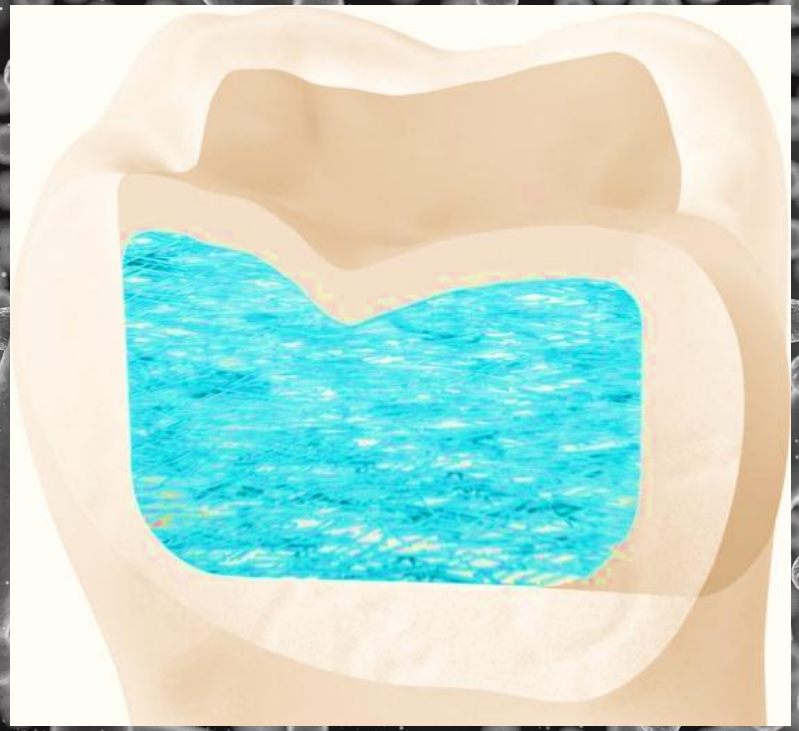





D3
LOT 0123
bulkEZPLUS
Dual-Cure Bulk Fill Composite, 6 g
REF 90-00174
LOT LWWWW


25%
45%
30%





Choose between a fast bulk placement and a more esthetic option



Dentin
shade

Depth of cure
2.0mm



Bulk
shade

Depth of cure
5.5mm

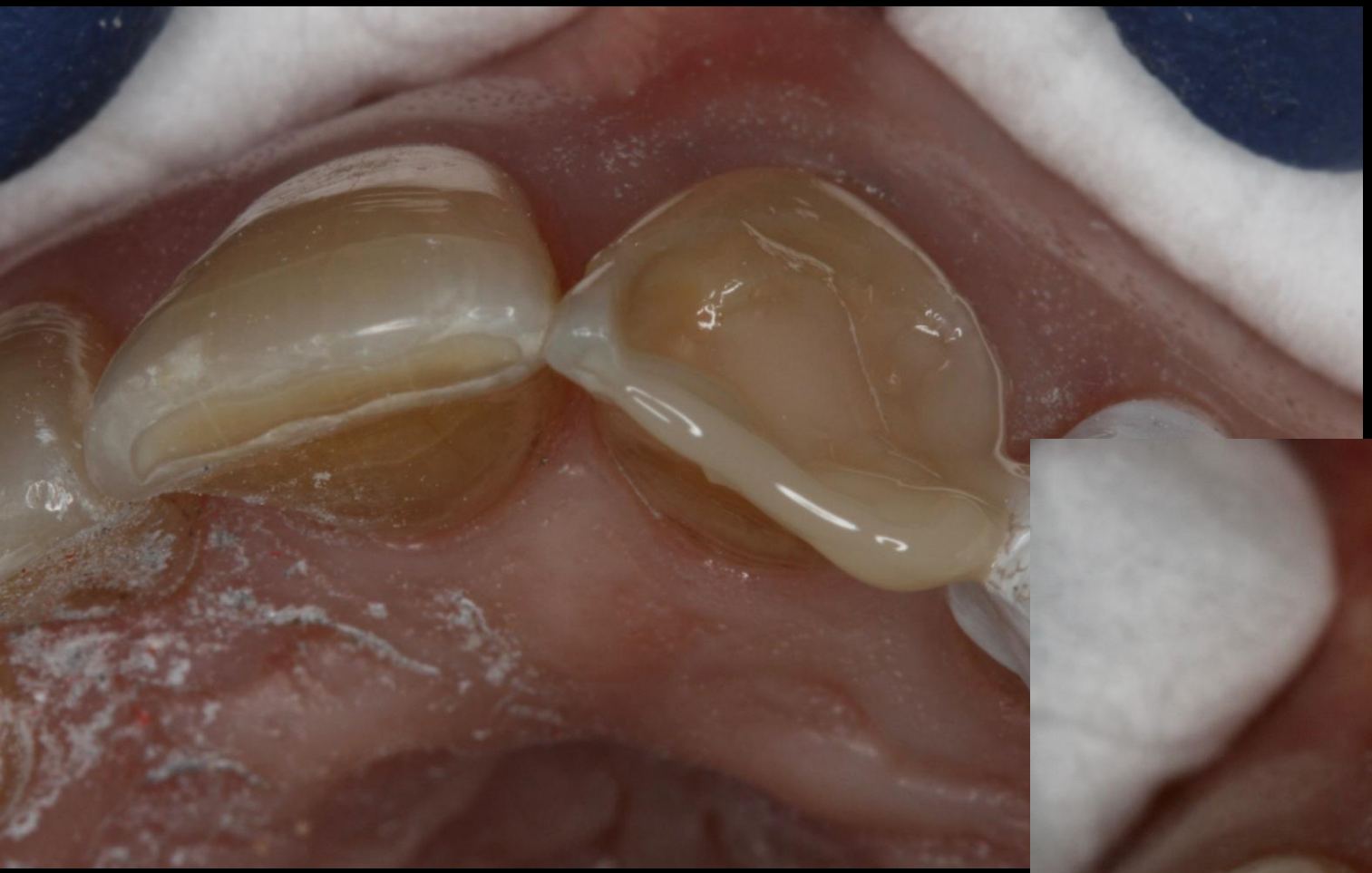


Optimal for **more esthetic results** and **core build-up**

Optimal for **deep posterior cavities** and for **fast placement**




D3



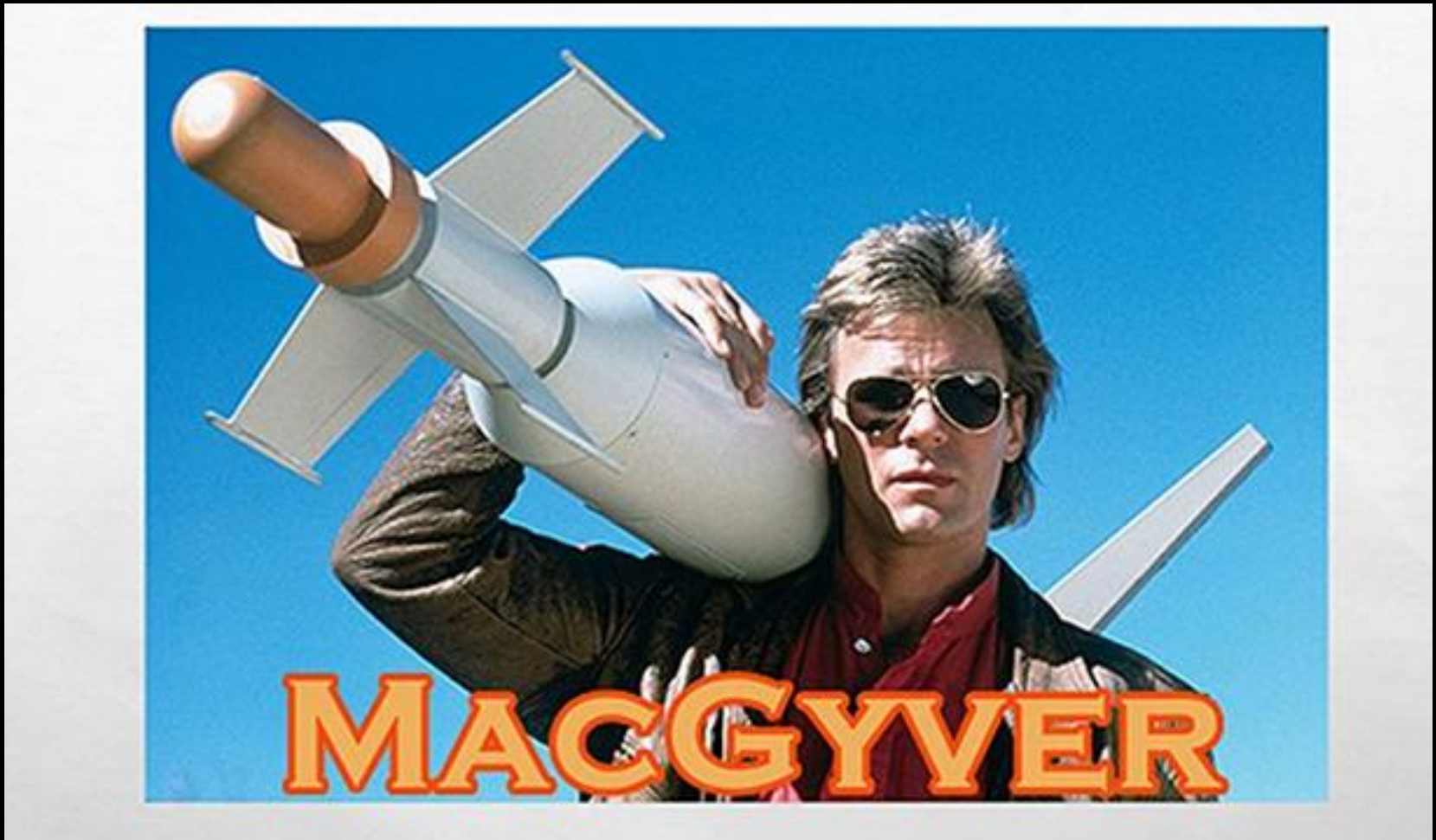




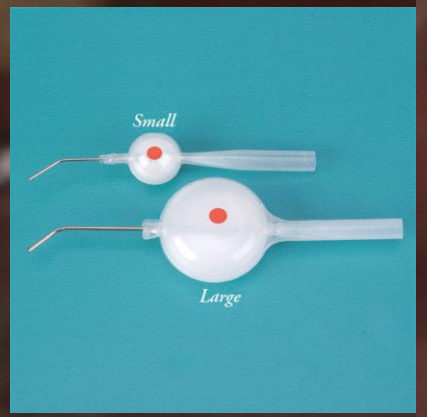




More MacGyver Moves






Small
Large



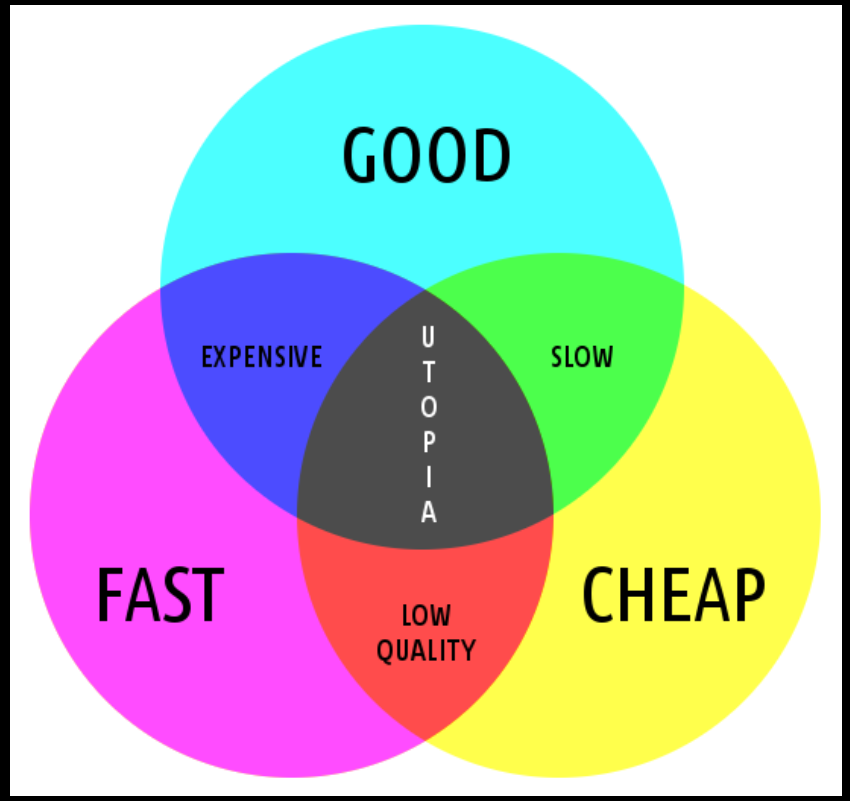

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BEAUTIFIL Flow Plus

7 Year Recall



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Excellence ADDS Value…Perfection COSTS Time










BRILLIANT Flow Plus
BRILLIANT Paste Plus


Dentsply Sirona
TPH Spectra ST Effects
Universal Composite Restorative
SphereTEC


G-ænial Universal Injectable
SYRINGE 1.7g (1.0mL)





Don't wish it was easier,
wish you were better.
Don't wish for less problems,
wish for more skills.
Don't wish for less challenge,
wish for more wisdom.

— *Jim Rohn*


SUMMARY

“There is no difference between the feeling of helping a patient or standing to the applause of a Broadway audience—it is all about JOY, and that feeling is the [exact] same in both venues. People only think that there is a difference, but they are wrong. Choose to be happy with what you find yourself doing at the present moment. Find your joy.” ~Rory O’Malley



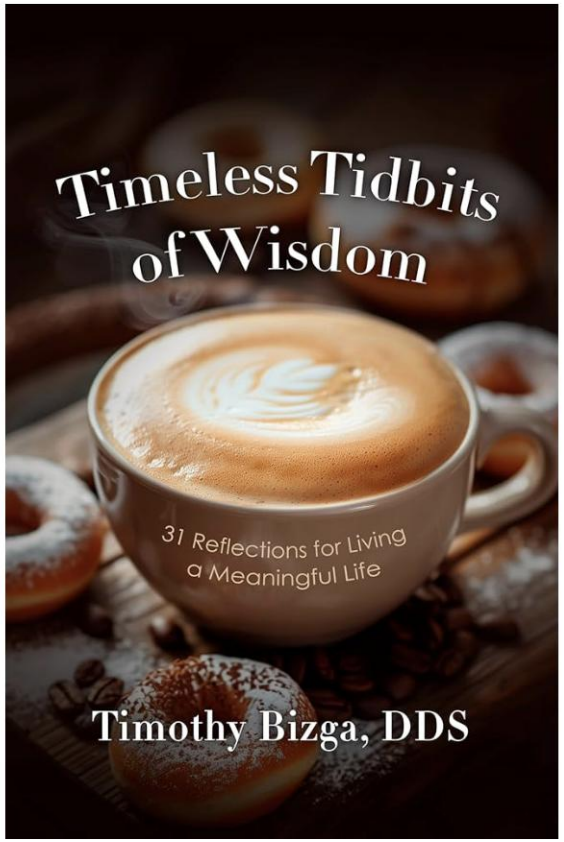




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