FLORIDA'S OUTLOOK ON THE DENTAL LABORATORY PROFESSION
3rd Quarter 2026
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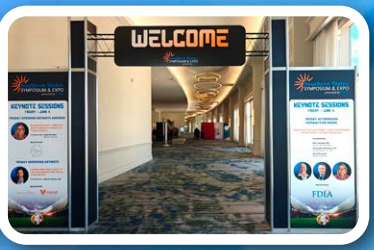
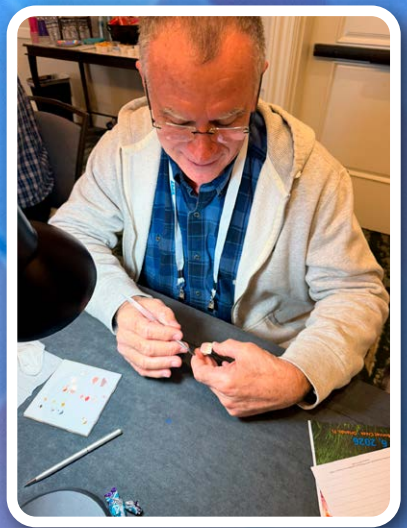
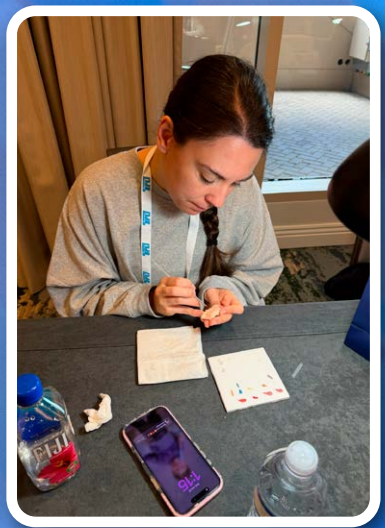
focus

2026 Symposium & Expo Wrap-Up







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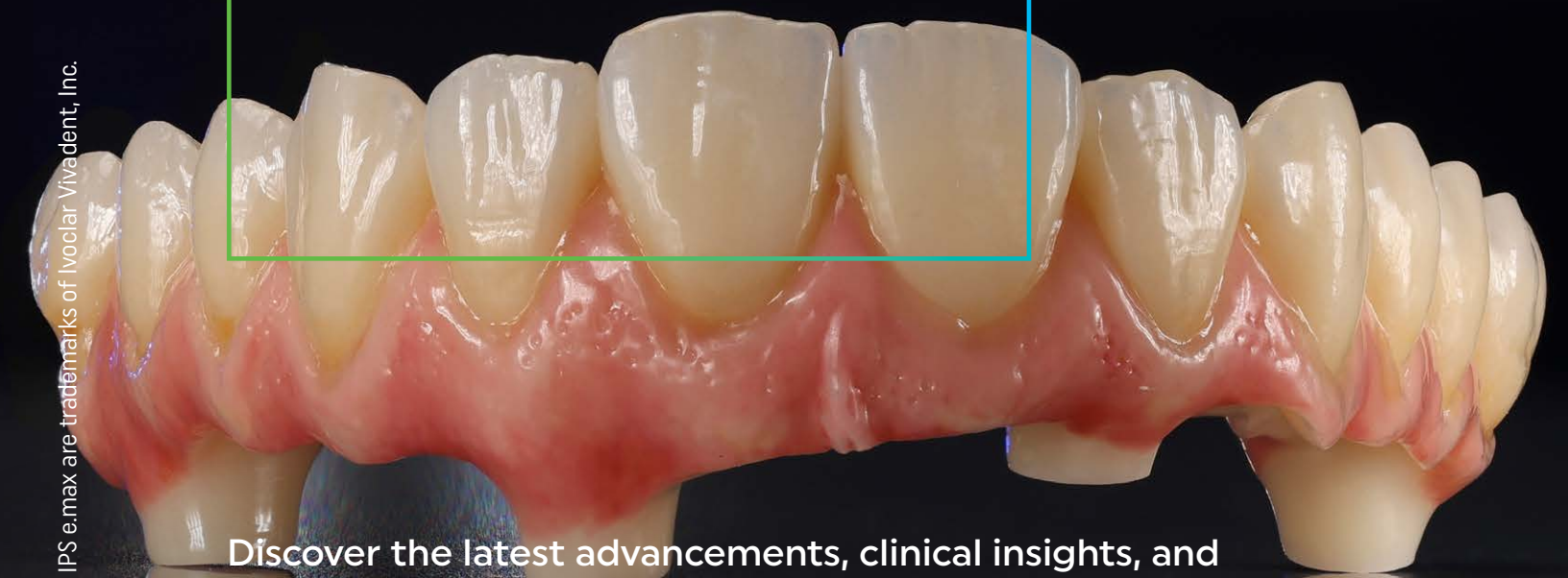

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Collaboration, Engagement, and Growth

Alexander Wuensche, CDT

FDLA President

Success comes when we work collectively, share ideas, support one another, and move forward with a common purpose.

It is with great pride, gratitude, and excitement that I begin my term as president of the Florida Dental Laboratory Association. I am truly honored by the confidence that our members have placed in me, and I look forward to serving this incredible community of dental laboratory professionals throughout the coming year.

First and foremost, I would like to thank everyone who attended this year's Southern States Symposium. The energy, engagement, and commitment demonstrated by our attendees made this event a tremendous success. Bringing together laboratory owners, technicians, educators, suppliers, and industry leaders reminds us of the strength of our profession and the value of staying connected.

I also want to extend my sincere appreciation to our sponsors, exhibitors, and supporters. Your continued investment in our association and our industry helps make events like the Southern States Symposium possible. Your partnership plays a vital role in advancing education, innovation, and professional growth for dental laboratories throughout Florida and beyond.

As we look ahead, I am excited about the opportunities before us. Our association has a strong foundation, but there is still much we can accomplish together. This year, our focus will be on collaboration, engagement, and growth. We have ambitious plans to strengthen our membership, expand educational opportunities, advocate for our profession, and create greater value for every FDLA member.

Our guiding theme for the year is simple: Doing It Together—Building Something Bigger Together. The challenges and opportunities facing our industry cannot be addressed by any one individual, laboratory, or organization alone. Success comes when we work collectively, share ideas, support one another, and move forward with a common purpose.

I encourage every member to become involved, contribute your ideas, and help shape the future of our association. Together, we can build a stronger FDLA, a stronger profession, and a brighter future for dental laboratory technology.

Thank you for the opportunity to serve as your president. I am excited for what lies ahead, and I look forward to working alongside all of you as we continue building something bigger—together.

FDLA Mission

Advancing the individual and collective success of Florida's dental laboratory professionals to enhance oral health care.

Values Statement

INTEGRITY - being honest and open in all that we do

LEADERSHIP - being the guiding light in a changing environment

RECOGNITION - honoring those committed to our industry

SAFETY - promoting safe and quality driven manufacturing practices

INNOVATION THROUGH COLLABORATION - fostering an environment where creative and inspiring ideas are encouraged to enhance patient care

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DIGITAL Full-Arch Excellence

By Andriy Khomyn, DD, RDT,
Mark Chan, DD, and Andreas Klie, RDT

Introduction

With the ever-changing technological advancements in the dental industry, clinicians are constantly trying to keep up with the rapid advancements made in the industry. This "Dental Jungle" is a huge challenge for many clinicians with so many questions and unknowns. Fortunately, there are now solutions for clinicians to help them navigate this daunting road of the future.

Based on 20 years of specialized research and development in high-precision 3D vision technology, photogrammetry has already been proven capable of achieving high accuracy for large-scale objects like airplanes, ships, and other significant structures.

SHINING 3D has taken a significant step further by innovatively applying its patented photogrammetry technology from high-end industrial applications to the dental field. This advancement delivers an extremely high-accuracy scanning experience, particularly beneficial for full-mouth edentulous dental implant applications.

It is called IPG – intraoral photogrammetry. So, what makes IPG technology different compared to regular intraoral scanning? Regular scan body or scan flag scanning typically requires 360-degree scanning to capture its positions based on surface geometry features. This method often encounters issues due to insufficient features, particularly when scanning vibrating soft tissue between the scan bodies, or liquids such as blood or saliva, leading to a loss of scan body positioning accuracy.

In contrast, IPG utilizes encoded patterns on scan bodies as accuracy control reference points for global optimization. This technology involves a comprehensive process of measuring and interpreting photographs to extract precise spatial information and creates highly accurate 3D data. One of the key advantages of IPG is that it requires significantly fewer perspectives to capture the scan bodies' positions during the scanning process. This makes the scan workflow more efficient and avoids unnecessary accumulated errors.

Patient Presentation and Referral

The patient, a 73-year-old female, was referred for consultation regarding a full upper denture and a partial lower denture.

KEY FINDINGS:

- **Upper Arch:** Periodontally compromised with a poor prognosis for all remaining teeth.
- **Lower Arch:** Retention of teeth 44, 43, 33, 34, and 37 was possible despite some pocketing.
- **Primary Concern:** The patient experienced significant discomfort and mobility in the upper anterior teeth, making chewing difficult.

REFERRING CLINICIAN'S SUGGESTIONS:

- Address both arches simultaneously for better occlusion.
- Consider interim and final prostheses.
- Coordinate surgical timing with denture readiness.

Denturist Examination and Treatment Plan Discussion

During my initial examination, the patient expressed strong opposition to a full upper denture with palatal coverage, citing concerns about taste alteration and discomfort. After reviewing all options, we decided on an implant-supported fixed solution (teeth-in-a-day) to address these concerns.

The patient was referred to Aspen Oral Surgery, where Dr. Martin Cloutier, a maxillofacial surgeon specializing in implant therapy, conducted a comprehensive evaluation and planned the following procedures:

SURGICAL INTERVENTION

1. **Extractions:** All maxillary teeth were extracted.
2. **Implant Placement:** Seven implants were immediately placed in the maxilla.
   a. Six implants achieved high primary stability, enabling immediate function.

b. A seventh implant was placed for potential inclusion in the final prosthesis.

IMMEDIATE SAME-DAY CONVERSION

After surgery, I performed the chairside conversion of the All-on-X provisional prosthesis.

Steps:

1. **Provisional Prosthesis:** Adapted to the implant positions and secured with Multi-Unit Abutments (MUAs) for immediate function.
2. **Fit and Function:** Adjustments were made to ensure proper fit, function, and esthetics.
3. **Occlusal Verification:** Undue stresses were minimized to protect the implants during healing.
4. **Night Guard:** A transitional night guard was provided to reduce stress on the implants and promote optimal healing.

The immediate solution restored function and esthetics, greatly improving the patient's confidence and comfort during the healing phase.

SIX-MONTH FOLLOW-UP

Oral Surgeon Review and Final Torque Test: After six months, the patient returned to the oral surgeon for evaluation. Dr. Cloutier performed a final implant torque test to ensure implant integration and stability. The Multi-Unit Abutments (MUAs) were retorqued to their recommended specifications to confirm the implant stability before the fabrication of the final prosthesis.

DIGITAL WORKFLOW: SCANNING FOR THE DEFINITIVE PROSTHESIS

On the same day, the patient returned to my office for the final prosthesis workflow.

PRE-SCAN PREPARATION:

Temporary Prosthesis Assessment: The temporary fixed provisional was evaluated for fit and function.

Scanning Process Using the Shining Aoralscan Elite

A comprehensive scan was performed to record all anatomical landmarks, including the palate, residual ridge, implant positions and opposing arch.

1. Before removing the temporary prosthesis, I captured a detailed pre-op scan. This step is important because the temporary acts as a guide for the final aesthetics and occlusion.

I start by scanning the prosthesis in the patient's mouth, moving systematically from the anterior teeth to the posterior region on one side, and then repeating the process on the other side. I ensure I capture all surfaces—the occlusal, buccal, and palatal. It is important to scan the soft tissue contours around the prosthesis.

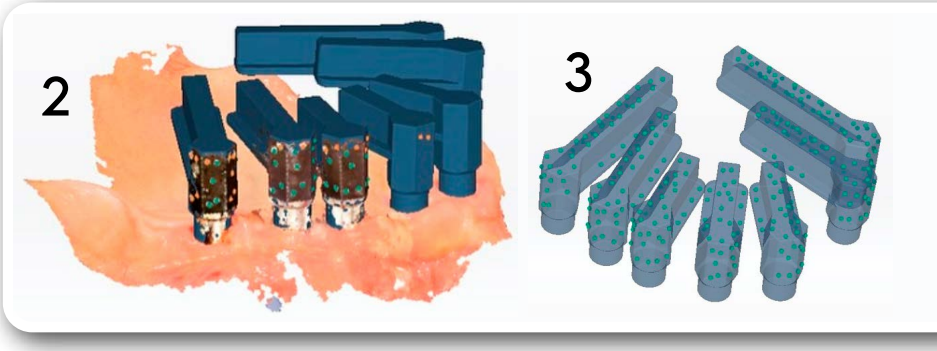
2. Soft Tissue and Opposing Arch Scans. I removed the temporary prosthesis and completed a scan of the upper arch soft tissues, including the residual ridges and palate, to capture all anatomical details.

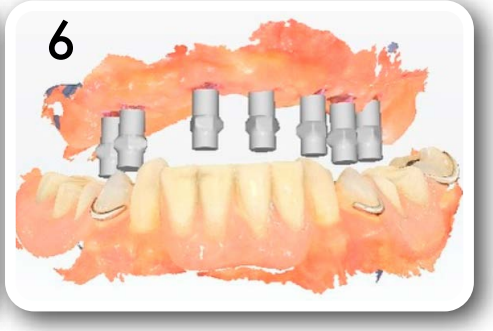
I use smooth, steady motions to capture the entire arch and ensure there are no gaps or stitching errors in the data. I focus on areas that will interact directly with the prosthesis, ensuring a clear, detailed scan of the soft tissue. Next is the opposing arch scan for occlusal alignment (**Fig. 1**).

3. Implant Scan. Proper seating of the scan bodies is very important; if even one scan body isn't fully seated, it can throw off the entire digital workflow (**Fig. 2**).

First, I scan fiducial markers or reference markers; these markers serve as reference points that help the scanning software accurately identify and align the position and orientation of each implant. Fiducial markers are crucial for ensuring precise digital mapping of the implant locations, which is essential for designing and fabricating implant-supported prostheses (**Fig. 3**).

Following the fiducial markers scan, I start scanning the first few scan bodies and soft tissue areas around them. I then





move to the other side of the arch, scanning all scan bodies on that side.

4. Next, I perform the bite registration. We reinsert the temporary prosthesis and make sure it's seated properly before proceeding (**Fig. 4**).

I ask the patient to bite into their natural centric occlusion and keep their bite steady. Then, I use the scanner to capture the buccal surfaces of both arches, starting at the midline and working my way to the posterior regions on both sides.

The bite scan needs to show clear contact points and alignment. If there's any discrepancy, I adjust and rescan as needed (**Fig. 5**).

STITCHING AND VERIFICATION:
The scans of the implant positions and soft tissue were digitally stitched to create a seamless model.

PRE-OP SCAN INTEGRATION:
The pre-op scan of the temporary prosthesis was overlaid with the implant scan data to guide the design of the final prosthesis. I can manually inspect the alignment to confirm everything is accurate. If corrections are needed, I can easily address them at this point. Finally, I export all the scan data as STL files and upload them to Panthera Dental. I include specific notes about tissue compression preferences, aesthetic requirements, and the reference points from the pre-op scan.

TIPS:

- Take your time with the implant scan bodies. This is the foundation of the entire case, so precision is key.
- Use the scanner's AI features to highlight gaps or missed areas during scanning.
- Always verify the alignment of your scans before sending them to the lab. Small errors now can cause big problems later.

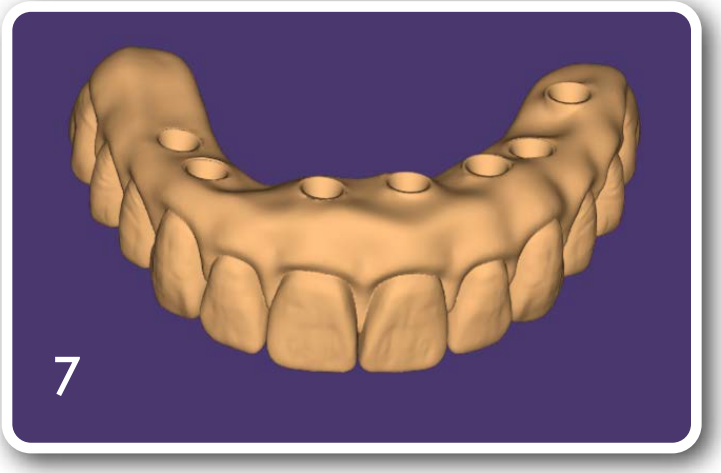
By following this workflow, I can ensure the prosthesis will fit precisely, function optimally, and meet the patient's aesthetic expectations.

Laboratory Phase

The digital scans were processed using exocad to design the patient's final smile, with the temporary prosthesis serving as a guide. This allowed the design to closely reflect the aesthetics and functionality of the provisional while improving tissue adaptation and compression. Two different designs were produced to evaluate tissue compression as intaglio surface of the final will be finished in highly polished titanium (**Fig. 6**).

IMPORTANCE OF INTAGLIO SURFACE DESIGN
The intaglio surface (tissue-facing surface) of the prosthesis was carefully designed to be either flat or slightly convex. This is essential because:

- A flat or convex intaglio surface minimizes soft tissue irritation and ensures even pressure distribution.
- Avoiding concave designs reduces the risk of food entrapment and tissue overgrowth.
- This design promotes healthier tissue conditions and provides a better seal (**Fig. 7**).



PROTOTYPING WITH 3D PRINTING

Two full-arch prototypes were printed using Rodin Titan resin, which offers high precision and durability for clinical evaluations.

- **Evaluate Fit:** Ensure accurate seating on the implants and proper tissue adaptation.
- **Verify Tissue Compression:** Check the effectiveness of tissue support without causing discomfort.
- **Assess Aesthetics:** Confirm the appearance and alignment of the final smile in relation to the patient's facial features.
- **Implant Fit:** Leveraging accurate implant scan data ensured that the bar would align perfectly with the implants, reducing stress and enhancing longevity.
- **Aesthetics:** The pre-op scan of the provisional prosthesis provided a roadmap for replicating the desired smile, ensuring the patient's expectations for appearance were met.

The Panthera Fusion Bar Restoration

A major challenge faced by clinicians when doing full-arch zirconia restorations is the limitation of being able to extend the cantilevers due to small AP spreads. Another major concern is breakage, especially around the Ti base areas.

The PFB is zirconia supported by a titanium bar allowing the design to extend further in the cantilever and the even thickness of the zirconia cemented onto the titanium bar allows the elimination of Ti bases thereby eliminating the weak points created around the Ti bases. Using a unique splitting protocol, Panthera can provide the customer with the overlay STL to manufacture their own restoration overlay in zirconia, PMMA, Rodin or any other material of their choice (**Fig. 8**).

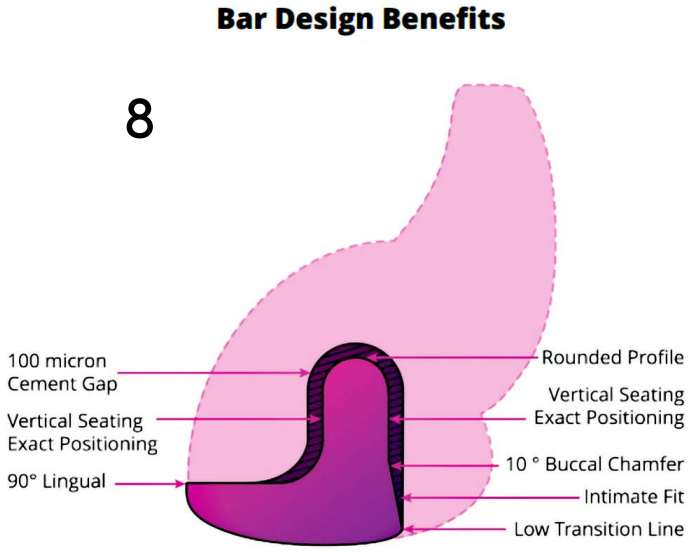


Figure 9
Tissue Scan

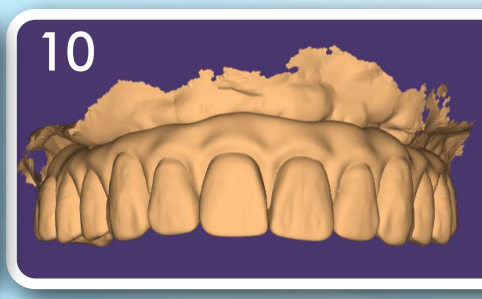


Figure 10
Post-Op Temp on the Model

Figure 11
DESS Scanbody

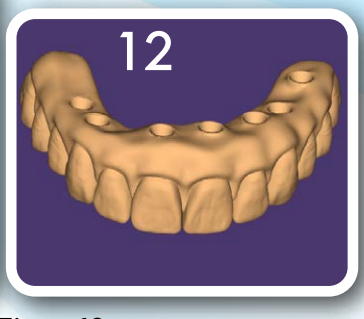
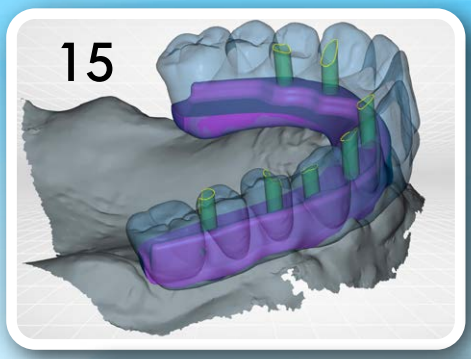


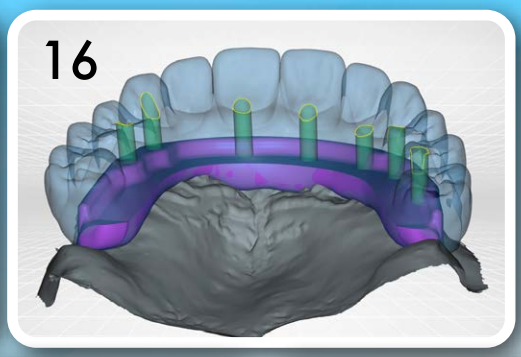
Figure 12
Post-Op Temp off the Model

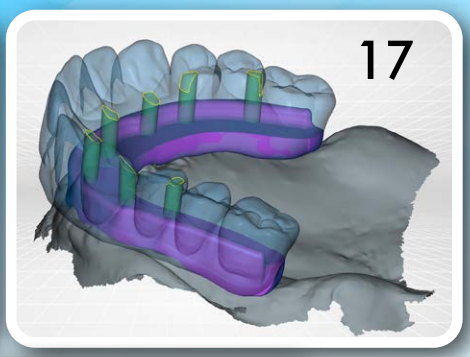
FULL DIGITAL WORKFLOW FOR THE MANUFACTURING OF THE PFB

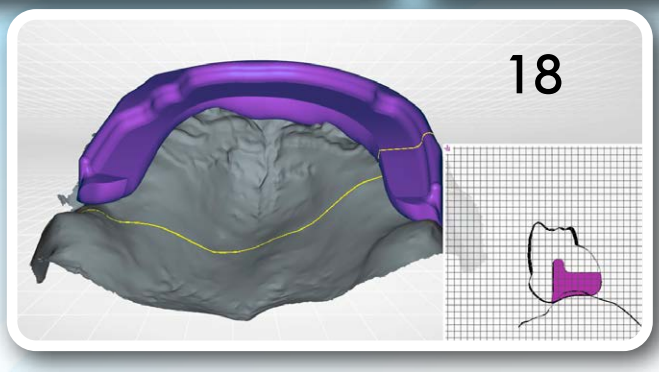
Thanks to the Shining Elite scanner and its software, we were able to fully integrate the photogrammetry scans from Andriy into our workflow, designing and manufacturing the PFB for his patient. The following scans were sent to Panthera as per the required scans to proceed with the design and manufacture of the PFB (**Figs. 9-12**).

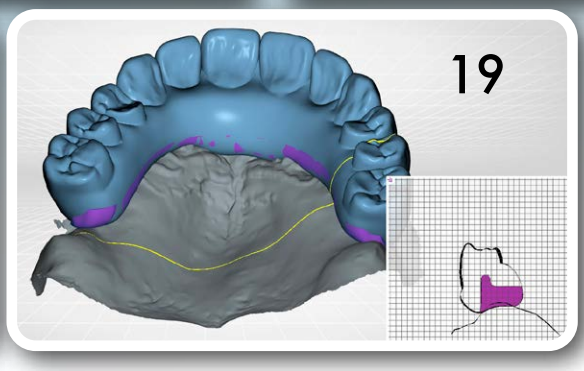
From the files received from Andriy, Panthera can design the implant bar and overlay using the splitting protocol ensuring a straight milling line without any undercuts facilitating the production and fusion of the overlay to the bar. The PFB workflow offers various workflow choices to the customer. One of the options, and in most cases the option of choice, the STL of the overlay is sent to the customer for them to then mill the overlay in-house in the material of their choice. For those who do not have their own milling machines or who would prefer to have Panthera mill the overlay for them, this is another popular option. This is also the option Andriy went with for this case (**Figs. 13-14**).











Once the design was done, the case was available for Andriy to view in the 3D Viewer. The 3D Viewer shows the design of the bar in relation to the overlay (**Figs. 15-17**). The cross-sectional shows the space and shape of the bar in relation to the overlay (**Figs. 18-19**). Each square represents 1mm, so as can be seen in this case, the bar at the highest point is 6mm and at the lowest point it's 3mm. Once Andriy had approved the design, the case was sent to production.

MILLING AND FINISHING

Andriy opted to have Panthera mill the zirconia. Panthera also sent the stl overlay to Andriy to mill or print any additional overlays if he needed to. The zirconia overlay was milled with Vita YZ® ST (**Fig. 20**). Andriy chose preparation A2 for the tooth base shade and Gingiva Light Pink (**Figs. 21-22**). The bar was trimmed, polished, and fitted on the model, which was printed by Mark Chan for this case (**Fig. 23**).

Panthera offers various combinations of bar finishes. Andriy chose the sandblast and anodizing option. This provides the surface texture recommended for cementation and the anodizing minimizes the dark grey titanium showing through the zirconia overlay (**Figs. 24a-c**). The bar and the milled zir-

conia overlay were shipped to Andriy for his technician to complete the case (**Figs. 25-26**).

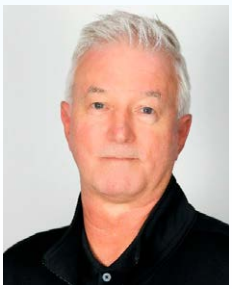
FINAL PROSTHESIS INSERTION

- Upon receiving the Panthera Fusion Bar, the bar and prosthesis were evaluated and confirmed for optimal fit and function.
- The final insertion went very smoothly, without any adjustments required.
- The lower cast partial denture was modified to achieve ideal bite management, ensuring proper occlusion with the new upper prosthesis.
- To protect the implants and maintain the occlusion, the patient was provided with a hard night guard.

This workflow maximizes accuracy and efficiency, ensuring seamless digital capture, design, and final prosthesis delivery for full-arch implant cases. The smooth insertion of the Panthera Fusion Bar demonstrates the importance of precise scanning and careful planning in achieving predictable outcomes (**Figs. 27-31**).

About the Authors

Mark Samuel Chan, DD, SwissNF, received his diploma for Denturism in Toronto at George Brown College with honors. Currently Mark is practicing in Ontario, Canada, with a main focus on high-end removable and implant prosthetics. With a passion for both technical and clinical techniques, he is certified in Bio-logic, BPS, and SDC denture concepts and is an "Art of Denture" award winning Denturist. He is a sought-after international lecturer and opinion leader for many companies and the youngest recipient of the "George Connolly Memorial Award".



Andreas Klie, RDT, Panthera Dental, is a Registered Dental Technologist with over 40+ years of experience in the dental field. Founder of La Lucia Dental Laboratory (1991) and an Ontario RDT since 2005, he is the Senior Technical Expert at Panthera Dental, where he leads the Panthera Dental Academy's educational strategy. His experience as a dental technologist, combined with his field experience, allows him to offer customers precise and detailed solutions on a more technical level.

Andriy Khomyn, RDT, DD, founder of Smile Care Denture Centre, is a recognized expert in modern denture implant solutions. After becoming an Ontario Registered Dental Technician (RDT) in 2007, he graduated with honors to earn his Denturist (DD) license. A certified BPS Denture provider and skilled Suction Effective Mandibular Complete Denture (SEMCD) clinician, Andriy continually integrates cutting-edge technologies into his practice. Beyond patient care, Andriy is deeply involved in denturist education. As a member of AIC Education Canada, he teaches lectures on locator dentures, immediate locators, and implant conversions.

Earn continuing education credits for this article and quiz!

Receive .5 hours CDT/RG Scientific credit and .5 hours of General credit towards your state of Florida dental laboratory renewal by reading this article and passing the quiz. To get your credit, complete the quiz located on the FDLA website at www.fdla.net using the focus Magazine link. Once you have completed the quiz, fax it to FDLA at 850-222-3019. This quiz is provided to test the technician's comprehension of the article's content and does not necessarily serve as an endorsement of the content by FDLA.

CONTINUING APPROVED EDUCATION

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2026 Symposium & Expo Wrap-Up

Southern States SYMPOSIUM & EXPO
presented by FDLA

This past June, dental laboratory owners, managers, technicians, dentists, and industry partners took the field for two action-packed days at the Symposium & Expo. Attendees advanced their professional game through championship-caliber CE sessions, a high-energy Expo Hall, a spirited Kickoff Reception and countless opportunities to connect with teammates from across the industry. The FDLA board and staff extend a standing ovation to all attendees, sponsors, and exhibitors whose support helped make this year's event a winning performance. Thanks to proceeds from the Wine & Liquor Toss and generous member donations, FDLA will contribute nearly $1,000 to the Foundation for Dental Laboratory Technology—a victory for the future of the dental laboratory profession.

Above: FDLA Board Installation

Above: Celebrating CDT & Dental Technician Appreciation Month

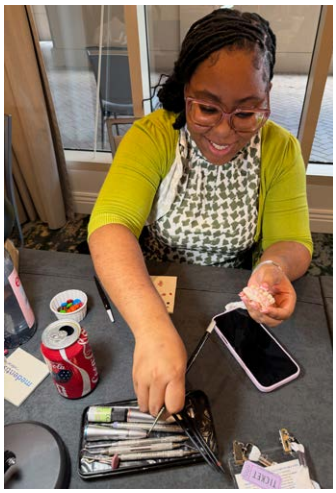
Above: Alexander Wuensche, CDT; Ricki Braswell and Rick Sonntag, RDT

Above: NADL Past President Joe Young

Above from l to r: Outstanding Students Keagan Tuitt and Stephanie Andrade with FDLA President Alexander Wuensche, CDT

Above: Celebrating Morris Fucarino, CDT after his 50-year CDT milestone recognition

Above from l to r: Past NADL President Joe Young, NBC Chair Barbara Warner, CDT, AAACD, 35-Year CDT milestone winner Barry Singer, CDT and FDLA President Alexander Wuensche, CDT



Above: Expo ribbon cutting

Above: Argen Sponsor Donnie Bridges, CDT

Above: FDLA President Alexander Wuensche, CDT

Above: FDLA Past President Rick Sonntag, RDT

Above: Rachel Luoma, NBC Chief Staff Executive and Morris Fucarino, CDT

Above: Fernando de Leon receives board plaque from Rick Sonntag, RDT, immediate past president

Above: Celebrating 50-year milestone recipients, Morris Fucarino, CDT (center) and Mark Devery, CDT (second from right)

Above: Keynote Dr. Wael Garine

Above: Keynote Ricki Braswell

Above: NADL Past President Joe Young (right) presents Rick Sonntag, RDT with the President's Gavel plaque

Above: Best of Show

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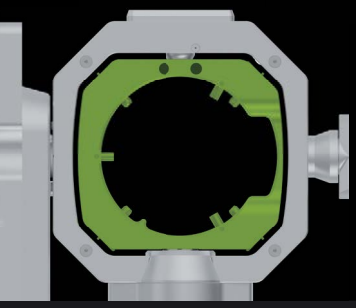

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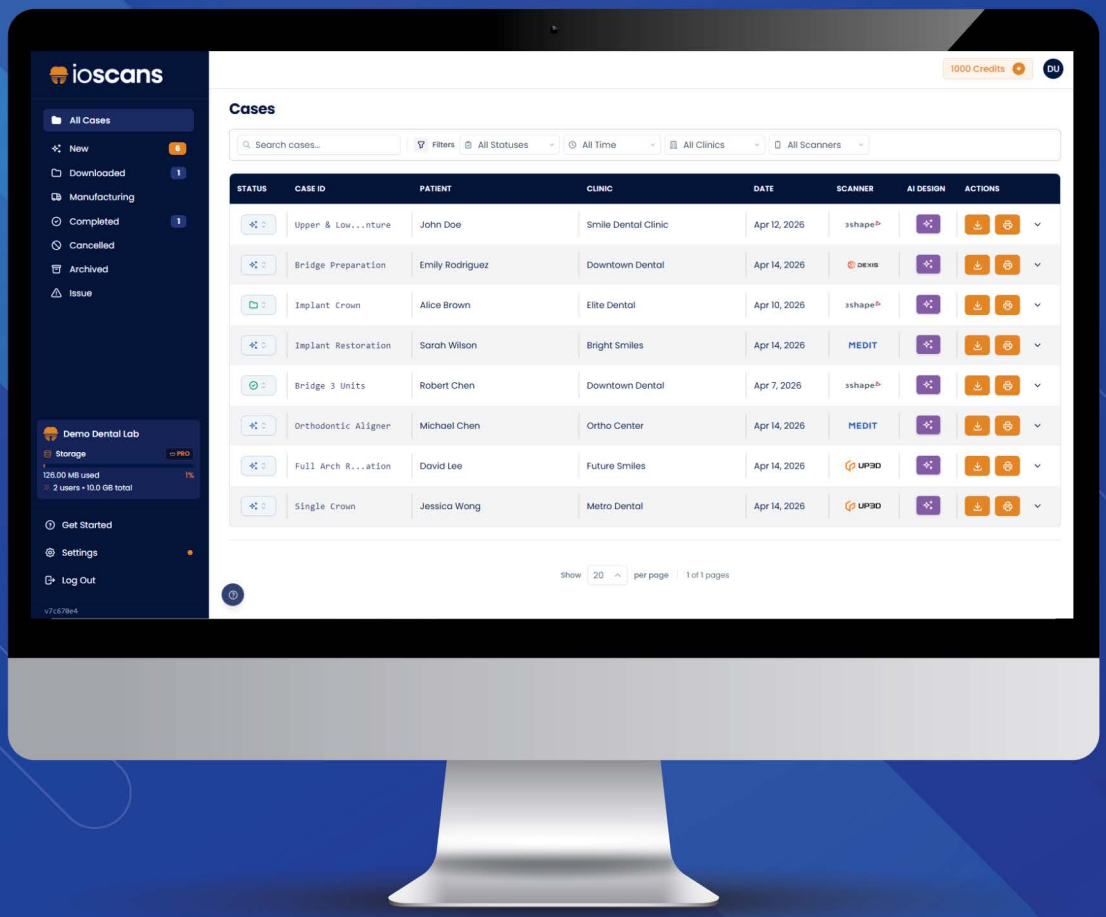
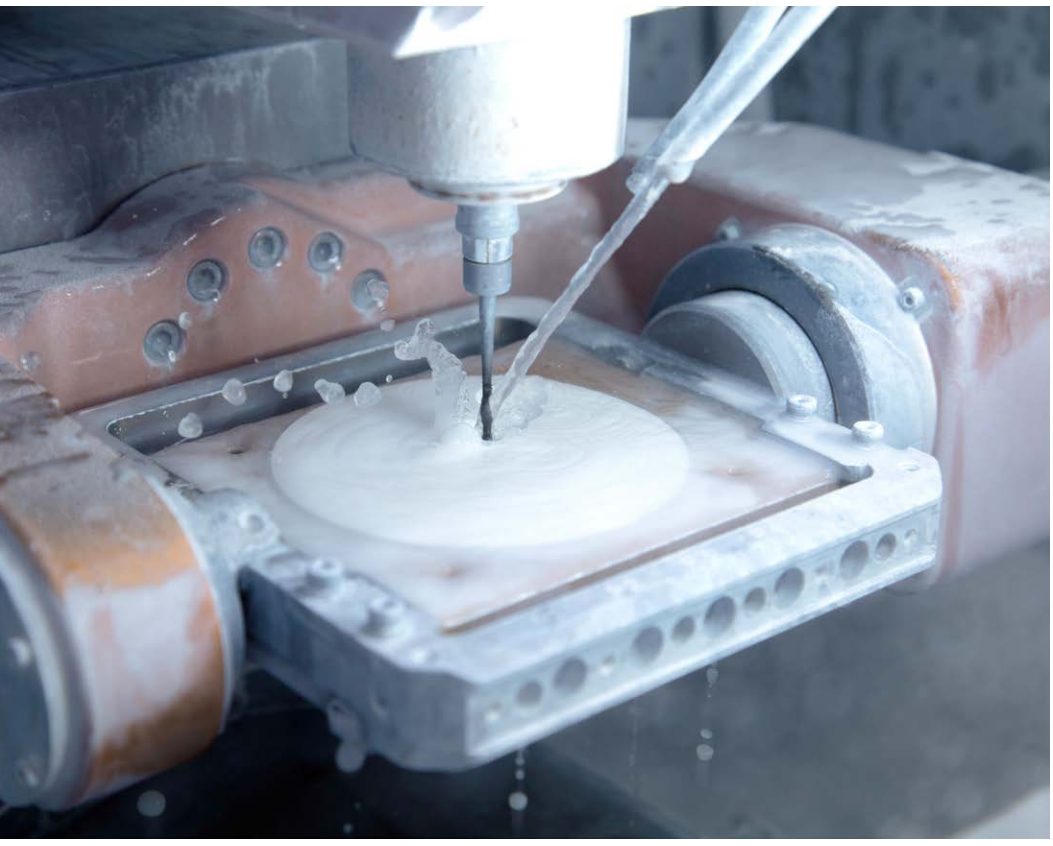


By Donnie Bridges, CDT

THE HIDDEN PROFIT LEAK IN YOUR MILLING OPERATION

How Zirconia Disc Selection Quietly Erodes Lab Profitability — and What to Do About It

Most dental lab owners know exactly where their money goes—staffing, consumables, equipment, insurance pressure, etc. What far fewer realize is that one of the most consistent drains on profitability isn't tracked at all. It sits inside the mill itself, embedded in a routine decision many labs never question: zirconia disc thickness.



This is not a marginal issue. For labs milling zirconia restorations at meaningful volume, the compounding financial impact of suboptimal disc selection can represent tens of thousands of dollars in lost revenue over the life of a single piece of equipment. The good news: it requires no capital investment to fix, no new staff, and no disruption to existing workflows. It requires only a willingness to reexamine a decision that most labs have never formally analyzed.

The Inventory Simplification Trap

The logic behind stocking a narrow range of disc thicknesses is understandable. A 14mm or 16mm disc can mill virtually any case a thinner disc could handle, which makes it appealing as a universal solution. It reduces purchasing complexity, simplifies storage, and removes one decision from the production floor. For

labs already stretched thin operationally, that convenience has real value.

The trade-off is steep, however, and most labs have never fully priced it out.

Consider the data from Argen's milling operations, where thousands of crowns, bridges, and full arches are produced daily across facilities in the U.S. and Canada. Approximately 92 percent of U.S. cases and 86 percent of Canadian cases can be accommodated within a 12mm disc. When a lab routinely mills those cases from a 14mm or 16mm disc, it is spending a meaningful portion of every milling cycle cutting through zirconia that serves no clinical purpose. That excess material does not disappear — it is converted into tool wear, extended cycle time, and lost production capacity.

This is the textbook definition of false economy. The convenience of a simplified inventory is real. The cost of that convenience is simply being absorbed silently somewhere else in the operation.

What the Numbers Actually Show

There are two distinct categories of cost created by oversized disc selection: direct costs and opportunity costs. Both are significant, though the opportunity cost is typically far larger.

Direct Costs

Zirconia is one of the hardest and most abrasive materials in restorative dentistry — which is precisely what makes it clinically excellent and expensive to process unnecessarily. When a mill removes excess material from an oversized disc, the consequences are immediate: longer milling cycles per unit and accelerated wear on burs and tooling.

Milling burs are a recurring consumable expense in any digital lab. By consistently milling more zirconia than a case requires, labs are compressing the effective lifespan of their burs and driving up cost per unit. In higher-volume operations, this accelerated wear also extends to spindles and other mechanical components, increasing both maintenance frequency and unplanned downtime.

Generally speaking, a 14 mm disc is about nine percent more expensive than a 12mm disc. A 16mm disc is about 25 percent more expensive. Labs can save between 9-25 percent on the cost of zirconia simply by using the minimum size disc.

Opportunity Costs: The Real Money

The more consequential loss is what the mill cannot do while it is cutting unnecessary material. Every extra minute spent on oversized stock is a minute unavailable for billable production.

Using real milling performance data, the numbers are instructive. A single crown milled from a 12mm disc takes approximately 23 minutes. The same restoration milled from a 14mm disc takes roughly 24.5 minutes — a difference of about 90 seconds, or 6.4 percent. That sounds negligible in isolation.

If we use a conservative productive lifespan of approximately 2,000 milling hours, the picture changes completely. At those milling times, a mill running 12mm discs can produce approximately 315 more crowns over its operational life than the same mill running 14mm discs — a difference of roughly $31,500 in revenue at $100 per unit. That is a conservative estimate, using a modest per-unit price and a single restoration type. For

Zirconia is one of the hardest and most abrasive materials in restorative dentistry.

labs with higher pricing, greater volume, or a mix of more complex cases, the gap widens further.

The critical insight here is that this revenue does not require new equipment to capture. The capacity already exists inside the mill currently sitting on your production floor. It is simply being consumed by material removal that delivers no clinical value and generates no billable output.

A Strategic Approach to Disc Inventory

The solution is not to stock every available thickness in every shade and formulation. That approach would recreate the very complexity labs are trying to avoid, while introducing new inventory management burdens. The goal is a strategic inventory — one designed around a clear understanding of your lab's actual case mix.

The starting point is three diagnostic questions:

- What percentage of your zirconia production breaks down by restoration type — single crowns, multi-unit bridges, full arches?
- What are the most common minimum disc thicknesses required for your typical cases?
- Which shades appear most frequently across your case volume?

The answers to these questions allow you to identify two or three disc thicknesses that will cover the majority of your daily production, supplemented by one or two larger sizes for less frequent cases such as long-span bridges or high-clearance anterior restorations.

Industry experience suggests that a combination of 12mm, 14mm, and 20mm discs can cover the full spectrum of most labs' output with minimal waste. The specific combination will vary by lab, but the principle holds universally: the disc inventory should reflect the actual distribution of your case volume, not the path of least resistance at the point of purchase.

For labs already invested in high-performance zirconia — such as ArgenZ GT, which is formulated for optimal milling performance and translucency across a full range of disc sizes — the efficiency gains from right-sizing are compounded. A material engineered to perform consistently at the appropriate thickness amplifies the throughput benefits of disciplined disc selection. The material and the workflow reinforce each other.

Quantifying the Opportunity in Your Lab

The financial case for optimizing disc selection is not abstract — it is calculable. Every lab's situation is different, and the magnitude of the opportunity will vary based on case volume, current disc practices, equipment, and pricing. The direction of the impact is the same, however, for every lab milling on oversized stock: money is being left on the table.

To put real numbers to this analysis, Argen offers a Milling Efficiency Calculator (https://gtmillingefficiency.manus.space/) that allows lab owners to input their specific parameters — milling times, case volume, pricing — and see the potential revenue gain from rightsizing their disc inventory. For a more personalized review, Argen's sales consultants can conduct a comprehensive milling efficiency analysis tailored to a lab's unique production profile.

The Bottom Line

The dental lab industry operates on margins that leave little room for silent inefficiencies. The practice of defaulting to oversized zirconia discs — however convenient — is a choice that consistently trades long-term profitability for short-term simplicity. When the true cost of that trade-off is calculated across milling time, tool wear, and foregone revenue, the case for change becomes overwhelming.

There are few operational improvements available to lab owners that require no capital expenditure, no new staff, and no disruption to existing workflows — and still deliver meaningful bottom-line impact. Rightsizing disc selection is one of them.

The mill time you are losing today to excess material removal is revenue that could be on your books tomorrow. The first step is finding out exactly how much and deciding whether simplicity is really worth that price.

About the Author

Donnie Bridges, CDT is the Director of Sales for the Eastern United States at Argen Corporation, a leading provider of digital milling solutions and zirconia materials to dental laboratories across the U.S. and Canada. To calculate your lab's milling efficiency opportunity, visit argen.com or call 800.255.5524 to speak with an Argen Sales Consultant.

Minimum disc thickness requirements vary by material, shrink factor, and mill specifications. Revenue projections are hypothetical illustrations based on Argen's milling performance data. Individual results will vary based on lab-specific equipment, materials, case mix, and pricing.

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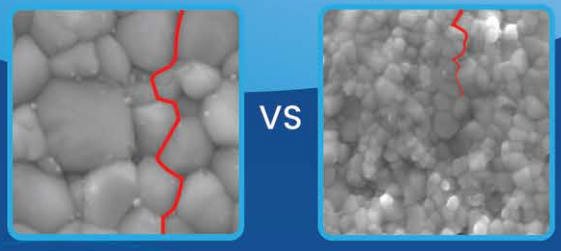

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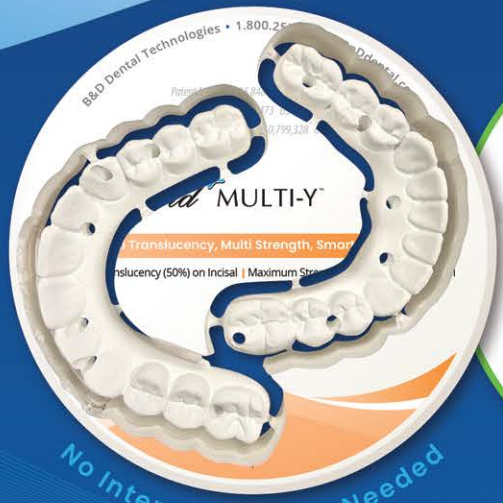

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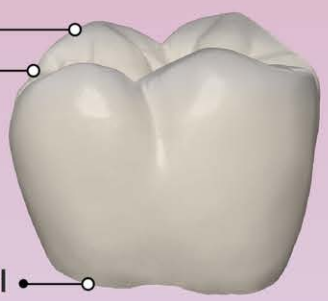

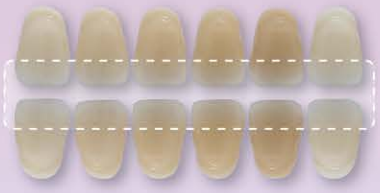

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By Rene A. Silva, MBA

I GOT SCAMMED and You Could Be Next

While at the breakroom having lunch, I was abruptly interrupted, "Rene you have an urgent call from Bank of America's fraud department..." I replied, "let's hope it is not bad or that it's just a scammer."

Privacy is a fantasy; it no longer exists. People's personal information is available for purchase by the highest bidder.

Because of its obscure nature and victim's aversion to speak up, knowledge about the business of scamming has been scarce. In equal measure, countries and law enforcement, as well as surrounding industries, have been slow to react or willing enablers.

Scamming is not a new thing, but in today's brave times, mass penetration of smartphones, internet access, social media, and online marketplaces allowed scammers to rapidly scale up to the size and level of impact no one expected. At the same time, favorable conditions allowed these practitioners to operate freely and with impunity, for the most part. Technology penetration also made the crime pervasive; no other criminal activity comes even close. Imagine that thieves try to break into your home or steal your wallet 20 or 30 times a day, every day.

"Hello Mr. Silva, this is Jeffrey from Bank of America calling you from California on a recorded line. I am calling because we detected fraud activity in your account, but do not worry, I am here to help you." It sounds legit, right? The scammer's accent makes him sound a bit unprofessional, but I have an accent too, so I decided not to judge. He sends a code to my cell to "confirm my identity," which I provide to him (this was a mistake because this particular bank does not work this away even though others do).

At this moment I had not seen any unrecognized transactions, but, in short order, Jeffrey advised me, "you are going to see a transaction for $12,000, do not worry, we will stop it on the back end" – he had told me earlier the transactions had breached. At the same time, he asked me to enter a code on my phone, which in turn, enabled call forwarding on my phone. At that

moment I knew something was up. I reversed the call forwarding and that very moment he says, "you are going to see another transaction for $7,000, do not worry, we will stop it on the back end." I immediately jumped out of my desk and got ready to drive to my local branch. I did not hang up with scammer, however, instead, I calmly asked him to please wait on hold while I took an important call.

From so called boiler rooms in India to vast compounds along the border between Bangladesh and Myanmar (Burma), these organizations recruit talent by targeting vulnerable populations and promising generous salaries and a lavish lifestyle. Upon arrival, the workers have their passports taken away and are forced to work (scam) and meet strict quotas or risk corporal punishment, starvation and even death.

A low and high estimate puts the scamming industry between $19 and $130 billion dollars. According to the U.S. Federal Trade Commission (FTC), it is estimated that at least $12.2 billion dollars was lost to scams in the U.S. in 2024, for contrast, in 2025, the size of the dental laboratory industry in the United States was $7.2 billion (**Fig. 1**). With this level of revenue, scamming has become a highly sophisticated multinational multidisciplinary industry with power and influence at many levels of government in many countries around the world.

The lab does constant training to screen out scams coming from emails and calls and I would say I am pretty good at spotting a scam when I see it, so what happened? Scams depend a lot on timing, context, circumstance, etc. Also, scammers learn and adapt quickly (at FDLA's 2026 Southern States Symposium, Ricki Braswell, CAE said it best, businesses need to adapt or die, and scammers are very good at adapting) so today's anti-scam techniques may be stale tomorrow. Also, scamming organizations are very sophisticated and should not be underestimated; for instance, some bitcoin scams have their own apps, which look, feel, and work the same as the real thing, except that your money is never invested. The victim never knows until they decide to withdraw the money. The typical bitcoin investor is an older, white male, so that is the target audience. On the other hand, the lottery scam targets retirees who live on their own.

How is it possible these thieves can target people at such a granular level? The answer is simple. Privacy is a fantasy; it no longer exists. People's personal information is available for purchase by the highest bidder, and the "Dark Web" provides the perfect marketplace for these databases to be bought and sold. The State of California, through the office of the

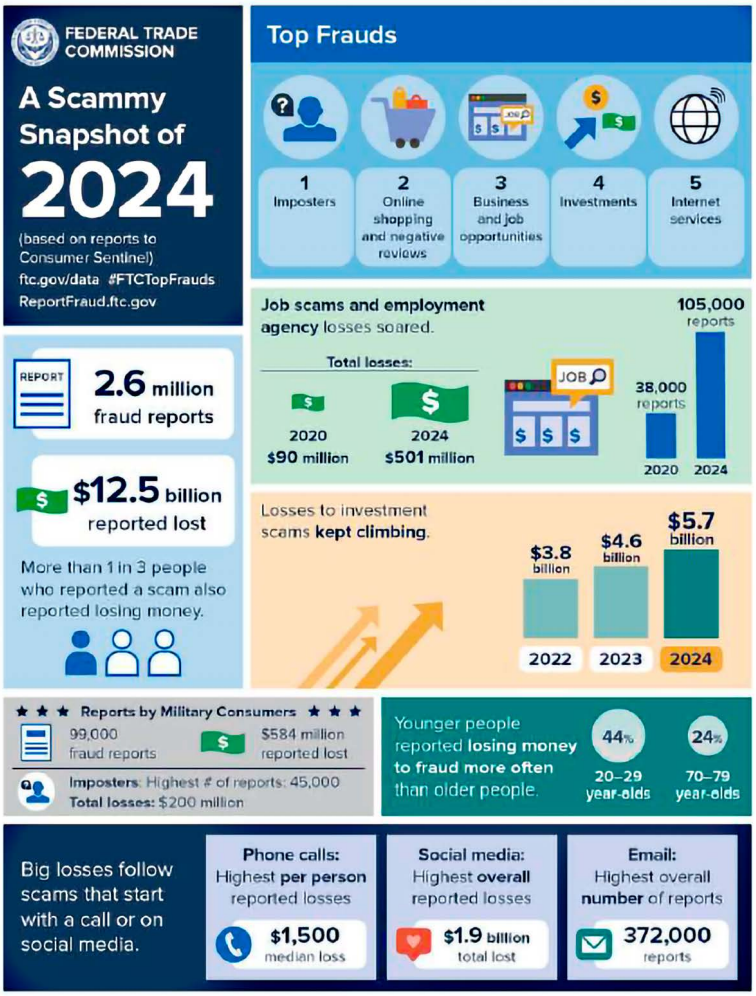

Figure 1

Attorney General, maintains a database that tracks all data security breaches for companies that operate in the state. As of May 8th, 2026, the database listed 191 breaches year to date. Banks and healthcare seem to be preferred targets.

Find out what happened next in the fourth quarter issue of focus magazine.

About the Author

Rene Silva is managing partner for OrthoDenco Labs, a dental laboratory specialized in orthodontics and functional orthopedic appliances. OrthoDenco is the second iteration of a venture that started almost 50 years ago, steeped in the tradition of a family of dental laboratory owners and operators. He oversees a team of almost 30 technicians and staff with service across the continental U.S., Caribbean, and Latin America. Rene holds an MBA as well as a dual bachelor's degree in business administration and marketing from Florida Atlantic University, go owls! Additionally, he has multiple certifications in human resource management and marketing.

Sources and additional information:

https://fdla.memberclicks.net/3rd-q-26-tech-tip-sources

Congratulations to the 2026 CDT Milestones!

The following CDTs have maintained their status for 25 or more years and were presented with a certificate during the 2026 Southern States Symposium & Expo.

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From l to r: NADL Past President Joe Young, NBC Chair Barbara Warner, CDT, AAACD, 30-Year CDT Milestone recipients Maria Baxter, CDT and Paul Robert, CDT with FDLA President, Alexander Wuensche, CDT

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Congratulations and Thank You for Your Commitment to FDLA!

Open Conversation

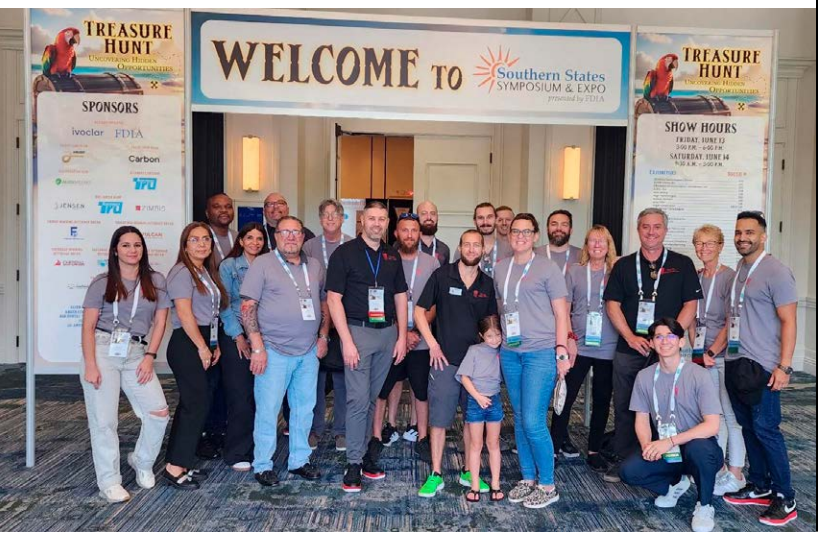
Andrew Perricone *is president/CEO of GPS Digital Dental Lab based in Orlando, Florida. He and his team are actively involved with FDLA and regular attendees of the Southern States Symposium & Expo. He shares his reasons why.*

Why did you decide to join FDLA?

I decided to join FDLA because it is important to be involved in the dental laboratory community, especially here in Florida. Running a dental lab is not easy. The industry is changing quickly, technology is advancing, customer expectations are increasing, and labs are constantly trying to improve quality, efficiency, and profitability. I wanted GPS Digital Dental Lab and GPS Digital RPD to be part of an organization that supports the future of our profession and gives lab owners, technicians, vendors, and industry leaders a place to connect and grow together.

How does FDLA provide value to you?

FDLA provides value to me in several ways. One of the biggest benefits is the relationships. Being able to meet other lab owners, technicians, manufacturers, and vendors has been extremely helpful. You realize very quickly that a lot of us are facing similar challenges, whether it is staffing, new technology, pricing pressure, digital workflows, or keeping up with the demands of modern dentistry. FDLA creates an environment where those conversations can happen openly, and where we can learn from each other. The education is also very valuable. The speakers, courses, and vendor connections help us stay current with new materials, equipment, workflows, and business strategies.



It is about being part of a community.

In what ways does the Symposium stand out and provide value to your team?

This meeting stands out because it gives my team a chance to step outside the daily production environment and see the bigger picture. In the lab, we focus every day on cases, deadlines, remakes, quality control, and customer service. Those things are important, but it is also important to pause, learn, and expose the team to new ideas. The Symposium gives our technicians and managers the opportunity to see new technology, meet vendors, ask questions, and understand where the industry is heading. That kind of exposure is valuable because it helps motivate the team and gives them a better appreciation for their role in the future of the lab.

Why should others get involved in the association and attend the Symposium?

I believe others should get involved in the association and attend the Symposium because the dental lab industry is stronger when we are connected. There is so much value in being around people who care about the same profession and are trying to move it forward. Whether you are a lab owner, manager, technician, or vendor, there is something to gain. You can learn, network, discover new products, and build relationships that may help your business or career for years to come.

The Symposium is not just about attending classes. It is about being part of a community. If we want the dental laboratory industry to continue growing, we need to support the organizations that support us. FDLA gives us a voice, brings people together, and helps keep our industry moving in the right direction. That is why I believe it is worth getting involved and encourage others to do the same.

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Sung Bin Im, MDC, CDT, BS

Sung Bin Im, MDC, CDT, BS, is CEO and Master Dental Ceramist at SUNG BIN IM Dental Studio in Fort Lauderdale, Florida. He specializes in esthetic and implant prosthodontics, integrating advanced digital and analog workflows to achieve highly natural restorations.

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