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focus

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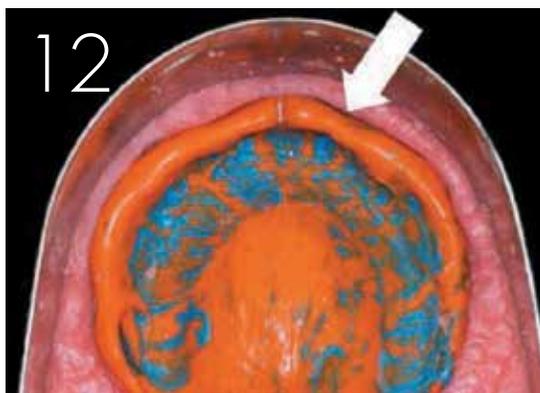
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Work that Matters

By Dory Sartoris

FDLA President

As we closed out 2021, hopefully we reflected on the many things for which we were thankful. Consider the number of families supported by our work, the number of dental teams affected by our work, and the number of patients whose lives have been changed by our work.

Our work matters! When we get caught up in our day-to-day responsibilities, we often forget how many people are impacted by the work dental laboratories and technicians do. A man can confidently interview for his first job in 10 years because of the smile you made for him. A bride can smile bigger on her wedding day because of the smile you made for her. A college girl isn't afraid of her presentation because of the smile you gave her. A teacher can finally sleep without pain because of the night guard you made him.

These are just a few examples. What about all of the other patients? What are their stories? Some we know, and some we will never know. What we do know, is that in one way or another each of the patients we have the opportunity to serve are happier, more confident, or are in less pain because of the quality work we provide them.

As our dental laboratories grow, these numbers will continue to increase and we will impact even more lives year after year. The lives we impact are not just our clients and the patients; they are our individual families too. The work we do provides for our families and the families of our teams. I know each of you realize this, but it's a responsibility we often overlook.



Personally, I am extremely grateful to have welcomed a healthy baby into my family in 2021. The more for which we have to be grateful, the more motivation we have to continue moving forward. Thank you for all you do for our industry, your clients and their patients. The work you do matters!

This year, the FDLA is excited to be moving the Symposium & Expo to a new hotel, Signia by Hilton® - Orlando Bonnet Creek. We are working hard to exceed your expectations and are hopeful the change in scenery will be a positive improvement for our annual meeting. We hope to see you there in June!

As always, thank you for supporting the FDLA. If there is anything the association can do to better support you, please let us know! 📍

The lives we impact are not just our clients and the patients; they are our individual families too.



FDLA Mission

Serving Florida's dental technology professionals as a valued part of the dental team enhancing oral health care.

FDLA Vision

Advancing the individual and collective success of Florida's dental technology professionals in a changing environment.

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FDLA's board of directors and professional staff are guided by these principles: Integrity, Leadership, Recognition, Safety, Acceptance and Innovation.



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MATCHING NATURAL DENTITION *in the* DIGITAL AGE

Shade matching of natural teeth is the most important and challenging aspect of restorative dentistry, especially when it involves restoring a maxillary single central. The color of the final restoration should harmonize with adjacent teeth and surrounding gingival tissue to create a natural-looking transition indiscernible to the human eye. For the dentist and laboratory, transforming a smile is a delicate balance of science and art, fraught with subjective perceptions and interpretations of color, shade values, and communication missteps that may result in a case outcome that ultimately fails to meet the patient expectations and costly remakes.

Clinical shade taking is typically based on visual shade assessment using stock shade guides. In highly visible and hence shade-sensitive cases, rudimentary dental photography is often used

to support the communication between the dental office and the dental laboratory. Color perception between different individuals varies, however, depending on gender and level of clinical experience, and it therefore tends to be subjective. The range of available shade tabs is too limited to cover the entire gamut of natural tooth colors. Contrary to popular belief, there is no uniform industry standard for tooth shades in dentistry. This leads to considerable variations between identically labeled shades from different manufacturers.

Over the years, instruments in the form of color measuring devices have been developed to help overcome the challenges of shade matching and reduce the subjective errors of human tooth shade visualization. Designed to be used by the dentist, these devices have demonstrated their ability to reduce human error if operated correctly, but come at a cost significant enough to pose a barrier to widespread use.



Figure 1
Retracted view of the patient with failed endodontically treated tooth #8. The failed tooth was extracted, an implant placed and a custom temporary fabricated.



Over the years, instruments in the form of color measuring devices have been developed to help overcome the challenges of shade matching.

Figure 2

Luxatemp was flowed around the impression coping to capture the contours that were created by the custom temp.

This article demonstrates a color matching system (eLAB www.elabprime.com), powered by AI that transforms the dentist's standard camera equipment into a color-matching system at nominal cost and provides laboratories with a restorative formula that corresponds directly to today's most popular ceramic systems. Since the author's preferred ceramic system is the Ivoclar family of restorative materials, both cases illustrated here were completed using Ivoclar materials.



Figure 3

A polarized, raw photograph was taken of teeth #8 and #9 following the eLAB Prime protocol and sent to the laboratory.

CASE 1

The patient presented to the practice with a failed endodontically treated tooth (**Fig. 1**). The patient-approved treatment plan was to place an implant (NobelActive 4.3 RP, Nobel Biocare, www.nobelbiocare.com) at tooth site #8. After implant placement, the dentist flowed a temporary material (LuxaTemp. DMG America, www.dmgamerica.com) around an impression coping to capture the exact shape, position and contours created by the custom temporary restoration (**Fig. 2**). Using eLAB Prime photographic protocols, the dentist took a polarized image of the temporary on tooth #8 and natural tooth #9 for communication with the laboratory (**Fig. 3**).

At the laboratory, the image was imported into the eLAB_prime software for shade analysis of natural tooth #9 and proposed ceramic formula for restoring tooth #8. The software proposed a milled low-translucency zirconia coping in shade A2 (IPS e.max ZirCAD) and specific layering ceramics (IPS e.max Ceram) to replicate the shade of natural tooth #9 (**Fig. 4**).

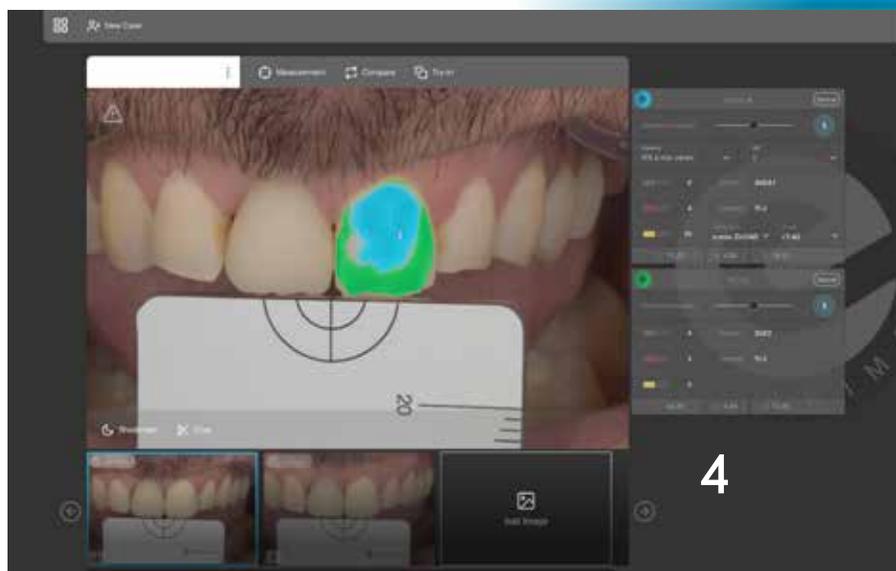


Figure 4

In the laboratory, the image was imported into eLAB_prime software for shade analysis of tooth #9 and a recommended formula for the coping material and layering ceramics to fabricate the implant crown. In this case, the dentin recipe called for a 1mm veneering thickness layered over a milled IPS e.max ZirCAD Low Translucency A2 framework. The ceramic layering recipe called for 10 parts IPS e.max Ceram E22, 4 parts E21, and 2 parts mixed with Dentin A1. The enamel recipe E21 called for 4 parts E17, 3 parts of E21, 5 parts of E5. This mixture was cut and mixed together (2 parts to one part of Dentin D2). All then final layered with TI-2.

Following the recommended recipe, the IPS e.max ZirCAD LT-A2 coping was milled and layered using IPS e.max Ceram. The completed crown was photographed following the eLAB protocol (Fig. 5) and virtually tried in the mouth to assess the degree to which the final crown matched the natural tooth, as well as to decide how to optimize the result before delivery

to surgery (Fig. 6). The restoration on a mirror demonstrates the extensive layering required to match the natural dentition as prescribed in the digital recipe (Fig. 7).

The final restoration was seated and photographed with the patient smiling (Fig. 8) and a retracted view (Fig. 9).



Figure 5
A photograph is taken in accordance with the eLAB protocol.



Figure 6
The image of the crown for tooth #8 is uploaded into the software and tried in digitally to assess whether it is a harmonious color match with tooth #9, and to decide if it needs to be optimized. If the crown is a mathematical match, there is a great chance it will match when seated. Note the graph indicating this crown is in the excellent range. Clinically, the incisal match was perfect. While the cervical was not, it was still very acceptable.



Figure 7
Final restoration on a mirror.



Figure 8
Final restoration seated and patient smiling.



Figure 9
Retracted view of the seated restoration.



Figure 10
Retracted view of the fractured tooth of a young female.

CASE 2

A young woman presented to the practice with a large fracture on the mesial incisal of tooth #9 (Fig. 10) as a result of a fall. Because of her age and to ensure a harmonious, natural-looking rehabilitation, the dentist proposed restoring her smile with minimally prepped veneers placed on teeth #8 and #9. The dentist took a polarized RAW image of tooth #8 and #9 following eLAB_prime protocols (Fig. 11), and sent the image to the laboratory. At the laboratory, the image was imported into the software for shade analysis. The software proposed feldspathic veneers layered with IPS e.max Ceram (Figs. 12-13).

Figure 11
Polarized photo of tooth #8 and fractured tooth #9.



Figure 12
The polarized image imported into eLAB_prime software proposes pressed IPS e.max veneers with layered ceramics.

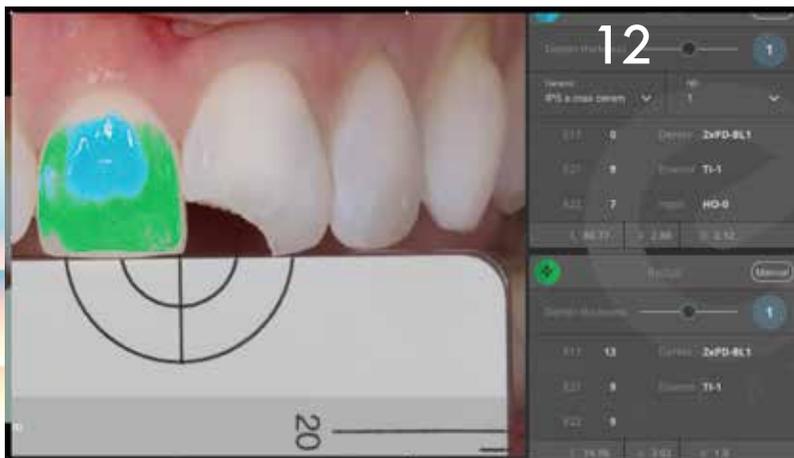


Figure 13
Final pressed veneers on a mirror. Note the heavy thickness of ceramic material to restore the missing mesial of tooth #9, which is missing, making shade matching extremely challenging.

Figure 14

Retracted view of the seated restorations.



Figure 15

Final restorations with patient smiling.



Figures 14 and 15 show a retracted view of the final veneers and a full-face smile.

CONCLUSION

From an esthetic standpoint, restoring a single maxillary central is the most difficult challenge dentists and technicians face. A successful case outcome depends on a wide variety of critical factors both in the practice and in the laboratory. Use of the most sophisticated tools, techniques and materials to produce a restoration that blends harmoniously in the mouth relies on the ability of the dental team to communicate clearly and apply their combined clinical and technical skills to achieve an outcome that meets the patient's expectations.



The authors would like to give thanks to Amanda Seay, DDS, FAACD (Clinical Dentistry) and Sascha Hein, MDT (developer of the eLAB system).

ABOUT THE AUTHORS

Nelson Rego, CDT and Juan Rego, CDT, own and operate "Smile Designs by Rego", a progressive dental laboratory specializing in ceramics in Santa Fe Springs, Calif. Nelson and Juan Rego established the laboratory in 1980. Both are certified dental technicians (CDT), who have studied with some

of the best dentists and ceramists in dentistry today and are Accredited Members of the American Academy of Cosmetic Dentistry.

Dr. Amanda Seay maintains a full-time private practice in Charleston, S.C. that focuses on comprehensive restorative dentistry. She holds a Clinical Instructor position at the Kois Center in Seattle, Wash. Dr. Seay is a member of the American Academy of Restorative Dentistry, American Academy of Esthetic Dentistry, American Society of Dental Aesthetics and a Fellow Accredited Member of the American Academy of Cosmetic Dentistry. She was named Top 25 Women in Dentistry in 2012 by Dental Products Report.

Sascha Hein, MDT, graduated from the Dental Technician College Munich in 1997. In 2001, he completed further studies in dental ceramics under Masahiro Kuwata in Tokyo, Japan. In 2005, he graduated from Master School in Freiburg, Germany. In 2007, Sascha Hein was inducted into the international Oral Design group by founder Willi Geller. In 2012, he was inducted into the Bio-Emulation group, which he served as president from 2014 - 2016. Together with Dr Panagiotis Bazos and Dr Javier Tapia Guadix, he developed the eLAB system from 2013 - 2016. He is both a published author and a reviewer for a number of peer reviewed journals. Sascha Hein lives and works in Freiburg, Germany.



Nelson Rego, CDT



Juan Rego, CDT,



Dr. Amanda Seay



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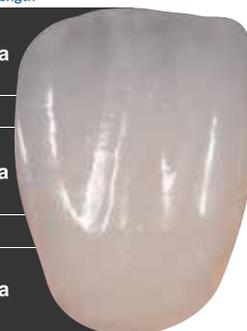
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Are you spending valuable time in your lab boxing and pouring your models? Or have you found yourself trying other methods to fill in the tongue and void areas and land areas of your model? If so, let's dive into a technique that can save time and money without compromising the accuracy and appearance of your model.

Like most laboratories, I am always looking for ways to remain accurate and simplify techniques that are common and necessary to produce a quality end product. Conventional boxing and beading of impressions is a tedious technique that must be performed to compliment and maintain the clinical efforts to impress border depth and thickness (border

mold) and transfer those dimensions to a master model. Inversion of the impression in this technique also ensures the stone poured into the boxed area is intimate to the impression by means of gravity. You have the ability to scale production of boxed models up or down without large consumption of hours in a day (**Fig. 1**). If a conventional method is used for 11 models, based on 25 minutes for each, it is about four hours. If I use the alternate "Wonder" method for 11 models, it is based on five minutes each for a total of about 55 minutes.

The common, time-intensive technique uses rope wax, sticky wax, and boxing wax to establish a land area, imitate sulcus, and a box to hold the stone pour together. This technique balances on the adhesion tenacity of the wax to the impression material, as well as the speed and dexterity of the technician to use and melt multiple waxes together to fabricate a "sealed" box into which lab stone is poured. Generally, it takes about 20-30 minutes to prepare using the conventional wax method.





What are the benefits of boxing an impression?

- Replicates border molded areas of impression in shape and width
- Maintains border dimensions during flasking by providing uniform land areas
- Ensures intimate adaptation and condensing of poured stone to impression
- Controls the base thickness of master models

Since I realized the accurate and cost-effective time and materials savings I now had, versus when I utilized the time-intensive conventional method, I decided to start boxing all impressions in my lab. I did this regardless of if they were border molded or just for an opposing model, in order to take advantage of the esthetic and accuracy of pour aspects this technique lends.

Steps

After sterilizing the impressions, mark the impression borders of 3-4mm (Fig. 2).

Make a 10oz patty of Wonderfill approximately 1" thick on a 5x5 plexi or similar product.

Press the impression intaglio into the Wonderfill up to the marked borders with the ridge parallel to the floor (Fig. 3).

Position the Wonderformer centered over the impression and press down in a cookie cutter fashion (Fig. 4).

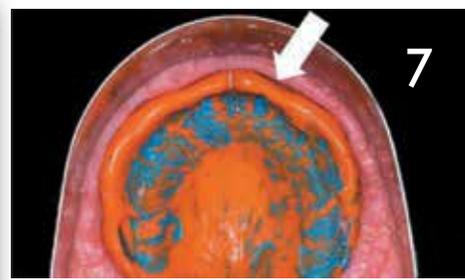
Peel away excess material and use it to backfill any areas that may have pulled away from the sides of the impression or form (Fig. 5).

Tamp the Wonderfill flat and up to the marked border line. I find a toothbrush handle works well for this (Figs. 6-7).

Lift and place the entire base and form on a vibrator, fill with your stone of choice and allow to harden.

Once the stone is set, unlatch the Wonderformer, separate the Wonderformer and Wonderfill from the impression, and pull off any Wonderfill still adhering to the stone. Wonderfill will prevent full drying of the stone (land areas),

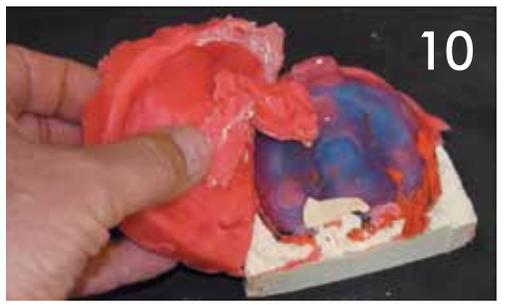
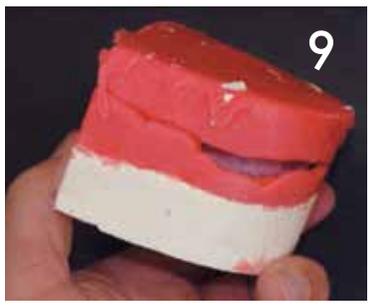
You have the ability to scale production of boxed models up or down without large consumption of hours in a day.



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Imagine the success of your lab with a decreased amount of time spent, less remakes, and less wasted materials.

so after removing Wonderfill, allow another 15 minutes for the model to cure. Use a model dryer for faster results (Figs. 8-9).

Pick off any adhering stone on the Wonderfill and return remainder to its container and seal (Fig. 10).

Wash off any remaining Wonderfill on the model surface. It is water soluble and non-staining, making this simple to accomplish before trimming the models to width and thickness specifications using a trimmer and knife (Fig. 11).

The completed model displays border definition and detail (Fig. 12).

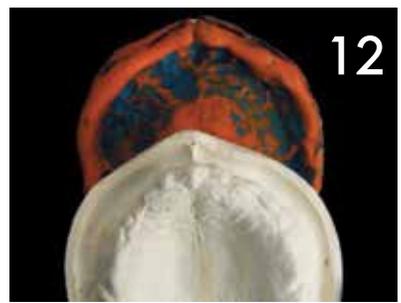
This technique makes it simple to create master models with proper dimensions, including a width of 15-16mm at its thinnest point, a land area width of 3-4mm and a uniform 2-3mm sulcus depth (Figs. 13-15).

Imagine the success of your lab with a decreased amount of time spent, less remakes, and less wasted materials. Less time spent in the lab is more time spent with family. 📌



About the Author

Tom Zaleske is the owner of Matrix Dental Laboratory in Crown Point, Ind. He has an A.S. in dental laboratory technology. Tom has more than 25 years of experience and is a well-known and respected authority in the dental technology specialty of removable prosthetics. He has presented over 100 lectures/courses and written numerous articles involving the topics of techno-clinical communication, fabrication techniques, and clinical aspects of removable prosthetic treatment.



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By R. Jai Gillum, Director of Foundation Affairs, Florida Dental Association

FLORIDA MISSION OF MERCY: **Restoring Smiles Across the State of Florida**

Florida Mission of Mercy in a word: Life-changing.

After a year of experiencing mouth pain, Mike M. attended the 2021 FLA-MOM, which was held July 30-31 at the Prime F. Osborn III Convention Center in downtown Jacksonville. Through tears, Mike shared this after receiving his treatment: “The Mission of Mercy has really changed my life. After living day after day and not knowing how to get the pain to stop—you’ve stopped it...I feel like you’ve saved my life, and I just want to say thank you.”

The Florida Dental Association (FDA) Foundation is Florida's largest charitable organization for dentistry and is a catalyst for uniting people and organizations to make a difference through better oral health. The FDA Foundation launched its signature philanthropic program in 2014, the Florida Mission of Mercy (FLA-MOM). FLA-MOM is a large-scale, two-day, professional dental clinic that provides free care with the goal of serving the underserved and uninsured in Florida, those who would otherwise go without care. Since its inception in 2014, FLA-MOM has had a tremendous impact in Florida:

11,116 patients

71,298 procedures

\$11.03 million in donated dental services

Access to routine dental care is out of reach for many, especially those living in poverty. Tooth decay is the most common chronic childhood disease and is disproportionately higher for low-income and minority children. Children living in poverty have about five times more untreated dental decay than children from higher income families (GAO Report 2000). According to the Centers for Disease Control and Prevention, nine out of 10 adults over the age of 20 have some degree of tooth decay and 27 percent have untreated tooth decay. The same socioeconomic factors that put people at risk for food insecurity and poverty increase their risk for oral disease. The need in Florida mirrors that of the nation, and FLA-MOM is just one way that the FDA Foundation can contribute to improving the oral health and resulting overall health of the underserved and uninsured.

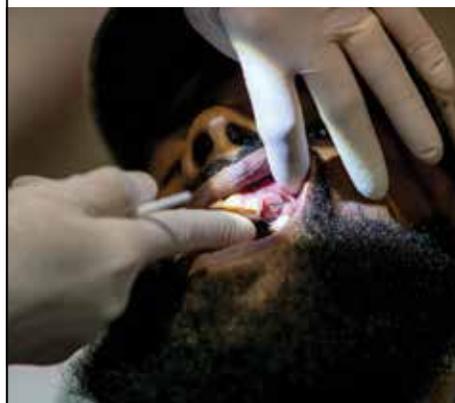
In response to the lack of access to care and the resulting poor oral health of hundreds of thousands of Virginians, the Virginia Dental Association Foundation (VDAF) launched the Mission of Mercy (MOM) program in 2000. The event was a weekend dental fair in southwest Virginia to help meet the overwhelming dental needs of the working poor, the elderly, the disabled, and the uninsured in the area. This one-time project was so successful that as word spread, the VADF began receiving requests from other communities that wanted to have a MOM project.



In 2008, America's Dentists Care Foundation (ADCF) was established to support MOM clinics across the country. ADCF is a national non-profit organization that owns, maintains, and provides the equipment required to host a MOM clinic. Since 2008, ADCF-supported clinics in 31 states have provided 290,000 patients with more than \$200 million in charitable care.

Florida joined the ADCF/MOM family in 2014 when the FDA president at that time, Dr. Terry Buckenheimer, visited the Virginia MOM to learn more and gauge the feasibility of bringing the program to Florida. As a member of the FDA Foundation Board of Directors, Dr. Buckenheimer thought the Foundation was the perfect organization for the program. He presented the idea to his colleagues, and the FDA Foundation decided to host the first Florida Mission of Mercy in Tampa in the spring of 2014. During the course of two days at the Florida State Fair, 1,450 volunteers came together to provide

The same socioeconomic factors that put people at risk for food insecurity and poverty increase their risk for oral disease.



Volunteers are the lifeline of FLA-MOM, and organizations like FDLA have stepped up each year to help make the program a success.

\$1.15 million in donated care to 1,660 patients. Following the success of the Tampa clinic, the FDA Foundation decided to make FLA-MOM their signature program.

Each FLA-MOM clinic offers a comprehensive array of dental services, including oral health education, x-rays, oral cancer screenings, extractions, fillings, root canals, cleanings and a limited number of immediate dentures and partials. FLA-MOM also successfully connects patients with a dental home by providing a resource guide of local community dental programs and clinics.

FLA-MOM clinics are held in a different Florida community each year. One of the six district dental associations of the FDA partners with the Foundation to plan, raise funds, and host a clinic in their region. After selecting the city, venue and date, a planning committee works with FDA Foundation staff for at least 12 months to plan

the event. Then, in just two days, volunteers help turn a blank space like a convention center exhibit hall or the county fairgrounds or even a high school gymnasium into a fully functioning dental clinic. Following the Tampa FLA-MOM in 2014, the largest FLA-MOM clinic was held in Jacksonville in April 2016. Instead of the normal 100-chair clinic, this event had 150 dental chairs. More than 16,000 procedures were completed on 2,800 patients, resulting in \$2.75 million in donated care. Subsequently, FLA-MOM clinics in Pensacola (2017), Ft. Myers (2018), and Orlando (2019) served 5,526 patients combined.

The FDA Foundation was excited and cautious to host FLA-MOM last summer in Jacksonville after the COVID-19 global pandemic sidelined the event in 2020. The safety of all volunteers and patients was the FDA Foundation's top priority, so this clinic looked a little different than previous ones. Normally, FLA-MOM aims to serve 2,000 patients, but the 2021





event implemented some important safety measures like fewer dental chairs, increased space between each dental chair and between dental departments, enhanced aerosol management efforts, hand sanitation stations, appropriate protective personal equipment (PPE) for volunteers, and required face coverings for everyone, including non-clinical volunteers and patients. After postponing the event for a second time from April 2021 to July 2021, the Foundation finally had an opportunity to bring much-needed services to more than 1,100 patients.

FLA-MOM and other MOM clinics are not intended to be a solution. They exist to treat dental problems that can be ad-

ressed in a day (e.g. extractions, cleanings, filling cavities, etc.). At the same time, they bring visibility to the tremendous lack of availability of oral health care across the nation. As Florida's advocates for oral health, the FDA and FDA Foundation work collaboratively to raise awareness about the challenges that low-income people face in accessing critical dental care, and they champion long-term policies that make oral health achievable for all Floridians. FLA-MOM provides tangible faces, stories, and data to illustrate the significant need for better oral health programs and policies. While MOM clinics across the country have always shared patient numbers and care value, there was no formal study of patient characteristics or the effect on hospital emergen-

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cy department use for dental-related problems. So the FDA Foundation established the FLA-MOM Impact Study – a first-of-its-kind scientific research study about FLA-MOM to determine the characteristics, reasons for seeking care, dental needs, dental use patterns and barriers to access for people who seek care at FLA-MOM clinics. By establishing the FLA-MOM Impact Study, the FDA Foundation seeks to collect community-specific data that can assist local policymakers and community stakeholders with the creation of programs that support lasting change in oral health for those in need.

The FDA Foundation will host the 2022 FLA-MOM in Tallahassee on March 11-12 at the Donald L. Tucker Civic Center. Volunteer recruitment began last fall, and there are plenty of volunteer shifts available. Volunteers are the lifeline of FLA-MOM, and organizations like FDLA have stepped up each year to help make the program a success. From the parking lot attendants and patient ambassadors to the oral surgeons and lab technicians creating flippers and dentures, all play an integral role in the success of the program. Dr. Chris Bulnes of Tampa has served on the planning committee and volunteered at each FLA-MOM clinic since 2014. He served as one of the co-chairs for the 2018 FLA-MOM and now serves as a Statewide Co-Chair for the FLA-MOM Advisory Committee.

Dr. Bulnes says, “To be able to combine my passion for giving back with dentistry, and to be able to provide preventive care, eradication of infection, and to actually give people a smile back—are the greatest things in the world.”

Ask any volunteer who has ever attended FLA-MOM to describe the event and you will probably hear the same phrase that is used over and over by FLA-MOM patients: life-changing. For more information on how you can participate as a volunteer or sponsor, please visit FLA-MOM.ORG or call the FDA Foundation at (800) 877-9922. [i](#)

About the Author

Originally from Montgomery, Ala., R. Jai Gillum has lived in Tallahassee for 20 years. She received an undergraduate degree in Biology and a Master of Public Health from Florida A&M University. She currently serves as the Director of the Florida Dental Association Foundation. R. Jai has always been interested in dental health, and she developed a passion for oral health care issues when she was selected to participate in the inaugural class of the Florida Gubernatorial Fellows Program in 2004. Assigned to work in the Office of the Secretary at the Florida Department of Health, she served on the State Oral Health Improvement Plan for Disadvantaged Persons Workgroup and helped to develop strategies for the achievement of statewide comprehensive oral care.



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By Chris Peterson, CDT

MILLING **Partials?**

Don't always go with the flow; sometimes swimming cross-current reveals a "DLyte"ful result.



Peterson

There is a lot of talk these days about outsourcing 3D printed metal partials and the benefits of doing so compared to traditional methods. This process, although great, might not work in your lab's individual workflow, with your quality of product, or with your general business philosophy. As business owners with good intention, we sometimes force digital workflows on our teams that just don't make sense for our unique processes.

As Peterson Dental Lab explored our partial manufacturing options, we first started with our goal. We wanted to produce a premium quality frame in a short amount of time. A good majority of our frames are utilized in combination cases, bar overdentures and obturators. These product lines bring in a premium fee from our clients, so maintaining quality was our number one goal.

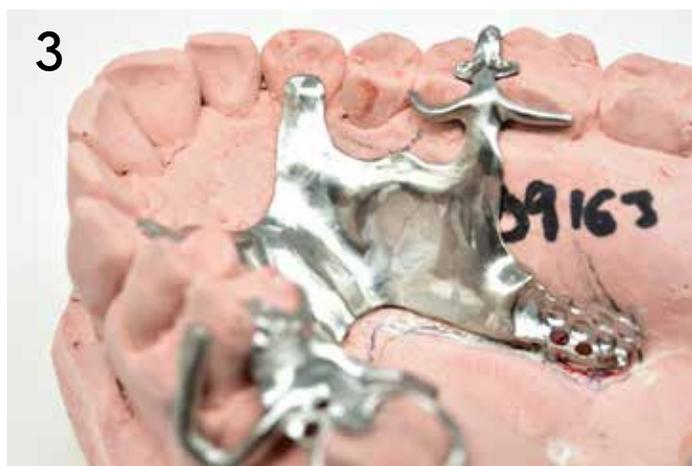
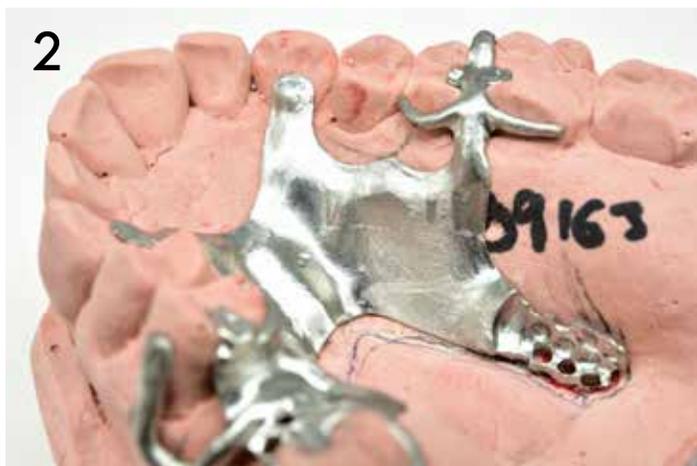
Since our facility is competent with milling titanium and cobalt chrome, we decided to experiment with the idea of milling partials. After lots of testing, we landed on titanium being a good fit. It is extremely light, resilient, and doesn't



consume tools like cobalt chrome. Our facility now primarily machines titanium frames.

Here is a brief run through of our finishing process that is simplified thanks to our milling technology and the DLyte polishing system from GPA INNOVA.

After a partial comes off one of our five-axis mills, we cut off the support pins using a high speed. Then we use a heatless wheel (**Fig. 1 left**) to cut the support pins down. We use a Cardinal



P39 pink abrasive barrel (**Fig. 1 middle**) to homogenize the support pin and other areas that might not have milled out completely.

Next, we use a 9702M.NM.060 (**Fig. 1 right**) non-precious polisher from Komet. This is not a step recommended by GPS INNOVA if polishing a 3D printed partial with stippling. Stippling requires less of a high shine to make scratches appear less visible. Our lab, however, does not use stippling on its partials and requires more polishing. The process is shown in **Figures 2-3**.

Last, we place the titanium partial into the DLyte machine (**Fig. 4**) for 30 minutes. The system uses a dry electropolishing technique to reach every internal cavity which can't be accessed mechanically. The results speak for themselves (**Fig. 5**).

After careful consideration of our laboratory's goals, strengths, current equipment, and capital, we landed on a process that was not typical for most labs, but worked for us. Remember, the process you choose doesn't have to be



what everyone else is doing, but rather, the one that works best for you and your customers. ●

About the Author

Chris Peterson, CDT, is vice president and co-owner of Peterson Dental Laboratory, DAMAS. Chris has been with Peterson Dental for 12 years and is a current FDIA executive board member and TEREC, NA Technical Team Leader.

We landed on a process that was not typical for most labs, but worked for us.

5



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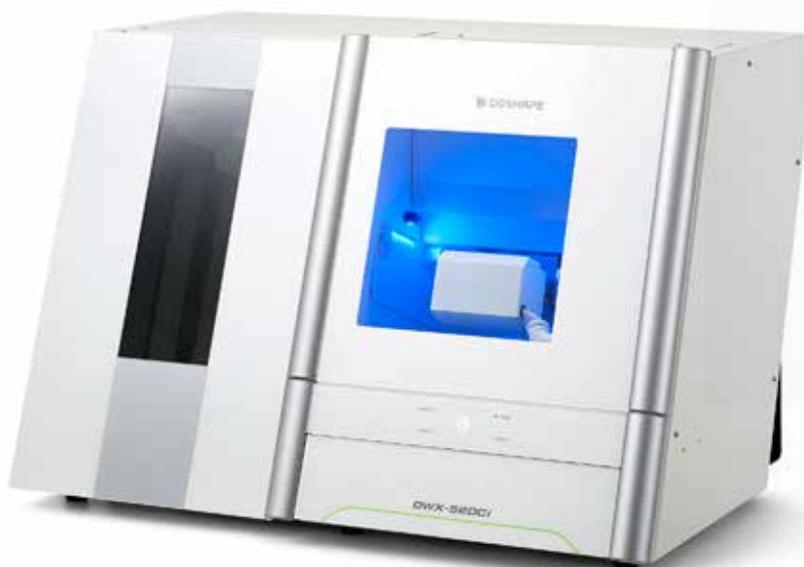


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Registered Dental Laboratories License Renewal

Registered dental laboratories are required to renew their license no later than midnight, Eastern Time, on February 28, 2022. The department will renew your license upon receipt of your completed renewal application, required fee and your current primary place of practice address.

Failure to renew an active license by the expiration date will result in the license being placed in delinquent status. Failure by a delinquent licensee to renew before September 1st, 2022 renders the license null and void without any further action by the board or the department.

REQUIRED HOURS:

There are 18 required subject area/hours in the categories of general (13-15), medical error (2) and laws and rules (1-3). If your laboratory has a CDT, CDTs in good standing can use their CDT documentation to renew their laboratory license.

NEED MORE INFORMATION?

Go to: <https://www.fdla.net/renewing-yourflorida-laboratory-license>.

158th ADA President

Dr. Cesar Sabates of Coral Gables, Fla., is the newly installed 158th American Dental Association (ADA) president. He is the first Cuban-American dentist to hold the position. Previous to his new role as president, Dr. Sabates served as the 17th District trustee for the ADA Board of Trustees from 2016-2020 and as a delegate in the ADA House of Delegates from 2000-2016. He also was the past president of the Florida Dental Association (FDA) and the South Florida District Dental Association (SFDDA). Dr. Sabates is the founding president of the Dental Lifeline Network-Florida, serving as president from 2011 to April 2020. Dr. Sabates maintains a private practice in Coral Gables, Fla.

In Memoriam

It is with great sadness that we share the news that Mario Basante, owner of Innovative Dental Concepts in Pompano Beach, passed away. Mario had the passion of the lion and the skill of Vincent Van Gogh. Mario learned from his father the discipline of making teeth and instilled this quality within him. Along with advanced and intense courses by some of the best master technicians, this put Mario's ability and IQ in dentistry at top shelf. Mario pushed himself in the art of making teeth and became a master at the craft. He will be missed.

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Painting a New Roadmap

Desktop Health's new President of the Dental and Biofabrication Parts Platform **Lou Azzara** speaks about the exciting direction Desktop Health, and the industry, is headed.



We want to empower the entire dental laboratory community with technology, knowledge, and shared resources.

How does Desktop Health help dental laboratories be successful?

The inherent goal of our platform is to invest in the dental community, and help labs succeed with advancements in manufacturing technology and service technology. Ric Fulop, founder and CEO of Desktop Metal, was astounded at the level at which our industry professionals were performing, providing extraordinary customer experiences, all while creating medical devices at a micron level. The DNA of the dental lab is to care about people's well-being. We believe with the right type of investment, technology, and support, this industry will not only flourish, it will be in a position to provide this same level of high-quality service to other vertical medical markets. Desktop Health's objective is to help labs on their technology journey, which includes building a road map for various medical devices. We want to empower the entire dental laboratory community with technology, knowledge, and shared resources. We will be side by side with our direct investment labs on this journey to determine best practices, and scale commercialization throughout the entire market.

Where do you see the industry headed in the next five years?

If you don't reinvest returns into progress, it opens the door for non-industry participants to disrupt and erode market share. The lab community has a competitive advantage, due to our unique understanding of the oral environment, knowledge of the mechanics required for a successful restoration, and exceptional, individualized service for clinicians and their patients. I see the best days ahead of us as we expand products and services to medical device technology platforms. Labs will continue

to be intimately involved in diagnostics, design, creation of individualized solutions, and most importantly, will remain an integral role in the ecosystem through engineering blueprints for success.

How can lab owners differentiate themselves in today's environment?

Service is the great differential. It is about the customer experience, how you share your knowledge, and create lasting relationships based on trust and reliability. Practices need to consider you as a resource and asset through the entire case lifecycle, during diagnosis, planning, and through the seating of the restoration. Labs need to enable, manage, and help clinicians adopt chairside manufacturing by consistently delivering predictive manufacturing of a successful design. Invest in a roadmap for success: shore up operations, build processes, train staff, fortify lab management software, and then expand services utilizing the strength of your operation to add value to clinical relationships.

Why is being an FDLA Business Partner valuable to you?

When you are painting a new roadmap, it's all about the community and the cross-pollination of thoughts and concepts. This is a community journey. The FDLA is a collaborative community that brings people together with diverse perspectives and experiences. The entire dental community of Florida, including patients and dentists, benefit from the camaraderie that FDLA has built. My origins started with the FDLA, and I am privileged to have many dear FDLA friends and colleagues. Desktop Health will support and participate with the FDLA on many different levels and the investment will come back to us, as we all benefit from a stronger industry. 🌐

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