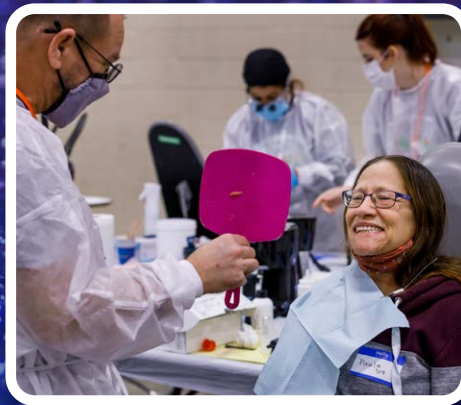
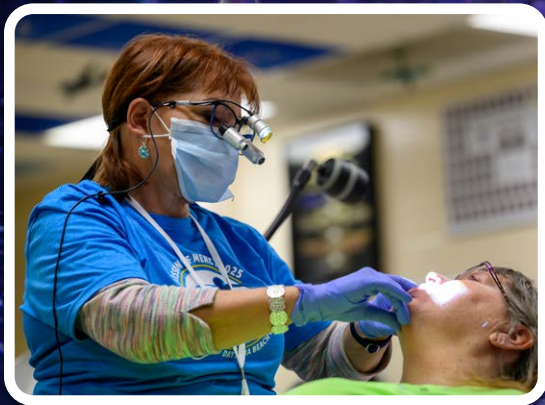
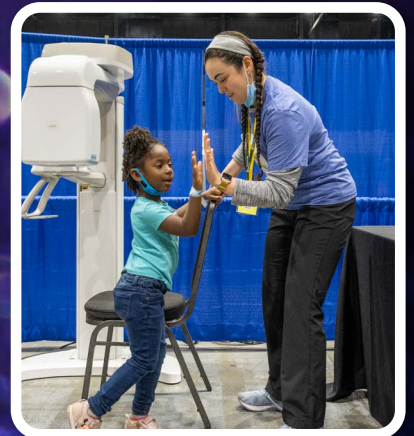


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**Florida Dental
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325 John Knox Rd,
Ste L103
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Phone: 850-224-0711
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focus Staff

Christina Welty
Executive Director &
focus Publisher
christina@fdla.net

Kristi Demuth, CAE
Editor
editor@fdla.net

Maureen Turner
Advertising Sales
advertising@fdla.net

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Embrace, Strengthen and Uphold



Rick Sonntag, RDT

FDLA President

Leaves are falling, colors are changing, days are shortening. The sights, sounds, and smells of the autumn season are upon us, pumpkin spice and all. That long-awaited cold front finally makes its way to Florida signaling the end of our long, hot, humid summer. It's in that summer season that work often slows enough to spend some time with the family, enjoy a vacation, and take stock in our businesses as we prepare for the busy fall and winter. At the FDLA, the end of summer means a fresh start to a new year, welcoming new faces with fresh perspectives to the board, and continuing productive and positive relationships with the veterans. Our association continues to thrive because of your dedication, expertise, and commitment to advancing the art and science of dental laboratory technology.

Our annual FDLA Southern States Symposium, scheduled for June 5-6, 2026, promises to be a highlight of the year. This event will feature world-class speakers, cutting-edge demonstrations, and opportunities to connect with peers and industry leaders. Whether you're a seasoned technician or new to the field, the conference offers something for everyone—practical skills to enhance your craft, insights into emerging trends, and strategies to strengthen your business. I encourage you to mark your calendars and join us for this transformative experience. We're especially looking forward to our out-of-state colleagues joining us again next year. Orlando is the perfect setting to bring

the family and enjoy the Disney parks while you spend your days improving your skills and knowledge base. With the Symposium in Orlando, you can avoid the stress of flying into Chicago, not wondering how long the flight delays will be with the inevitable winter storm, no frostbite inducing wind, no slush, and best of all...you can trade the parka for a swimsuit!

Collaboration remains at the heart of our mission. The FDLA is more than an association; it's a community where we share knowledge, support one another, and advocate for the value of dental laboratory professionals. Our partnerships with dentists, manufacturers, and educational institutions continue to grow, fostering a collaborative environment that elevates our industry's standards. By working together, we ensure that dental laboratories remain integral to delivering high-quality patient care. As we look ahead, I am filled with optimism for what we can achieve together. Your passion for excellence and commitment to our profession inspires me every day. Let's continue to embrace innovation, strengthen our community, and uphold the highest standards in dental laboratory technology. Thank you for your unwavering support of the FDLA and for being the heart of this industry. If you have ideas, concerns, or suggestions, please don't hesitate to reach out; your voice matters and we as a board are here to serve. Together, we'll shape a bright future for dental laboratories in Florida. 🍎

By working together, we ensure that dental laboratories remain integral to delivering high-quality patient care.



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

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A FULLY DIGITAL WORKFLOW FOR IMMEDIATE FULL-ARCH IMPLANT CONVERSIONS USING GRAMMETRY WITH THE OPTISPLINT SYSTEM

Abstract

PURPOSE: This article describes a fully digital clinical technique for manufacturing immediate full-arch implant supported prosthetics using the Grammetry workflow and the OptiSplint system.

MATERIALS AND METHODS: After surgical placement of implants and multi-unit abutments, OptiSplint scan bodies are luted into a rigid verification jig and scanned using a conventional intraoral scanner 3Shape Trios. This dataset is used for same-day digital prosthetic design utilizing exocad and digital light processing 3D manufacturing.

RESULTS: This technique provides a high-precision digital record of implant positions comparable to photogrammetry, with reduced equipment costs and the option for both digital and analog verification.

CONCLUSION: Grammetry with OptiSplint is a clinically viable alternative to photogrammetry for full-arch conversions, enabling efficient, accurate, and cost-effective immediate load workflows.

Introduction

Digital workflows for full-arch implant reconstructions continue to evolve, with photogrammetry widely regarded as the benchmark for accurate intraoral capture of multiple implant positions (Papaspolidakos et al., 2014). High equipment costs and limited accessibility, however, have prompted the development of alternative techniques.

Grammetry, a protocol combining intraoral scanning with splinted or overlapping scan bodies, has been introduced as a cost-effective method of achieving photogrammetric-level precision without dedicated photogrammetry hardware (ROE Dental Laboratory, 2023). The OptiSplint system employs rigidly luted scan bodies that can be scanned intraorally or extraorally, producing an accurate 3D dataset to be utilized in prosthetic fabrication.

This paper details a clinical application of Grammetry using OptiSplint for immediate loading, fully digital full-arch implant-supported prosthesis conversions.

Clinical Technique

1. Preoperative Planning

- Obtain preoperative comprehensive examination, diagnoses, intraoral scans, facial scans (optional), and diagnostic photographs.
- Plan implant placement in the digital implant planning software Codiagnostix utilizing our preoperative diagnoses, CBCT, intraoral scans, and prosthetic setup.
- Design static surgical guides to aid in accurate prosthetically driven implant placement.



- Pre-design provisional restoration utilizing CAD/CAM software (exocad) for guided or freehand surgery.

2. Surgical and Restorative Phase

- Place bone reduction guide or fiducial markers (Archtracer)
- Obtain intraoral scan of teeth and bone reduction guide or fiducial markers (**Fig. 1**)
- Place implants according to the digital plan and static surgical stent.
- Install multi-unit abutments (MUAs) according to the digital plan to optimize prosthetic path of insertion.

3. OptiSplint Assembly

- Seat OptiSplint scan bodies onto the MUAs.
- Attach the metal verification frame, ensuring passive fit.
- Lute the scan bodies and frame together with a dual-cure, low-shrinkage resin to create a rigid splinted jig (**Fig. 2**).

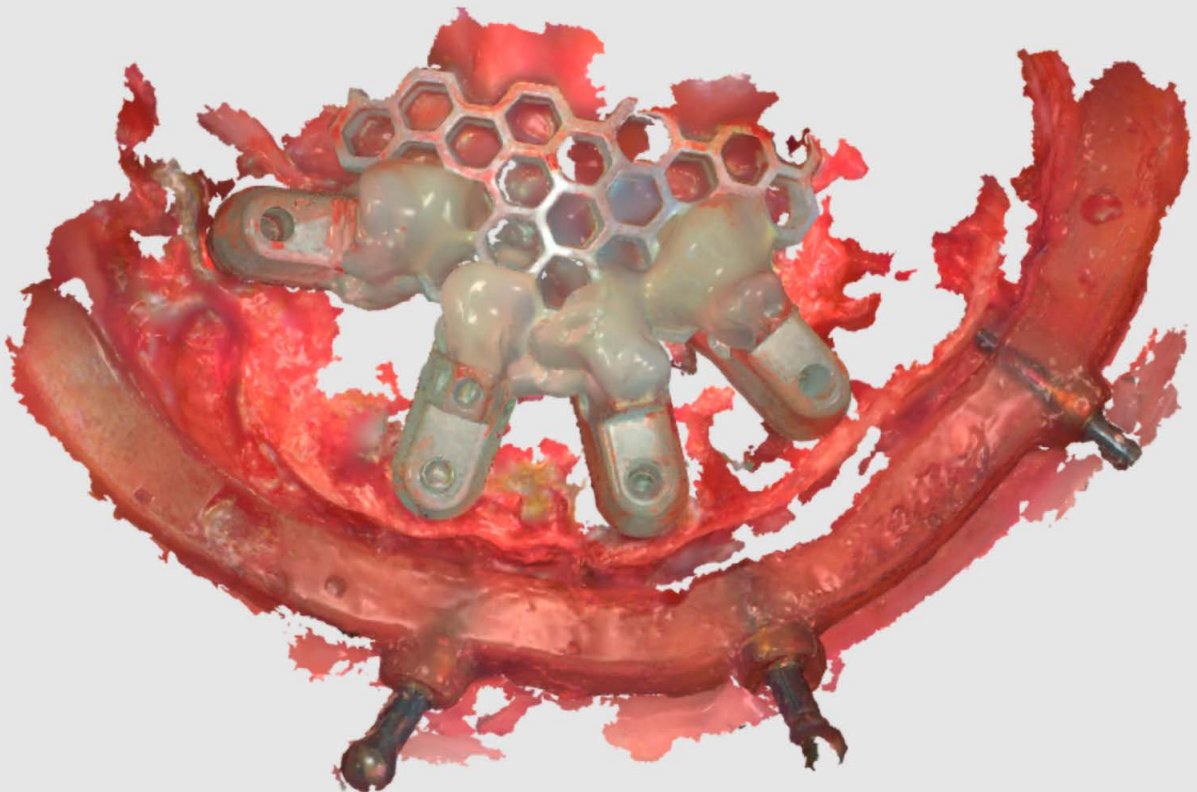
4. Scanning Procedure

- Obtain intraoral scan of OptiSplint scan bodies and bone reduction guide or fiducial markers

5. Digital Prosthesis Fabrication

- Import scan data into CAD software (e.g., exocad).
- Preoperative intraoral scan
- Pre-design provisional restoration
- Surgical scan of teeth and reduction guide or fiducial markers
- Surgical scan of splinted OptiSplint scan bodies and reduction guide or fiducial markers
- Align scan with preoperative design utilizing the teeth and bone reduction guide or fiducial markers to finalize the immediate provisional restoration (**Fig. 3**).

2



- Mill or 3D print the prosthesis for same-day delivery.
- Utilizing the OptiSplint verification jig, connect the appropriate mud analogs and pour a stone cast utilizing a low expansion type 4 die stone
- Wash prosthetic according to manufacturer's specifications
- Screw down prosthesis to verified cast
- Cure in appropriate curing according to manufacturer's recommendations

6. Delivery

- Seat the prosthesis, ensuring passive fit verified digitally or with a printed verification model.
- Adjust occlusion and finalize retention.

Discussion

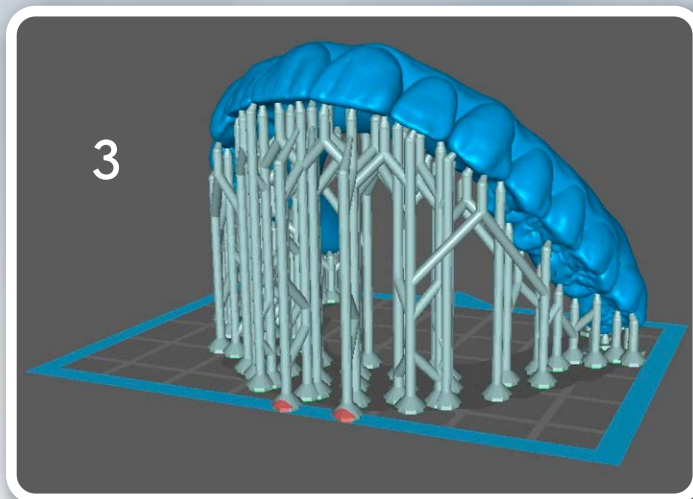
The Grammetry protocol with OptiSplint offers several clinical advantages:

- **Accuracy:** Comparable to photogrammetry in capturing implant positions, as confirmed by recent in vitro and in vivo studies (Mangano et al., 2022; ROE Dental Laboratory, 2023).
- **Cost Efficiency:** Requires only standard intraoral scanning hardware, reducing capital investment compared to photogrammetry systems.
- **Workflow Flexibility:** Can be used for guided, navigated, or freehand implant surgeries; accommodates both digital and analog verification.
- **Reduced Chair Time:** Enables immediate same-day conversion without the need for multiple impression steps.

Potential limitations include operator learning curve, resin polymerization shrinkage if not properly controlled, skill and experience of the surgeon as the surgical guides can shift or move during surgery depending upon handling and bone density, and dependence on intraoral scanner accuracy for edentulous soft tissue capture.

Conclusion

Grammetry with OptiSplint is a clinically effective and economically viable method for immediate full-arch conversions in a fully digital workflow. It enables accurate digital capture, rapid prosthesis fabrication, and verification options comparable to more costly photogrammetry systems. 



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About the Author

Dr. Ryan Lewis has pioneered innovation in prosthodontics. He has been recognized by his peers in the field of digital dentistry, winning the scientific writing award from the *Journal of Prosthetic Dentistry* in 2015. His innovation, skill, and passion in the field of dentistry has set him

apart and provided his patients with exceptional results. He is a member of many prestigious dental associations such as: The American College of Prosthodontists, American Dental Association and International Team for Implantology. Dr. Lewis also specializes in complete oral rehabilitation and has volunteered his dental services in Haiti (2010) and the Philippines (2011).





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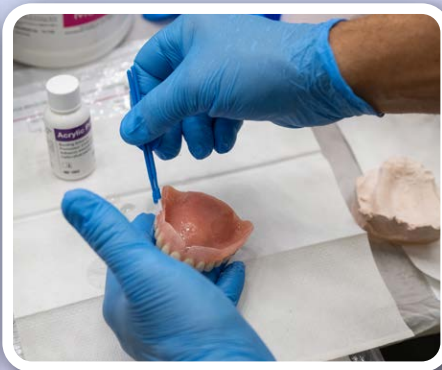
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CRAFTING SMILES AND CHANGING LIVES: The Power of Volunteering at Florida Mission of Mercy

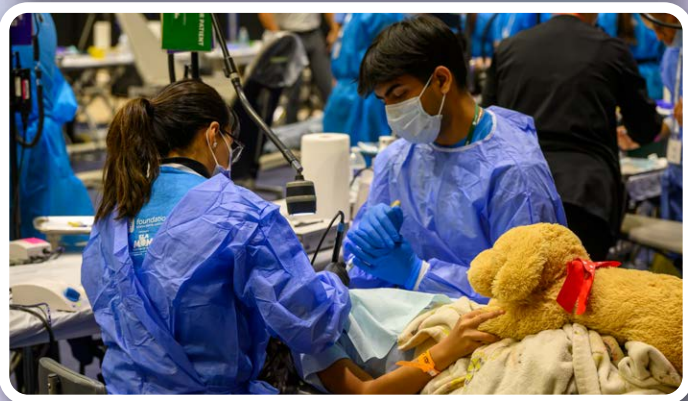
By R. Jai Gillum, Director of Foundation
Affairs, Florida Dental Association

"The meaning of life is to find your gift. The purpose of life is to give it away." - Pablo Picasso

In every dental restoration, there's a story—of confidence regained, comfort restored, and smiles renewed. For dental laboratory professionals, these stories often unfold quietly, behind the scenes. When you volunteer your time and skills at a charitable dental event like Florida Mission of Mercy, though, you step right into the heart of that story. You witness firsthand the difference your craftsmanship makes in someone's life.



Serving as the philanthropic arm of the Florida Dental Association (FDA), the FDA Foundation is a catalyst for uniting people and organizations as we work to improve oral health and provide dental care and education to underserved communities throughout Florida. The FDA Foundation launched its signature philanthropic program in 2014, the Florida Mission of Mercy (FLA-MOM). FLA-MOM is the largest charitable dental clinic in the state, and the program provides free care to underserved and uninsured patients in Florida. Over the past eleven years, FLA-MOM has provided \$19 million in donated care to more than 17,000 patients.

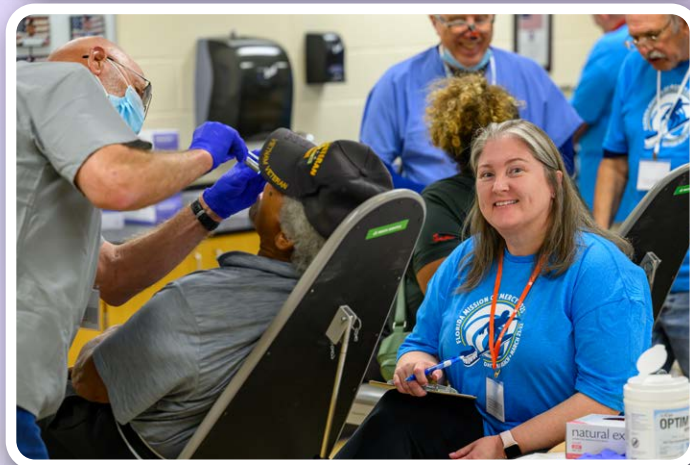
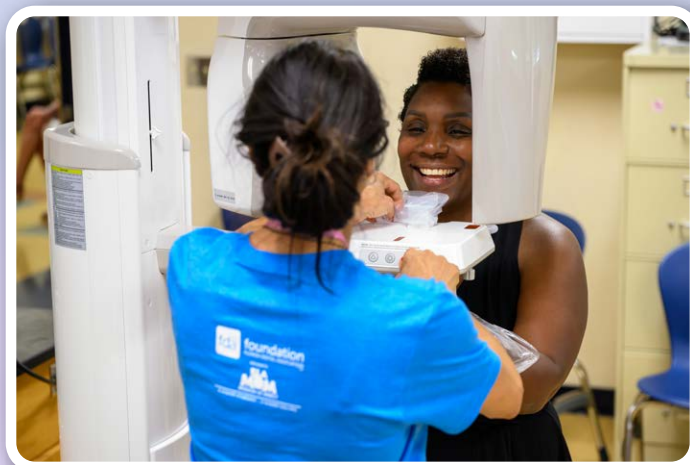


Each FLA-MOM clinic offers a comprehensive array of dental services, including oral health education, x-rays, oral cancer screenings, extractions, fillings, root canals, cleanings, and a limited number of immediate dentures and partials. FLA-MOM also successfully connects patients with a dental home by providing a resource guide of local community dental programs and clinics. FLA-MOM is held in a different Florida community each year. Previous locations include Tampa, Jacksonville, Pensacola, North Fort Myers, Orlando, Tallahassee, West Palm Beach, and Lakeland.

The 2025 FLA-MOM was held March 20-22 at Mainland High School in Daytona Beach. More than 2,000 volunteers worked over three days to provide \$1.92 million in donated care to 1,511 patients.

The FDA Foundation is grateful to the FDLA for your continued support and partnership. You have worked with us since the first FLA-MOM clinic in Tampa in 2014 to change smiles and change lives. While our program relies on the generosity of dentists, hygienists, and assistants, it also needs the artistry and precision of dental laboratory professionals to make those smiles whole again. At the FDA, we often speak about the importance of the entire dental team, and we consider you a part of that team. Charitable dental events like FLA-MOM bring together every corner of the dental profession—clinicians, assistants, and lab technicians who are all collaborating toward one shared mission: service to the community. For technicians, this is a rare and rewarding opportunity to connect with our FDA member dentists and other professionals in a hands-on environment. You spend many days using your skills and expertise to perfect fit, function, and aesthetics. At FLA-MOM, those same skills become a direct act of compassion. A repaired denture or a relined partial can change how a patient eats, speaks, or smiles. And for *Amy, a single mom of 3 who left an abusive relationship and gained a fresh start working in the hospitality industry in Daytona Beach, the new partial she received at FLA-MOM gave her the confidence to apply for a promotion at work. She wrote to us saying, “I just can’t thank you guys enough for what you did for me and my family! My new smile gave me the boost I needed to apply for a front desk position at work and I got it!! This promotion has helped my family more than you know and I just wanted to reach [out] and say thank you.”

We hope you know that your technical excellence has an immediate human impact when you volunteer at FLA-MOM. We welcome you to join the FDA Foundation for the next FLA-MOM clinic in Jacksonville, which will be held at the



Prime F. Osborn Center on May 15-16, 2026. Ask any technician who has volunteered, and they’ll tell you it’s one of the most meaningful professional experiences you can have. It’s a powerful way to see your work come to life beyond the lab. Seeing the gratitude in a patient’s eyes when they try on their restored smile, often after years of pain or embarrassment, is unforgettable.

The FDLA has always stood for excellence, education, and ethical practice. Volunteering with FLA-MOM aligns perfectly with that mission. By contributing your time and expertise to our clinics, you help us bridge the gap in access to care while showcasing the invaluable role of all dental professionals and especially dental laboratories in public health.

So we welcome you to bring your willingness to serve, your talent, and your tools to the 2026 FLA-MOM in Jacksonville. You’ll be amazed by the difference you can make—one smile at a time, one patient at a time, one day at a time.

Volunteer registration will open in mid-November, so please join us for what will surely be one of your favorite volunteer experiences. For more information on how you can participate as a volunteer or sponsor, please visit FLAMOM.ORG or call the FDA Foundation at 1 (800) 877-9922. 



DIGITAL DENTURE SUPERHIGHWAY:

Where's the On-Ramp?

Many of my clients are trying to get into digital dentures. I find there are three main types of providers who are looking to get onto this road:

1. New dentists who have had some exposure to digital denture workflows in school
2. Younger dentists who maybe didn't get exposure to digital denture workflows in school but are still fairly computer savvy and have done their homework and
3. Clinicians who are more experienced, but don't have much (if any) digital dentistry experience and maybe not much traditional denture experience.

On top of that, there are different approaches to digital dentures. While some companies require you to follow rigid workflows, others let you get into it if you have two things: models/impressions/IO scans and some sort of bite registration. As a technician and trainer, I prefer to stay with a more open system keeping the process open to anyone who can take an impression or scan an arch and register a bite. In

this article, I want to supply you with the means to talk with your clients and make them comfortable with finding that on-ramp, putting the pedal to the floor, and merging at full speed onto the digital denture superhighway.

While there are many types of patient situations, the three main groups I see are:

1. The edentulous patient who has dentures but is ready for a new set
2. The edentulous patient who may or may not have had dentures at one point but no longer wears or has them for some reason and
3. The patient with terminal dentition who needs extractions and an immediate or healing denture. Let's look at each situation and how we can help the clinician decide what we need.

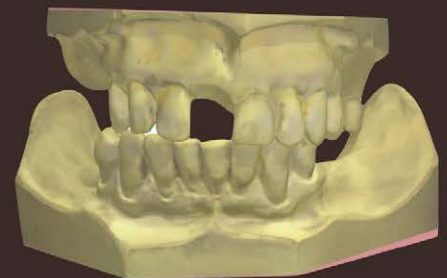
Three Simple Workflows



Reference
Dentures



Impressions and
Centric Tray



Immediate
Dentures



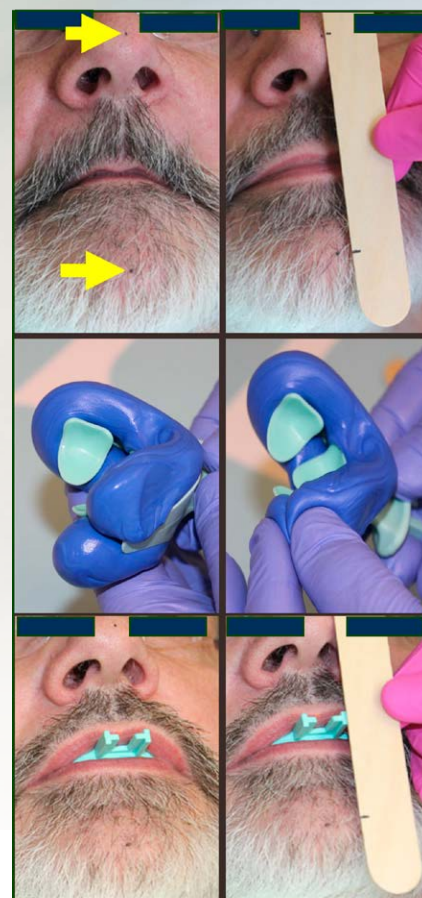
Situation One: Edentulous Patient with Denture(s)

This is probably the easiest one to handle and there are two main approaches. One, make a copy of the existing denture(s), either with a jig or digitally by scanning and printing and using those copies as impression trays or two, go the traditional route by taking an impression and making wax rims and then scanning the models and rims in for design. Either of these choices works well for me, but I really prefer to have the impressions and bite in the copy of the existing dentures. This method gives me a lot of information as this is a prosthesis that the patient has been wearing and is used to. That denture may be good and just needs to be refreshed for better fit, it may be bad and not fit well, or the patient just doesn't like it, or it could be something that the patient has for 30 years and has been worn down to nothing. In all these cases, there is good information to be gained. Here are my steps in this case.

1. With the upper copy of the denture in the mouth, use your favorite impression material and take a good, closed mouth, border molded, functional impression to capture all that important information.
2. After inspecting the upper impression to ensure that you have captured everything needed, put it back in the mouth and then take the impression of the lower arch with the copy of the lower denture and inspect for completeness.
3. After you have taken both impressions and are happy with them, now treat those copy dentures with impressions (or reference dentures) as they would if they were wax try-ins. Evaluate them for lip support, visible tooth length, midline, etc. make notes, and take pictures of them in the mouth (both retracted and with a full smile) and give this information to the lab.
4. Finally, find the new Vertical Dimension of Occlusion (VDO) that you and the patient are comfortable with and take a bite registration between the reference dentures.
5. You can either then send all this information to the lab physically, or scan with your intraoral scanner extra-orally.

Left:
Reference Dentures
(Copy Dentures with
Impressions and Bite)

Right:
VDO Registration
with Centric Tray



If you use your intraoral scanner, the software asks for a left and a right scan; choose only one but scan the entire facial of the dentures in the newly found bite relation. This allows the lab to have that information for designing and setting teeth.

Situation Two: Edentulous Patient without Denture(s)

This happens a lot more than people think. It could be that the patient had a denture, but it didn't fit well, and they gave up on it, or they could have just not had the money at the time(s) of extraction, or they just got lost somehow. In any of these cases, we must start from the beginning. Again, for this situation, there are two main approaches to getting this information: One, traditionally with impressions and wax rims that are later digitized or two, digitally with either intra oral (IO) scans or impressions in trays, and a bite registration. Both work extremely well, but I prefer the latter. Here are my preferred steps.

1. Either take IO scans or impressions in stock trays (you could use custom trays, but there really is no need to).
2. Find the VDO you and the patient are comfortable with, mark the chin and nose and then measure so you can repeatedly find that position.
3. Take a bite registration. I like the Centric Tray (Ivoclar) as it gives me some support for the "mush bite." Now

this does not have to be a detailed impression with the bite, only reasonable enough that there are clear landmarks on the ridges that are visible in both the impressions and the bite registration so that we can reliably align them in the design software.

4. Send all this information to the lab by either scanning everything with your IO scanner or sending all physical impressions and bites.

At this point, the lab will create the try-in(s) with the expectation of receiving them back with wash impressions in them for better fit. If all fits well, you can skip that step.

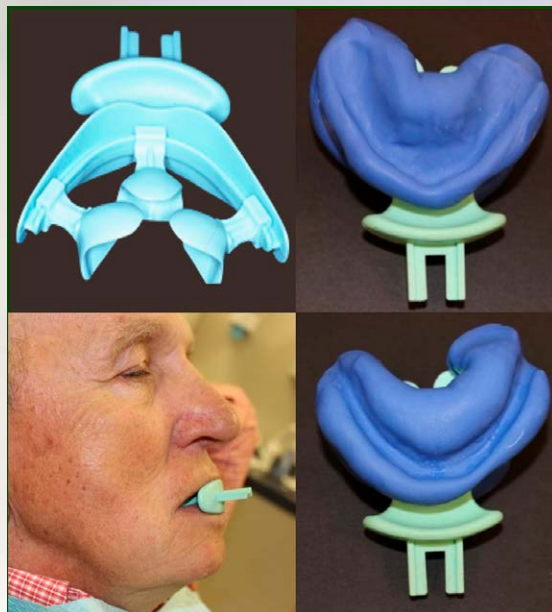
Situation Three: Immediate Denture(s)

We all remember the days of getting a model, cutting off teeth one-by-one, and adjusting the ridge with a burr. Stone dust would be everywhere. Those days are gone for me. Again, there are two main ways of getting this information to the lab. One, traditional impressions and a bite registration that get poured up and mounted and then scanned or two, IO scanning. This is the perfect time to break out the IO scanner and go completely digital. If my clients have an IO scanner, this is the only way I want to go.

1. Scan the entire upper and lower arches
2. Scan the patient at a VDO both the patient and you are comfortable with.
 - a. If the patient has enough dentition and you are keeping them at the same VDO, take your traditional bite scans.
 - b. If you need to open the patient's VDO, find that position, mark as previously discussed, and then make a couple putty or wax stops to keep them in that position during scanning. Nothing fancy, just something that holds them in position during the scanning process.
3. Send all these scans to the lab with any instructions for changes (midline, visible tooth length, tooth mould, etc.).

Are these the only three situations out there for patients? Absolutely not. Are these the only methods for getting good records for the lab to digitize? Again, no. Do I find that these cover most of the bases for clinicians just starting down the digital denture road? Yes! As they get on this superhighway and get more comfortable with traveling, they will pick up speed and want to get into more advanced workflows (facial scanners, photogrammetry, jaw movement recorders, etc.). This, however, is where they get their learner's permits, learn to read the road signs, and get that practice needed to be proficient. Happy Travels! 📍

Centric Tray



Patrick Coon, CDT, TE

Owner, Designer, Technician, and Chief Cook and Bottle Washer at Pat Coon Dental Lab, LLC in Perkinston, Mississippi. Pat has over 40 years of experience in the dental field. He completed the U.S. Air Force's dental laboratory training course at Shepherd Air Force Base (AFB) in Wichita Falls, Texas in 1988. He has worked in all areas and capacities in the dental laboratory. His last assignment before retirement was as manager of the Air Force's second largest base dental laboratory managing 14 technicians. After retirement from the Air Force, Pat continued working for the federal government as the senior technician and trainer at Keesler AFB, training new technicians arriving from technical training school as well as dentists in the Advanced Education in General Dentistry I (AEGD I) residency program. He received his A.A.S. Degree in Dental Laboratory Technology from the Community College of the Air Force in 2000 and his CDT certifications in 2004 (Crown and Bridge), 2006 (Orthodontics), and 2024 (Digital Workflows). Pat left federal service in June 2013 to join Ivoclar as a Technical Consultant and Ivoclar Academy instructor. Pat recently left Ivoclar as a Senior Field Digital Consultant to open Pat Coon Dental Laboratory, LLC, a full-service dental laboratory and design service in Perkinston, Mississippi.



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TRAINING FOR Compliance

The word “training” has many meanings. It can mean physical training to acquire a certain skill set like running a marathon or teaching a dog to sit or learning how to make a denture or crown. It can also mean learning how to safely use a piece of equipment or how to successfully complete a process. Synonyms for training include education, instruction, guidance, and teaching. Basically, training is someone imparting knowledge to someone else to improve the learner's understanding, competence, capacity, and performance. Training in business is an organized activity that provides information and instruction to help a learner attain necessary knowledge and/or skills. Many regulations or laws require that individuals receive training to ensure compliance with those regulations or laws.

OSHA requires that employers protect employees from hazards that may pose a risk to the employee's health and safety.



I was very privileged to present two programs for the FDLA Southern States Symposium & Expo in June. One was the Florida Laws and Rules course, which is required by state law for registered dental laboratories in the state of Florida and meets the criteria for professional development for Certified Dental Technicians. The other course was titled “Training for Compliance” which meets the criteria for the course content required by the state on the prevention of medical errors and also regulatory standards for CDTs. The two programs have one thing in common, the need for training to ensure compliance with regulatory requirements.

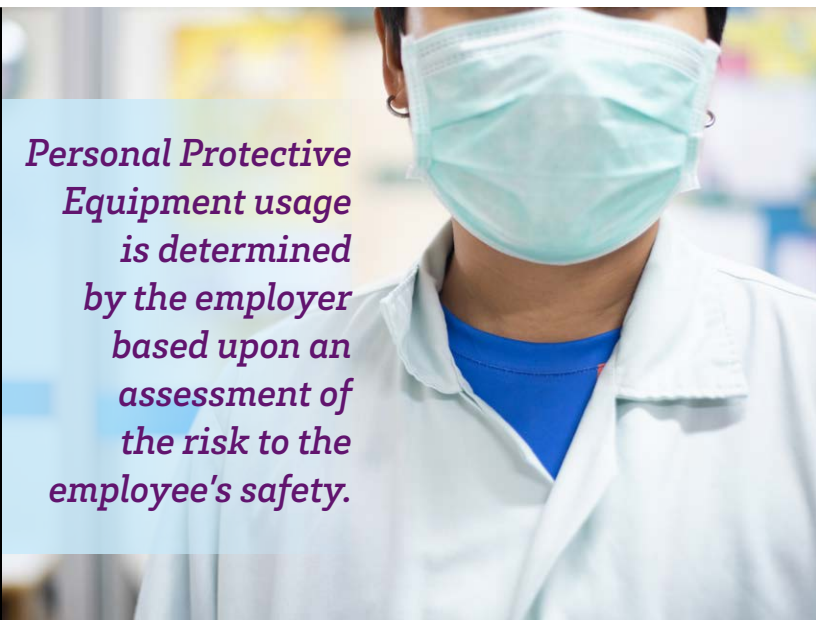
I am often asked why there is a requirement in Florida state law to have training on the rules and regulations every two years since the information is usually the same each time. The reason is that the training educates prospective or new laboratory owners on the regulations and reinforces the knowledge of those individuals who are already in business. Laws are not static

and can change as evidenced by the inclusion of a provision for chairside services a couple of years ago. This training is aimed at ensuring that laboratory owners understand and comply with the rules and regulations in Florida.

The learning objectives for the second program, "Training for Compliance" was to help lab owners and technicians understand the training requirements for compliance to federal regulations such as OSHA, FDA, and HIPAA. Earlier in this article, I presented the definitions of training and learning. Compliance is the act of doing everything that someone tells or wants you to do. So why does training matter so much in these areas for laboratory owners? First, it ensures regulatory compliance, second, training promotes employee and patient safety, third, it reduces the risk of fines and legal issues, and fourth, it builds a culture of accountability and quality. Let us look at each of these federal requirements for training to understand why they are so important.

OSHA requires that employers protect employees from hazards that may pose a risk to the employee's health and safety. OSHA has promulgated rules on many areas of employee safety along with specific methods of protecting the employee. Training is either explicitly required by these standards or falls under a general requirement that employees are made aware of hazards and how to protect themselves. The failure to provide proper training is one of the most often cited violations during OSHA inspections. This includes mandatory documented training for some standards and orally conveying best practices in others.

The Bloodborne Pathogen Standard 1910.1030 (g)(2)(i) states, "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program." The standard requires that training must be performed at the time that someone is assigned a task where there is potential exposure to blood and other potentially infectious materials. It also requires that training must be done annually thereafter and within a 12-month period from the last training. This means that if the employer trained an employee on May 30th, to comply, the training for that employee must be performed by May 30th of the next year. Additional training must be performed if there are changes which affect the employee's occupational exposure. The standard also defines what must be included in the training, requires that the trainer be knowledgeable of the subject matter for the site, and the training must be documented. Training records must be maintained for three years.



Personal Protective Equipment usage is determined by the employer based upon an assessment of the risk to the employee's safety.

The Hazard Communication Standard 1910.1200(b)(1) requires that employers provide information on the hazardous chemicals that employees may be exposed to as part of their job and how to work with them safely. Training should include the facility's written Hazard Communication Program, chemical labeling, and safety data sheets. Training must be performed upon assignment to a work area where hazardous chemicals may be present and anytime a new chemical hazard is introduced in the work area. Training should be documented to ensure that there is no dispute that the information has been conveyed to the employee.

Personal Protective Equipment (PPE) usage is determined by the employer based upon an assessment of the risk to the employee's safety after implementing engineering controls and administrative controls (work practices). The standards for PPE are found in 1910 Subpart I and are divided into separate subsections for each type of PPE. The employer is required to provide training on the proper selection and use of the PPE, limitations of the specific PPE, and the maintenance of the PPE. Training must include how to put on and remove the PPE properly as well as when to replace or dispose of the equipment. Additional training should be provided when employees are found to be noncompliant with any PPE requirements. The training should be documented.

Employees must be educated on the laboratory's Emergency Action and Fire Safety Plans. OSHA standards 1910.38 and .39 require employers to have a written emergency action plan and a written fire prevention plan that covers how to report a fire and the procedures for emergency evacuation and the procedures to prevent a fire. If the lab has 10 or fewer employees, the plans may be conveyed orally. The

employer must designate and train employees to assist in the evacuation of other employees that is safe and orderly. The plan must be reviewed with each employee; (1) When the plan is developed or the employee is assigned initially to a job; (2) When the employee's responsibilities under the plan change; and (3) When the plan is changed. This review should be documented.

When employees are expected to use portable fire extinguishers, OSHA 1910.157 requires that training on the use of the extinguishers be provided initially upon employment and annually thereafter.

There are several other areas where training is specifically required by OSHA standards that lab owners should review, including, Lockout/Tagout, Respiratory Protection, Hearing Conservation, Safe Use of Equipment/Guarding and Shielding, and Ladder Safety.

While OSHA standards require training for the protection of employees from work hazards, the Food and Drug Administration requires training for employees engaged in the manufacturing and distribution of medical devices.

Many dental laboratories now engage in activities that are specifically regulated by FDA for the protection of the public. Medical device manufacturers must comply with the Quality System requirements found in the Code of Federal Regulations Title 21 Part 820. Also, FDA has now aligned with the requirements in the medical device standard from the International Organization for Standardization, ISO13485:2016. Both standards require that personnel performing work affecting product quality be competent. Appropriate education, training, skills, and experience must be documented. While there is no specific time frame for refresher training, the QMS should be reviewed at least annually and whenever there are issues of nonconformance to quality standards within the organization.

Compliance training to the HIPAA is one of the most stringent and complex set of training requirements for entities covered under the act. Dental laboratories are considered healthcare providers under the Act and as such are covered entities, which means they must comply with the same standards as a dental practice. This includes the Privacy Rule, Security Rule, HITECH rules, and Breach Notification Rules. This article will only discuss the training requirements contained in the rules.

The HIPAA Privacy Rule (45 CFR §164.530(b)(1)) requires covered entities to: Train all workforce members on the policies and procedures related to PHI as necessary and appropriate

Training is a common thread in ensuring compliancy to regulatory requirements.



for their role. Provide training to each new workforce member within a reasonable period of time after hiring. Provide training when there is a material change to policies or procedures.

The HIPAA Security Rule (45 CFR §164.308(a)(5)) requires: security awareness and training for all workforce members, including periodic security updates; training that addresses protection against malicious software, login monitoring, and procedures for reporting security incidents.

Covered entities must designate a Privacy Official and a Security Official. Both roles have specific responsibilities and therefore specific training requirements to ensure that they understand those responsibilities. The training must be role specific and ongoing, at least annually. The training must be documented.

HIPAA does not prescribe a specific training frequency but requires: Initial training upon hire, refresher training when policies change, and periodic updates, which many organizations interpret as annual or bi-annual training to ensure continued awareness.

To demonstrate compliance, covered entities must maintain records of training sessions, including dates, topics, and participants. Attestation forms signed by employees to acknowledge their understanding of HIPAA policies and procedures should be used. Document any follow-up or disciplinary actions taken due to non-compliance. Records of training must be maintained for a minimum of two years.

Employers must also train employees on the Breach Notification Rules under the HITECH Act. This training ensures that employees understand what constitutes a breach of Protected Health Information (PHI) and how and when to report the breach. Failing to provide adequate training can lead to significant fines and penalties from the U.S. Department of Health and Human Services. Even if a data breach results from a single employee's mistake, the organization may be held liable if training was insufficient or undocumented.

HIPAA training is not just a legal requirement; it is a vital component of safeguarding patient trust and maintaining organizational integrity. Covered entities and business associates must develop robust, role-specific training programs, keep accurate records, and ensure ongoing education to stay compliant and minimize risk.

There can be substantial penalties for noncompliance with the training requirements from all of the agencies mentioned.

As demonstrated in this article, training is a common thread in ensuring compliance to regulatory requirements whether they be from the Florida Health Department, OSHA, FDA, or HIPAA. Key takeaways should be that training should be role

specific, hazard specific, and well-documented to ensure that the employees are protected, patients are protected, and that private health information is protected. ①

About the Author

Gary Morgan, CDT, CQA/ASQ is the Vice President and Senior Consultant with SafeLink Consulting. Gary guides businesses in implementing employee health and safety programs and quality systems. Gary is an Authorized Trainer under OSHA's Outreach Program, a Certified Quality Auditor and a Certified Dental Technician. His experience as a dental laboratory owner has provided a unique understanding that enables him to help companies integrate compliance in a way that not only mitigates risk but also benefits the business. He performs safety and quality audits throughout the U.S. and internationally.



Thank You

The FDIA would like to extend a very special thank you to our volunteer board leaders for the work they did this year. We also want to show our deepest appreciation for our members. Our FDIA member contributions, guidance, and participation are what makes FDIA one of the strongest state associations. Thank you for all that you do for our organization and the profession!



SEATING Jigs

By Kevin Krumm, CDT, TE

I think it's a fairly common practice to provide some type of "seating jig" when sending implant restorations to clients. Traditionally, the go-to method has been light-cured resin: apply some to the abutment or restoration, cure it, clean it up (hopefully), and send it out. While this method works, the digital age has firmly established itself in our industry, and it only makes sense to leverage those resources for this application as well.

Watch the Video! ↓



To streamline the process and improve efficiency, I've incorporated a digital workflow into my implant cases. Below are the simple steps you can follow using exocad design software.

After designing your abutment, save the anatomic crown or abutment top (depending on what you want to help the dentist seat) along

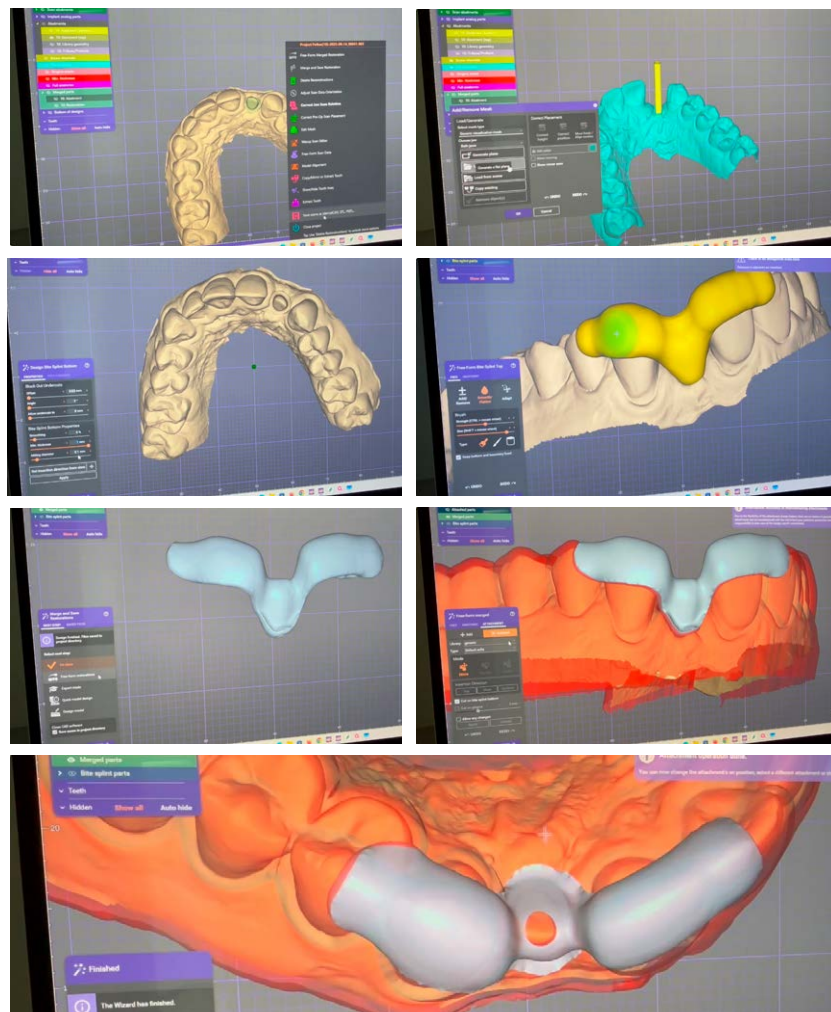
with the jaw scan as one scene. This combined file will serve as the jaw for your seating jig. You may also want to create a separate file for the screw channel if you intend to include a hole. While it's easy enough to cut a hole after printing, saving the screw channel as its own scene gives you more control. To do this, save the screw channel, then load that scene as a generic visualization file and use expert mode to close holes.

Next, create a new DB for a bite splint and load the jaw scan you previously saved when prompted. Proceed through the wizard to build your seating jig, checking your parameters carefully: undercut set to 0 mm, minimal thickness to 1 mm, and smoothing at five percent. Once the design is complete, choose the "Freeform merged" option and select attachments using the subtract feature. Load the screw channel file you created earlier, rotate it into the correct position, and verify that "allow all" is selected before applying.

At this stage, you can also add identifiers such as a case number, patient name, or other details to distinguish it from additional jigs you may be printing. The entire design process typically takes only five to six minutes, after which the file can be sent to the printer while you finalize the abutment.

I hope you find this workflow helpful. For a quick demonstration, please visit the FDLA website where I walk through these steps in a video of about eight minutes. ①

https://www.youtube.com/watch?v=LcawOPCWN_o



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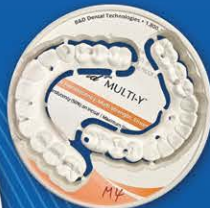
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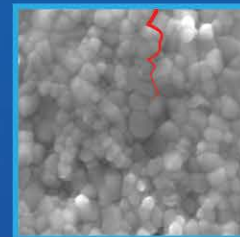


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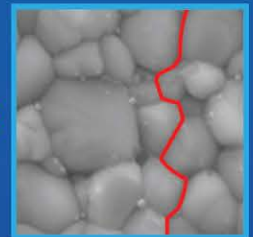
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Are You **RENEWAL READY?**

Did you know? Registered dental laboratories are required to renew their license no later than midnight, Eastern Time, on February 28, 2026. Follow the directions below if you have not renewed your dental laboratory license.

The Department's Continuing Education Tracking system is powered by www.CEBroker.com. If you do not have an account with CE Broker, you can create a "Basic" account for free. (Choose "Plans" near the top of the home page). For more information on CE Broker, use web chat, web form or email: support@cebroker.com.

STEP 1:

Does your laboratory have a CDT? If so, CDTs in good standing can use their CDT documentation to renew their laboratory license. (If not, skip to step 2).

How to Report CDT Documentation: When you log into your account on CE Broker, click on "Report CE" and follow the instructions for uploading a copy of your current CDT card. (<https://www.fdla.net/assets/docs/24%20-%202026%20Lab%20Renewals%20-%20CDT%20status.pdf>)

IMPORTANT:

You do not need to go through Step 2 if you uploaded a copy of your current CDT card. Skip to Step 3.

STEP 2:

If a laboratory does not have someone who is a CDT, they will still have to abide by the previous rules - 15 hours of general credit, 1 hour of laws and rules and 2 hours of prevention of medical errors.

Please go to www.CEBroker.com, log onto your account and verify you have the following credits: (see Table 1).

Once you have received a "complete" status notification on your CE Broker account, you are now ready to renew your license through the Florida Department of Health, Board of Dentistry.

STEP 3:

1. Go to www.flhealthsource.gov and click the "Account Login" button in the top right-hand corner of the page.
2. Click the "Business Establishment/School" button.
3. Enter your User ID** and Password**, then click the "Login" button.
4. Confirm or update your MQA Services Account email address, then click the "Continue" button.
5. You are now in the Dashboard. During renewals, a "Renew My License" option will populate no later than 90 days prior to your license expiration date. (Note: If you do not see the "Renew My License" option, please check back at a later time.)

**Please use the "Forgot User ID?" or "Forgot password?" link if you do not recall your user ID or password.

If you need assistance with the registration process, please contact the Florida Department of Health, Board of Dentistry directly at (850) 488-0595. 

Table 1

REQUIRED SUBJECT AREA	REQUIRED NUMBER OF HOURS	IMPORTANT INFORMATION
General Hours	13 to 15	Total general hours depends on the number of hours completed in the Laws and Rules course
Medical Errors	2	Must be Board Approved
Laws and Rules	1 to 3	Course can be a minimum of 1 hour or up to 3 hours. Coursework must be based on laws and rules that govern dental laboratories and dental technicians.

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Race for the Future 11

The Foundation for Dental Laboratory Technology (Foundation) raised nearly \$90,000 for the 11th annual Race for the Future and is steadily closing in on the incredible milestone of one million dollars raised since the event's inception in 2014.



This ongoing success is a direct result of the unwavering generosity, passion, and commitment of the donors, sponsors, and participants. This year, 44 sponsors and over 20 racers participated, including 18 sponsors who had onsite representation during the Race for the Future weekend, whether by attending the race dinner, cheering on participants during the event, or racing themselves. They include Argen Corporation, Garland Dental Services, Helm Dental Laboratory, Nowak Dental Supplies, Concord Dental Laboratory, CDL, Hermitage Dental Lab, CDL, Lifelike Dental Studio, CDL, NADL, NBC Vice Chair Barb Warner, CDT, NADL Treasurer Tom Love, Digital Smile Innovations, DLT Training & Education, exocad, SaVvy Lab Solutions, She Designs Dental Studio, Bookkeeper for Dentists, DCS Dental Lab, CDL and Young Dental Laboratory, CDL.

Equally deserving of recognition for their dedication and race day spirit are the following individuals: NBC Trustee Brandon Smith, CDT; Denisse Ramos; Doug and Carla Miller; Foundation Trustee Elvis Dahl; Foundation Trustee Mandy Arena; Foundation Trustee Susan van Kinsbergen, CDT and Greg Harris.



Compared to the Race for the Future in Chicago, the Cal Tri Fort Worth race is a completely different experience from a logistical standpoint. For perspective, the start and finish lines are in the same location, making it easier to stay connected and cheer each other on with encouraging high fives along the course. The smaller scale race also makes for a more relaxed, realistic, and friendly competition... one where the group proudly swept the podium, taking



home the title of several 1st, 2nd, and 3rd place awards!

While the financial success of this fundraiser makes it possible, the true impact of this fundraiser is immeasurable, as it continues to transform lives across the dental laboratory community. All proceeds from the race directly support grants and scholarships for dental laboratory technology programs and individuals. These funds help offset the costs of advanced education, certification, and other critical workforce development needs across the profession.

It's never too late to give, and no donation is too small to make a lasting impact. Donate today at www.dentallabfoundation.org/donate, and reach out to us to learn more about how you can get involved.

For additional photos, visit www.facebook.com/nadldlt.



FDLA Supports the Foundation for Dental Laboratory Technology

During the Southern States Symposium & Expo, FDLA joined together with the Foundation for Dental Laboratory Technology (FDLT) to increase awareness of the opportunities for enhancing education in the industry. Board members offered their time to engage with members and help with the Wine & Liquor Toss in the expo. Not only did members and vendors have fun participating in the game, but they raised funds for the FDLT. The FDLA board, members and staff are proud to support this organization and donated a check in the amount of \$1,000 to the Foundation for Dental Laboratory Technology after the 2025 event.

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FLORIDA Donated Dental Services (DDS) Program



The DDS program helps individuals with disabilities or who are elderly or medically fragile and cannot afford or otherwise access treatment for severe dental conditions. As a result of their ages or disabilities, they cannot work and depend on government assistance for their health care. Historically, Medicare has not provided dental benefits and only recently introduced coverage for some medically necessary dental services that will help a select group of recipients. Unfortunately, Florida's Medicaid program only covers emergency dental services for adults. Further, some individuals with disabilities or who are aged or medically fragile and can work earn just over the income threshold to qualify for Medicaid but cannot afford the extensive dental care they need. Consequently, many people with disabilities or who are aged or medically fragile suffer agonizing pain from severe dental problems and have nowhere to turn for help.

Florida's DDS program is part of a national network that serves individuals in every state as well as D.C. Collectively, these programs helped 4,367 individuals access \$14.3 million in services during the 2024-2025 fiscal year.

The DDS Program in Action

Servio, 79, lives in Broward County with his family. He has a rare blood disorder called Paroxysmal Nocturnal Hemoglobinuria that carries an increased risk of blood clots. In addition, his dental health had declined and he had several missing and severely infected teeth. Servio's physicians advised him to address his dental health urgently due to serious infection risks.

Sadly, dental treatment was out of reach for Servio. Unable to work, he is in the process of applying for Social Security Disability benefits. In the meantime, he must rely on help from family to make ends meet. Unfortunately, dental treatment was beyond their means and it seemed Servio had nowhere to turn for help.

Thankfully, two generous DDS volunteers came to his aid. A general dentist restored six teeth and partnered with a dental lab to donate an upper partial denture. Thanks to these caring volunteers, Servio received nearly \$5,500 in donated treatment that restored his dental health!

Program History

- Established in 1997 in South Florida with the South Florida District Dental Association
- Expanded statewide in 2003 with the Florida Dental Association
- 2,275 total patients served since inception
- \$12,043,498 in total care donated by volunteers
- Statewide Volunteer Network: 489 dentists and 205 labs

During the fiscal year, we served 123 patients and generated \$452,078 in donated treatment (including \$39,469 in laboratory fabrications). Each patient who completed treatment received an average of \$6,465 worth of dental treatment; comprehensive care that illustrates the generosity of the volunteer dentists and labs.

We are truly grateful to the 489 dentists and 205 dental laboratories that participate statewide. Along with the 205 labs physically located in Florida, seven out-of-state labs volunteered to help Florida DDS patients during the fiscal year. 

Recruitment remains a priority and we are actively working to promote the program. Promotional materials are viewable here:

<https://dentallifeline.org/dln-ambassadors-promotional-toolkit/>

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rick_Sonntag@me.com

PRESIDENT-ELECT

Alexander Wünsche, CDT
Zahntechnique Inc., CDL
Miami Lakes
alex@zahnlab.com

SECRETARY / TREASURER

Fernando de Leon
Precision Esthetics
Apopka
fernando@precisionestheticsinc.com

PAST PRESIDENT

Kevin Krumm, CDT, TE
Touchstone Dental Laboratory, LLC
Altamonte Springs
kwkrumm@gmail.com

DIRECTORS AT LARGE

Enja Dorjchuluun
Sakr Dental Arts, Inc.
Winter Park
enja.dorj@sakrdental.com

Nicole Follert
Leixir Dental Group / Knight
Dental Group
Oldsmar
nicole.follert@leixir.com

Tanya Ramirez
4Points Dental Design
St. Petersburg
tmest.1982@gmail.com

Rene Silva
OrthoDenco Labs
N. Lauderdale
silvar@orthodenco.com

Richard Wodzinski, CDT
Clearwater Dental Prosthetics
Clearwater
clearwaterdentalprosthetics@gmail.com

SUPPLIER REPRESENTATIVES

Nancy Franceschi
Amann Girschbach
nancy.franceschi@amanngirschbach.com

Hallie Wyrick
Vulcan Custom Dental
hwyrick@vulcandental.com

EXECUTIVE DIRECTOR

Christina Welty
Tallahassee
christina@fdla.net



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Life-Changing Moments

Donal Inman, CDT is the founder/co-owner of Inman Orthodontic Laboratories Inc. based in Coral Springs, Fla. His time with the FDLA played a significant role in both his personal and professional life.

Why did you originally decide to join the FDLA?

I was attending a Zahn Expo and during a workshop I met Richard Harrell and Philip Moyer. They clearly enjoyed the dental laboratory business, which was so refreshing. Until that day, whenever I attended dental laboratory meetings, I would leave depressed. It seemed everyone was complaining about everything and did not like being a technician. They would complain about the doctors, the hours they worked, and the money or the lack of it. The Zahn Expo workshop changed my outlook regarding being a dental technician. The room was filled with people who were happy to be there and happy to be in the dental laboratory business. We split up into small groups and worked together to solve hypothetical problems; it was wonderful. I left hopeful and energized and I did not want that feeling to end. I went to see Richard and Phil at their laboratory a few weeks later. We talked about what made their operation run so well, they answered every question I asked, and openly and honestly shared. The best advice they gave me, however, was that I should join and serve the FDLA. The years I served the FDLA were the best professional years of my life. It gave me the confidence to develop new appliances that in return grew my lab beyond

my wildest dreams. It forever changed my life and the life of my family. I truly believe none of the success I have enjoyed would have happened without meeting Richard or Phil or my time with the FDLA.

What value do you receive out of being a member?

Networking is probably the biggest value in joining but there is so much more. Over the years, I have used Seay Management to help me with employee issues and concerns. I have leaned on the FDLA many times to ensure my laboratory was compliant with state laws. We use the collection agency that is affiliated with the FDLA, and we have gotten quotes from the affiliated insurance company. I usually read every issue of focus magazine cover to cover. It keeps me up to date with the ever-changing regulations we face.

In what ways is the Symposium worth the investment of time and money?

I am a CDT, and I get all my required annual CEs attending the symposium. The networking is awesome and can help you build your business. With the digital age, networking/partnering to outsource what you are not sure you want to invest in is paramount. For example, we outsource all our printed metal. Maybe someday we will invest in our own SLS Metal Printers but for now we don't want to. At the Symposium, you can talk with vendors both on the exhibit floor and over a cup of coffee or a drink. The exhibitor area is also a great place to see and touch the newest technology that you have been reading about in magazines and on websites.

As many state associations are dissolving, how do you see the FDLA evolving to meet the needs of Floridian dental laboratories?

The FDLA is strong. As other states stop holding meetings, there is an opportunity for us to grow. We are lucky to have the strong professional management that we do. I have always been impressed not only by FDLA's management but also by the volunteer executive board. It is my dream that one day my son Jesse follows in my footsteps and becomes an FDLA board member. Not only would I be proud, but it will help him grow as a laboratory owner. 🍷



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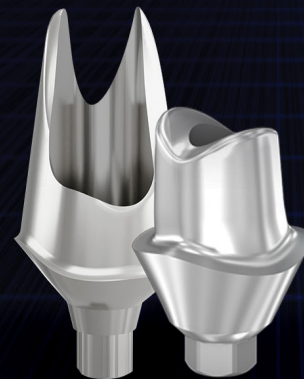


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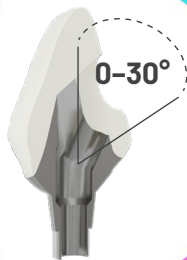
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