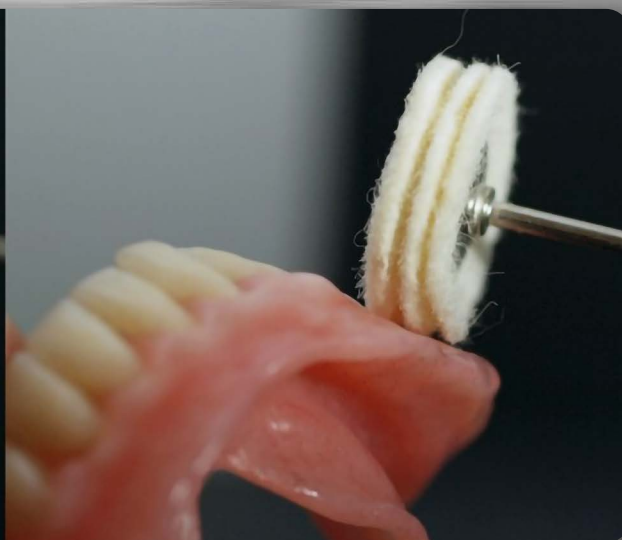
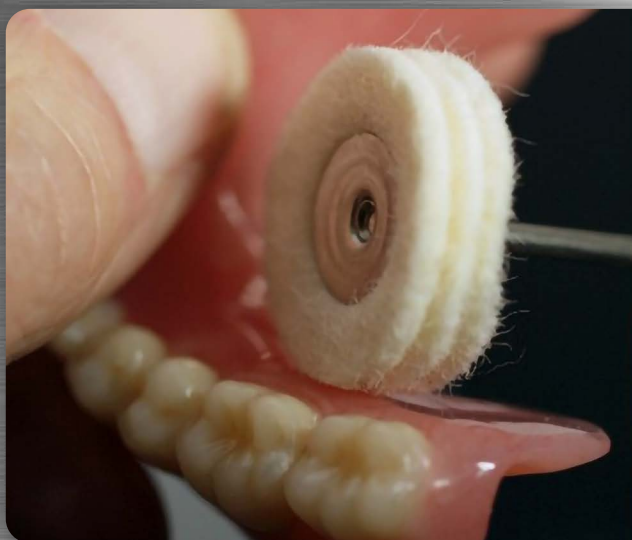


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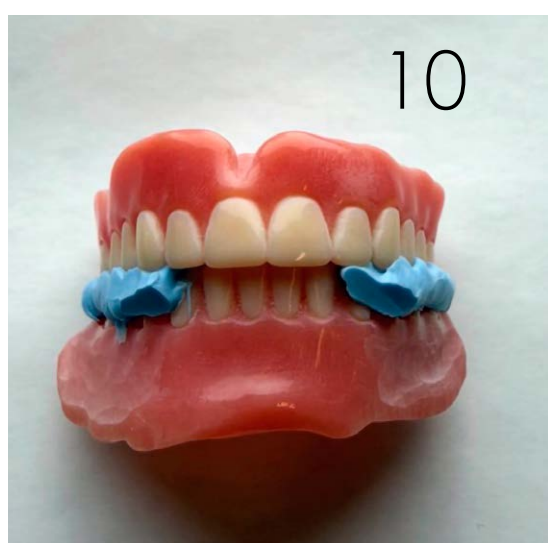
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SPRING: Time to Sharpen the Saw

By Rick Sonntag, RDT
FDLA President

Dear FDLA Members,

As spring arrives in Florida, bringing with it the promise of renewal and growth, I'm reminded of the vital energy that courses through our association when we come together with shared purpose.

This season of rebirth offers us a perfect opportunity to reflect on what makes the Florida Dental Laboratory Association strong: you, our members, and your unwavering commitment to excellence in dental laboratory technology. Just as nature awakens from winter's rest, we too are experiencing a period of revitalization—one built on collaboration, continuing education, and the collective expertise that defines our profession.

Our upcoming continuing education programs this year represent more than just credit hours. They're opportunities to sharpen skills, explore emerging technologies, and connect with colleagues who share your dedication to quality patient care. Whether you're mastering new materials, refining digital workflows, or deepening your understanding of implant solutions, these educational offerings position you at the forefront of our evolving field.

The benefits of FDLA membership extend far beyond the classroom. You gain access to a network of professionals who understand the unique challenges we face, advocacy efforts



that protect our interests at the state level, and resources that help your business thrive in an increasingly competitive landscape. When we collaborate—sharing insights, solving problems together, and supporting one another—we create something greater than any individual laboratory could achieve alone.

This spring, I encourage you to lean into the association. Attend an event. Reach out to a fellow member. Share your expertise. The strength of FDLA lies not in what we provide to you, but in what we build together.

Here's to a season of growth, learning, and renewed commitment to our craft. [📍](#)

When we collaborate we create something greater than any individual laboratory could achieve alone.



FDLA Mission

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

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INTEGRITY - being honest and open in all that we do

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Mastering the Final Polish

FOR TODAY'S DENTAL RESTORATIONS

Dental laboratories are committed to buying several types of polishing products due to the many types of restorations they provide. With the right technique, a universal polishing paste can produce a highly desirable final surface on many types of dental restoration materials. Since my area of expertise covers removable prosthetics, I will target materials I use to fabricate those types of dental appliances:

A high-gloss finish in distinct areas is desirable to help prevent excessive biofilm adhesion

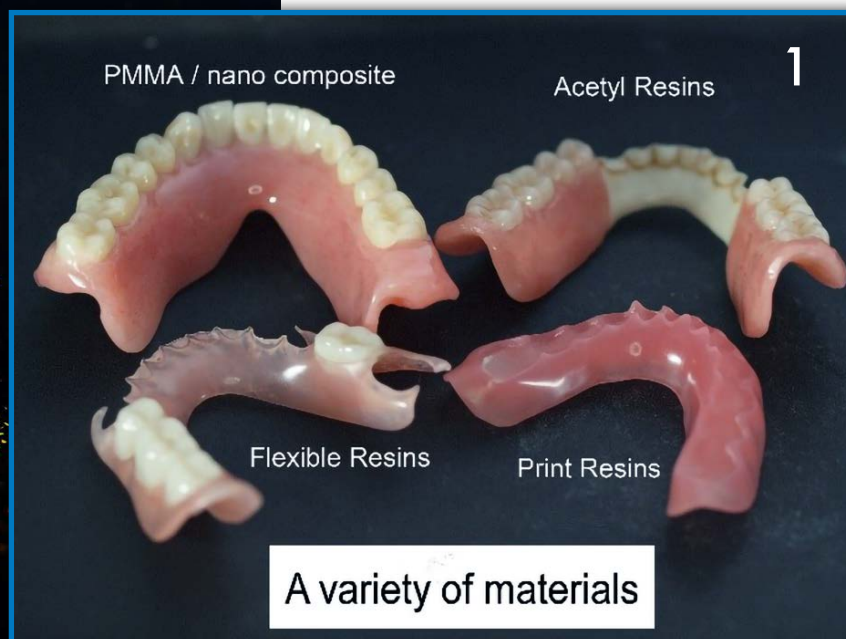
Like all polishing products, pre-polish surfaces are essential for the final desired finished surface. My experience using Dual Diamond Paste on thermoplastic flexible resins, acetal, composite, nano composite, print resins, milled products, and conventional PMMA materials is impressive (Fig. 1).

For example, let's look at the technique I personally use to create a highly desirable finished surface on removable prosthetics which can

possess a combination of composite, nanocomposite and PMMA materials (Fig. 2).

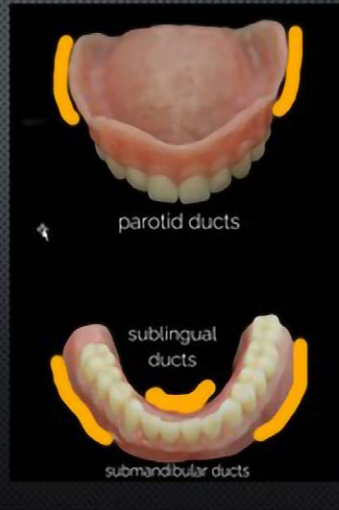
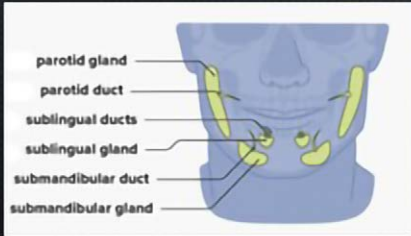
Once the case is milled, printed, injected, or in this case, pack processed, the pre-finishing begins. Trimming of flash, removal of support struts, or sprues produced by the process, are removed as part of that procedure. Gross contouring and rounding of base and/or extensions are accomplished with your choice of carbides, sandpaper mandrels, fiber-bonded wheels, rubber wheels and points.

During this process, it is best to completely remove any remaining tool marks using the above-mentioned tools. Many technicians tend to rely on only pumicing to accomplish this. My

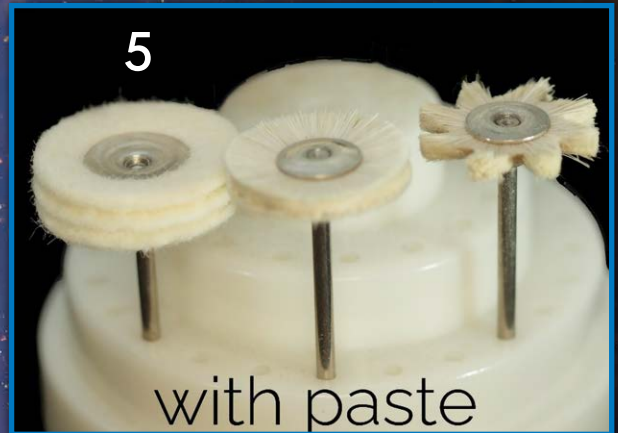




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4



5

with paste

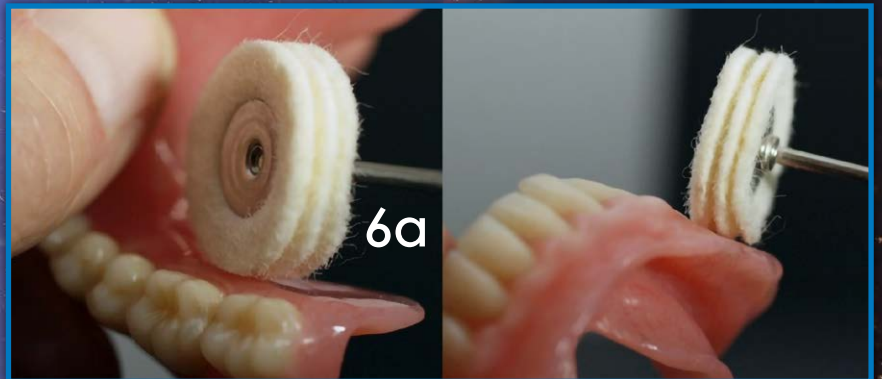
experience is that relying on pumicing wheels and pumice is less controllable in avoiding the removal of desirable contours and creating unwanted flat spots on the surface. Pumicing should be used to produce a surface texture rather than for spot scratch removal and to provide a well prefinished matte surface ready for final polishing.

Note:

Regardless of the form of fabrication, with removable prosthetics a high-gloss finish in distinct areas is desirable to help prevent excessive biofilm adhesion, especially in areas where salivary glands and oral contour tend to pool saliva, which can eventually turn into calculus. (Biofilm/plaque, a sticky film of bacteria, forms on the teeth. Minerals from saliva, such as calcium and phosphate, become trapped in the plaque. Over time, the plaque hardens and turns into calculus). Areas indicated in yellow coincide with duct locations and areas of greatest concern in obtaining the smoothest, glassiest surface possible. Yellow areas also indicate the areas of expected accumulation and highest need of polish (Fig. 3).

Finally, once those preliminary steps are accomplished, a final polish is obtained by the application of Dental Creations Dual Diamond Paste.

A very small amount of Dual Diamond Paste is applied to the prefinished surface. A small amount is defined as just enough to create a dulling of the pumiced surface. Overuse of the paste creates a slurry, which lends itself to scuffing (Fig. 4).



6a



6b

I use a variety of felt, soft goat hair chamomis centered wheels and star brushes at slow speed (3,000 to 4,000 rpm), in a circular motion to gently work the paste into the surface with minimal friction (Fig. 5).

My selection of brushes to use is based on the area I am working the paste into. Soft goat hair star brushes are ideally suited for areas around the teeth occlusally, lingually, and interproximal (Figs. 6a-b).



Chamois-centered soft goat hair brushes and soft felt wheels work well for broader areas. It's important to control both speed and pressure when using these products as both create friction. I usually keep the speed of my handpiece controlled by setting the limiter to top out no faster than 4,000 rpm and my rule of thumb on pressure is guided by again, using a constant circular motion over all surfaces, which only very slightly flexes the wheel of brush.

(Fig. 7) A suggested selection of paste wheels and buffing wheels

To complete the final step, I use a dry, chamois or rag-style buff at the same speed and pressure as prior instruments, to bring up the final glassy luster (Fig. 8).

Over time, these dry buffs will pick up residual Dual Paste. To refresh these wheels, I use a dressing stone at a higher speed to remove accumulated paste (Fig. 9).

Because Diamond Dual Paste is water soluble, any excess paste which may remain around teeth due to excessive application amount can be easily removed with soap, water, and a soft brush.

Even older acrylics like this reline come up to high shine when Dual Diamond Paste is used (Fig. 10).



About the Author

Tom Zaleske has been the owner operator of Matrix Dental Laboratory and Consulting for 40 years. He specializes in legacy skill sets pertaining to removable prosthetics regarding fabrication, educational training, product development and consulting.

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By John Madden, Master CDT

THE VALUE OF Digital Denture Clinical Workflows

What is your value to your customer? Is it a piece of plastic or zirconia and a fast turnaround time? Is it geographic convenience or is it something more substantial like high-quality work and communication?

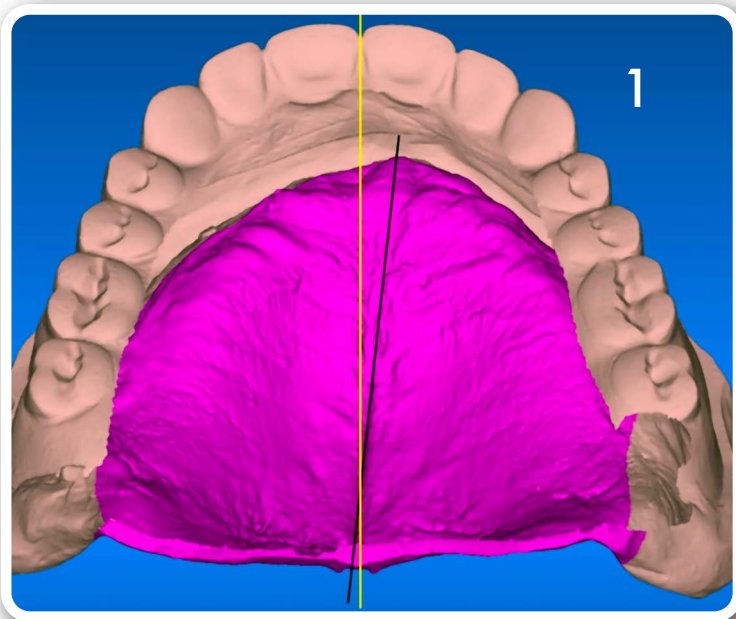


Figure 1:

This is a common error that can be easily caught in the lab before manufacturing. The anatomical midline has shifted during the impression-taking process while attempting the reference denture technique. This impression can be taken again or an attempt to correct in design may be possible.

I have made some contributions to dental laboratory technology, but these contributions don't necessarily translate to value for my daily customer. So, what really creates value for the customer in the modern dental marketplace?

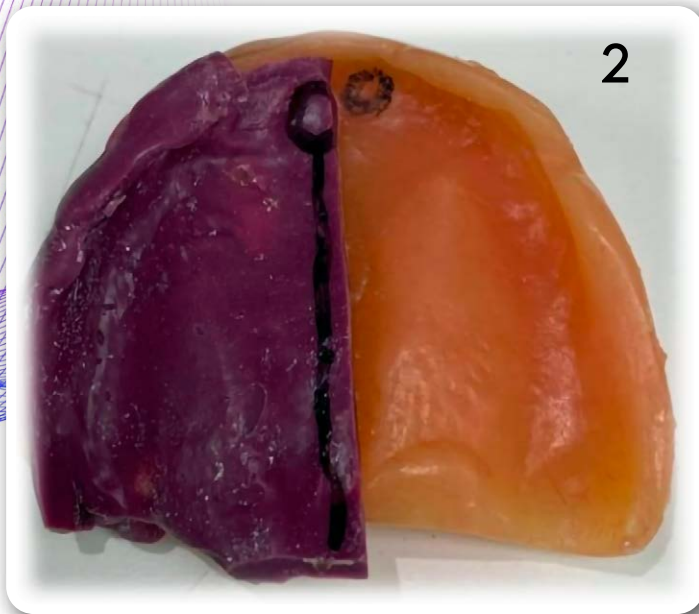
The technicians who came before us tried to define their value through high-end ceramic work that would set them apart from outsourcing competitors overseas. I would argue that this age is coming to an end. It seems more our value is being defined by our ability to command and direct digital workflows in the implant and removable space. Digital workflow experience and troubleshooting are where our value to our customers is proven today.

I was lucky to have a strange setting for my training and career. Working in the University's dental clinics brought me much closer to the patient, each procedure, and the result. I was able to witness thousands of denture deliveries and try-in appointments. This experience was priceless to me. In addition, being around others learning for the first time, year in and year out, was equally as valuable. Working with dental students gave me the opportunity to witness the same failures repeatedly. The whole situation gave me a novel perspective. My true value was being developed from this string of experiences. I was able to build a large volume of common errors and things to avoid.

When digital dentures entered the picture, I had yet another stroke of luck. I was blessed to witness seasoned prosthodontists and second-year dental students fail together.

Figure 2:

This is an additional example of the midline being off because the impression was incorrect in the reference denture. The midline is off its original position because the impression material was too thick and set up too quickly. This also resulted in the denture not seating fully. This error is all too common and will result in a denture that has excessive lip support and is too “horsey.”



There was no book or manual for this new technology. As a result, many in the academic environment failed to adapt antiquated methods to new technology. They were trying to apply old textbook principles to this unwritten method and missed the opportunity to write their own book and write themselves into the new story of digital dentures.

After collecting these experiences for many years, I came to realize that the denture textbooks and techniques of the past do not fit the denture problem America has today. I do want to point out that this is truly an AMERICAN problem. This problem doesn't manifest the same way in other countries due to our reimbursement system. Insurance companies have been dictating the quality of care and education, especially with dentures.

Our success with meeting the demands of the public is limited by much more than just insurance companies. That is, dental academia has been slow to adapt and spread solutions. The textbooks we teach have methods that were standardized long before the first intraoral scanner was introduced, long before the first DSO was incorporated, long before the first 3D printing was used in dentistry, and even long before dental insurance existed. In short, the techniques being taught in schools were not developed to solve the problems we have today AND were not developed for the tools we have today.

We have the tools to shift the paradigm of denture delivery in the United States. Rather than holding dentures to the

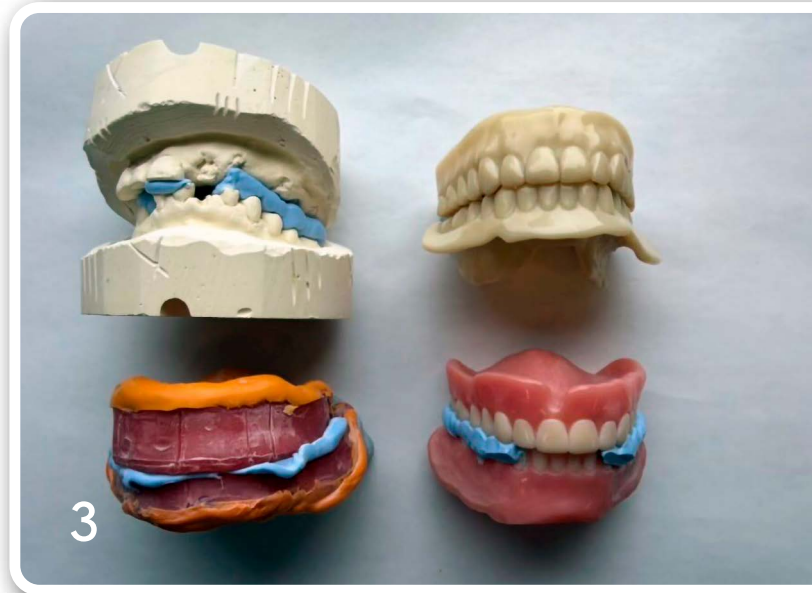


Figure 3:

The immediate denture records (analog), the monoblock try-in, the wax rim records, and the reference denture records.



Figure 4:

The reference denture records.

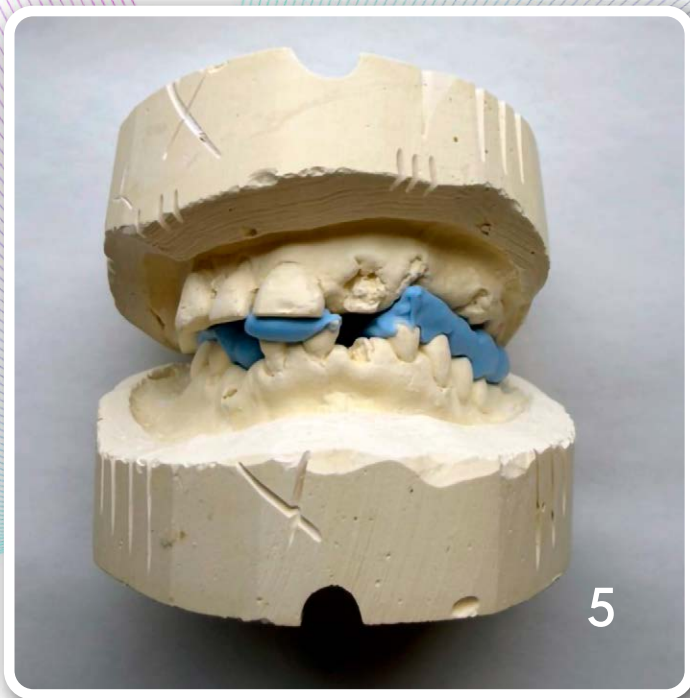


Figure 5:
The immediate denture records.

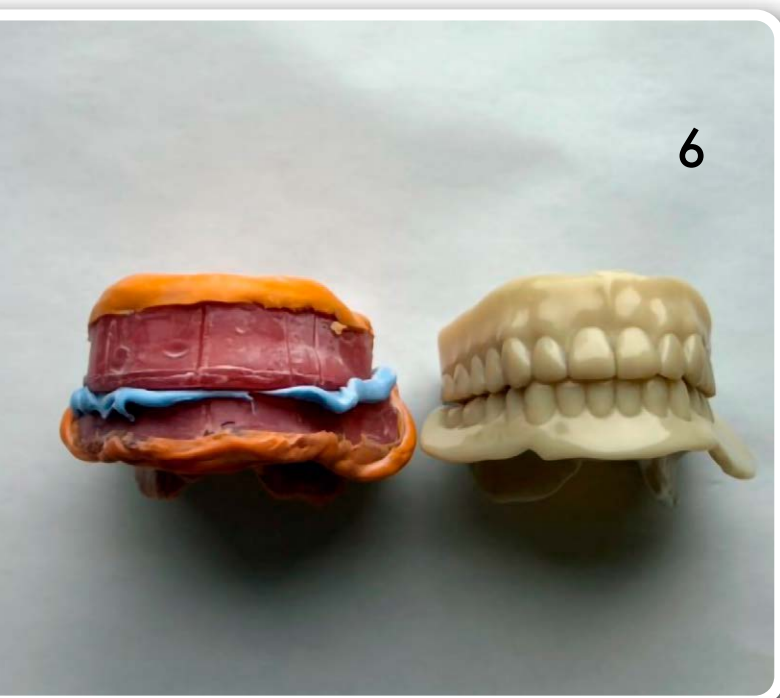


Figure 6:
The wax rim records and the resulting monoblock try-ins.

standard of the prosthodontist, we can create dentures for the situation and satisfaction of the patient's desires and outcomes. We can let go of the past and invent our new future.

I have clearly defined the American denture problem, but what defines a solution to that problem? America desperately needs to be able to afford to make six million or more dentures each year. To do that we need clinicians who can be confident in completing dentures in two to three appointments. We need to be able to manufacture those dentures locally in a manner that fits into the pricing dictated by insurance companies and still leaves room for clinician profit. This is a tight window! In addition, we need to do this quickly in a manner that allows us to complete the procedure within a single billing cycle. The only realistic way to do this is to use every advantage and tool. Automation, 3D printing, scanning, and advanced workflows are all required to be used in perfect harmony to achieve success.

After years of experience, I found that THIS is where my real value is to customers. Teaching and consulting on hyper-efficient digital denture workflows are the best ways to prove my worth to a new account. Specifically, I categorize and identify the easiest and best workflow for each case and offer warnings of workflows that are too advanced for beginners.

The key workflows that are universal and work for almost every dentist are: the reference denture technique, scanned immediate dentures, and the three-appointment denture with wax rims (or good fit tray).

Reference Denture Workflow

The reference denture workflow is a home run for every clinician when taught correctly. Simply put, the patient has an existing set of dentures that serves as our custom tray, bite-rims, and starting reference for tooth position and aesthetics. The basic steps to this workflow are:

- 1) Examine the old denture for changes needed, repairs and worn or broken teeth.
- 2) Decide if VDO needs to be restored.
- 3) Discuss any desired changes with the patient. At this point, a photograph with a high smile with the old dentures in is helpful for record keeping.
- 4) Use a VPS putty to improve any borders and a light body VPS to take a wash impression of the upper and lower denture (making sure to bite down during each impression). Chairside soft liner or tissue conditioner can also be used at this step if no border molding is required.

- 5) Take a VPS bite registration and, if VDO needs to be corrected, be sure to take this step using a leaf gauge to add dimension.
- 6) Take a photo before removing the impressions and dentures. This will serve as a visual reference for all the changes requested.
- 7) Remove the dentures, rinse them, dry them with air, and scan them with the intraoral scanner. This should be done all in one scan without separating the bite.
- 8) Very carefully and exactly write all the changes and improvements you would like to see in order of importance. If you have more than three large changes, a try-in is to be expected.

Immediate Dentures from Scans

Immediate dentures from scans can also be highly successful with the right tools and practice. The goal is simple: Scan and deliver. The devil is in the details, however, and variations on this theme can be needed to make this work for ALL patient presentations. The basic steps are:

- 1) Assess the patient to determine if a reasonable VDO can be found or if the patient has lost too many teeth and is collapsed or splayed forward. It is most often the case that the patient has collapsed to one degree or another AND has an acquired bite. If this is the case, we must approximate a VDO and CR.
- 2) Assess tooth mobility to assure you won't accidentally extract teeth in later steps.

Figure 7:

An example of a completed reference denture done by a novice dentist.



- 3) Mark your VDO and make a VPS bite with either blue bite material OR VPS putty material if there is too much open space for regular bite registration material.
- 4) Trim the bite so all the teeth are visible and can serve as a reference for alignment later.
- 5) Scan the bite.
- 6) Select the appropriately sized retractors and scan the upper and lower jaw. Avoid up/down and "zipper" movements in the vestibular area. These will lead to low-quality scans that require too much editing.
- 7) Examine the alignment in the software and be sure everything is correct. It is common for the scans to be open front to back if there are only anterior teeth. This will lead to an anterior open bite in the dentures.



Figure 8:

The same completed reference denture in the patient's mouth.

- 8) Very carefully and exactly write all the changes and improvements you would like to see in order of importance. Decide if the patient has enough anterior display left to serve as an aesthetic reference OR if choosing a denture tooth mold is more appropriate. If you have more than three large changes, a try-in is to be expected.

Digital Denture from Wax Rims

The digital denture from wax rims protocol is almost completely parallel to the normal reference denture workflow. It is easy for every clinician to adopt because it is so similar to what is already taught in dental school.

- 1) The dentist takes a set of diagnostic scans which are sent to the lab to make wax rims.
- 2) Then they use a VPS putty to improve any borders on the wax rim and a light body VPS to take a wash impression of the upper and lower wax rim.
- 3) Adjust the wax rims to find the correct VDO, lip support, midline, incisal position, canine position, and high smile line.
- 4) Take a VPS or Aluwax bite registration.
- 5) Take a photo before removing the impressions and wax rims. This will serve as a visual reference for all the changes requested.
- 6) Remove the wax rims, rinse them, dry them with air, and scan them with the intraoral scanner. This should be done all in one scan without separating the bite.
- 7) Very carefully and exactly write all the changes and improvements you would like to see in reference to the markings on the wax rims. Include a tooth selection or describe the size and shape of the desired teeth.
- 8) Send these scans for a monoblock try-in.

The above are the essential workflows for helping your customers transition to digital dentures successfully. The value you can bring by mastering these clinical workflows is immense and can help redefine your business.

It is even more valuable to be able to identify the common errors and pain points in these workflows. The most com-

mon errors include: A poor upper wash impression, excessive or insufficient VDO (artificially pulled forward bite), wax rims left too full, and not trimming the impression material before taking the bite or scanning (**Fig. 1**).

Learning how to quickly identify these common errors and having an organized way to educate the dentist on solutions to these errors are key strategies to prove your worth in the digital denture space. Overall, a mastery of these digital denture workflows and defining yourself as a vital resource for clinical digital denture success can help ensure your lab gains market share in the years to come. [i](#)



About the Author

John Madden, Master CDT is a digital dentistry educator, enthusiast, and consultant. He owns and runs a small digital removable lab (John Madden Prosthetics), is CEO of Minnesota Dental Innovations, CDO for Voyager Dental and consults for some of the largest 3D printing companies and DSOs. Additionally, John works in the Clinics at the University of Minnesota managing the prosthetics lab and teaching students digital dentistry. For the past 17+ years, John has dedicated his time to teaching, lecturing, patent development, consulting, and developing removable techniques relevant for the next generation of dentistry.

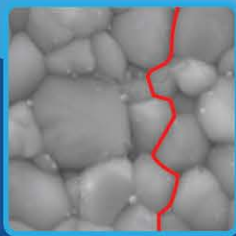
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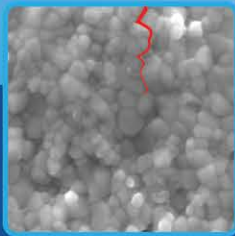


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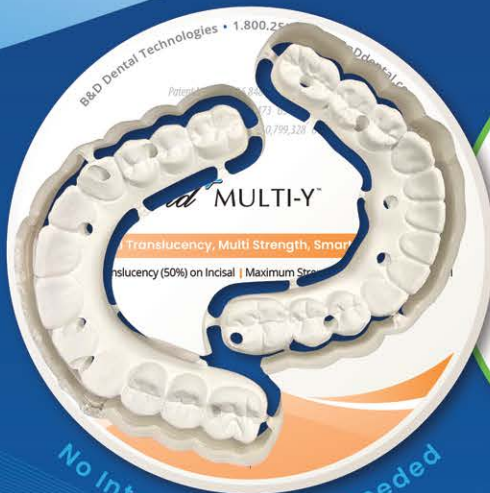
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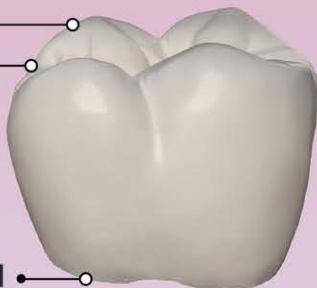
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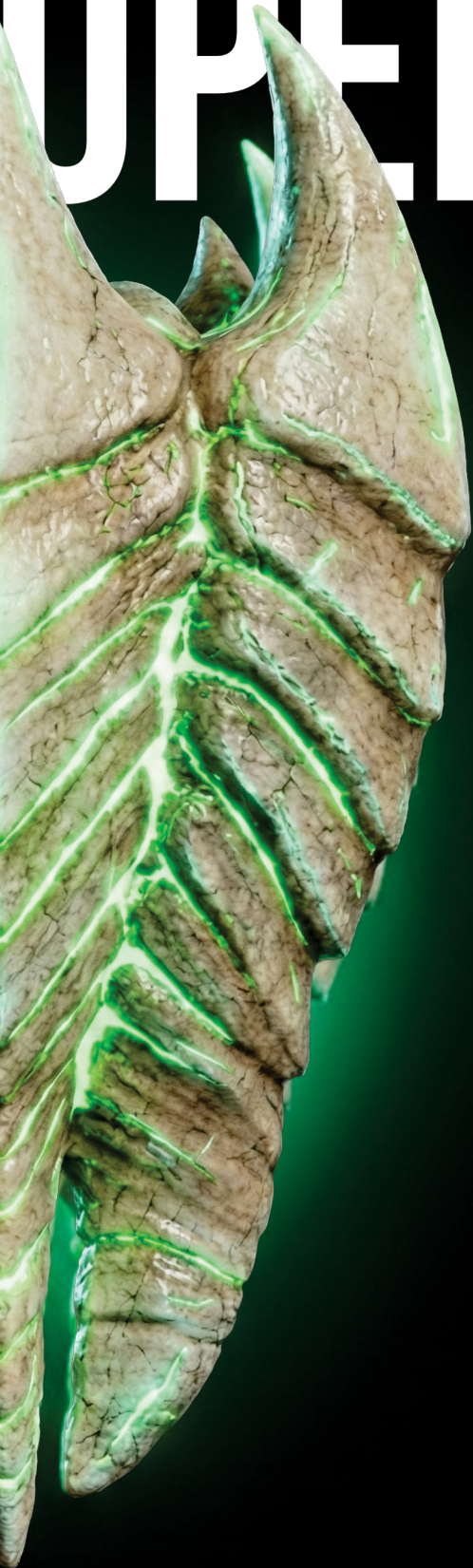


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- 7:30 a.m. – 8:00 a.m. **Morning Beverage Break**
Sponsored by: Fricke Dental Mfg.
- 8:00 a.m. – 8:30 a.m. **Welcome, Board Installation & President’s Message**
- 8:00 a.m. – 12:00 p.m. **OPTIONAL HANDS-ON DEMONSTRATION/LECTURE**
Diagnostically Driven Prosthodontics: Case Management, Communication and Material Selection for the Future Successful Dental Team
Presented by: Peter Pizzi, CDT, MDT
Sponsored by: VITA North America
(Pre-registration & additional fees required - Capacity 20)
- 8:30 a.m. – 9:30 a.m. **OPENING KEYNOTE ADDRESS**
Beyond the Bench – What You Need to Know to Compete in Today’s Market
Presented by: Ricki Braswell
Sponsored by: Beyond Coaching
- 9:30 a.m. – 9:45 a.m. **Mid-Morning Beverage Break**
Sponsored by: Vulcan Custom Dental
- 9:45 a.m. – 11:45 a.m. **FRIDAY MORNING KEYNOTE**
Collaboration that Counts: 10 Lab Contributions that Matter to the Dentist
Presented by: Wael N. Garine, DDS
Sponsored by: BioHorizons and Vulcan Custom Dental
- 11:45 a.m. – 12:15 p.m. **Awards Presentation & NADL / NBC / FDLT Updates**
- 12:30 p.m. – 1:15 p.m. **FDLA Luncheon**
Sponsored by: Argen Corporation
- 1:30 p.m. – 3:00 p.m. **INTERACTIVE PANEL**
What Keeps You Up at Night, Latest Technologies and All Dental – an Open Discussion
Facilitated by:
Rick Sonntag, RDT – 4Points Dental Designs
Alexander Wünsche, CDT – Zahntechnik, Inc., CDL
Ricki Braswell – Beyond Coaching
Sponsored by: FDLA

3:00 p.m. – 6:00 p.m. **Expo Hall Open/Kickoff Reception**

SATURDAY – JUNE 6

- 7:00 a.m. – 3:30 p.m. **Registration Desk Open**
- 7:30 a.m. – 8:00 a.m. **Morning Beverage Break**
- 8:00 a.m. – 9:30 a.m. **A COURSES**
- 8:00 a.m. – 11:00 a.m. **OPTIONAL HANDS-ON WORKSHOP**
The Art of the Single Tooth Match Using Magic Colour by Creation
Presented by: Rich Wodzinski, CDT, RG, DTG
Sponsored by: Creation North America and Smile Line USA, Inc.
(Pre-registration & additional fees required - Capacity 15)
- 8:00 a.m. – 3:00 p.m. **OPTIONAL HANDS-ON WORKSHOP**
Sip N’ Stain: Advanced Aesthetics with ARGEN Z GT Zirconia & INK3D Liquid Ceramics
Presented by: Alexander Wünsche, CDT
Sponsored by: Argen Corporation
(Pre-registration & additional fees required - Capacity 15)
- 9:30 a.m. – 10:30 a.m. **Expo Hall Break / Mid-Morning Beverage Break in Expo Hall**
- 9:30 a.m. – 3:00 p.m. **Expo Hall Open**
- 10:30 a.m. – 11:30 a.m. **B COURSES**
- 11:30 a.m. – 1:00 p.m. **Expo Hall Break / Lunch in Expo Hall**
- 1:00 p.m. – 2:00 p.m. **C COURSES**
- 2:00 p.m. – 3:00 p.m. **Expo Hall Open / Afternoon Beverage Break in Expo Hall**
Sponsored by: GPS Digital RPD
- 3:00 p.m. – 4:00 p.m. **D COURSES**

KEYNOTE SESSIONS – FRIDAY, JUNE 5

OPENING KEYNOTE ADDRESS



Beyond the Bench – What You Need to Know to Compete in Today's Market

Presented by: Ricki Braswell, Beyond Coaching

**CDT/RG: 1 Hour of Professional Development Credit
State of Florida: 1 Hour of General Credit**

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It's tough to compete if you don't understand the landscape. In this session, Braswell will share the trends impacting today's practicing dentists. Most labs are feeling the squeeze. She will dive into the opportunities which exist for the laboratories that develop market strategies to meet them head on.

FRIDAY MORNING KEYNOTE



Collaboration that Counts: 10 Lab Contributions that Matter to the Dentist

Presented by: Wael N. Garine, DDS

**CDT/RG: 2 Hours of Scientific Credit
State of Florida: 2 Hours of General Credit**

Sponsored by:



Success in dentistry is built on strong and intentional collaboration between the dentist and the dental laboratory. "Collaboration that Counts: 10 Lab Contributions that Matter to the Dentist" explores the often underappreciated, yet critical, ways a high-performing lab can elevate clinical outcomes, streamline workflows, and enhance patient satisfaction.

This keynote highlights ten key contributions dental labs make that directly impact daily practice—from improving communication and case planning to optimizing material selection, esthetics, fit, and long-term predictability. Attendees will gain practical insights into how to leverage their lab as a true clinical partner, reduce remakes and chair time, and create more consistent, high-quality results.

INTERACTIVE PANEL

What Keeps You Up at Night, Latest Technologies and All Dental – an Open Discussion

*Facilitated by: Rick Sonntag, RDT – 4Points Dental Designs
Alexander Wunsche, CDT – Zahntechnik, Inc., CDL
Ricki Braswell – Beyond Coaching*

CDT/RG: 1.5 Hours of Scientific Credit • State of Florida: 1.5 Hours of General Credit

Sponsored by:



Join Rick, Alexander and Ricki as they moderate this interactive session. Everyone is invited to introduce topics to discuss with their peers and find solutions and/or learn tips and tricks to utilize in their workday. The goal of this session is to tackle challenges together by drawing on the collective knowledge and experiences of your colleagues.



Sonntag



Wunsche



Braswell

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"Remembering there is a life behind the smile."

Recently, the team at Sakr Dental Arts had the incredible honor of working with Dr. Dale Batten (DeBary, Fla.) to restore the smile of a longtime industry icon and friend, Mr. Ed Zak. Ed began his career in dentistry in an era before digital dentistry was commonplace, when gold-based restorations were the undisputed standard of care. At that time, esthetic dentistry was coming into its own, as dentists and technicians studied esthetic principles in the context of form and function. The American Academy of Cosmetic Dentistry had just been founded in December of 1984. Layering feldspathic porcelain on metal and creating natural-looking "crowns" was at the heart and soul of esthetics.

Manufacturers were just beginning to develop contemporary esthetic materials and complementary adhesive technologies. Protocols for planning esthetic cases were evolving, and the only diagnostic option at that time was hand waxing. Trial smiles and temporaries were limited. Many remember how challenging photography was; images had to be developed at photography shops, and esthetically minded dentists relied on banks of slide viewers to evaluate cases. Some even recall being instructed to make temporaries as unattractive as possible for fear the patient might not return for the final restorations. All of this seems like a lifetime ago.

Today, we benefit from well-established protocols, digital technologies, easy-to-use cameras, an excellent selection of esthetic materials, and a variety of techniques that allow for predictable esthetic outcomes. In our opinion, the primary challenge today is maintaining diligence in comprehensive

1

Pre-Op



record taking, day in and day out, in a world where speed and affordability matter. We tend to take all the necessary steps when a patient is considered a “VIP.” To truly grow cosmetic cases, for both clinicians and laboratories, good record taking must become routine, rather than waiting for VIP patients to appear.

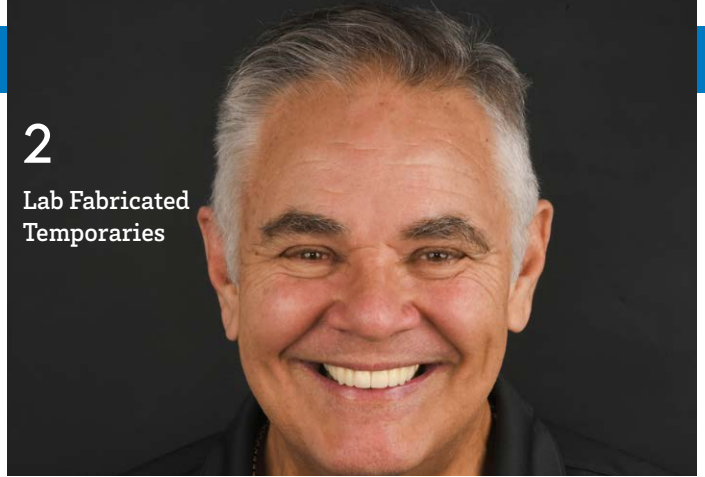
Case Review

Ed presented with beautifully restored gold molar restorations, surrounded by teeth exhibiting a lifetime of wear, attrition, periodontal concerns, and esthetic challenges (**Fig. 1**). With a high dental IQ, Ed had planned and budgeted to eventually address his oral health as he approached retirement. Certainly, Ed holds a special place in the dental community and deserves special treatment; he is a VIP in our world. While Ed is a respected friend and colleague, our goal at Sakr Dental Arts is to help our clients deliver predictable outcomes for all their patients. With this in mind, the workflow used to restore Ed’s case followed our standard operating procedures for esthetic restorative cases. Even though Ed is special, the workflow remains standard. Our restorative process includes the following steps:

1. **Script** – Detailed instructions outlining the clinical situation
2. **Mounted models** on an Ivoclar Stratos 100 articulator
 - Preoperative, diagnostic, working, and temporary models all cross-mounted with:
 - i. Bites
 - ii. Confirmed vertical dimension of occlusion appropriate for restorative space and patient comfort (verified with a VDO Gauge – Conmedor Gauge)

2

Lab Fabricated Temporaries



- iii. Facial analyzer record (Kois Facial Analyzer or EZ Bow)
 - iv. Photography (preoperative, approved temporaries, preparations, and final restorations, all captured with a 100mm macro lens)
3. **Shade selection** – Supported by photography, multiple shade tabs, various shade guides, and written narratives. When pink ceramics are required, we use customized tabs that communicate 11 different shade options.
 4. **Diagnostic wax-up** with necessary staged and/or blended models and indexes for:
 - a. Trial smile/mock-up
 - b. Preparation guides
 - c. Chairside or shell temporaries (**Fig. 2**)

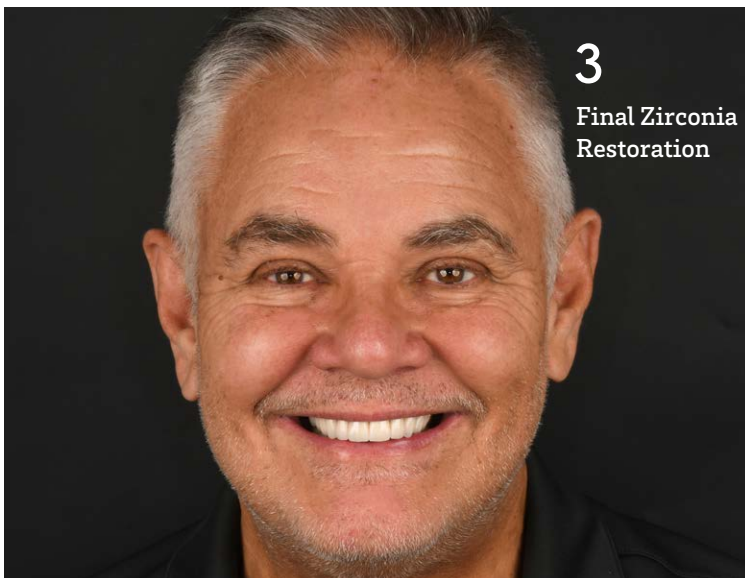
Dany Sakr dedicated his career to establishing systems that consistently achieve predictable results for all patients. At the laboratory, we see between 10 to 15 patients each day for custom shades and cosmetic consultations by prescription. Seeing these patients reminds us that there is a life behind each smile. Every patient has a story.

Our team works continuously with clinicians and office staff to efficiently capture and communicate the records outlined above (Steps 1–4) for every case. While we may be preaching to the choir, it is challenging to remain emotionally connected to every patient when laboratory work is often tedious and time sensitive. For laboratories involved in esthetic dentistry, however, results always matter. Each patient has a story like Ed’s and is a VIP in their own world.

Following protocols may seem routine, yet it is surprising how often steps are missed or dismissed as unimportant. We work every day to stay true to our protocols and checklists. Interestingly, these routines help us build a stronger emotional connection to each case (**Fig. 3**). In our line of work, there truly is always a life behind the smile. 📌

3

Final Zirconia Restoration



FDLA FDLA Board Nominations Open

FDLA is looking for volunteers to give back to the industry and is currently seeking the following professionals and industry partners to serve in leadership positions:

1) Director

Must be an active member of the association. Each term on the board is a one-year term, and a board member can serve up to three years consecutively in a director position. Officers are one-year terms.

2) Supplier Representative (Two-year term)*

*Must be an active Associate or Business Partner member

FDLA Time Requirements: Service on the FDLA board requires attendance at approximately four board meetings a year. February, June (in-person during the Symposium & Expo), September and December.

New board members would be elected on Friday, June 5, 2026, and would serve at least a one-year term on the FDLA state board. (Supplier Representatives serve one (1) two-year term.)

SPECIAL NOTE: Outside of the board meeting held in conjunction with the Southern States Symposium & Expo, all other meetings are held virtually.

To be considered, please complete the survey below on or before Monday, April 20.

<https://s.surveyplanet.com/djmv9l33>



Foundation for Dental Laboratory Technology Grants and Scholarships Deadlines

CDT HARDSHIP GRANT ONGOING

Covers the CDT renewal fee of \$180 for active CDTs, RGs, and RETs experiencing a hardship

STERNGOLD GRANT

APPLICATION DEADLINE: June 1st

Awards one school with a DLT program \$1,000 in store credit at Sterngold Dental

SCDL BUSINESS ENTERPRISE EDUCATION GRANT

APPLICATION DEADLINE: June 15th

Awards individuals up to \$2,000 to supplement expenses related to business management CE recipients wish to attend

NADL UNIVERSITY GRANT

APPLICATION DEADLINE: July 15th

Covers tuition for individuals to attend NADL U, typically costing \$1,595 each *NADL membership required

SPEAR EDUCATION GRANT

APPLICATION DEADLINE: July 15th

Awards five in-person seminars (\$995 value each) and five Spear Online Memberships (\$2,748 value each)

CDT PILLAR SCHOLARSHIP

APPLICATION DEADLINE: September 15th

Covers the costs of the written comprehensive exam, written specialty exam, and hands-on practical exam, one time each. The scholarship amount awarded is up to \$1,200.

RG PILLAR SCHOLARSHIP

APPLICATION DEADLINE: September 15th

Covers the cost of the Recognized Graduate (RG) exam one time, typically costing \$275

KEYSTONE GRANT

APPLICATION DEADLINE: October 1st

Awards up to \$2,000 to a school to develop and heighten DLT awareness and education

VISION 21 GRANT

APPLICATION DEADLINE: October 15th

Covers registration for individuals to attend the NADL Vision 21 Meeting, typically costing around \$700 each *Must be employed by a dental laboratory

MARK JACKSON MEMORIAL EDUCATION GRANT

APPLICATION DEADLINE: November 15th




Awards up to \$2,000 to supplement expenses related to an approved CE program the recipients wish to attend

APPLY TODAY at www.dentallabfoundation.org/scholarshipsgrants.

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FDLA Calendar

May 15-16

2026 Florida Mission of Mercy

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Please continue your support of the FDLA Southern States Symposium & Expo by staying at the Signia by Hilton Orlando Bonnet Creek, the appointed FDLA host hotel.

Like-Minded People

Andrea L. Hegedus, CDT, BS, is the owner of Great Lakes Smile Design Studio in Muskegon, Michigan. Great Lakes joined the FDLA as a member in 2025 and attended last year's Southern States Symposium & Expo. She shares more on her experience as a member and attendee.

Why did you decide to join the FDLA?

We do not have a dental lab association group in Michigan anymore. The most valuable benefit we receive is to be around other like-minded people to network, share ideas, and talk about the daily life issues we all experience at work.

Why did you send attendees to the Southern States Symposium & Expo?

The cost for us to travel to Orlando, Florida was reasonable. We took a direct flight and shared the hotel cost. Also, being on Disney grounds made it easy for us to arrange dinner plans and they always have a nice pool area. For my team, having a nice hotel was important along with a restaurant, pool, and walking area.

In what ways did this meeting stand out and provide value to your team?

Our members who attended the Symposium really liked being able to see case presentations. They also liked hands-on learning opportunities at the workshops. As technicians, we don't always get to be a part of the clinical side, so it really



It is important for dental laboratory technology to have a voice.

helps to see how a case evolves and which technical steps to take to make the case successful. Also, learning the analog-digital transition is important right now. Computers are great but they can take you down a rabbit hole so fast. Learning how to keep technology working efficiently is very important and at the same time, learning how to still get your work done if you must go fully analog. Networking to have a plan B in your workflow is becoming more and more important.

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

It has become very expensive for people to manage their daily living expenses. Having a goal set in place for a work trip makes it nice for everyone to work toward. Our team members feel important to the company, and everyone can learn from the same source. I have found many times that employees don't have the chance or means to invest in themselves, and this provides that opportunity. In addition, we need to be involved in the association as it is important for dental laboratory technology to have a voice. Lab associations are key to staying current with legislative activity and helping us to understand our rights within the profession. [1](#)



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Currently, Sean leads YM Prestige, the high-end boutique line at YM Dental Laboratory in Chantilly, Virginia. He also serves as an International Instructor for Kuraray Noritake.



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