

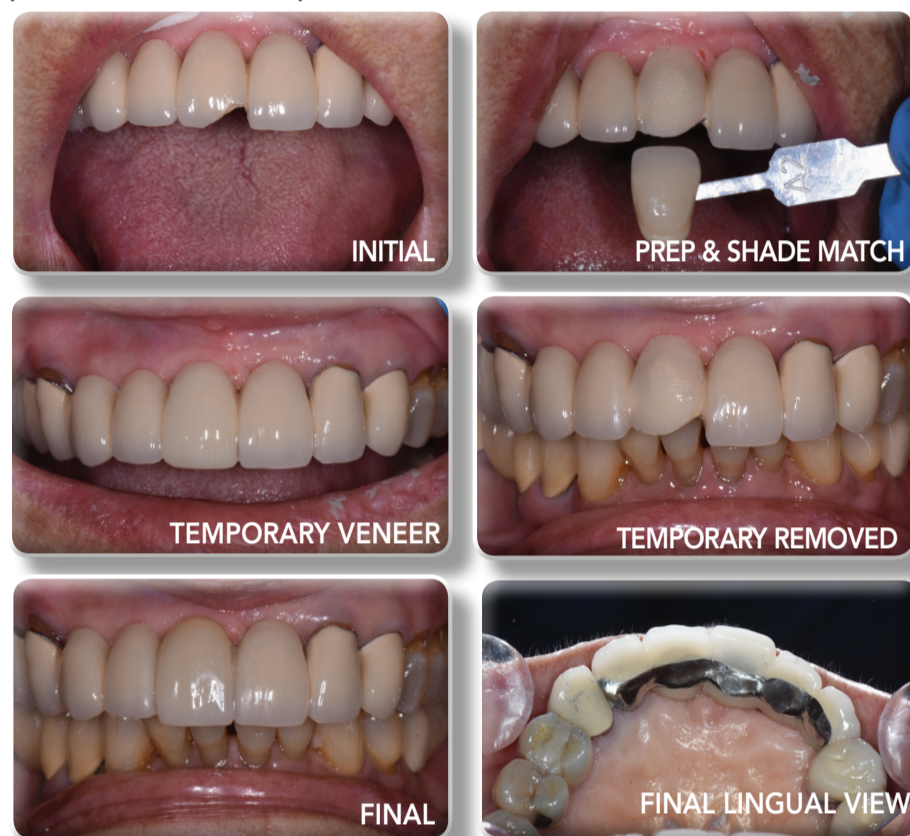
The Perspective

Look at our Dentists

FEATURED CASE: *Dr. Steve Barrett*

Creative Solutions To Common Problems

82-year old female patient presented with a class 4 fracture on #8, a pontic with a 9-unit bridge. The bridge was otherwise intact and has been in place for over 20 years. I decided to place a porcelain veneer over the pontic to restore #8. This treatment option was conservative and cost effective. #8 was prepared like a traditional veneer reducing the facial and wrapped over the incisal. I finished my preparation staying in the porcelain and not going to the opaque layer. A full arch impression was taken. Shade photos were taken for lab communication. To fabricate the temporary for this case I spot etched and spot bonded #8 and placed composite shade A1. The composite was placed in bulk, like doing a mock up, spread out, adapted with my finger and a cord packer. It was then light cured and polished. At the seat appointment the temporary was removed using a 34/34 scaler. #8 was pumiced with lab pumice, etched (phosphoric acid) for 10 minutes, primer applied (Monobond Plus), 3M Scotchbond universal (normal protocol followed). For the veneer, it was treated with Monobond Plus, 3M Scotchbond and filled with Relyx translucent veneer cement. The veneer was seated and light cured to tack in place. Excess cement was removed prior to final curing for 3-4 minutes from all angles. Remaining cement was removed, occlusion checked and polishing was completed.



Dr. Steven Barrett, Partner & Clinical Director.

ORAL SURGERY PERSPECTIVE

by Dr. Scott Lawson

Antibiotic Prophylaxis In Dentistry

In recent years, the need for antibiotic pre-medication in dentistry has changed. It is no longer required for patients with heart murmurs, aortic stenosis or mitral valve prolapse. The American Heart Association recommends premedication only for patients with a past history of infective endocarditis, cardiac valve repair or replacement with prosthetic material, patients with congenital cyanotic heart disease and cardiac transplant patients with valvulopathy. Antibiotic prophylaxis is also no longer required for patients with prosthetic joint repair or replacement. Antibiotic prophylaxis should be given one hour prior to any procedure involving manipulation of the gingival tissue including extractions, periapical procedures, routine cleaning, scaling and root planing, fitting orthodontic bands, placement of subgingival medications, biopsy and suture removal. Antibiotics used remain the same being Amoxicillin 2gms or Clindamycin 600 mg for those that are Penicillin allergic.

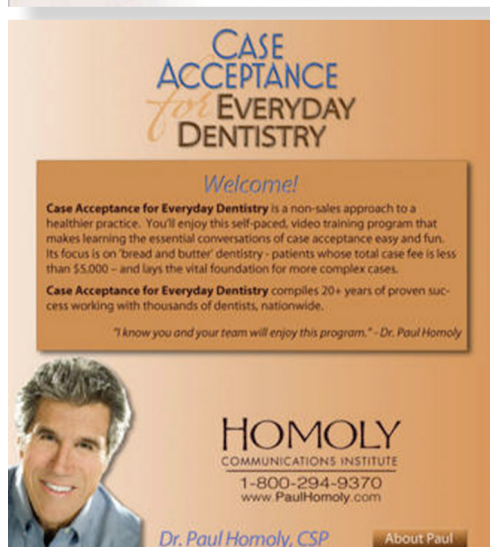
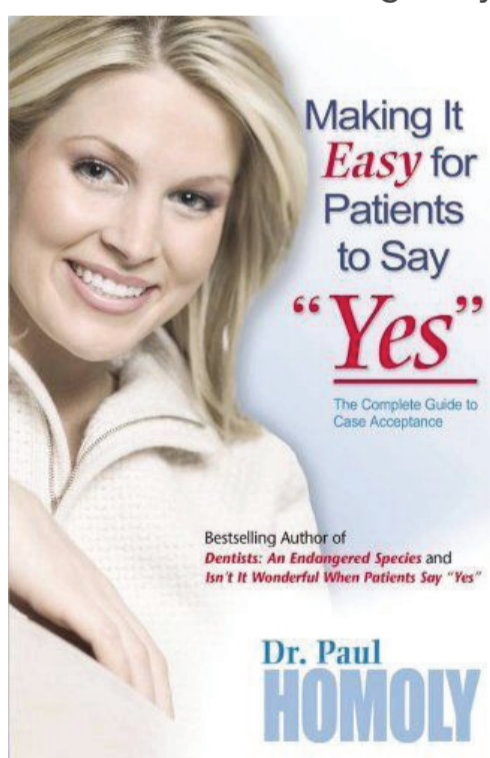


Dr. Scott Lawson, Oral Surgery Partner, is certified by the American Board of Oral and Maxillofacial Surgeons and serves as a delegate to the Florida Dental Association.

GENERAL PERSPECTIVE

by Dr. Steve Barrett

Solve the patients' Chief Complaint as soon as possible. It sounds simple but this statement causes a lot of confusion. As dentists, we are focused at examining every surface of every tooth and providing the patient with a comprehensive hard and soft tissue diagnosis / treatment plan. But sometimes we lose focus of what is actually the patients CC. To compound the matter, often we present our treatment plan without any regard as to the patient's actual dental budget for treatment. Don't be afraid to ask your patient "have you thought about a budget for your dental work?" Learn to do an exam that allows the patient to meet you in a non-confrontational caring and compassionate manner by taking into account the patients budget. Trust me, this takes practice. I once heard this saying "give the patient what they want in order to have the opportunity to eventually deliver what they need". Working within your patient's dental budget and solving their CC will keep your patients happy and allow your patients to stay in your practice. If you would like to learn more on this topic, pictured above are two of Dr. Homoly's best books and CD series. You can visit his website at PaulHomoly.com



Dr. Steven Barrett, Partner & Clinical Director.

SPECIAL EVENT 
Greenberg Ortho and Oral Surgery want to take you and your family to a Baseball Game!
 Daytona Tortugas Minor League Baseball
Saturday, July 22nd, 5:30pm
 Jackie Robinson Ballpark, Daytona Beach
 As a thank you for your referrals, we hope you and your families can join us and our families to enjoy Dustin's famous Bar-B-Que, drinks and full game admission all free!!!
RSVP to Dr. Scott Lawson
 drlawson@greenbergdental.com
 Visit www.kmgemployeesite.com
 Click on Newsletter & then the Daytona Tortugas logo for details.

THIS WILL RUIN YOUR DAY

by Dr. Steve Barrett

Some doctors are encountering bleeding when trying to take an impression or seat a crown and you may be thinking of using Visco Stat to stop the bleeding.



Let me caution you about the using ViscoStat (20% ferric Sulfate in the esthetic zone). The 2 problems I have seen occur are dark staining of the tissue around the preparation or a residue that is left on the preparation turning the preparation black over time. If you are having bleeding during an impression think about placing an ideal fitting temporary and letting the tissue heal before taking the final impression. Make sure there is no sub-gingival calculus present, Rx perio guard rinse to use once per day, then allow 3 weeks before you take the impression. If you are seating a case, use some 1/50,000 anesthetic around the tissue and pack a cord to gently move the tissue away from the margins. Wait 5 to 10 minutes, rinse the area and evaluate if it is dry. If dry, then I will load the crown with cement and just prior to seating the crown the assistant will remove the cord and I immediately seat the crown. Tack cure the margins (3 second) and start to clean up the excess facial and lingual. If packing the cord will not stop the bleeding then consider the fact that your temporary most likely did not fit very well. In this case refine your temporary margins, Rx with perio guard and see the patient in 2 weeks.

Dr. Steven Barrett, Partner & Clinical Director.



YOUR TEAM'S HIDDEN TALENTS

by Nick Azzara

A recent Dale Carnegie study states, 71% of employees are not fully engaged at work, and even worse, 26% are actively disengaged. DC suggests that leadership could improve staff engagement and office achievement by uncovering, inspiring and utilizing individual's unique talents. An ongoing Doctor focus within GDA is to create office environments where staff are actively engaged. This belief also resonates throughout the teams that support GDA, including our supply resource Advanced Dental Materials. Paul Sangiorgio is one of the talented people at ADM. At the Florida Dental Convention, June 2017, Paul helped Drs. Greenberg and Morgan welcome guests at the GDA booth. Paul's unique 10-minute portrait art helped highlight our unique and personal business model here in Florida. Paul is an integral part of the creative team that produces our art work, forms, signage and displays that keeps us engaged with patients and make us all look great!



Nick Azzara, DNS Consulting Inc., Lab and Clinical Consultant to Greenberg Dental

The Structure To Perform. The Team To Help. Let Us Help You Exceed Your Expectations.

We welcome your feedback or any questions!

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