

The Perspective

Look at our Dentists

FEATURED CASE: Dr. Steve Barrett

The patient presented to the office with a chief complaint of replacing old PFM crowns on #8 and #9. After a complete exam and necessary radiographs, the patient and I discussed what her expected outcome was from the dental treatment. As a result of that conversation, a chair side composite mock-up was done (#6 -#11). A mock-up is done by placing composite over the patients existing teeth, crowns and gums. This is a non-invasive step done at no charge. The mock-up is a vital tool, allowing both the dentist and the patient to visualize the final case. Before and after photos were taken of the mock-up and reviewed with the patient. The treatment plan fees were reviewed and our in-house payment plan was presented. Once the patient accepted treatment, the photographs and a study model of the mock-up were sent to the periodontist for use during the surgery phase of treatment. (See *Perio Perspective*). The patient returned eight weeks after the crown lengthening for impressions; a custom temporary was ordered. Ten days later the tooth preparation, final impression and seating of the temporary was completed. Three weeks following the preparation appointment, the final case of six e. max crowns were bonded into place. The final photographs were taken two weeks later. 📍

Restorative Dentistry by Dr. Steven Barrett, Partner & Clinical Director. Periodontal surgery performed by Dr. Bahareh Sabzehei.



BEFORE



BEFORE



CHAIR SIDE COMPOSITE MOCK-UP



AFTER CROWN LENGTHENING



BIO TEMPS IN PLACE



AFTER

FROM THE LAB BENCH

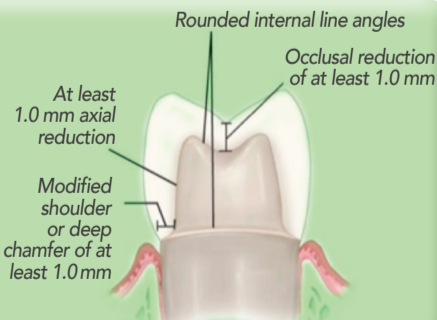
by Nick Azzara

Metal-free restorations in the US increased from 48% in 2011, to 61% in 2015 according to research distributed by the National Dental Lab Association. With ongoing developments in ceramics products such as e. max, as well as adhesives, this trend should continue. Now, after 10+ years of e. max clinical experience, Ivoclar feels justified reducing minimum occlusal preparation thickness from 1.5mm to 1mm for bonded restorations. Dr. Steven Barrett (Partner-Clinical Director-Greenberg Dental) and I visited the Ivoclar US Headquarters recently, where research supporting this change and other system upgrades were presented. Although more conservative preparation is appealing, Dr. Barrett cautions against providing the lab with the minimal requirements and still suggest to periodically check occlusal thicknesses with bite tabs. 📍



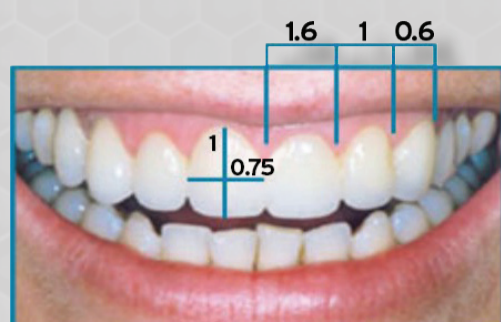
NEW PREPARATION GUIDELINES

Given the high flexural strength and fracture toughness data along with the history of clinical success with IPS e.max restorations, Ivoclar Vivadent now recommends preparations of at least 1.0mm for adhesively cemented full-contour restorations.



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

Insights From Some of Our In-House Specialty Support



PERIO PERSPECTIVE

by Dr. Victor Yeung

Crown Lengthening in the Aesthetic Zone

One of the many benefits to having in-house specialists is that team consultation can begin early on in case planning process and continue through to the finalization of the case. Following the General Dentist's specific instructions, the aesthetic crown lengthening was performed first by scalloping contoured incisions with a15-c scalpel blade. The excess gingiva was removed. Osseous recontouring was performed using rotary instruments to establish crestal bone levels on the facial of the teeth, approximately 3 mm from the CEJ. The new gingival positions were secured with 4-0 chromic sutures. The patient was scheduled back to the GP for case finalization.

Achieving idealized outcomes, as shown in this case are seamless, routine and emotionally rewarding for the patient, doctor and staff when working in an environment that offers in-house comprehensive treatment. 📍

Dr. Victor Yeung, DMD, MS,
Board Certified Periodontist, Partner



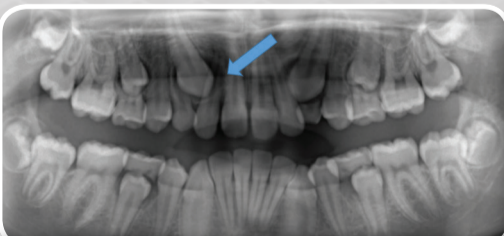
AFTER

ORTHO PERSPECTIVE

by Dr. Ryan Long

Should all adult teeth be in before referring to the Orthodontist?

The American Association of Orthodontists recommends that all children have an Orthodontic check-up no later than age seven. By this time, anterior-posterior and transverse relationships of the bite, as well as functional shifts or cross-bites can be discovered. Issues such as crowding, habits, deep/open bites and injury prone position of incisors are more easily managed when evaluated earlier on. If nothing else, having easy access to an Orthodontic Specialist can ease a parent's peace of mind concerning their child's smile and oral functional health. In the GDA multidisciplinary practice, our patients receive some of the best treatment because it is so easy for us to work together. 📍



Look to refer canines that overlap lateral roots. In these instances the probability of impaction increases.

Dr. Ryan Long, Orthodontic Partner and member of the American Association of Orthodontists.

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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