

DOCTOR *of* DENTISTRY

A BUSINESS AND LIFESTYLE MAGAZINE FOR DENTISTS

Special Feature
Dr. Al Manesh

Feature
**How to Add Technology
to the Dental Practice**

A man with dark hair, wearing a dark pinstriped suit jacket, a white shirt, and a red tie, stands in front of a city skyline. The background shows several tall buildings under a clear blue sky. The man is looking directly at the camera with a neutral expression.

Dr. Alex Parsi
High-Tech Downtown Endodontics



310.441.1581
www.BandGPhotography.com

B&G
 PHOTOGRAPHY

RESTORATIONS WORTH SMILING ABOUT



“E.D. creates the most beautiful invisible removable restoration you have ever seen.”

Terence Lou,
 DDS FICOL FAACP
 Bio Aesthetic Dental Implant Solutions /
 Dental Implant Training & Research Center



Dagan
 INCORPORATED
 E. D. DENTAL LABORATORY

6650 Reseda Blvd Ste 105 | Reseda, CA, 91335 | Phone: 818-345-2314 • 800-398-3424

add some
punch
 to your ad

augustine wojogbe
 graphic design services
augustine@wojostudio.com
 323.382.1972

contents

VOL. 3, NO. 9

SEPTEMBER 2007

2
Local Dental Society Calendar

3
My Current Assignment — Or Why I Do Not Have Office Hours in Northridge

3
Holistic Dental Association Conference

4 COVER STORY
DR. ALEX PARSI

Dr. Alex Parsi explains why he recently opened a state-of-the-art endodontic office in downtown Los Angeles.

10 FEATURE
HOW TO ADD TECHNOLOGY TO THE DENTAL PRACTICE

A review of how and when to buy the latest and greatest equipment to update your practice.

13
TDS/U-Best Provides New Services to Dentists, Labs

13
Ardent Dental Lab Schedules Workshops

14 SPECIAL FEATURE
DR. AL MANESH

Dr. Al Manesh relies on high-tech tools and technology at his periodontics office in Mission Viejo.

DEPARTMENTS

2 from the publisher

20 news



ON THE Cover
Dr. Alex Parsi

PHOTO BY NATE BERGGREN/8&G PHOTOGRAPHY



DOCTOR of DENTISTRY
A BUSINESS AND LIFESTYLE MAGAZINE FOR DENTISTS

LOS ANGELES EDITION

Publisher: Scott Smith

President/CEO: Jim Martin **Chief Financial Officer:** Rob Pearson **Editor-in-Chief:** Liz Meszaros **Marketing Director:** Andrea Hood **Marketing Specialist:** Kristine Aldrin **Director of Publisher Development:** Howard LaGraffe **Recruiting Specialists:** Teri Burke, Jennifer Young, Megan McCabe **Manager of Sales Administration:** Cindy Maestas **Creative Services Director:** Tyler Hardekopf **Production Director/Managing Editor:** Keli Quinn **Creative Services:** Josh Bergmann, Rob Bonilla, Bogar Castro Felix, Gerry Dunlap, Breanna Fellows, Joanna Galuszka, Kristen Gantler, Amelia Gates, Brenda Holzworth, Tess Kane, Tanna Kempe, Lana May, Ryan Mills, Jodi Nielsen **Controller:** Cal Kaluzny **Financial Services:** Allison Jeffrey, James Kinsella, Sharon Lardeo, Gabriela Rayas-Baker, Christian Williams, Cheng Wan Zheng **Circulation Director:** Holly Carnahan **Circulation Manager:** Beth Lalim **Manager of Human Resources:** Carrie Hildreth **Manager of Information Technology:** Eric Hibbs **Printed by Sunshine Media Printing** William H. Hibbs, General Manager



Doctor of Dentistry is published by **Sunshine Media, Inc.**, 8283 N. Hayden Rd., Ste 220, Scottsdale, AZ 85258
Phone (480) 522-2900 | sunshinemedia.com

Subscription rates: \$36.00 per year; \$62.00 two years; \$3.50 single copy.

SUNSHINE MEDIA Advertising rates on request. Bulk third class mail paid in Tucson, AZ.

Although every precaution is taken to ensure accuracy of published materials, Doctor of Dentistry cannot be held responsible for opinions expressed or facts supplied by its authors. Copyright 2007, Sunshine Media, Inc. All rights reserved. Reproduction in whole or in part without written permission is prohibited.

Postmaster: Please send notices on Form 3579 to P.O. Box 27427, Tucson, AZ 85726



Printed on
Recycled Paper

02-216

CAN YOU LEARN FROM YOUNG DOCTORS?

Last summer, just after we announced we would be going from bimonthly to monthly starting in January 2007, I asked a young, tech-savvy endodontist, Dr. Alex Parsi, to write an article about the revolution microscopes are making in dentistry. I was impressed with the result, which we published in the November-December 2006 issue.

As it happened, Dr. Parsi was about to open a state-of-the-art office downtown, which is clearly a very underserved dental market. I thought that getting out of our West L.A. ghetto (where half of our profiles have been) would be useful to many readers who have offices or are thinking about practicing in areas where growth potential is greater (hence, our featuring Dr. Bergh of Glendale and Dr. Stella of Long Beach last issue, and Dr. Manesh of Mission Viejo this time, as well; the next cover story is going to be about Dr. Mark Oseas, a Torrance oral surgeon).

The tendency I have observed is that over time, many dentists lose enthusiasm for the hard work of keeping all of their skills up to date. The profession is very demanding physically and dealing with patients, staff, accounting, competition, rapidly changing technology, regulations and other factors can wear anyone down emotionally. Few dentists come away from CE meetings with something new to actually implement in their practices. It's good to hear from someone who can talk about recent thinking in dental schools (Dr. Parsi graduated from UCLA in 2000 and Albert Einstein 2003), who has some experience for comparison in the real world, and still has the fire in the belly to excel.

I should add that this story decision was made before I had a Board of Advisors, which might have argued against this approach and I take final responsibility for the contents of every issue. If you disagree with anything we write about, you can, of course, write a letter for publication (even anonymously). Some of you seem to feel we should only profile Nobel Prize winners, but the issue should be: can we learn something from this person, no matter their age, area of practice, fame or even whether they have their entire act perfectly together.

If you know someone who is an outstanding practitioner in some way, we welcome recommendations with some specifics about why you feel their approach to succeeding in 21st century dentistry should be written up.

'Til next month,

Scott S. Smith
Publisher



Scott Smith
Publisher and
Editor

Assistant Editors: Sandra Wells,
Debbie Sklar
Photographer: Nate Berggren/B&G
Photography
Graphic Artist: Augustine Dei Wojogbe/
Wojo Studio
Contributing Writers: Travis Anderson, Tom
Gotzy, Liz Meszaros, Debbie Sklar
Board of Advisors: Dr. Igal Elyassi,
Dr. Sonia Molina, Dr. Saeid Razi, Berta Van
Der Geugten, Dr. Frank Vidjak, Dr. Fanny
Yacaman, Dr. Ting-Wey Yen

For advertising rates and special feature
reprint prices or to submit letters, press
releases or articles:
(310) 659-3567 or
cell (310) 254-4051
ssmith@doctorofdentistry.com

or write to:
Doctor of Dentistry - Los Angeles
964 N. Larrabee Street, Suite 107
West Hollywood, CA 90069
www.doctorofdentistry.com

Local Dental Society Calendar

Following are some of the CE meetings in
Central and South LA County during the last
four months of 2007:

Alpha Omega of Greater Los Angeles

www.aoregister.com (310) 837-9734
6:15 p.m. at Sinai Temple, West LA
Sept. 26 - CDA-sponsored First Smiles pediatric
lecture
Nov. 14 - Endodontics

Harbor Dental Society

(562) 595-6303
1-4:45 p.m. and 7-9 p.m. at The Centre at
Sycamore Plaza, Lakewood
Sept. 11 - New Trends in Aesthetic Restorations
(Dr. Marc Geissberger)
Oct. 9 - Digital Radiography (Dr. Thomas Schiff)

Nov. 13 - HDS Symposium
Dec. 4 - CA Dental Practice Act, Holiday Party

Indian Dental Association of California

(877) 767-8237
At the Sheraton Cerritos Hotel, Cerritos
Oct. 14 - Endodontics
Dec. 2 - Infection Control and Dental Practice
Act

Iranian American Dental Association

www.irada.org (310) 202-8181
The Olympic Collection, West LA
Call for programs

Los Angeles Dental Society

www.ladental.com (213) 380-7669
5:30 p.m. at Maggiano's, The Grove at

Fairfax/3rd St.
Call for programs

Punjabi Dental Society

www.pdsociety.com (866) 422-5573
9 a.m.-5 p.m. at Embassy Suites, 900 E. Birch
St., Brea
Sept. 23 - Periodontal Procedures for GPs (Dr.
Harinder Sandhu)
Nov. 18 - Endodontics (Dr. Martin Trope)

Western Los Angeles Dental Society

(310) 349-2199
Radisson Hotel West LA
Sept. 18 - Sports Dentistry, Oral-Facial Injury
(Dr. Ray Padilla)
Oct. 23 - Restorations (Dr. Christopher
Marchack)
Nov. 13 - Endodontics (Dr. Brad Seló)

My Current Assignment — Or Why I Do Not Have Office Hours in Northridge

By Robert G. Hale, D.D.S., Lieutenant Colonel, Army Dental Corps

I am currently working at Brooke Army Medical Center in San Antonio, TX, which is the largest medical training center in the Army. The medical center is home to the Armed Forces Institute of Surgical Research, the National Burn Center and the one-of-a-kind Center for the Intrepid. As everyone knows, the war has resulted in many injured soldiers. Every day my hours are filled with teaching opportunities and learning experiences for me and the eight residents I help train. For a surgeon, no opportunity to learn or teach can be better.

As you would expect, dentistry at Brooke Army Medical Center is well represented; it is absolutely state of the art, and beyond. Every resource is available. No expense is spared.

No effort is avoided. Timetables for reconstruction are dictated solely by biology, not by any third-party concerns. Without going into specifics, craniofacial/dental implants, microvascular transfer of tissue, hyperbaric oxygen therapy, as well as all the traditional maxillofacial techniques of osteotomies, grafting and flaps are making a tremendous difference in patients whose injuries challenge every dimension of medicine and dentistry. Speaking from a private citizen's point of view, I am very proud of the care our wounded soldiers are receiving.

Beyond actual treatment of soldiers, probably half of my time is spent training military oral and maxillofacial residents. I recently went to Walter Reed Army Medical

Center to swap some of our experiences and lecture to their residents. The training these military residents get is top notch. One of our recent graduates will soon be deployed to Afghanistan, to the same field hospital I was in just over a year ago. Knowing what he and other graduates will be facing overseas gives me great motivation to teach them everything I know, and everything I wish I had known when I was overseas.

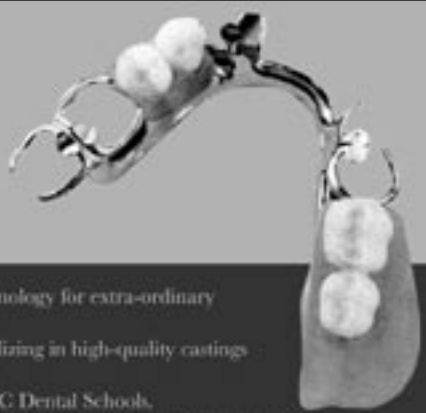
As in previous conflicts, the current war is challenging the surgical arts to come up with innovations to treat the wounded, both at the battlefield and when they come home. Dentistry is one of those surgical arts. I am not sure I can make a difference, but I am compelled to make the effort. ■

Holistic Dental Association Conference

The Holistic Dental Association will be holding its annual conference, the 2007 Diagnostic Summit, in Las Vegas, Oct. 18-20, at the Tuscany Suites and Casino (conference room rates \$109/night). There is a deep discount if you register before September 1. Speakers will discuss how to incorporate in-demand holistic therapies and alternatives into the practice, CE credits are available, there will be exhibitors and great opportunities for networking. Among the classes will be ozone-oxygen therapy, using oral and physical diagnosis to create functional medicine based on the underlying mechanisms of disease, testing for metabolic dysfunction, free radical therapy, how to practice safe dentistry and insight into how dental boards operate.

For more information or to register, call (619) 923-3120 or visit www.holisticdental.org. ■

Extraordinary
**Quality
and
Service**



- 40 years of blending Craftsmanship with Technology for extra-ordinary high quality work and service.
- We offer a full service dental laboratory, specializing in high-quality castings through the use of state-of-the-art equipment.
- We make Vitallium Frames for UCLA and USC Dental Schools.
- Our product line includes: **Crown & Bridge** - [Gnathology, Perio Splints], Attachments, Cast Metal, Ceramics, Cross Arch Splinting, Dentures, Overdentures, Flexite Partials.
- Free pick-up and delivery service with our own drivers, UPS, US Mail and FedEx.
- Serving the West Side and Greater Los Angeles

HOURS: MON - FRI 7AM - 5PM

**ASSOCIATED DENTAL
LABORATORY, INC.**

1307 WESTWOOD BOULEVARD • LOS ANGELES, CA 90024
TEL: 310-478-9875 FAX: 310-478-9865
WWW.ASSOCIATEDDENTALLAB.COM

Dr. Alex Parsi

High-Tech Downtown Endodontics

By Debbie L. Sklar

Alex Parsi, D.D.S., is known as not only an excellent endodontic surgeon, but also as a forward-thinking maverick. That's why he recently opened a state-of-the-art endodontic office in a surprising place: downtown Los Angeles. He notes that the area has been traditionally void of endodontists and underserved by dentists in general. He feels this, his move there, is part of a new trend for Los Angeles dentistry.

The 36-year-old Dr. Parsi, who is recognized by his colleagues for his surgical skills, has designed and created an office that could easily rival some of the very best luxury spas within the Golden Triangle of Beverly Hills.

"I've never had any formal training in design, it is just something that I love and I put a lot of effort and expense into creating an upscale, unique and relaxing environment for patients," he said.

From its open and airy ambiance to its three full operatories, plush leather furnishings, light-mocha-colored stone floors, floating sink and state-of-the-art dental equipment, Dr. Parsi's 1,100-square-foot office has a Zen-like quality that is hard to find among dental offices.

Located on the 11th floor of a high-rise on Wilshire Boulevard,

the office has a prime view of the Staples Center and is smack in the middle of an area that has been undergoing an unprecedented renaissance in the last few years.

"I'm the only endodontic office in downtown," he said. "I wanted to create something unique, unlike any other office."

And that is exactly what this young, urban, hip endodontist has created — a soothing, comfortable dental office that is very high tech and anything but the predictable sterile environment.

"The patients love it because they feel at ease here, it is almost as if they were in their own home," he said. "It is that comfortable and that high end."

Calling the downtown location his "home away from home" since January, Dr. Parsi has already attracted many new, as well as returning patients, who cannot seem to say enough about his office, or about his great chair-side manner.

"I would say that about 95% of my patients are via word of mouth and by referrals," he said. "Patients only refer their friends and family to you if they are absolutely confident in your abilities. Referring doctors are driven by the same axiom.



PHOTO BY NATE BERGGREN/B&G PHOTOGRAPHY



PHOTO BY NATE BERGGREN/B&G PHOTOGRAPHY

“There is a lot of handholding in my office,” he said. “I want patients to feel that they are thoroughly involved in their treatment and are able to see and appreciate everything that is going on. It is important for me to educate them and to let them know that they are safe. I think for too long, the world of endodontics has been a big mystery to patients, conjuring images of unendurable pain. Things have come a long way and patients are now cognizant of our numerous advances.”

EARLY CAREER

Born in Iran, Dr. Parsi immigrated to the United States with his father, a merchant, and his mother, a homemaker, when he was just 7 years old. Dr. Parsi, the youngest of three sons, traveled the world with his family, staying in such places as Italy and Israel before landing in America. The first place the Parsi family called home was Boston, prior to setting down permanent roots in Los Angeles.

“I always knew that I was going to go into the medical field,” Dr. Parsi

reminisced. “I had a great appreciation for science and every aspect of it. Dentistry struck me because it was such an aesthetic field and therefore you could make the greatest impact in people’s lives.”

Dr. Parsi attended the UCLA School of Dentistry, followed by a one-year hospital-based residency at Cedars-Sinai Medical Center. He later completed two years of endodontic training at Albert Einstein Medical Center in Philadelphia, studying with one of the founders of endodontics, Dr. I.B. Bender.

“Once I got into dental school, I was so enthralled with the ability to save teeth that I furthered my training with my postdoctoral certificate in endodontics in the city where it all began, Philadelphia,” he said. “The plan was to always come back to California, though; I didn’t want to be anywhere else.”

When he returned to the Golden State at the end of 2003, Dr. Parsi worked at a few dental practices until he found the right opportunity to go it alone in 2006.

“Los Angeles is so saturated with endodontists, it is really hard not to step on anyone’s toes. And people are so adversarial nowadays so when I saw the potential in downtown Los Angeles, I knew I wanted to plant my roots.

“With the vast changes that the downtown area was undergoing and the relative absence of good endodontic care, I decided to do some demographic studies,” he recalled. “I discovered that there were no endodontic offices in the downtown area. I thought with the revitalization and resurgence that is continuing in downtown, that it would be the perfect move for me.”

So far, it has been more than a good move for Dr. Parsi.

Key Luxuries and Technologies in Dr. Parsi’s Office

- Endo Technic Master Files
- Obtura Spartan endodontic carts
- Progeny Radiographic tube heads
- Pelton & Crane chairs from Sullivan Schein
- Welch Allen automatic electronic defibrillators (AED)
- European Design cabinets
- Zeiss microscope



CUTTING-EDGE ENDO

Nowadays, it is Dr. Parsi's main objective to help his patients try to save their teeth before they are condemned to extraction.

"Today, the trend is to extract teeth and put in implants, and I feel this revisits the 'Era of Extractionism,' and I'm not a big believer in that," Dr. Parsi continued. "I'm not offering traditional endodontics; I am trained to perform apicoectomies, root amputations, hemisections, sinus lifts, extractions, bone augmentations, etc. . . . in order to provide the greatest service to my referring doctors and also my patients.

"I do everything in my power to save my patients' teeth," he said. "My primary role as an endodontist is to save teeth." Dr. Parsi admits that if a tooth is treated by an experienced practitioner with a microscope, it is 90 to 96% successful; retreatments fall slightly below that because there is a completely new spectrum of bacteria that have been introduced since the original treatment. "This is in line with most of the implant success literature, yet implant failure literature is not as long term and/or standardized."

It is no wonder that with the restorative and surgical background

that Dr. Parsi possesses, that he is very well qualified to assess endodontic prognosis, judge restorability of compromised teeth and treat complex surgical cases.

"I almost always augment my apicoectomies with autogenous or allograft bone, and I predominantly use MTA fill, a mineral trioxide cement, in the final stages of tooth rescue," he said. "With the type of practice that I have, nothing is left to convention or historical and/or obsolete methods of practice. My practice philosophy is determined solely on the literature; meaning that treatment is not based upon current or past treatment modalities, but determined by evidenced-based research that I have read, comprehended and incorporated into my practice."

It is obvious that speaking with Dr. Parsi that he is not only driven to be the best in his field, but is also someone who does not plan to stagnate in the perpetually changing dental field.

"It is extremely important that practitioners don't treat patients the same way they did 10 years ago, or even a year ago. The field is changing every day as more and more research is published. It is imperative that each practitioner change and base their treatment on the latest research. This is evidenced-based dentistry."

In other words, unlike practitioners who still embrace the obsolete and fallacious concepts/modalities of the past, Dr. Parsi is on the cutting edge.

Dr. Parsi is on the cutting edge.

"I know some practitioners who still place amalgam in root tips," he said. "In my opinion, with the materials that exist in our armamentarium today, using amalgam is an inferior form of practice. Not to mention that placing a mercury-containing compound next to bone, at a site of relative great perfusion, could potentially expose the patient to undesirable risks. Plenty of evidenced-based research has compared amalgam to newer materials and has found it lacking."

THE BEST TECHNOLOGY

"Building and designing a new office from the ground up has its advantages. I have created an arena where one can practice the state of the art in dentistry, especially endodontics," he says enthusiastically as he changes gears from philosophy to technology. Among the myriad of improvements, the office boasts Zeiss microscopes, Suni Digital Radiography, digital video/picture capture, Obtura Spartan endodontic delivery systems, European Design rear delivery cabinets and automated sterilization rooms, and Pelton & Crane ergonomic

memory foam chairs.

“Having the right team was crucial to realizing my vision. Henry Schein was a big component of incorporating all the top-of-the-line dental equipment that I wanted to have in my office. They brought everything together, integrating design with innovation.”

Dr. Parsi’s office boasts the most recent innovations in the entertainment arena as well. “Patients get a kick when I can totally immerse them in a virtual environment,” he says confidently. “I can let my patients watch DVD movies and even their own treatment if they wish using my virtual reality LCD glasses.” Dr. Parsi’s practice also boasts MP3 players with a vast music library. “It is common for patients to walk in with their own music but for those patients who want to zone out the noises involved with treatment, we offer music for their comfort.”

Dr. Parsi is so deeply committed to patient care it permeates all aspects of his office design. “I even use dual monitors, one that is rear delivery for myself and one on the wall across from the patient for consultations and explanation of treatment whether it is digital radiography or video,” he said. “There is nothing more rewarding than educating a patient about the treatment they are going to undergo. It builds a great deal of trust and respect.

“What digital technology has done for endodontics is demystify the field.”

More specifically, Dr. Parsi said the Zeiss microscope allows him to view things extremely clearly, through focused illumination and high magnification. “The Zeiss provides me with exceptional xenon illumination, video recording, documentation and playback capabilities. It is indispensable.”

“And today, having complete treatment records is not only necessary, but imperative,” he reported in an article he recently authored for *Doctor of Dentistry* Los Angeles.

Dr. Parsi attributes most of the recent successes that he and other endodontists have experienced to microscopy. “The bottom line is, if you can see what you are doing, you can treat it and that is what microscopy offers us.” He went on to praise Zeiss’ superior optics and the versatility of the five steps of magnification.

As for digital technology, the obvious advantages are paperless records, abandoning chemicals involved with conventional film development, improved patient understanding/involvement in treatment and patient comfort during treatment. “I am a big fan of digital, specifically Suni digital, they have the thinnest sensor on the market, which only means increased patient comfort.

“I am also able to discuss the need for present and future treatments, enhance patient understanding and acceptance of treatments, as well as give them an idea of their prognosis, much more coherently than ever before,” he said of digital radiography.

Speaking with Dr. Parsi, it is evident that he has not only embraced the cutting edge in the diagnostic and imaging arena, but has also embraced innovative treatment modalities. For example, he is an advocate of multiple instrumentation systems (MIS) technique for thorough debridement and disinfection of the root canal system.

“I use five different rotary instrumentation systems, two reciprocating systems and ultrasonic instrumentation,” he said. “I also use three different methods for filling teeth and four materials for obturation.

“Practitioners, in general, have the ‘run-with-the-herd mindset.’ They are trained on one file system and tend to embrace it unconditionally for all canal types,” Dr. Parsi said. “It is a one-size-fits-all mentality in terms of usage of files systems.

“The problem arises when all root canal types are treated similarly with one instrument system that is pushed to failure and/or fracture. Therefore, it is important for all practitioner to distinguish that certain files and filling systems confer specific and unique properties that make them ideal for certain cases.

“For example, one of the systems that I use is the Canal Finder System with the Endo Technic handpiece. It is a vertically reciprocating instrumentation system with non-end-cutting Master Files, which are similar to Hedstroms. It is unique and extremely helpful in several clinical situations where other files systems would be inefficient and dangerous.”

Consistent with his practice philosophy of “patients first,” Dr. Parsi



PHOTO BY NATE BERGGREN/B&G PHOTOGRAPHY

has equipped his office with Obtura Spartan endodontic carts that offer an internal irrigation system. “Oftentimes, practitioners use LA city water, introducing new spectra of bacteria into root canal system that may be present in the water and conducting pipes,” he said. “Besides using steam sterilized filtered water as my primary irrigant, I use two concentrations of chlorohexidine gluconate as well as MTAD.

“The Obtura Spartan cart is extremely comprehensive and permits me to treat my patients efficiently, providing everything I need at my fingers’ tips.”

A TIME OF CHANGE IN ENDODONTICS

“Dentistry is going through a change, a paradigm shift,” he says pensively.

“The trend in dentistry today is more and more toward extraction without initial attempts at crown lengthening or orthodontic extrusion. Even patients with moderate periodontitis are persuaded toward implants rather than keeping and maintaining their teeth,” he said. “Practitioners are also abandoning teeth with greater than a 50/50 crown to root ratio.

“Dental practitioners, as patient advocates or coaches, if you will, should strive to do what is right and counsel patients on the value of maintaining their own teeth.

“As more practitioners get more and more educated about implantology, we should never lose sight of the fact that we are the true gatekeepers of our profession and that patients place their trust in us for unbiased, objective views in the retention of their teeth. We should never lose that trust.”

Dr. Parsi explains that some endodontists are now placing implants,

both single tooth and quadrant cases. “If endodontists are involved in the early treatment planning stages of compromised teeth, they can help the general practitioner to evaluate, coordinate and even perform non-endodontic treatment of hopeless and/or fractured teeth.”

Dr. Parsi informs me that 80% of root canal treatments in the United States are performed by general practitioners, while only 20% are performed by endodontists, a number that at first glance seems reversed or at least odd given that they are the root canal specialists.

“Since most general practitioners are doing the majority of root canal procedures, endodontists are now predominantly left to see the more complex retreatment cases. As a result, the endodontist is uniquely positioned to evaluate retreatment prognosis and decision tree and perform implant placement,” Dr. Parsi said.

“The patient is the ultimate benefactor as they now have a number of different practitioners available to them for uninterrupted and convenient service.

“But the focus of endodontics, in my opinion, will always remain with the diagnosis, treatment and **preservation** of the natural tooth structure,” Dr. Parsi explains.

“Our role as dental professionals has always been and will always be to save teeth.” ■

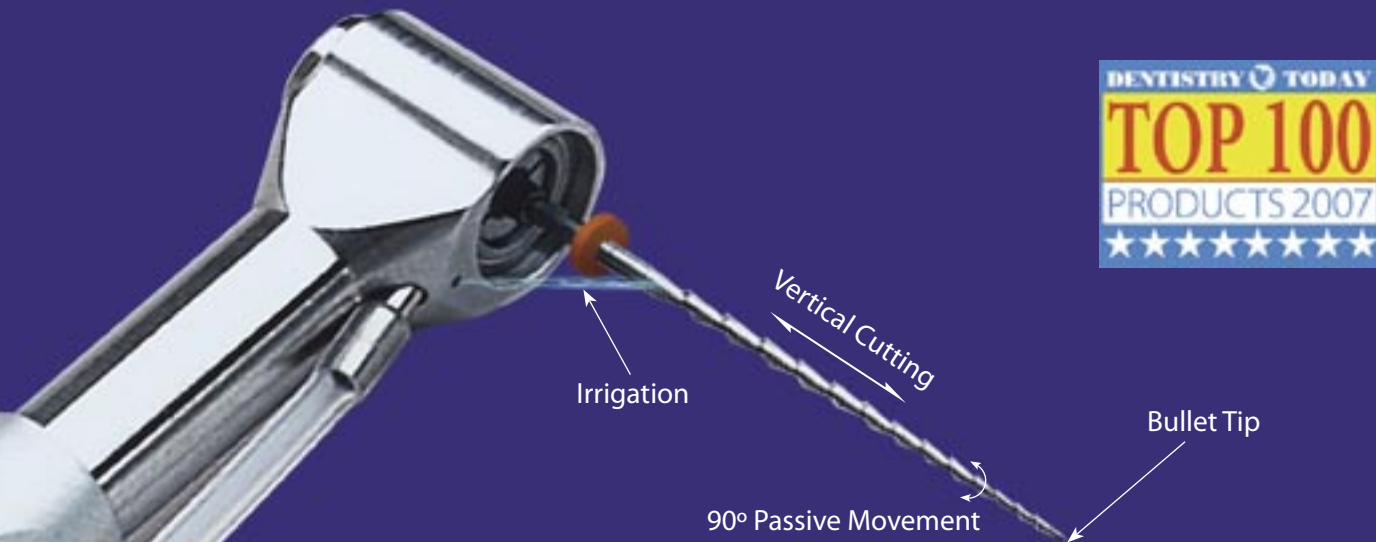
*Alex A. Parsi, D.D.S.
Downtown Endodontic Specialists
1127 Wilshire Blvd., Suite 1111
Los Angeles, CA 90017
www.losangelesendodontics.com
doctorendo@gmail.com*



PHOTO BY NATE BERGGREN/B&G PHOTOGRAPHY

“TORQUED OFF” WITH ROTARY FILES??

Go vertical and stop the stress!



The **Canal Finder System™ (CFS)** replicates natural hand movement with **Vertical Reciprocation** while it **irrigates** the canal for patient comfort. **“Torque Stress”** is eliminated! Excessive Hand Filing is a thing of the past.

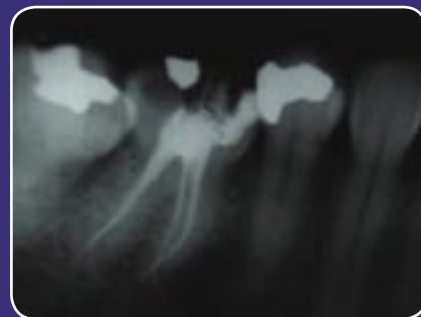
Master Files™ pathfind and enlarge the most difficult canals utilizing patented **stainless steel Hedstrom design**.

Just try and break them!! Ovoids, fins & tapers are

No Problem for the **CFS, Master Files and Vertical Reciprocation!**

1-2-3 Endo (The HYBRID Approach)

1. Use **CFS** or one hand file to working length.
2. Enlarge and irrigate canal with **CFS & Master Files** to desired size.
3. Finish shape with the **CFS** or one rotary file (using your rotary handpiece). Obturate!



ENDO
TECHNIC

877-477-8899
619-286-8899
www.ENDOTECHNIC.com

How to Add Technology to the Dental Practice

By Lorne Lavine, D.M.D.

If you talk to a number of older dentists, they will speak about the 1960s and 1970s as the “Golden Age of Dentistry.” It was a time of great discovery, formation of new specialties, new materials and techniques and enough demand to keep everyone busy. If this truly was the “Golden Age,” then dentistry has been experiencing a Renaissance since the mid 1990s.

The phenomenon that has been driving this era is technology. The advent of dental practice management software, intraoral cameras, digital radiography and digital imaging has completely changed the look and feel of the dental office. When it is used correctly, technology can allow any office to be more productive, increase case acceptance, reduce tedious paperwork and attract more patients to the practice.



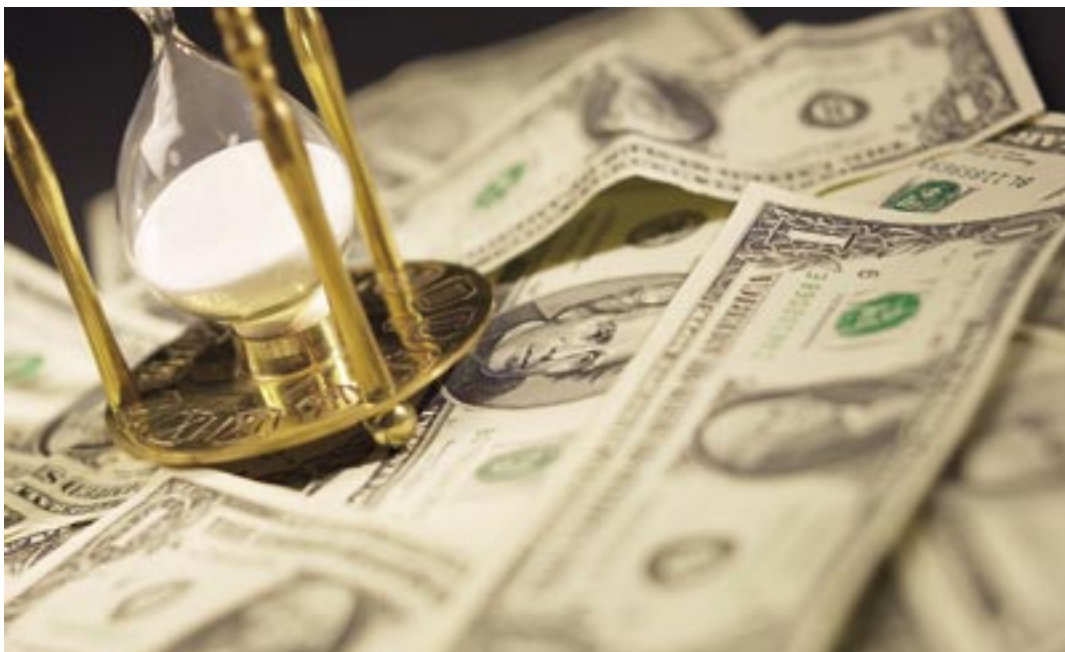
Technology has become an important component of the modern dental practice. New advances have allowed the practitioner to become more efficient and productive.

One of the main problems in dentistry, however, is the lack of an accepted standard for these technology systems. A data file from one practice management program is not compatible with another program. Manufacturers of digital radiography systems and intraoral cameras require proprietary software and hardware to run correctly, and many require special “bridges” to integrate with practice management systems. Further complicating the situation is that a few large companies have been purchasing and consolidating a number of these systems, making it difficult for the practitioner to know exactly who will be providing service and support, and whether their systems will even be supported at all!

WHICH TECHNOLOGIES TO PURCHASE

For many dentists, this decision will be the most difficult of all. You can't open a dental journal today without seeing large ads for intraoral cameras, digital radiography systems, digital imaging, image manipulation software, patient education systems and a host of others. One of the advantages that the new practitioner has is that most have been exposed to these systems during their dental training. They are aware of what the systems can do. For the dentist who hasn't yet decided which systems are right for them, the following guidelines may be of some assistance:

1. You **must** have a plan of how this technology will help you. Every office wants to appear to be on the “cutting edge,” but an intraoral camera that spends more time as a coat hanger is not a good investment! Most dentists need to understand how these technologies will directly affect the bottom line. Intraoral cameras, for example, allow the patient to see things that previously were only visible by the dentist. With this visual confirmation, the patient participates in the diagnosis and will be more likely to accept treatment recommendations. So, the doctor who purchases one of these systems to increase case acceptance will most likely benefit the most from it; the doctor who buys a system with no idea how to utilize it will end up making a large mistake.
2. The dentist must also evaluate the practice style to see if these technologies will adapt to that style. For example, a dentist who is uncomfortable with long discussions with patients will not benefit from a device that encourages patient dialogue. If the dentist is uneasy with computers and technology in general, then these systems may not be right for that person.
3. If you are a specialist or plan on limiting the scope of your practice, choose the system that will best help you with that goal. An endodontist will benefit most from a digital X-ray unit; a cosmetic



Although the initial cash outlay for many new dental technologies may seem to be a lot, these technologies, if chosen wisely, will pay for themselves in the long run.

dentist will find great help with an extraoral camera and digital imaging system, etc.

4. Try to get hands-on experience and testimonials from as many sources as you can. Most — if not all — sales representatives will come to your office to demonstrate their systems, but you should take their sales pitches with a grain of salt. Go online to find other users of the systems. Are they happy with their choice? Would they buy it again? How is the service and support? Ask as many questions as you can.
5. Try to find some objective evaluations of these products. Dr. Gordon Christensen's group, Clinical Research Associates (www.cranews.com), reviews these systems on a regular basis, and will often evaluate customer satisfaction with the different systems.

FINANCIAL CONSIDERATIONS

For the dentist who has just graduated with a mountain of debt, there are few sticker shocks worse than pricing these systems. The dentist who goes to a large dental meeting to find a good deal is in for a big surprise! The range of prices can be quite considerable, but here are examples of what a typical, mid-range system might cost:

- Intraoral camera: \$2,000 to \$6,000
- Digital X-ray: \$5,000 to \$15,000
- Extraoral camera: \$1,500
- Imaging software \$1,500+
- Management software \$2,000 to \$7,000

Of course, this does not include the cost of computer hardware, installation, service and support, materials and disposables, etc. For many of these systems, you will end up paying more for maintenance contracts, upgrades and materials than you did on the initial purchase. As you can see, it's not too difficult to equip even a small, two-operatory practice with just cameras and digital X-rays and spend over \$50,000. Again, this leads back to the point made earlier. You must understand that these purchases are investments that will eventually "pay for themselves."

For the new dentist, financing or leasing the equipment may make the most sense and will often be the only viable option. There was a time a few years ago when companies were reluctant to extend credit to a new dentist; this, thankfully, is not the case anymore. As with the technology systems, the rate and fees charged by leasing companies can also vary greatly. You should get quotes from national companies, such as HPSC and Matsco, as well as from local leasing companies.

Another advantage of leasing is that not only can you have low monthly payments, but a decision to structure the lease for a fair-market value buyout will

lower that payment even more. Though owning the equipment at the end of the lease is desirable for many other dental products, you may not want to own three- to five-year-old technology systems when the lease expires. As with most technology, it will change rapidly and many dentists are finding out that the systems they purchased just a few years ago are now outdated and obsolete.

SPACE LIMITATIONS

A typical operatory is 10' x 10' and when you add in the dental chair, cabinetry, suction/air-water unit, sinks, etc., there isn't room for a whole lot more. Further complicating the issue is the fact that the equipment must often be placed in very specific positions. The dentist or assistant must easily reach the keyboards for data entry.

Any computer monitors that are used for co-diagnosis with a patient must be situated so that both the patient and the doctor can easily view the images. The dentist needs to be aware of how the image will be viewed by the patient when determining correct positioning. For example, though a monitor in the upper left hand corner of the treatment room might be an adequate place for the patient who is watching TV or a video, it will not allow the patient to view the level of detail that is needed to co-diagnose dental disease. Though there are numerous ways of dealing with these limitations, three main solutions have been developed:

1. Use of a cart. The typical cart is designed to be an all-in-one solution, holding a computer, monitor, keyboard, mouse, printer and often room for another unit, such as a photo printer for intraoral images. Though supposedly mobile, I know of few dentists who would enjoy wheeling this contraption from one room to another, especially if the computer is tied into an office network.
2. Smaller components. Perhaps the best illustration of this is a flat-panel monitor, which can easily be attached to a wall or the arm of a light stand. There are also smaller keyboards and low-profile computers that will help reduce the amount of space that is needed.

3. **Wireless computing.** New wireless input devices, such as wireless mice, keyboards and foot pedals, can not only allow more freedom for positioning the equipment, they will also prevent the unsightly clutter of wires and cables that often accompany these complex systems.

NETWORKING COMPUTERS

There was a time, not too long ago, when the idea of placing a computer in the operatory was almost unheard of. Thankfully, computers in treatment rooms are becoming more and more common. Many dentists have come to realize the advantages of having a computer in the operatory to perform basic functions, such as scheduling, treatment plans and billing. As with many offices, the instructions you give to your assistant for scheduling the next visit with the patient are not always relayed correctly to your receptionist. These errors would not occur if patients were scheduled while they were still in the chair.

In order to function properly, though, the computers in the office must be networked together. There are many advantages to this. A networked computer can have access to all the data from the front office computer, so it can run the practice management program. If the computers are all networked together, then intraoral/X-ray images on one computer will be available to any person on any other computer, allowing the doctor more flexibility in using multiple treatment rooms. Networking will allow you to back up information from one system to another, so that even if one computer goes down, the network will still be able to func-



Unlike any other profession, dentists are constantly dealing with the battle between the need for more equipment in their workspace and the fact that this space is small.

tion properly. Finally, with the importance of online data, networking will allow you to have Internet access from every computer in the office, even if you only have one modem or broadband connection.

For the doctor who is building a new office, wiring the rooms for the network before the walls are poured makes the most sense; for most offices, this is not an option. Some considerations that need to be made are the type of wiring and setup of the computers. Though these networks can be easy to set up, I would highly recommend that the doctor use an installer who understands networks and knows how to troubleshoot problems.

PUTTING IT ALL TOGETHER

Perhaps the biggest challenge that the dentist faces is how to integrate all the components successfully. There is nothing wrong with adding technology components to the office one at a time; budgetary limitations might dictate what you can add and how quickly you can add it.

For the office that is simply adding a new technology, such as digital X-rays, to its new computer system, this choice is a bit easier; typically, the office would simply need to determine which X-ray systems are compatible with its practice management software, and leave it up to the vendor to install and train the staff on the new technology. In many cases, though, this process is quite a bit more complex, involving the need for new computer hardware, networking of multiple systems, transferring/conversion of data and integration. For this, dentists should work with an integrator who has experience with dental offices. They should understand the space limitations that affect purchases, have experience and thorough knowledge in computer repair and networking, and be familiar with the dynamics of a dental practice.

A technology consultant can assist the dentist in upgrading their software, data conversion, choosing hardware, negotiating prices for systems and compatibility issues. For the office that is adding multiple technology systems concurrently, a systems integrator is almost a necessity. The systems integrator can assist the dentist in planning proper locations of the equipment, work with local electricians for installation of cables and wires, test the equipment before it is installed and act as “quarterback” on installation day to make sure all the vendors and their technical staff are working together.

CONCLUSION

Technology has become an important component of the modern dental practice. New advances have allowed the practitioner to become more efficient and productive, and have allowed the patient to become a more active participant in the treatment plan. There is a lack of universal standards for these technologies, requiring a significant amount of planning and decisions that need to be made by the dentist. By following some of the guidelines I have mentioned, dentists can make a choice that is best for them and avoid a costly mistake.

Lorne Lavine, D.M.D., is the founder and President of Dental Technology Consultants (www.dtc4u.com), a full-service consulting company that assists dentists in all phases of technology integration. Dr. Lavine previously practiced periodontics and implant dentistry in Vermont, and recently established a Dental Technology Consultants office in Woodland Hills, CA. For more information, contact him at (866) 204-3398. ■

TDS/U-Best Provides New Services to Dentists, Labs

In our January 2007 issue, we profiled TDS/U-Best, the nation's leading precision engineering firm for the dental industry, adding an update in the May issue. Demand for its unique services has grown so fast that less than two years after setting up in a 2,900-square-foot building in Anaheim with a handful of employees, the company will be moving into a 7,000-square-foot state-of-the-art facility the end of October, says President Simon Chen. The number of employees will increase, as will the number of its proprietary precision milling machines and CAD-CAM scanning devices, which can provide cutting-edge technology capabilities.

As Brian Binnie, Vice President of Sales and Marketing, says, TDS/U-Best will be increasing the number of their digital

scanners in the new offices and will work with dental labs and their main dentist customers to increase the speed and accuracy with which substrate units, copings, bridge frameworks and custom-milled implant abutments can be done. "We partner with the labs — we only serve the dentists directly who don't have adequate services from their labs," Binnie explains. Of course, the company will continue to provide premium service for traditional models, for those without access to the scanners, he adds.

Binnie says that working with top materials experts, like Dr. Lee Culp of Sarasota, Dr. Russell Giordano of Boston University and Dr. Lyndon Cooper of the University of North Carolina at Chapel Hill, they are now

perfecting solid titanium implant bars to provide continuity with titanium implants. They are so precisely milled that Dr. Cooper was astonished that he could "just snap it on in and screw it down in 15 minutes."

Another aspect of the new facility is that it will have conference rooms that can be used by study clubs to meet and to set up seminars for visiting experts. These will be equipped with a full range of audiovisual equipment. This will be particularly useful for dentists who want hands-on courses to learn such difficult skills as proper bonding. The rooms will also be available for dental labs to hold meetings in for their customers.

For further information, contact the company at (866) 686-1899 www.ubestdental.com. ■

Ardent Dental Lab Schedules Workshops

Ardent Dental Laboratory, the state-of-the-art lab in Valencia, which we profiled in our February 2007 issue (if you did not see this, ask them for a copy), is continuing the hands-on and interactive seminars in their specially designed auditorium.

September 30 will be an interactive review of treatment planning, preparation design, provisionalization and cementation of porcelain veneers.

October 4 will on implant restorations made easy for general dentists.

October 17 will be about what you did not learn about TMJ in dental school.

October 30 will be a hands-on, over-the-shoulder review of the newest precision endodontics techniques.

For details and directions, as well as later seminars, call (661) 775-8952 or go to www.ardentlab.com. ■



COMPUTER ACCESS CENTER
A Nonprofit Corporation Serving People with Disabilities

Technology with a Heart

**A nonprofit organization
serving children and adults with disabilities**

Providing no cost Assistive Technology solutions and services

✓ Learn how technology can extend abilities for those with physical or cognitive losses	✓ Visit us or visit our web site
✓ Refer someone who may need information or services	✓ Make a donation to keep services available for all who need them. Credit cards accepted

www.cac.org
6234 W. 87th Street Los Angeles, CA 90045 • 310-338-1597



Dr. Al Manesh

High-Tech Periodontics

By Debbie Sklar

CT scans are not just for medical doctors anymore.

Just ask periodontist, Al Manesh, D.M.D., 42, the founder of Mission Dental Implant Center and Periodontal Care in Mission Viejo.

“This is the latest technology in the field, and right now, I am the only periodontist so far in Orange County that is equipped with this state-of-the-art CT scanning machine, called the i-Cat, and SimPlant software to implement computer-guided implant dentistry,” said Dr. Manesh, who recently moved into a brand-new high-rise building called Mission Medical Plaza located next to Mission Hospital in Orange County.

“This technique allows for the 3-D predictable treatment planning of dental implants and offers the possibility to digitally share case stud-

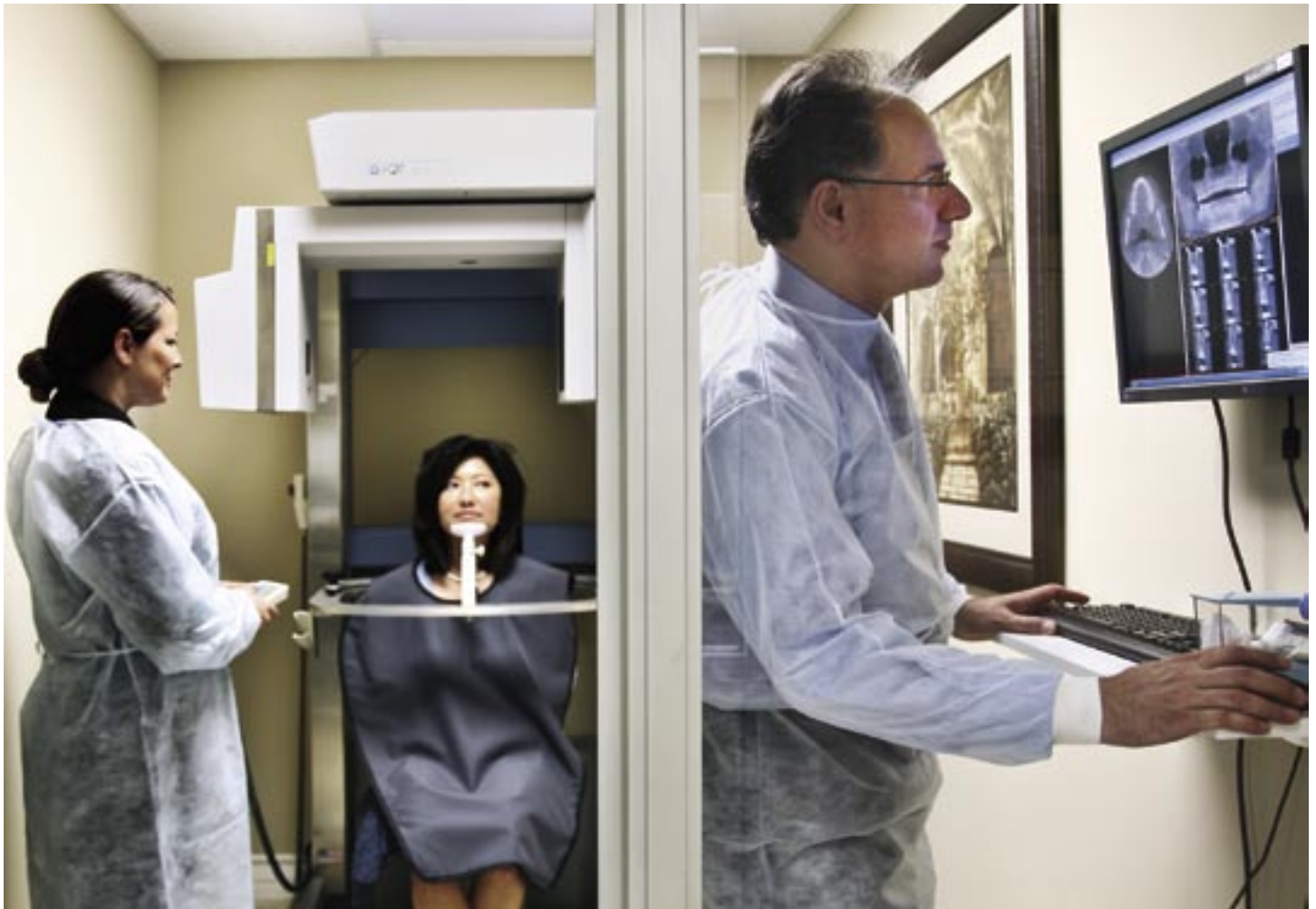
ies with referring clinicians and laboratories. The reason a lot of people aren’t using this technology is because it is expensive — \$200,000 — and not everyone is updated on the latest technologies.”

Dr. Manesh added that with the i-Cat system, on which he was specifically trained, he could gain further understanding of the patients’ anatomy via SimPlant’s interactive software. Bottom line: Implants can be placed and manipulated directly in 3-D.

“I can visualize the implants, abutments, and any simulated nerve and graft volumes,” he said. “The 3-D images become the most powerful communication tool.”

As one can quickly surmise, Dr. Manesh likes to stay ahead of the curve by keeping abreast of all of the cutting-edge techniques in the dental field. He accomplishes this by taking numerous continuing

Dr. Manesh with Kelly Alvarez, RDA, and patient using i-Cat CT scan.





Dr. Manesh's consult room (left) and hygiene room (right).

education classes, offering superb dental treatments and only utilizing the best equipment around today, including i-Cat, A-dec, Centura medical lighting and a built-in nitrous oxide system.

"I believe that it is very important to stay up to date with changing technology because you can perform better implants and grafting," he said. "In addition, by keeping ahead of what's new, you can also accommodate what your patients are asking for, as well as providing them with that perfect Hollywood smile that they seek."

In addition, Dr. Manesh's office performs cosmetic gum surgeries and plastic periodontal surgeries.

Perhaps his mission statement expresses his overall dedication to the field best of all: "To serve our patients with unparalleled excellence demonstrated through the passion and integrity of our service. To serve our team members by providing exceptional working environments, competitive benefit packages, and a philosophy of empowerment and personal accountability that can create the potential for professional growth and fulfillment. Also, to conduct our activities with sound social and ethical values, to better guide our growth objective to be the dental services company that our competitors strive to emulate."

MANESH THE MAN

Dr. Manesh moved to Orange County with his family when he was 17 years old. Once he graduated from high school, the teenager already knew where his career path was headed.

"I always wanted to go into dentistry because as a kid I was fascinated with this field,

and when I would visit my own dentist, I would always ask him a lot of questions about what he was doing. I always enjoyed biology and math, so this was a perfect field for me to major in," he said.

The son of a businessman and a homemaker, Dr. Manesh set out to fulfill his dream, and once he did, he never looked back or regretted his decision. Dr. Manesh has been practicing periodontics and implant dentistry since June 1998 after much schooling.

After attending Cal Poly for his undergrad studies, he then headed to Oregon where he received his dental degree from Oregon Health Sciences University in Portland in 1993.

"I applied to a variety of colleges, but I loved Oregon because it was a beautiful place and I had family there," he recalled.

Then after graduating from dental school, he moved to Brooklyn, NY, where he completed a general practice residency at Lutheran Medical Center from 1993 to 1994.

"It was a program that gave me a well-rounded look at general dentistry," he said. "I wanted to further my career and I was working with specialists in all fields, but quickly decided that I really was interested most in periodontics. Perio appealed to me because it had the scientific aspect of dentistry and at the same time offered the surgical, which I have always been intrigued. I was able to further my specialty during this time."

After one year in Brooklyn, Dr. Manesh decided to hone his inter-

Dr. Manesh in surgery suite.



est even further and applied to several graduate programs at various universities, but chose Louisiana State University.

“I went for an interview at LSU because it was well known to have a good school with an emphasis on surgical perio,” he recalled. “There was also a director there in research and publications, Dr. Yukna, who I studied under. I loved living there for three years. New Orleans is culturally wonderful, as was New York.”

In 1998, after LSU, Dr. Manesh worked for a few months in New Orleans in a perio practice before deciding he would travel abroad, and later marrying, then returned to California in 2001.

“It is very laid back and relaxed in New Orleans,” he said. “But I was ready to return to California.”

When he set roots down in the Golden State once again, Dr. Manesh joined as a periodontal associate with South Coast Dental Specialists in Laguna Niguel, a multispecialty office. He practiced with the group until earlier this year when he opened the Mission Viejo office.

“I always knew that I made the right decision in choosing perio,” he said. “I thoroughly enjoy what I do because it is so incredibly rewarding.”

HIS NEW OFFICE

After choosing to go out on his own and leave the Laguna Niguel practice, his main goal was to create a practice from top to bottom

—literally. After two years, Dr. Manesh’s dream finally came true, once the construction of the new building was completed.

“This is a high-tech, high-end practice,” he said. “For the past six years, I have taken around 300 hours of various continuing education courses in order to become more skilled in dental implants and complicated full-mouth reconstruction cases.”

What’s more, for the past 12 years, he has also retained an appreciation for the need to eliminate the environment conducive to bacterial growth.

“Additionally, I have gained the confidence and clinical skills to diagnose periodontal disease and formulate a treatment plan that would result in oral health and future restorative plans,” he said.

As mentioned, Mission Dental Implant Center and Periodontal Care offers nonsurgical (chemotherapeutic) and surgical periodontal treatment. Pocket reduction surgeries and soft tissue grafts for root coverage in teeth with gingival recession are offered as needed. In addition, regenerative procedures, including bone grafting and guided tissue regeneration, are done in areas of vertical bone loss or furcation involvement.

“Dental implants and associated surgeries such as ridge augmentation (either by onlay bone grafts from chin or distraction osteogenesis) and sinus lifts are offered to patients who need more comprehensive dental work,” he explained. “A combination of cosmetic periodontal

Staff, left to right: Kelly Alvarez, RDA; Dr. Manesh; Jennifer Roberts (treatment center coordinator and officer manager); and Shannon Williams (insurance specialist). Not pictured: Teresa Miller (front desk), Brenda Coli (front office), Andrea Klein (patient relations).





Before: recession on teeth #27 and #28.



After: tissue grafts done to create complete coverage of receded area.

surgeries and implanted assisted reconstruction may be used to enhance aesthetics and function.”

MORE BENEFITS OF I-CAT

Very enthusiastic about the i-CAT, Dr. Manesh reported that another anatomical benefit to the scan is that it can verify bone width.

“On a regular X-ray, you can only see the bone height, which is not even accurate, but that is all you see,” he said. “It is just a two-dimensional visual of the bone and doesn’t show the three-dimensional side of the width, but the CT scan can.”

Dr. Manesh also uses platelet-rich plasma (PRP), which is a non-toxic, nonimmune substance that accelerates healing. It can be used in patients to improve their chance for successful bone and tissue grafting and sinus grafts. PRP is produced from a patient’s own blood in a process called platelet enrichment activation. PRP contains densely concentrated growth factors that accelerate and enhance tissue healing and bone growth in the surgical site, as well as other areas requiring additional bone.

“This increases the healing and speeds it up; the growth factor in the PRP is 20-times higher than the natural wound in the gums. It is also nontoxic, safe and sterile.

“This is the latest technology in science; which is used in all aspects of medicine. When we do a tissue graft or a sinus graft or ridge augmentation, we use the growth factors to decrease the down time and increase the healing,” he stressed.

When there is gum recession, he also uses AlloDerm, a regenerative tissue matrix that gives patients the tissue needed without limitations associated with harvesting the graft material from somewhere else in the mouth.

“This gives us an unlimited source of tissue, and people then avoid a second surgery because to do a tissue graft when you have

recession, the skin has to be taken from that area, but AlloDerm bypasses that.”

AlloDerm was once used in hospitals to solely treat burn victims, but it is now widely used in all areas of medicine, even in plastic surgery today.

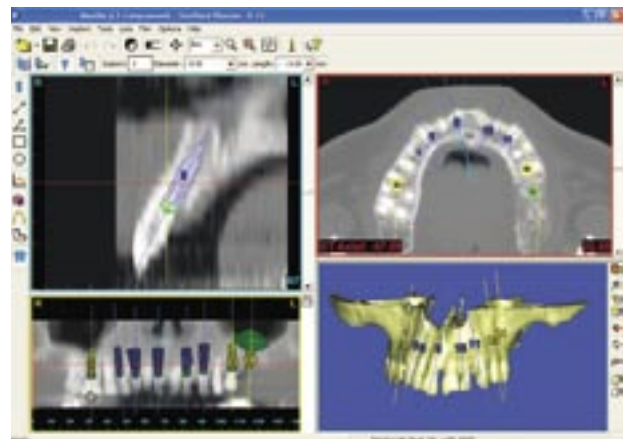
“AlloDerm provides the missing components needed to restore health to damaged or receding tissue,” Dr. Manesh said. “It is great choice for root coverage and other grafting procedures.”

Dr. Manesh stressed that his goal is to provide an environment for his patients where they can receive optimum periodontal care and education on maintaining oral health.

In other words, patients will not find a frou-frou spa-like setting at Mission Dental Implant Center, or burning candles and soft music. Instead, what they will find is a spacious 2,000-square-foot office with tile flooring, nicely appointed framed artwork, state-of-the-art technologies and a caring staff.

“We are using the highest, latest technology to apply and create better results on the reconstruction of the full mouth or single-tooth replacements,” he said. “The people, who come here, come for a reason, because they either have periodontal disease or are missing a tooth.”

Left Upper: Before - upper teeth with gum disease and severe bone loss. Right: Using SimPlant software to create 3-D images for implant placement. Left Lower: After - full upper implant placement.





Left: Before - tooth #8 fractured at gum line. Middle: Abutment and coping placed on implant #8. Right: After - implant #8.

DETAILED OFFICE SUITE

Mission Dental Implant Center and Periodontal Care has one surgical room, a digital, hands-free autoclave center, five employees, and Dr. Manesh said that he sees about 10 patients, five days a week. It also has a patient education center offering DVDs on the education of implants, gum diseases, etc.

“These are DVDs that are educational, before and after cases, and we have an album that shows patients’ photos,” he said. “A patient needs to be educated as to what they are going to have done. It shows them what a dental titanium implant is and what the advantages are to doing it versus a bridge, where you have to cut teeth. When you do implants you do not cut, but instead drill a hole in the bone. That way, solid teeth don’t have to be cut down to replace one single tooth.”

Dr. Manesh’s patients are 99% referred by general dentists, he said. Occasionally a patient will just come in on her own, however.

LOOKING AHEAD

As for what lies ahead in the world of periodontics, Dr. Manesh said that he hopes there will be even better technologies for replacing bad teeth that will “last a lifetime, create a nice smile and be functional at the same time.”

“Technology is getting better and better,” he said. “The future is the growth factor, which will help us to do things that we couldn’t do 10 years ago. I am blown away by today’s technology; when I first

started out, the CT scan was only available in the hospital, and we never would have thought that we would have had one in the office. Plus, the radiation of the CT scan we have in our office is much safer; it is 100-times less than hospital CT scans. With the i-CAT, it is like taking a small dental X-ray.”

He also hopes to add another associate and, of course, he will continue to take continuing education classes. Future lectures and study clubs are also scheduled for the coming year, as well as presentations for colleagues.

Outside of the practice, Dr. Manesh is a member the Academy of Implant Dentistry, a Fellow of the International Congress of Oral Implantologists, a member of the American Academy of Periodontology, the Academy of Osseointegration, the American Dental Association and the Orange County Dental Association.

When he is not at his center, Dr. Manesh enjoys spending time with his three children and his wife, traveling and doing outdoor activities such as camping, jet skiing and boating. ■

Al Manesh, D.M.D., Inc.

26800 Crown Valley Parkway, Suite 425

Mission Viejo, CA 92691

Ph: (949) 364-2935; fax (949) 364-2870; toll-free (866) 972-2121

Website: www.missionimplantcenter.com

E-mail: almanesh@missionimplantcenter.com

Left: Before - recession on teeth #10 and #11. Right: After - AlloDerm and growth factors (PRP) used to cover root recession on teeth #10 and #11.



AGD Launches Dry Mouth Awareness Effort

More than 32 million adults are at risk of dry mouth, or xerostomia, caused mainly by prescription and over-the-counter drug products. Dry mouth can lead to extensive decay, serious oral infections and make it difficult to swallow and speak. More than 80% of patients complain about dry mouth and dry mouth symptoms per week, according to a recent online member poll conducted by the Academy of General Dentistry (AGD).

To help the public better understand dry mouth as well as find the most effective treatment, the AGD developed a new print public service advertisement (PSA) intended to raise awareness about the causes and consequences of dry mouth. The AGD also developed a special section on its website, www.agd.org, which provides free tools the public can use to learn more about this very serious issue.

“Our profession and our members continue to see an increase of cases of this condition due to a rise in medication consumption by the public,” says AGD President Bruce DeGinder, D.D.S., MAGD. “We want to educate the public that more than 400 prescriptions and over-the-counter drugs are known to cause dry mouth and that their general dentist can help provide solutions to this problem.”

Dry mouth is caused by a decrease in the amount of saliva in the mouth when the salivary glands do not work properly. The salivary glands help keep the mouth moist, which helps prevent decay and other oral health problems.

Many medications, prescriptions and over-the-counter, may decrease saliva flow and they can contribute to symptoms associated with dry mouth. The most common troublemakers are anti-hypertensives, anti-depressants, painkillers, tranquilizers, diuretics and antihistamines. Dry mouth can cause extensive tooth decay, even in people who have had a healthy mouth for years, and it contributes to many other oral health prob-

lems. Dry mouth may be a sign of a serious health condition or may occur when a person is upset or experiences stress.

“The PSA educates the public that their general dentist can help identify medications that may be responsible for causing dry mouth,” says Cindy G. Bauer, D.D.S., MAGD, chair of the AGD’s Council on Public Information. “They may recommend home remedies such as sucking on ice chips, sucking on sugar-free hard candy or chewing gum and rinsing with a mixture of baking soda and water.”

In related news, the AGD recently received the Ethics and Professionalism Award from the American College of Dentists (ACD) at its annual meeting in Las Vegas. The award recognizes exceptional contributions by individuals or organizations in the promotion of ethics or professionalism in dentistry.

Stephen A. Ralls, D.D.S., Ed.D., MSD, Executive Director of the ACD, says that the AGD deserves the award due to its “visible and ongoing commitment to ethics, ethical practice and professionalism.”

The AGD received this award as a result of its continual effort to emphasize the importance of ethics in the profession. The AGD accomplishes this by being the only dental organization to offer a column on dental ethics in its bimonthly clinical and peer-reviewed publication, *General Dentistry*. Past topics have included “Emergency situations,” “How to refer with confidence” and “Another doctor’s patient.” In 2004, the articles were so well-received and thought-provoking that the AGD won the ACD/American Association of Dental Editors’ (AADE) Prize for Journalism.

AGD President Bruce R. DeGinder, D.D.S., MAGD, accepted the award on behalf of the AGD from ACD President Marcia A. Boyd, D.D.S., M.A., LHD.

“This is an incredible honor for our organization,” said Dr. DeGinder. “The AGD is

committed to encouraging ethical behavior in the organization, and receiving this prestigious award is a reflection of what the AGD promotes on a daily basis. There are a number of ways the AGD promotes the importance of ethics and professionalism to its members, and it is especially important when they can be applied to our patients’ quality of care. Dentists who are committed to behaving in an ethical manner ensure that our patients receive the best oral care available.”

In addition to its journal and news-magazine articles about ethics, the AGD routinely sponsors courses that promote ethical concepts at its annual meeting. The AGD’s annual meeting offers attendees the opportunity to earn a year’s worth of continuing dental education while networking with peers.

The AGD is a professional association of more than 35,000 general dentists dedicated to staying up to date in the profession through continuing education. Founded in 1952, the AGD has grown to become the world’s second largest dental association, which is the only association that exclusively represents the needs and interests of general dentists.

More than 758,000 persons are employed directly in the field of general dentistry. A general dentist is the primary care provider for patients of all ages and is responsible for the diagnosis, treatment, management and overall coordination of services related to patients’ oral health. ■

Source: Academy of General Dentistry

advertisers’ index

Augustine Wojogbe Graphic	
Design Services	Inside Front Cover
Associated Dental Laboratory, Inc.	3
B & G Photography	Inside Front Cover
California Practice Sales Inc.	Back Cover
Computer Access Center	13
Dagan E.D. Dental	
Laboratory	Inside Front Cover
Endo Technic	9
U.S. Army	Inside Back Cover

DENTISTS
SINCE WHEN CAN A DENTIST GET
A \$30,000 BONUS? SINCE NOW.



It's true. Join the Army Dental Corps and you may qualify for a \$30,000 bonus. Plus, you'll spend each day doing what you do best – treating patients. All without the worries of running a business. You'll have an established and diverse patient base, a skilled support staff, plus

opportunities for overseas humanitarian missions, research, continuing education and more. Plus, you'll receive:

- 30 days of paid vacation time earned annually
- Low-cost life insurance
- Non-contributory retirement benefits with 20 years of qualifying service
- No-cost or low-cost medical and dental care for you and your family

To find out more, or to speak to Army Health Care Recruiter SFC Raymond Berlejung, 877-722-2311 or email him at raymond.berlejung@usarec.army.mil



© 2003. Paid for by the United States Army. All rights reserved.

LIFE TO BELIEVE AND TO LIVE CHILDREN A CHANCE, FOR EXAMPLE JUST \$1 CAN PROVIDE A CHILDREN WITH PENCILS AND ERASERS SHARPS, OR BUY OUR JOY A RECREATION KIT (CONTAINING TOYS, GAMES AND PHYSICAL EDUCATION SUPPLIES) FOR AN ENTIRE CLASS OF CHILDREN WHO, TO LEAVE HOME, OR TO LIVE, PLEASE VISIT WWW.UNICEF.ORG

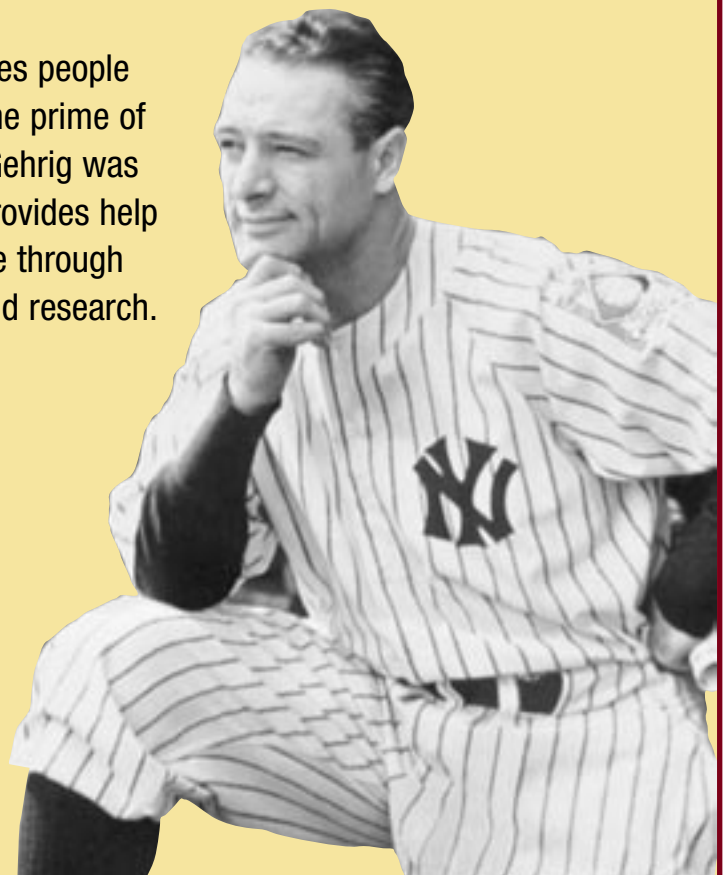
SAVE A CHILD AND THE FUTURE WILL FOLLOW

ALS IS REAL
HOPE IS REAL

MUSCULAR DYSTROPHY ASSOCIATION
 ALS DIVISION
www.als.mdausa.org
 (800) 572-1717



ALS strikes people down in the prime of life. Lou Gehrig was 38. MDA provides help and hope through services and research.



Specializing in the Selling and Appraising of Dental Practices



CALIFORNIA PRACTICE SALES INC.

Serving California
Since 1974

"Your local Southern
California Broker"

Phone (714) 639-2775

Outside (714) Area Code Call
1-800-697-5656

Fax (714) 771-1346

E-Mail: JKnipf@aol.com

WWW.CALPRACTICESALES.NET



John Knipf, President

LOS ANGELES COUNTY

BEV. HILLS-5eq ops, 1650 sq ft ste. High profile. 100% cash practice. Projecting \$1,454,556 for 2007. **BUYER'S NET \$503,472.**

BURBANK- 2 eq. ops. 900 sq. ft. ste. Leasehold improv. & equip. **UNDER OFFER.**

HAWTHORNE-6 eq ops in a 2,500 sq ft ste. **BUYER'S NET \$148,269. UNDER OFFER**

RESEDA- 4eq.ops.in a 1,400 sq. ft. office. 3 yr old equip. Very busy Dental/Medical center.

SHERMAN OAKS-4 eq ops in a 1,700 sq ft ste. Projecting \$603,302 for 2007. **BUYER'S NET \$195,368. UNDER OFFER**

SHERMAN OAKS-3 eq ops in a 1,050 sq ft ste. 47 years of gdwill. **UNDER OFFER**

SAN FERNANDO-6 eq. ops. & 1 not eq. op. in 3,200 sq. ft. ste. Projecting \$405,192 for 2007. **BUYERS NET OF \$97,742 UNDER OFFER**

VALLEY VILLAGE-5 eq. ops. in a 1,500 sq. ft. ste. Leasehold improvements & equip. only.

VALLEY VILLAGE-4 eq ops in a 1,280 sq ft ste. Leasehold improvements & equip. only.

WILMINGTON-4eq. ops. in a 1,200 sq. ft ste. **TURN-KEY** priced to sell.

ORANGE COUNTY

ANAHIEM-2eq ops, 900 sq ft. suite. Good location in a strip center. Projecting \$ 230,724 for 2007. **BUYER'S NET OF \$71,740.**

ANAHIEM-4eq ops, 1,200 sq ft. Leasehold improvements & equip. only.

ANAHIEM-3eq ops, 1,700 sq ft suite. Turn-Key opportunity. Bldg and practice for sell.

COSTA MESA-2 eq ops in a 715 sq ft ste. 39yrs of gdwill.**BUYER'S NET 103,385. UNDER OFFER**

GARDEN GROVE-6eq. ops in a 2,560 sq. ft. ste. Long term staff, patient base. Projecting \$288,600 for 2007. **BUYER'S NET \$70,812.**

LA HABRA-4eq. ops. in 1,707 sq. ft. ste. **Priced to sell.** Projecting \$182,364 for 2007.

LAGUNA BCH-3 eq. ops in 1,400 sq. ft. ste. 57 yrs of gdwill. Intra Oral camera. Collected \$397,399 for 2006.

LAGUNA HILLS-\$1,068,000 for 2007. **BUYER'S NET OF \$496,606. UNDER OFFER**

LAGUNA HILLS-2eq. ops. in 800sq. ft. suite. Intra Oral camera. Leasehold improv. & equipt only.

NEWPORT BCH-4eq. ops. in a 1,103 sq. ft. ste. **UNDER OFFER**

ORANGE- 4 eq ops. in a 2,300 sq. ft. suite. Turn-Key. 85% insurance 15% cash. **BUYERS NET OF \$147,792. UNDER OFFER**

SANTA ANA-4eq ops. in a 1,700 sq. ft. house. 29 years of Goodwill. Seller is retiring. Collected 373,508 in 2006. **BUYER'S NET OF \$93,864.**

SANTA ANA-5eq ops/1 not eq op. Projecting \$162,822 for 2007. **UNDER OFFER**

SANTA MARGARITA-6 eq. ops. in a 2,300 sq. ft. ste. Leasehold improv. & equipt only. **SANTA ANA**-5eq ops/1 not eq op

TUSTIN-5eq. ops. in a 2,200 sq. ft. suite. Projecting 607,220 for 2007. **BUYER'S NET OF \$205,444.**

KERN / RIVERSIDE/ SAN BERNARDINO COUNTY

BAKERSFIELD- 5 eq. ops./1 no eq. op. in 1,500 sq. ft. suite. Projecting \$540,000 for 2007. **BUYER'S NET \$168,950.**

RIVERSIDE- 4 eq. ops in a 1,400 sq ft. office. Long term staff. Projecting \$563,968 for 2007. **BUYER'S NET \$179,981.**

RIVERSIDE- 4 eq. ops in a 1,300 sq. ft. office. Leasehold improvements & equip. only

LAKE ISABELLA- 3 eq. ops in a 1,500 sq. ft. suite. Computerized office. Projecting \$288,000 for 2007. **BUYERS NET OF \$184,456**

PALMDESERT- 4 eq. ops in a 2,195 sq. ft. suite. Panarex X-Ray. Cosmetic and Restorative Office. **BUYERS NET OF \$360,468.**

RANCHO CUCAMONGA- 3 eq. ops. in 1,100 sq. ft. ste. New Equip. Located in a shopping center. Projecting \$320,454 for 2007.

SAN DIEGO COUNTY

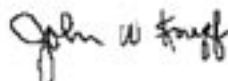
ESCONDIDO- 3 eq. ops. in 2,200 sq. ft. ste. All digital office. Projecting \$310,800 in 2007.

ESCONDIDO- 4 eq. ops. in 1,800 sq. ft. suite. 35 years of gdwill. **BUYERS NET OF 130,218.**

ESCONDIDO- Practice and building 4 eq. ops. in 2,400 sq. ft. ste. **BUYERS NET OF 178,884.**

FOR A VIRTUAL TOUR
VISIT OUR
WEBSITE
www.calpracticesales.com

John Knipf
President

 (Neff)

Also serving you:

Alice C. King, V.P., Greg Beamer, V.P., Tina Ochoa, V.P., Maria Silva, V.P.