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For Dental Sales Professionals • April 2016

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Star-Spangled Discussions



Bill Neumann

With the Presidential election looming, our televisions, social media feeds, and water cooler talks are all filled with political commentary. Bringing manufacturing jobs back to the United States is one of the hot topics. Donald Trump, the Republican front-runner, has made this topic – and more specifically U.S.-China trade relations – a pillar of his campaign. I bring this up only because our Made in the USA issue is timely and important. I personally do not agree with Trump's idea of placing restrictive tariffs on foreign-made products. However, I do agree that we need to somehow protect and nurture a strong manufacturing base in our country. We as dealer reps and the dental industry as a whole need to examine what our customers think about American-made products and how that influences their buying habits.

First Impressions spoke to several American dental manufacturers and asked them their thoughts on the subject, and how their customers feel about buying American-made dental products. There is obviously a lot of pride that these companies take in manufacturing their products in the USA. However, more times than not, American manufacturing comes with additional regulatory scrutiny and higher production costs. In our 'Ask the Expert' column, Dr. Tony Stefanou surveys his peers on the subject, analyzes the data, and even gives some insight into companies that do not make their products in the United States. Do dental customers even believe the *Made in the USA* badge anymore? Do they value American-made equipment more than sundries? What do group practices think vs. solo practitioners? Dr. Tony does a thorough exploration into what matters to dentists when it comes to Made in the USA.

Also in this issue, please take a moment to read the story about Ryan Clancy, DMD, MAGD and his time in Iraq. We also have a follow-up story to one we did many years ago with Atlanta Dental. You will learn more about their continued growth and what their strategy is for the future. Finally, check out the happenings at the latest NDC Dental Forum in Orlando, Fla.

Grab a hot dog and a slice of apple pie and enjoy this Star-Spangled issue.



Bill Neumann
Publisher
First Impressions magazine

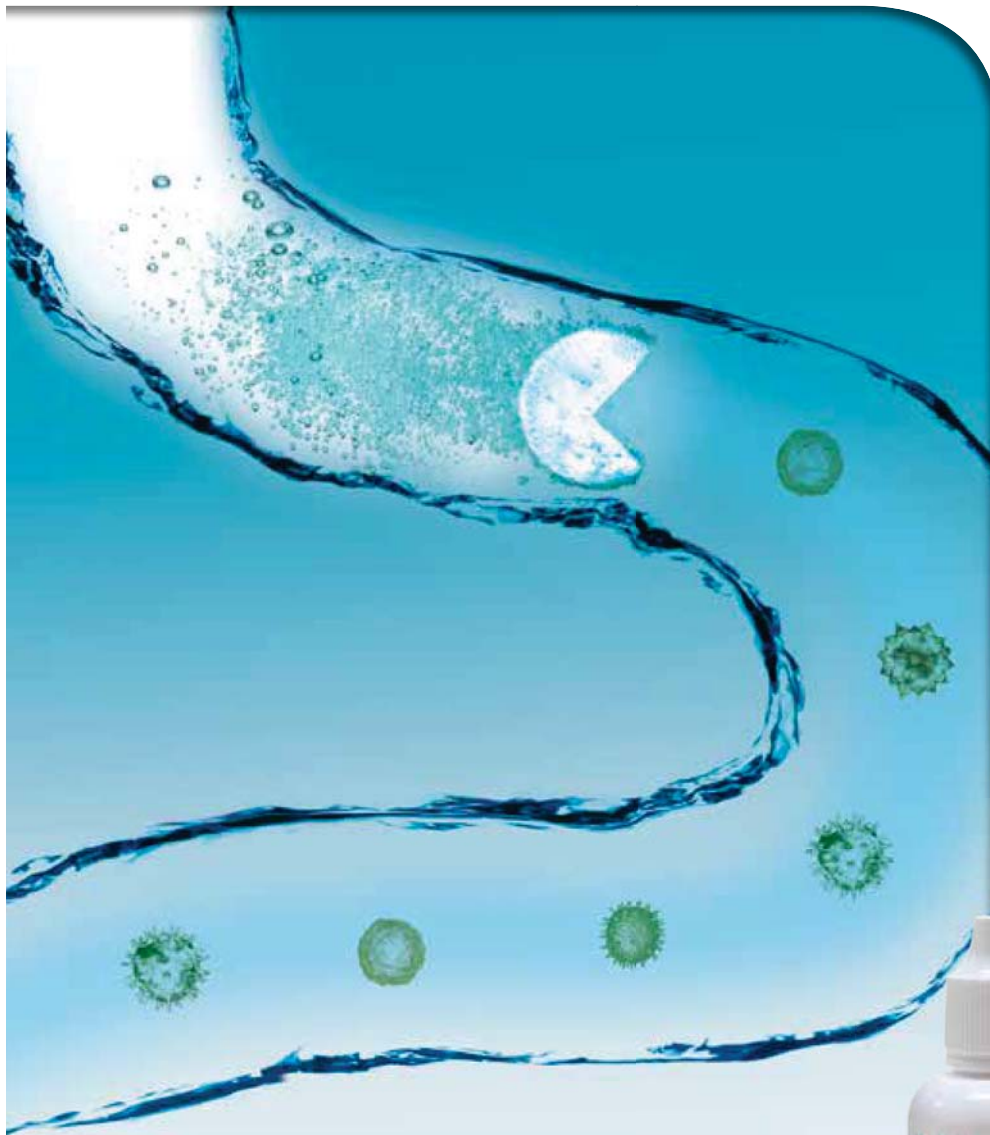
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How the best perform



WHAT YOU MAY HAVE MISSED

Content from *First Impressions'* digital supplements

March digital:

By Laura Thill

Safe Water Source, Healthy Patients

Distributor sales reps and their dental customers don't need to be microbiologists to appreciate the importance of infection prevention – particularly as it relates to dental unit water line treatment. While infection associated with microbial contamination of water lines may be rare, research shows that the level of microorganisms in untreated dental unit waterlines is greater than 500 CFU/mL, exceeding the drinking water standard, according to the American Dental Association (ADA). Biofilm is made up of odor-causing bacteria colonies, which can adhere to the internal plumbing walls in dental chairs. When water lines and valves are not properly treated, they become coated with this bacteria, which grows at room temperature and contaminates the water.



"The CDC in 2003 recommended that heterotrophic water-borne bacteria be as low as possible, and not greater than 500 CFU," explains Barry Hammarback, water treatment specialist, Crosstex. "Standards also exist for safe drinking water quality as established by EPA, the American Public Health Association (APHA) and the American Water Works Association (AWWA). They have set limits for heterotrophic bacteria of <500 CFU/mL of drinking water. Thus, the number of bacteria in water used as a coolant/irrigant for nonsurgical dental procedures should be as low as reasonably achievable and, at a minimum, <500 CFU/mL – the regulatory standard for safe drinking water established by EPA and APHA/AWWA."

"Per the ADA, the level of microorganisms in untreated dental unit waterlines is greater than 500 CFU/mL, which exceeds the drinking water standard, and bacterial biofilm can begin forming in a new dental unit within a few days," says Reid Cowan, marketing specialist, Sterisil.

Dental unit water lines have turned out to be much more complex than anyone thought, says Hammarback. "From the point of entry, through a water pressure regulator, perhaps a filter, then a water manifold where the plumbing is switched or directed to different locations, to the point of use – there are areas which can be contaminated. They are contaminated primarily from the incoming water, but can also be cross-contaminated by patient contact." Water systems have been somewhat improved through the elimination of dead legs – that is, legs that have water in them, but do not have a regular flow of water, he points out. In addition, today's systems are constructed with valves less prone to contamination, and the systems are easier to clean or disinfect. "However, none of these [improvements] has been successful in reducing contamination levels below 500 colony-forming units on a regular basis," he says.

"In the short term, simply running water out of all the tubing to be used prior to a procedure lowers the amount of bacteria presented to a patient," Hammarback continues. "However, the biofilm, which continues to exist in the water lines, continues to contribute to the planktonic bacteria that inhabit the flowing water." Some newer technologies are designed to reduce or eliminate the biofilm by introducing a small amount of iodine into the lines on a continuous basis, he explains. "This kills or inactivates planktonic bacteria and has been shown in studies to reduce and eliminate the biofilm. Other technologies include intermittent chemical processes, such as shock, which is registered to remove biofilm, [as well as] treatment of the water with tablets, in conjunction with biofilm removal technology. When used according to the manufacturer's directions, these technologies are capable of reducing the bacteria of effluent dental water to acceptable levels."

"Almost all major dental unit waterline manufacturers now include their recommendations to eliminate and control biofilm within their dental water systems," says Holly Church, product manager, IMS & infection prevention, Hu-Friedy.



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what you may have missed

“The most common organisms recovered from dental unit waterlines (DUWLs) are heterotrophic water bacteria, which do not pose a high risk to healthy persons. However, people with immune-compromised defenses have a high risk of infection; this has been documented in medical and public health settings. Because dental offices are seeing more and more immune-compromised patients who are living longer with those conditions, the dental community must minimize patient exposure.

“There are many options on the market that can be used to treat dental unit waterlines,” Church continues. “Though some offices may be doing some type of treatment, not all are using product(s) that both clean and control microbial contamination. It is vital to do both in order to meet the water standards recommended by the CDC. Additionally, recently manufactured dental units (less than 20 years old) are engineered to prevent the retraction of oral fluids. However, older

- Use shock treatment when a waterline is compromised. (Shock treatment must be administered based on the product’s EPA label. The shock treatment should be nontoxic and noncorrosive — specifically products that do not cause irreversible eye damage.)
- Make sure the waterline treatment product meets BMP guidelines with amalgam separators. (BMP compliance requires that oxidizers, such as chlorine or iodine, not be used in conjunction with an amalgam separator.)
- Know state regulatory mandates for amalgam separators, post-treatment testing and the importance of avoiding oxidizers.

“Most often there are no visible signs of elevated CFU counts,” says Church. “However, if there is substantial microbiological contamination, it’s not uncommon to see black specks (like tiny coffee grounds) or even long, black, skinny thread-like masses coming out of A/W syringes and hand-piece lines. This is biofilm and possible scale that has broken away from the inner surfaces of the tubing — a classic sign of waterline contamination. Another thing to look for is intermittent water flow from handpiece and A/W syringe lines. This is often caused by fractured particles of bacterial slime and possibly scale that is partially or fully plugging the tiny ports within the dental delivery unit.

“One of the biggest problems contributing to contamination is stagnation and lack of use. Typically, the dental units that are least often used have the higher levels of CFUs and biological growth. Operatories that are not often used, or satellite offices used only a few days per week, are the ones that need additional care.”

– Holly Church, product manager, IMS & infection prevention, Hu-Friedy

systems often have valves that require periodic maintenance. Even with anti-retraction valves, flushing the above devices a minimum of 20-30 seconds after each patient is recommended.”

Ensuring standards are met

Distributor sales reps can provide value to their dental customers by educating them on steps to ensure their waterlines meet appropriate standards, including the following, according to Cowan:

- Test water with a third party water testing company (a minimum of once per year).
- Test water with in-house test paddle mid-year.
- Facilitate water testing when a line is suspected to have bacterial contamination.
- Read and understand EPA labels and legal requirements for directions for use.
- Do not practice off-label use. Follow the directions for use of each product according to their EPA registration. (It is a violation of Federal law to use an EPA-registered product without following strict legal conditions.)
- Use a daily maintenance product that is nontoxic and noncorrosive.

“One of the biggest problems contributing to contamination is stagnation and lack of use,” she continues. “Typically, the dental units that are least often used have the higher levels of CFUs and biological growth. Operatories that are not often used, or satellite offices used only a few days per week, are the ones that need additional care. And, if there are certain lines (like a slow speed hand-piece line) that have water fed to them, but the water is never used, [the practice should] have a service tech disconnect the water feed to [them], since they are technically dead legs in the water system and will most certainly cause problems.”

A separate water reservoir?

Today, antimicrobial bottles can be retrofitted to water line treatment systems, aiding dentists in meeting recommended guidelines. “Antimicrobial bottles are manufactured with disinfectant, which are embedded into the bottle structure,” explains Cowan. This suppresses the growth of bacteria on the bottle surface, he adds.

Whether dentists elect to use a separate water reservoir or continue using a municipal reservoir is a matter of individual

preference, notes Hammarback. "While the dental water reservoir type of system (a bottle system) appears to be the easiest to incorporate these water line treatment methods, the bottle must be cleaned and maintained, he points out. In addition, "water can easily be contaminated going into the bottle, and filling the bottle itself involves labor costs."

"All dentists must use some methodology to reduce the colony-forming units in their system to meet the standards," Hammarback continues. "The use of a water reservoir system alone will not provide water that meets the required standards. The best practices for water reservoir systems include filling the bottles with fresh water or solution every day, emptying the bottles every night, testing the water from the dental unit and/or shocking the system on such intervals as the manufacturer may recommend."

Cowan agrees that it's not mandatory for waterline units to be equipped with an independent water reservoir when good quality source water is used. "A direct feed water source can be plumbed directly to the dental units," he says. "When doing so, an EPA-registered water treatment system that is designed to purify the incoming source water and provide treated dental water plumbed directly to each dental chair must be installed. (Some water treatment systems only provide autoclave or reverse osmosis water.) In-line cartridges are also available for directly plumbed lines to each dental chair and include a residual disinfectant.

"A separate water reservoir will allow for safe water when dealing with a boil alert," Cowan continues. "A separate water reservoir will also allow for shocking an individual chair, and it provides a manner to fill bottles with distilled water." Distilled water is recommended for use in bottle reservoirs, he adds.

"Most dental units now have a self-contained water system in which a chemical germicide or cleaner and daily maintenance product can be easily introduced to both quickly clean and maintain the waterlines," Church points out. "If the dental equipment does not currently have a self-contained water system, this can be retrofitted by a service technician at a fairly reasonable price (about \$100-\$200), or a filtration device may be more applicable.

"With a self-contained water system or equipment with an independent water reservoir (e.g., water bottle), the unit is isolated from the municipal water supply," Church continues. "This allows for better control of the quality of source water introduced into the system. Most original equipment without these systems can be retrofitted. The primary advantage of self-contained water systems is that cleaning agents can easily be introduced into the system.

Additionally, a self-contained system isolates the water supply from the municipal water, helping to avoid disruptions in dental care when local health authorities issue a boil-water advisory."

While self-contained water bottle systems tend to be the most common means for treating dental unit waterlines, there are other options available to dentists, including a filtration device (biochemical, ultraviolet or ozone) or devices that provide a slow release of chemicals," says Church. It is important to monitor DUWLs regularly to ensure the method being used is working effectively, she points out. "We suggest monitoring with the start of a new waterline treatment protocol, when changing an existing waterline treatment and when new workers are given responsibility for treating waterlines. A schedule should be established for all units and record of results should be maintained."

As important as it is to treat dental unit waterlines, testing the water regularly is equally essential. There are several methods for testing dental unit water, according to Hammarback, including the use of on-site testing devices and local certified testers. The latter is preferred, he notes, "as they are more accurate for waterline testing and none of the testing kits would allow them to gauge the quality of their water instantaneously. Most of the tests take from two to five days to complete, and simple observations of the water can give a dentist an idea of whether it is acceptable. If there are particulate – or slugs of dark or green or brown colored matter coming out of the lines – they obviously would not pass any tests."

In-house water testing does not provide dentists with a professional bacteria count, and there is a large margin for product and human error, notes Cowan. Using a third party water testing lab, on the other hand, "provides accuracy and protection from liability," he says.

Engaging your customers

Sales reps offer their dental customers "a critical link between knowledge of dental waterline infection control and its application," according to Hammarback. "It is of high importance that the sales representatives be schooled in the causes, signs and corrections needed to be performed to properly prepare a dental unit waterline for use with a patient," he says. "Any dental sales rep should attend some of the numerous courses that are taught around the country concerning infection control, and certainly infection control as it applies to water. The dental infection control boot camp sponsored by OSAP is an example of a course that would provide this necessary information." FI

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Battle-tested

A year in Iraq and an appreciation of aesthetics led to a career in cosmetic dentistry for Ryan Clancy.

Hands-on work has always come naturally to Ryan Clancy, DMD, MAGD, who spent much of his youth in Massachusetts, working on cars at his father's garage. "Figuring out how something works, and then maintaining or improving its function, [has always been very] rewarding to me," he says, noting that his experience working for his father taught him "valuable life lessons at a very young age." Indeed, by the time he went to college, he understood the basics of running a small business, managing staff, building relationships with customers and overseeing operating costs. "I also learned the feeling of an 80-hour work week," he adds. "Through hard work and discipline, my possibilities were endless."

It was his attraction to medicine and his appreciation of aesthetics, however, that eventually led him to a career in cosmetic dentistry. "Cosmetic dentistry allows me to add art and beauty to everything I love about dentistry and medicine," he explains. "I get to fix things, while also creating things. Cosmetic dentistry allows me to treat each of my patients as a whole person. There is a human attached to those 28 teeth, and he or she needs to be treated with compassion. Over time, I have come to realize that harmonious cosmetic principles lead to better results and better function. Knowledge of cosmetic dentistry allows me to be a better general dentist."

Hands-on education

By the time Clancy was 20, he was on track to begin dental school at Tufts University School of Dental Medicine following his graduation from college. However, the daunting costs of dental school — several hundred thousand dollars on average — gave him reason to pause. Not for long, though. "I was determined not to let money stand in the way of my dreams," he says. "I researched my options and joined the United States Army while still in college. My father and grandfather also were in the army, and hard work has never frightened me."

A yearlong deployment (2003-2004) to Iraq provided an education that dental school likely would not match. "During that time nobody directly shot at me, nor did I have to shoot at another person," says Clancy. "I was able to offer frontline care to our soldiers so that there was less need to redeploy them back to Kuwait or Germany."

"The early part of my tour involved difficult working conditions," he continues. "I had a Humvee with a trailer, enabling me to be mobile and provide dental support and a 10K generator."

Nevertheless, at first, he and his team often were short on supplies. "There were days we had no water for equipment, because we needed to stay hydrated ourselves," he recalls. In some cases, it was necessary to work by flashlight or perform extractions without a powered hand piece. And while they helped a lot of people, they also routinely worked seven-day weeks. "At the time, you understand the priority of mission, and in the military you learn to follow orders," he says.

"In the beginning of Operation Iraqi Freedom, our procedures were mostly trauma based," Clancy points out. "Eventually, we settled into our routines and provided the best care that we could with the equipment and training that we had. Surgical extraction of wisdom teeth seemed to be a very common procedure. Due to the age of most of the soldiers, combined with the stress of war, third molars seemed to need constant attention. We learned to be creative; for example, we did not have the equipment to finish a root canal, but we could drain a tooth and place an amalgam crown to try and buy six to 12 months."

Another obstacle he encountered was the language barrier, notes Clancy, who also treated local civilians. "Treating patients from another country, who do not speak your language, is challenging," he says. "The majority of the local Iraqis were very appreciative of any medical and dental care. One gentleman, from whom I extracted a half dozen root tips, brought me a frozen



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water bottle the next week. We did not have ice, and electricity was spotty at the time, so this was a rewarding gesture. I quickly learned that pain and infection transcend language.”

Thankfully, toward the end of his mission, “fixed facilities were operating and supplies were much more reliable,” says Clancy. Still, he adds, “Imagine the wear and tear on dental equipment caused by sandstorms and temperatures exceeding 120 degrees!”

Clancy believes his patients today benefit from his overseas military experience. “After working in less-than-ideal conditions, you gain the perspective to make civilian private practice easy,” he says. “The Army Dental Corps and its residency training programs provided me with the skills to do anything and everything for the soldiers in my area of deployment. The military teaches you how training and retraining makes your team better, and this helped make me the practitioner I am today.”

It's little surprise, then, that training plays a big role in his current practice. “We have multiple meetings daily, often closing the office for training,” he says. “Without my history, I never

would have believed how valuable training is. My patients today are better served by a better-trained staff, on a daily basis.”

Unfortunately, the high cost of obtaining an advanced degree in cosmetic dentistry has deterred many young dentists, Clancy suspects. “Financial burden influences most decisions made by new dentists,” he says. “It is too expensive to advance your degree, and many new dentists will not start the practice of their dreams because of their current debt.”

“Without my history, I never would have believed how valuable training is. My patients today are better served by a better-trained staff, on a daily basis.”

All the more reason for distributor sales reps to offer consultative selling and value-added solutions, he notes. Indeed, dentists – particularly cosmetic dentists – must pay extreme attention to detail, and great results are the product of “hundreds of decisions and details,” he points out. “Having that same attention to detail from sales reps will only help foster relationships.” **FI**

Editor's note: Dr. Clancy maintains a private dental practice in Medford, Mass. He lives with his wife, Jessica, and children, Nathaniel, Victoria, Benjamin and Isabella. To learn more about Dr. Clancy, please visit his website at www.cosmeticsmileteam.com.

Cosmetic dentistry: By the numbers

Last fall, the American Academy of Cosmetic Dentistry surveyed its membership about the state of the industry and the profession. Three hundred and sixty people responded, 60 percent of whom identified themselves as general dentists, and 29 percent as cosmetic dentists. (To see the survey, go to www.aacd.com/proxy/files/Publications%20and%20Resources/AACD%20State%20of%20the%20Cosmetic%20Dentistry%20Industry%202015.pdf.) Here are some key findings.

Who is the primary individual initiating dialog about cosmetic dental treatments? (Respondents were able to choose more than one.)

- **Dentist:** 82 percent
- **Hygienist:** 42 percent
- **Clinical assistant:** 28 percent
- **Patient:** 26 percent
- **Treatment coordinator:** 16 percent

Is there a particular procedure/treatment that you complete more frequently than others? (Respondents could check as many as applicable. Top nine responses listed.)

- **Crowns:** 82 percent
- **Bonding:** 74 percent
- **Whitening:** 58 percent
- **Veneers:** 54 percent
- **Bridges:** 49 percent
- **Implants:** 46 percent
- **Dentures:** 31 percent
- **Implant-supported dentures:** 25 percent
- **Short-term ortho:** 23 percent

What is the most popular cosmetic procedure at your practice? (Respondents could check only one option. Listed are the top three procedures.)

- **Whitening:** 32 percent
- **Bonding:** 30 percent
- **Veneers:** 22 percent

Revenue Change for Top Cosmetic Procedures

Respondents were asked to report the approximate number of bleaching/whitening procedures their practice performed in the previous year: **Avg. 109**

The average cost of a whitening procedure in their practice:
Avg. \$357.33

Compared to the bleaching/whitening procedures in the year previous, this year was

189 responding

an increase	29%
a decrease	19%
about the same	52%

Respondents expect bleaching/whitening procedures in the coming year to

192 responding

increase	35%
decrease	4%
stay about the same	61%

Respondents were asked to report the approximate number of crown and bridge work procedures their practice performed in the previous year: **Avg. 495.2**

Compared to the crown and bridge work procedures in the year previous, this year was

185 responding

an increase	38%
a decrease	17%
about the same	44%

Respondents expect crown and bridge work procedures in the coming year to

185 responding

increase	43%
decrease	6%
stay about the same	50%



Respondents were asked to report the approximate number of direct bonding procedures their practice performed in the previous year: **Avg. 663.3**

The average cost of a direct bonding procedure (per tooth) in their practice: **Avg. \$358.83**

Compared to the direct bonding procedures in the year previous, this year was

183 responding

an increase	40%
a decrease	4%
about the same	56%

Respondents expect direct bonding procedures in the coming year to

184 responding

increase	40%
decrease	5%
stay about the same	55%

Respondents were asked to report the approximate number of implant procedures their practice performed in the previous year: **Avg. 95.1**

The average cost of an implant procedure in their practice: **Avg. \$2,240.74**

Compared to the implant procedures in the year previous, this year was

183 responding

an increase	45%
a decrease	10%
about the same	45%

Respondents expect implant procedures in the coming year to

183 responding

increase	64%
decrease	2%
stay about the same	34%

Respondents were asked to report the approximate number of inlay or onlay procedures their practice performed in the previous year: **Avg. 95.2**

The average cost of an inlay/onlay procedure in their practice: **Avg. \$917.82**

Compared to the inlay or onlay procedures in the year previous, this year was

184 responding

an increase	21%
a decrease	15%
about the same	64%

Respondents expect inlay or onlay procedures in the coming year to

185 responding

increase	25%
decrease	8%
stay about the same	67%

Respondents were asked to report the approximate number of veneer procedures their practice performed in the previous year: **Avg. 138.6**

The average cost of a veneer in their practice: **Avg. \$1,171.92**

Compared to the veneer procedures in the year previous, this year was

185 responding

an increase	27%
a decrease	20%
about the same	53%

Respondents expect veneer procedures in the coming year to

186 responding

increase	42%
decrease	7%
stay about the same	51%

NDC Dental Forum

Plan. Execute. Prosper.

Independent dental dealers and vendors met face-to-face to develop a plan for strong sales at the 2016 NDC Dental Forum in Orlando, Fla., reports NDC. This year's Forum drew over 240 people from 39 dealer and 60 vendor companies. This year's meeting theme was "Plan. Execute. Prosper!"

"NDC Dental membership collective growth was on par to slightly over that of the reported overall dental market," reported Vice President of Dental & Specialty Markets Lori Paulson during the opening session. Merchandise consumables grew 8 percent versus 2014, despite lagging equipment sales. The group's private label brand, Quala, celebrated 20 years of bringing a "quala-ty product to the dental professional" in 2015. Quala sales were up 6 percent over prior year.

The educational break-outs for dealers centered on regulatory compliance, contract pricing and special market opportunities. Guest presenter Anthony Stefanou, D.M.D., hosted a half-day workshop, "How To Sell (Better) in Today's Dental Environment." A vendor fair allowed for hands-on exploration of new products and unique services available to dealers.

At the Forum, NDC Dental recognized two new members:

- AXPM Supply, Little Rock, Ark.
- Kaya Dental, Incline Village, Nev.





NDC award winners

Dental Member of the Year

- Burkhart Dental

Multi-Million Dollar Club (annual warehouse purchases exceeding \$2 million):

- Atlanta Dental
- Dental City
- Midway Dental Supply
- Nashville Dental, Inc.
- Burkhart Dental
- Goetze Dental
- Midwest Dental Equipment & Supply
- Parkway Dental

Million Dollar Club (annual warehouse purchases of \$1 million):

- AM-Touch Dental
- DDS Dental Supplies
- IQ Dental Supply, Inc.
- Safo Dental Supply Co.
- SmartPractice
- DC Dental
- Garden State Dental Supplies
- PureLife Dental
- Scott's Dental Supply
- Ultimate Dental

Warehouse Performance Award (warehouse purchases increased over prior year and support of breadth of product lines):

- Prime Dental Supply

NDC Brand Performance Award (performance based on purchases per sales rep, and growth of the Quila and Pro Advantage brands):

- Healthcare Supply Service

Manufacturer of the Year

- Hu-Friedy

Warehouse Vendor of the Year

- Pulpdent Corporation

Atlanta Dental's Next Steps

Company expands to prepare for future growth

Atlanta Dental Supply has been growing, adapting to new market conditions and preparing the next generation of leaders since 1868. So it should be no surprise that the company recently expanded its board of directors and appointed new officers in order to help the company carry its independent business philosophy into the future – only on a larger scale.

“We have opportunities to expand our growth into new markets, and expanded leadership will help us continue our full-service philosophy,” says Tom Richardson, newly named president. “Atlanta Dental has always transitioned leadership, as well as ownership, from one generation to the next.”

In January the company named Richardson – formerly vice president of sales and marketing – as its new president. At the same time, Josh Deweese was named executive vice president and CFO, and John Hanna was added to the board of directors and named vice president of operations. Gary Kirkus – formerly

president – now is CEO and chairman of the board, and will oversee all areas of the company.

Richardson joined Atlanta Dental in 1993 as an equipment specialist. Deweese joined in 1998 as controller; and Hanna came onboard in 2001, working with the company's business systems in its IT department.

“While some distributors are moving to fewer reps, we think strong relationships are developed through personal care and are the foundation of customer loyalty.”

“As we continue to expand our sales and support teams, we are creating new opportunities,” said Kirkus. The company will hire at least seven additional territory managers across the Southeast in 2016, as well as service technicians and support personnel.

Two avenues of growth

Atlanta Dental looks forward to two avenues of growth, says Richardson.

The first is further penetration of the geographic markets that the company already serves. “We are adding reps to serve doctors we're not currently reaching,” he says. The second is expansion into new geographies. Atlanta Dental has plans to open locations in Richmond, Va., and Tampa, Fla. “And we're evaluating other areas that might make sense for us to expand.”

“While some distributors are moving to fewer reps, we think strong relationships are developed through personal care and are the foundation of customer loyalty,” he adds.

As the company expands sales coverage, it will add service techs and support personnel proportionately, says Richardson. “We have the largest ratio of service techs to sales reps in the Southeast. We believe that fast, efficient service for our customers is vital to our continued growth.”

Meanwhile, Atlanta Dental's laboratory division – now called ADS Lab Store – continues to grow, says Richardson. The lab business isn't new for the company, but has grown beyond a tooth department and now provides lab supplies, equipment and technology on a larger scale. **F**



Gary Kirkus (left) and Tom Richardson

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Data-mining for Connections

Benco uses IBM service to look at promotions... and more

Siri's pretty smart. Who'd argue the point? But IBM's Watson? Wow.

Available on the cloud, IBM Watson Analytics "guides data exploration, automates predictive analytics and enables effortless dashboard and infographic creation," says IBM on its website.

More simply put, "It allows you to see connections between data very quickly," says Mark Kolanowski, manager, marketing analysis, Benco Dental.

Not only does that make Watson smart, it makes everybody using the software smarter too. And the number of people doing just that will only increase. In fact, IBM markets Watson Analytics as "analytics for all." Certainly that's the direction in which Benco is heading.

Benco has used IBM products for years, says Kolanowski. He learned of Watson Analytics in late 2014. "There was a free version out there, and we decided we would try it for some types of analytics, because it can be a lot speedier than current ways [of analyzing data]," he says. (Today Benco uses a pay version.)

Watson Analytics offers two advantages over traditional data-mining techniques, says Kolanowski:

- You can ask simple questions in English, rather than writing code to explore and analyze data.
- You don't have to know exactly what you're looking for before you dive in. Rather, you can dump in your data and see what connections or intelligence Watson – and you – can draw from it.



Mark Kolanowski

"It allows you to see connections between data very quickly."

Last year, after conducting a few test runs with the software, Benco decided to try it out on a real-life problem: volume discounts. "We wanted to see if there was a better way to go about it," Kolanowski explains. After looking at the data, Benco product managers learned they were offering discounts on products that weren't desired by the customer. "It was pretty insightful," he says. "We learned that our discount structure didn't work in some cases."

Convinced of Watson Analytics' value, Kolanowski and the Benco team are expanding their application of it in 2016. For example, they intend to train product managers on how to use the tool.

"With Watson, they will discover insights they probably wouldn't otherwise," he says. "The idea is to give them better tools and make them more analytical." **FI**



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Country of Origin

Even in a global economy, “Made in the USA” still sells.

“Made in the USA” may not be the first attribute your dental customers demand of the products and equipment you sell. But it doesn’t hurt if you can offer it.

First Impressions asked several manufacturers of U.S.-made products how – or if – distributor sales reps should emphasize “Made in the USA” to their customers. Participating were:

- Lewis Meyers, sales and marketing manager, American Eagle
- Andy Whitehead, senior vice president, marketing/business development, Crosstex
- Rod Hancock, president/CEO, Engle Dental Systems LLC
- Colleen Fitzpatrick, director of marketing, Accutron Inc
- Linda Miller, CEO and founder, PDT Inc
- Ted Kehagias, director of sales, dental division, Midmark

First Impressions: Do you recommend that your distributors point out the fact that your products are made in the USA? If yes, why?

Lewis Meyers, American Eagle: Absolutely!! It supports American workers and the U.S. economy. Plus, there is something very important to be said for the quality that “Made in the USA” represents.

Andy Whitehead, Crosstex:

We definitely recommend our distributors point out our products are made in USA. “Made in the USA” provides the user with the peace of mind and knowledge the product is well made and provides no risk to their patients and staff. What we sell are, for the most part, considered consumables, yet we continue to

see demand for these products from our distributors and their customers. It is well documented that if all you have to sell on is price, price will win.

Rod Hancock, Engle Dental Systems LLC: Yes, but more important, they should emphasize “manufactured and made in the USA” if it is truly manufactured here. There are three basic reasons to mention that products are made and manufactured in the USA: 1) Quality. The quality of American-made products is still superior to products made overseas. 2) Products made in the U.S. are manufactured and made for the way American doctors practice their craft. 3) People want to support manufacturers that are making and manufacturing products in the U.S., keeping jobs in the U.S., and bringing back manufacturing to the U.S.

Colleen Fitzpatrick, Accutron Inc.: Yes, definitely. In fact at Accutron, we display “Made in the USA” prominently on our website,

product literature and advertisements. American consumers have never been more concerned about the loss of jobs to overseas manufacturers than they are today, as evidenced by the fact that this topic has been one of the central themes in all of the recent political debates. Therefore, I believe that most dentists and their staff would appreciate knowing that the products they are using are made by American workers in American factories.

Linda Miller, PDT Inc.: Yes! [See next response below.]

Ted Kehagias, Midmark: We feel that it is a competitive advantage to sell products that are manufactured and assembled in the USA that support the local economy.





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First Impressions: How can distributors use “Made in the USA” as a selling tool?

Lewis Meyers: Customers need to know which products are made in the USA. They will oftentimes opt for those products even though the price may be higher. Everyone wins when this situation plays out. Patients receive optimal care with top-of-the-line products, and dealer sales reps make higher commissions selling higher quality products. Benjamin Franklin once said, “The bitterness of poor quality remains long after the sweetness of low price is forgotten.” Buy American-made and take comfort in knowing you are getting the very best in quality!

Andy Whitehead: We continue to provide our distributors with high-quality products at competitive prices, each with its own story to tell and all made in the USA.

“Made in the USA” provides the user with the peace of mind and knowledge the product is well made and provides no risk to their patients and staff.”

– Andy Whitehead, Crosstex

Rod Hancock: For a company like Engle Dental Systems, the distributor can promote American-manufactured and American-made at a high-quality standard for an affordable price. They should promote the fact that by buying “Made in the USA,” you are supporting manufacturers working to bring back and keep jobs in the U.S.

Colleen Fitzpatrick: In terms of delivering the “Made in the USA” message to dentists and the patients they serve, I believe that responsibility falls more on the manufacturer than on the distributor. The manufacturer’s job is to create demand; the distributor’s role is to fill it. Since distributors handle a broad selection of products that are produced by both domestic and international manufacturers, I don’t see where it would benefit the distributors to consciously promote domestically produced products over imports and in so doing, possibly alienate their international partners.

Linda Miller: Made in the USA using innovation and ingenuity, where we can control each step of our manufacturing with highly skilled craftspeople using consistent, top-quality U.S. steel. Providing jobs in the USA, helping our communities and our economy.

Ted Kehagias: Our dealers can invite their customers to visit our facility in the Midwest to witness the workmanship and pride that goes into the products manufactured in our facility. In addition, during the plant tour, the dentists are able to speak with and ask questions of the teammates who are responsible for manufacturing the equipment built to treat patients and to create an exceptional patient experience in their offices.

First Impressions: Are dental practices more receptive to “Made in the USA” than they were, say, five years ago? Why, or why not?

Lewis Meyers: Yes, they are. “Made in the USA” is a patriotic ideal. When dental practices purchase products that are made in the USA, they are supporting American workers and the U.S. economy.

Andy Whitehead: While we can’t quantify whether more practices are receptive to “Made in the USA” than five years ago, we can tell you that, as corporate dentistry continues to grow, there is more interest today than there was five years ago. When it comes to compliance and protecting patients and staff, none of these practices want to be tomorrow’s headlines. As companies continue to move offshore, those companies that remain manufacturing in the USA gain a greater foothold in the market, provided they maintain their level of quality, are vertically integrated and do not compromise on the raw materials/manufacturing process. You have to have both: Just being made in the USA alone, with little regard to the quality of the product and/or materials, will not guarantee success. Today’s consumers – be they commercial or professional – are far more astute today than they were five years ago.

Rod Hancock: Yes. Doctors are starting to be educated on the difference between made and manufactured in the USA, and they want the quality of “manufactured in the USA” products. Doctors are also discovering that they can have high-quality products manufactured in the USA without paying traditional higher prices for being manufactured in the USA. Many doctors are committed to helping bring manufacturing to the USA, and they can do this by purchasing these products.



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- Buy products made by manufacturers who respect the environment
- Buy products made by manufacturers who ensure safe working conditions for employees

Colleen Fitzpatrick: Yes, I think they are, not only for the economic reasons mentioned above, but also because of the regulatory climate here in the USA. Manufacturers in this country must adhere to strict FDA guidelines, which, in turn, result in the highest levels of quality and safety being built into the products that are being used by our dental clinicians. There are also environmental considerations. Many countries that produce goods that are sold into the United States do not have comprehensive environmental protection laws...or if they do, they're often not enforced. U.S. companies are subject to EPA regulations that help protect the environment, both here and around the globe.

Linda Miller: I would say a little more receptive, as dental clinicians have noticed that manufacturers selling products manufactured in other countries do not have the quality and consistency of U.S.-made products.

Ted Kehagias: We believe that dental practices, in addition to the U.S. consumer, are more receptive to "Made in the USA" now more than ever. "Made in the USA" was restored following the 9/11 attacks. Our country rallied in support of our troops, our police officers and fire fighters. That support manifested greater support for our country, our products, our services and U.S.-based companies. The "Made in the USA" expression is more prominent today, and drives support for local jobs and U.S.-based companies.

First Impressions: Anything else to add about "Made in the USA?"

Lewis Meyers: It's important to know that products that are simply assembled in the USA does not equate to "Made in the USA." At American Eagle Instruments in Missoula, Mont., ours is

"Manufacturers in this country must adhere to strict FDA guidelines, which, in turn, result in the high-est levels of quality and safety being built into the products that are being used by our den-tal clinicians."

– Colleen Fitzpatrick, Accutron, Inc.

a vertically integrated factory. Raw materials arrive at the back door and finished goods go out the front door. Everything – and I mean EVERYTHING – is done inside the four walls of our production facility in Montana.

Andy Whitehead: Today Crosstex manufactures more than 80 percent of all our products sold, which account for more than 95 percent of our sales. We have proven that you can survive and thrive by manufacturing in the USA. We are continually looking for manufacturing and packaging efficiencies in order to maintain our competitiveness, while still providing our distribution partners and their customers with innovative, high quality products. We always look for the value-add. Couple this with high inventory turns, strategically located distribution centers and best-in-class customer care, and you have a winning combination for success.

Colleen Fitzpatrick: In all 50 states, physicians and dentists are required to report suspected cases of child abuse and neglect to social service or law enforcement agencies, so they are acutely aware of the importance of protecting those who cannot protect themselves. In some other countries, there is little effort to ensure safe working conditions for the employees, or to prevent human rights violations, such as child labor. Buying products made in the USA is one way to be assured they are supporting manufacturers that adhere to fair labor practices and at the same time, create jobs and grow the U.S. economy.

Linda Miller: It is important to support our economy, our communities and our families. **FI**



The Organization for Safety, Asepsis and Prevention (OSAP), reports that its Dental Infection Control Boot Camp™, held in Atlanta, Ga., in January, set records for attendance, speakers and content. The annual “basic training” program covers all of the core infection prevention fundamentals for dental practitioners.

“We were very fortunate to have a stellar faculty of world-renowned infection prevention experts who contributed their knowledge and expertise to this curriculum,” said OSAP Executive Director Therese Long. “The manufacturers and distributors also are generous supporters of the course, and we recognize and thank them for their commitment to OSAP and dental safety.”

This year’s meeting featured a record 15 speakers, including five representatives from the Centers for Disease Control and Prevention and the director of the Division of Oral Health at CDC, Katherine Weno DDS, JD. Attendees got a sneak peek at the new CDC *Summary of Infection Prevention Practices in Dental Settings: Basic Expectations for Safe Care*, which builds on the CDC Guidelines issued in 2003.

One of this year’s activities – “Traveling the Instrument Processing Pathway” – provided hands-on training addressing the pre-cleaning, transport, washing, and disinfection of instruments;

instrument wrapping and chemical indicators and integrators; and sterilizer loading, unloading and monitoring.

Boot Camp is targeted to dental personnel who desire a strong foundation in infection control, infection control coordinators, educators, compliance officers, federal service employees with infection control responsibilities, federally qualified health center personnel, consultants and sales representatives.

OSAP recognized and thanked the U.S. Federal Services for supporting the course over the past two decades. Dr. Shannon Mills, Col USAF (RET) conceived the OSAP-Federal Services alliance in 1994.

Long also expressed gratitude to the members of the curriculum development committee:

- Dr. David Carr
- Kathy Eklund RDH, MHP
- Dr. Leslie Grant
- Dr. Chris Miller
- Dr. Doug Risk
- Dr. Randy Coffey
- Earl Fillmore BAS, BSN, MS
- Dr. Kelli Mack
- Carol Oeder CDA, LPN
- Dr. Scott Trapp

Special recognition and thanks were given to Dr. Marie Flument, who spearheaded the entire program. **FI**



Building a Culture of Safety

Editor's note: In September 2015, the Organization for Safety, Asepsis and Prevention (OSAP) – the organization dedicated to dental infection control and patient safety – introduced the Safest Dental Visit™, an initiative designed to promote an increased commitment to infection control and safety. Clinicians, educators, speakers and consultants, product manufacturers and distributors, and others are collaborating to help ensure that every patient visit is the safest one. Among the program's resources is the "Tool Kit," a collection of materials to guide practices in developing a culture of safety.

This month, *First Impressions* shares information from one of those tools – "Building a Culture of Safety." Sales reps are urged to share this information with their customers, and direct them to www.osap.org/?page=safestdentalvisit.

Back in the day, the big question when headed to the dentist was, "Will it hurt?" But today, patients are just as likely to ask, "Is it safe?" That's because the public is more aware than ever of the importance of infection prevention in healthcare settings.

Dental practices need to build a culture of safety, that is, a commitment to the safety of patients and personnel by everyone in the organization, including management. Doing so means many things, including:

- Individual accountability and commitment for safety is promoted.
- Protocols and activities promoting safety are suggested, planned and implemented.
- Mechanisms are in place to determine if safety guidelines and policies are followed.
- All employees and personnel are empowered to make suggestions/voice safety concerns.
- All employees and personnel are involved in decision making.
- A protocol is in place to address suggestions/concerns related to improving safety.
- All personnel, including management, receive initial training, OSHA-mandated training and updates when mandated and when changes are made.
- Reporting systems are in place for safe behaviors, injuries, near misses and hazards.
- A post-exposure management program that follows the guidelines of the U.S. Public Health Service is in place (and is required by OSHA).
- Management is involved, and supports related activities.
- Resources are committed to safety (e.g., money for safety devices, such as needleless injection systems, sharps devices, cassettes).
- Safety practices are acknowledged (e.g., through recognition, award points).
- Adverse events related to patient care are reported, investigated and remediated.
- Dental care is patient-centered. The Institute of Medicine (IOM) defines patient-centered care as "Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions." Safety is a value of patient-centered care.
- Patients are informed of the risks, benefits and alternatives to proposed treatment.
- Staff meetings are an opportunity to review results, obtain suggestions and make recommendations. Additional meetings are required to report breaches, take corrective action and provide (re)training.





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Safety culture: Evaluation survey

The six questions below measure safety culture. This survey was developed by the National Institute for Occupational Safety and Health (NIOSH) and many health-care partners across the United States. Sales reps can direct their dental practice customers to the Evaluation Survey at www.cdc.gov/niosh/stopsticks/survey.html

Please indicate how much you agree or disagree with each of the following statements about safety behavior in the organization where you work. Use this scale to answer the questions:

- Strongly disagree: 1
- Disagree: 2
- Agree: 3
- Strongly Agree: 4

Questions

- New employees quickly learn that they are expected to follow good safety practices.

- There are no significant compromises or shortcuts taken when worker safety is at stake.
- Where I work, employees and management work together to ensure the safest possible working conditions.
- Employees are told when they do not follow good safety practices.
- The safety of workers is a big priority with management where I work.
- I feel free to report safety violations where I work.

Scoring

Add up your score. If it is between:

- 9 and 15, this indicates a poor safety culture at work.
- 16 and 20, this indicates a fair safety culture.
- 21 and 24, this indicates a good safety culture.

Correlation analyses indicate that work environments with a good safety climate also tended to be cleaner and less cluttered, to have less loud noise, etc. **FI**

Hand Hygiene

Effective infection control practices and protocols

Adherence to effective infection control practices and protocols by health professionals has been shown to protect both care providers and their patients alike. Of all of the components within a complete infection control program, the principles and practices associated with hand hygiene remain the most fundamental and frequently used.

Despite its importance, however, examples of misperception and confusion continue to be noted. For example, questions relating to the effectiveness of washing hands versus waterless alcohol preparations and potential dermatitis problems are common. The introduction of alcohol-based, waterless antiseptics has also fostered numerous inquiries about product properties related to cleaning, anti-microbial spectrum, and residual activity.

The following article explores the importance of hand hygiene, the types of products available, and what to consider when purchasing supplies for your practice.

A critical component of infection prevention

Hand hygiene is important in dental treatment settings by affording protection for both patients and dental professionals,

even though treatment providers wear gloves for every procedure. Organisms on a clinician's hands may be transferred to the patient's mucous membranes or into the patient's bloodstream via injection sites and openings in gingival tissue during dental treatment. Similarly, workers that touch contaminated tissues and body fluids can transfer infectious agents to themselves when touching their mouth, nose, eyes, or cuts and scrapes on otherwise intact skin.

Infection prevention involves utilization of aseptic technique principles and procedures. Routine hand hygiene practices using both hand washing procedures and waterless, alcohol-based hand antiseptics provide applications of these basic principles. It must be noted here that the introduction of the class of waterless preparations resulted in a terminology change. Hand hygiene is critical to the success of an infection control program. Its significance cannot be understated, as it continues to be the single most important measure health-care professionals can use to prevent cross-contamination and cross-infection in clinical settings.

What used to be termed "hand washing" is now called "hand hygiene." Perform hand hygiene with either a non-antimicrobial



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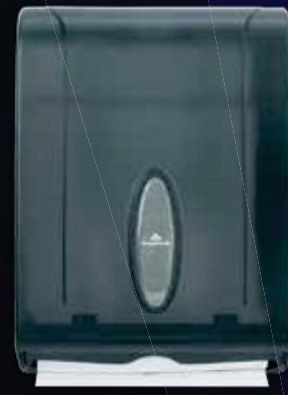
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or antimicrobial soap and water when hands are visibly dirty or contaminated with blood or other potentially infectious material. If hands are not visibly soiled, an alcohol-based hand rub can also be used. Follow the manufacturer's instructions.

The primary purpose of washing is to remove microorganisms from the skin, thereby minimizing the potential for cross-contamination and cross-infection from contaminated hands. Even with the availability of numerous water-based and waterless preparations, basic considerations for proper hand hygiene should be applied.



Hand hygiene is important in dental treatment settings by affording protection for both patients and dental professionals, even though treatment providers wear gloves for every procedure.

Product choices

An evaluation should initially look at product choices based on the treatment procedures performed and level of anticipated exposure. Surgical procedures require a much higher level of antimicrobial activity than those classified as non-surgical. The majority of routine procedures performed in a dental practice are typically non-surgical, and clinicians have four acceptable choices when performing nonsurgical procedures: 1) non-antimicrobial liquid soap and water; 2) antimicrobial soap and water; 3) waterless high alcohol-based hand antiseptics for use on non-soiled hands; and 4) non-alcohol based, non-rinse preparations.

Non-antimicrobial liquid soap and water. A non-antimicrobial liquid soap is adequate when washing hands to remove bioburden and transient microorganisms from epithelial tissues. It is able to accomplish a basic infection control precept — clean first. These formulations are typically less irritating than antimicrobial antiseptics and are very economical. When hand washing is performed properly, 97 percent or more of surface debris can be removed. For those HCPs with sensitive skin it is also important to consider that a non-antimicrobial soap should contain

ingredients that can minimize skin irritation and drying. Products that contain emollients assist in moisturizing tissues and thus, help preserve epithelial integrity with repeated hand washing.

Antimicrobial soap and water.

Most HCPs routinely use antimicrobial antiseptics to wash their hands. The U.S. Food and Drug Administration (FDA) Division of Over-The-Counter Drug Products is responsible for regulation of antiseptics intended for use by HCPs. Optimal features to consider include: whether a product has a broad antimicrobial spectrum, is fast acting on tissues, and exhibits persistent activity (i.e., substantively). The three most commonly used antimicrobial agents include: chlorhexidine gluconate, chlorometaxyleneol and triclosan.

Waterless high alcohol-based hand antiseptics for use on non-soiled hands. The CDC, APIC (Association for Professionals in Infection Control), and other organizations rec-

ommend alcohol-based hand hygiene products (i.e., preparations containing 60 – 95 percent ethyl or isopropyl alcohol) as a preferred option for routine use on hands that are not visibly soiled. The chemistry of alcohols serves to enhance their microbicidal spectrum to include a wide range of bacteria and viruses. Alcohol based hand rubs have been shown to be highly effective in improving hand hygiene compliance. Alcohol based sanitizers are available as low viscosity rinses, gels, and foams for use in healthcare settings. Even though alcohol sanitizers are among the safest antiseptics, some formulations can still cause dryness and skin irritation. When evaluating products in this category, consideration should always include those preparations tested and approved for frequent use in health care. They should also contain sufficient concentrations of emollients to increase skin hydration and prevent skin damage, thereby minimizing the potential for irritation dermatitis.

Non-alcohol based, non-rinse. Non-alcohol, non-rinse antiseptics, represent a new category of hand hygiene products. This type of product provides an alternative for those who have exhibited problems with prolonged use of high-alcohol based antiseptics. **F**



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Sales Apps

There is a world of apps out there. Somewhere around a million and a half. Probably more, by the time you read this.

Many are just for fun, but others can be particularly useful to sales professionals.

We make no claims that the following apps are the best of the best. (Who has the time to vet 1.5 million of them?) But we offer this brief list, based on input from readers we trust.

AirWatch Content Locker by VMWare



Protects the company's sensitive content in a corporate container and provides the sales rep with a central application to securely access, store, update and distribute the latest documents from a mobile device.

Badger Maps by Badger Maps Inc.



Plug in all your appointments; Badger Maps figures out the most efficient route. Do a search for new leads in your area. Connect to any CRM both on-premise and cloud-based. Built-in mileage counter allows you to easily count your miles for the expense report.

CamCard by INTSIG Information



Capture all your business cards and contact information on your smartphone. Exchange electronic business cards at trade shows, seminars, etc. Manage your business cards by adding notes, setting reminders, searching, tagging and sharing cards.

Camera To PDF by Fedesoft



Use your camera as a scanner to create PDFs, and email them or save them to Dropbox. Scan receipts, contracts, paperwork without having to hunt down a scanner.

Colorfy



Billed as "the secret against anxiety," Colorfy offers disillusioned or nervous sales reps a chance to rejuvenate themselves by coloring florals, animals, mandalas and more. Tap to paint, pinch to zoom.

Concur by SAP



This expense-and-travel app allows you to manage itineraries, capture receipts and submit expense reports anywhere, anytime.

CudaSign by Barracuda Networks



The app allows the user to upload any document and mark who needs to sign and where, using a drag-and-drop interface. Signers receive an email link and can sign from their computer, tablet or cellphone. The app routes documents to the appropriate people, ensures all signatures are collected, and notifies user when the document is complete.

Dropbox by Dropbox



Transfer photos, documents, and videos anywhere. Any file you save to your Dropbox will automatically save to all your computers, your phone or tablet, and the Dropbox website. Dropbox also makes it easy to share with others.

Evernote by Evernote



Writing and presentation app allows you to collect web articles, handwritten notes and photos; share your work with others; and build a presentation without the need to make slides.

Geopointe Mobile by Arrowpointe



Connects you to your Salesforce data through Salesforce1 Mobile App, for Android and iOS devices. Working directly inside the Salesforce mobile app, it leverages the configurations and settings from the main Geopointe application, but keeps it simple for working on the go. Check-ins are also integrated directly into Salesforce1 as a publisher action.

Google Maps



Find new accounts, check the traffic, and find a new place for lunch too.

iMargin by SUI Solutions



Need to determine your sell price with a particular cost and a set margin? Enter the cost and margin to instantly see both sell price and gross margin. You can input any two values and view the result as you're typing.

Immediately by SquareOne Mail



Log activities to Salesforce with a single tap from your email. Get a dossier on your contacts and accounts before meetings. Spend less time typing emails by using email templates and the automatic meeting scheduler. Track messages to see where and when someone opens your email.

Meeting Mapper by PointNTime Software



Plan your meetings; invite attendees. Then document your meetings; track who attended, as well as their stance, role and level of participation; add new contacts to the local contact database during the meeting; take detailed notes (both public and private). Follow-up by sending out notes to attendees and review next-step items.

Mocha by MochaSoft Aps



Connect to a Windows PC or Mac and see the files, programs, and resources as you would if you were sitting at your desk, just on a smaller screen.

Nozbe® by Nozbe Michal Sliwinski



Designed to make you a "productivity ninja," Nozbe helps you prioritize incoming tasks, manage them within projects, share projects with people on your team, delegate tasks, and attach comments.

Salesforce1 Mobile App by Salesforce



View your whole day at a glance with the "Today App." Get real-time data from "Dashboards" and "Custom Reports." Keep your CRM current from anywhere. Manage "Leads," "Contacts," "Accounts" and "Opportunities" from your phone. Use "Collaboration" to share ideas and files with your team.

Sidekick by HubSpot



Get live notifications when someone opens or clicks on your emails. You choose which emails are tracked. As you compose an email, have all the relevant information about your recipient, including past contact history, social media content and mutual connections. Decide when an email should be sent and Sidekick will automatically send it at that time.

SpotHero by SpotHero



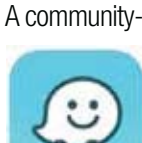
Book a parking spot near your destination. SpotHero can't hold an actual spot, but will use inventory information from its parking partners to save space for you. SpotHero's prices are said to be two to three times less than the drive-up rate.

TurboScan by Piksoft



TurboScan is said to turn your iPhone into a multipage scanner for documents, receipts, notes, whiteboards and other text. Scan documents and store or email them as multipage PDF or JPEG files. The app is said to provide fast processing – under four seconds per page.

Waze by Waze Mobile



A community-based traffic and navigation app, you and other drivers in your area share real-time traffic and road information. Get alerted before you approach police, accidents, road hazards or traffic jams. Navigate to the cheapest gas station on your route, powered by community-shared gas prices.

Yelp by Yelp Inc.



Read – and write – reviews of everything from restaurants to hair stylists. Find events and talk to other Yelpers.

Selling Masks

Your customers' protection and comfort should be premium

Don't underestimate the value of facemasks to your dental customers. Procedural masks today offer high fluid resistance — a feature traditionally found only in surgical masks. And, more resistant layers mean greater protection for dentists, their staff and their patients. In addition, some masks are coated to protect sensitive skin.

Indeed, wearing the right face mask is very important, experts point out. When dentists, hygienists and other clinical staff use less expensive masks, which are known to have lower ASTM (American Society for Testing and Materials) levels, they can sacrifice quality and place themselves at risk for infection from fluid splatter. That said, there is a wide range of masks from which to choose — ranging from a box of 50 masks for \$2.50 to a box of 25 masks for \$50. When sales reps understand their customers' needs, they can help them select the product that's best suited for their practice.

By taking note of the quality of other disposable products used at the dentist's practice, sales reps can get a sense of the likelihood that this customer is accustomed to higher quality masks. If a practice is using premium gloves, for instance, it's likely it will appreciate good quality masks as well.

How to sell

Sales reps can provide their customers with value when they visit the clinic prepared with a solid understanding of ASTM levels, along with product samples to share. Some physicians may object to trying new products if they believe their current protective wear is doing the job. Sales reps should find out what products their customers are currently using, and then follow up with some probing questions, such as the following:

- “Doctor, do your existing masks provide functionality and meet the needs of your office?”
- “What steps has your office taken to ensure infection control?” (High fluid resistance and more resistant layers help ensure higher protection for dentists and their staff.)
- “Do your current products meet your price point expectations?”

In addition, a discussion about compliance with OSHA safety guidelines can serve as a reminder to customers of the importance of purchasing high-value products, including facemasks. **FI**

Editor's note: *First Impressions* Magazine would like to thank Cranberry U.S.A. for its contribution to this piece.



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SDI

Your Smile. Our Vision.

Itasca, IL, March 15, 2016 – SDI North America, an innovative global leader in dental materials, is proud to announce that it will be hosting nine associates from the Patterson Dental sales organization – and their guests – on an Australian incentive trip. The collaborative incentive program led to an unprecedented sales increase over the 5-month target period for SDI.

“We realized an explosion of interest in this program, and in SDI,” noted Leo Prinitis, Vice President Sales and Marketing, SDI North America. “It’s both gratifying and energizing to see such strong collaboration of efforts between our dealer community and our field reps. The growth we collectively built highlights not only the level of interest we shared toward overachievement, but also shows how exciting the prospect of visiting Australia can be for those of us in the U.S.”

Prinitis added: “Most importantly, this overall performance truly showcased how attractive the SDI product line is to today’s dentist.”

Guests will enjoy some uniquely Australian experiences, including attending an Aussie rules “Footy” match, touring the Great Ocean Road, a guided wildlife tour, Sydney Harbor cruise, and much more.

A tour of the SDI Global Headquarters in Bayswater, Victoria is also on the agenda.

The winners are: Nick Paul (Chicago), Brad Carmody (Des Moines), John Tressler (Atlanta), Stephen Lee (Chicago), Michele Geno (Chicago), Heather Stampert (San Antonio), Rex Plamann (Chicago Branch), Mike Trotta (North Central Region), Mike Smurr, Director of Marketing, Merchandise.



About SDI

SDI Limited is primarily involved in the research and development, manufacturing and marketing of innovative dental materials. Founded in 1972, SDI has grown to become a world leader in the dental market and in 1985, was publicly listed on the Australian Stock Exchange (SDI). All of SDI’s products are designed and manufactured in Victoria, a state in the south east region of Australia. With offices and warehouses in Chicago, USA; Cologne, Germany; Dublin, Ireland and Sao Paulo, Brazil, SDI’s products are distributed in over 100 countries globally.

Taking Care of Business

For one Patterson Dental sales rep, a strong business background laid the groundwork for a career in dental products sales.



The values we bring to the table are what ultimately shape our success, as well as that of the people we serve. Jeff Borja can attest.

Prior to joining Patterson Dental in 2015, Borja worked as a business development manager for a human resource outsourcing company based in Hawaii. "I worked with all verticals and had success with dental practices, so I was familiar with the dental industry, but from a business standpoint: payroll, HR, workers' compensation, benefits

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administration, etc.,” he explains. Leaving his position was the furthest thing from his mind. That is, until a chance meeting with Carey Lee, Patterson Dental’s Hawaii-based general manager, and Lee’s sales team, got him to thinking. “After meeting Carey and his Hawaii team, and researching Patterson Dental, I knew it was a perfect fit,” he says, noting that he joined the company soon afterwards. “A few weeks after I got hired, I met Patterson’s executive team at our North American sales meeting in Florida and realized their vision, mission and values were in line with my personal beliefs. That’s when I truly saw the big picture and how I fit in it.”

Strong background, solid future

After graduating from college, Borja became an officer in the Navy — a career that included two deployments to the Persian Gulf. “As my last tour of duty, I was a recruiter for the Navy Reserve,” he says. “When I left the Navy, I started

an 800-square-foot brick-and-mortar shop on Guam, where my family is from originally. It was Guam’s first and only ukulele shop and lesson studio; I owned and operated it from 2006 to 2012.” In time, he was able to attract as many as a hundred students per semester at the studio’s peak.

Although his studio was hard hit by the recession, Borja values the experience he gained in the six years he was open for business. “I gave my business my blood, sweat, tears, bone marrow and life savings,” he says. “Ultimately, the recession took its toll, but I don’t regret one minute. If I could do it over again, I would — but do it smarter, having learned big lessons. It’s those lessons that have been useful to share with my customers.

Being a business owner himself has enabled him to empathize with many of the challenges his dental customers face, Borja points out. “I’ve never been a dentist, but as a former business owner, I’ve

“As sales reps, we should always keep in mind that the only way we succeed is by helping the practice succeed.”

had to scout for a space; acquire furniture, fixtures and equipment; hire staff; advertise; market; do the bookkeeping and accounting; find customers; maintain inventory; track cash flow; and train employees, all the while being an expert in my main business, which was music. So, I can confidently look a dentist in the eye and relate to the joys and pains of business ownership.

"Equally important, Patterson does a tremendous job of equipping me to have meaningful business meetings with my dentists and to look at strategic ways to grow the doctor's top-line revenue," he continues. "I wish someone did that for me when I had my business! Therein lies my passion: to help a dentist establish — or accelerate — his or her business goals."

Still, no amount of business experience could prepare Borja for the array of materials, equipment and technology he has been exposed to since joining the dental sales industry. "I have so much to learn," he admits. Initially, the greatest challenge was learning to speak the language of clinical dentistry. "What have surprised me the most are the advances in the materials, the equipment and, most impressively, the technology, such as 3D cone beam and CAD/CAM.

Spending time with the folks from Sirona and Schick has made me realize that digital dentistry isn't the future — it is the present. And we've only scratched the surface of what's possible!"

To a large degree, Borja credits his ability to grasp the constant advances in dental technology to the support he has received from his company, as well as his customers. "Patterson's new-hire training has helped me build a dental vocabulary and conversational knowledge of the industry," he explains. "And, after helping a couple of my dentists with their revenue strategy for 2016, they have offered to let me sit chairside to learn the clinical aspect of their business. It definitely has been a win-win!" And, while he anticipates there will always be more to learn on the clinical side, "I feel comfortable enough with the language to ask the right questions regarding clinical concerns," he adds.



"After helping a couple of my dentists with their revenue strategy for 2016, they have offered to let me sit chairside to learn the clinical aspect of their business. It definitely has been a win-win!"

to know his customers. In addition to his love of music, he is an avid golfer. "I grew up in a family of golfers," he says. "My dad is a single-handicapper and my mom is a retired LPGA teaching pro." So, when he was invited to join a dental school alumni golf group, he jumped at the opportunity. "We play at different courses around the island once a month, and it has been a blast. And, I suppose it has made me a stronger sales consultant because it has taught me that the dentists and I all tie our laces one golf shoe at a time." But, whether he is connecting with dentists on the golf course, or visiting his customers at the office, Borja keeps one point in mind: "At Patterson, we firmly believe that by improving the practice lifestyle and enhancing the patient experience, we all win." FI

Perhaps the greatest lesson Borja has learned in his first year and a half of dental sales has been to listen to his customers. "We've been trained on features and benefits so much that it almost becomes second nature to want to blurt out all our product knowledge to whoever will listen," he says. "The best way to avoid this is by following the Golden Rule: Treat your customers the way you would want to be treated. No one wants to be on the receiving end of so much information that they can't make sense of it."

A bright future

Borja anticipates that the next several years hold "a bright future" for dental sales reps. "U.S. News and World Report ranked the top professions for 2015, and dentistry was number one (again), and dental hygiene was number five! Being a part of this industry from the distribution side has been a lot of fun. As sales reps, we should always keep in mind that the only way we succeed is by helping the practice succeed." That means understanding his customers' goals and providing solutions to help them meet those goals, he adds.

And, as Borja has discovered, there are more ways than one to get

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Editor's note: Anthony Stefanou, DMD, will answer reps' questions on their dental customers. Email him your questions at tonydmd@gmail.com or visit www.dentalsalesacademy.com.



Q: How important is the “Made in the USA” claim to dentists in regards to equipment/supplies/products?

A: Good question. It's a bit tricky, depending on what you are selling and who you are selling to, of course. I've worked with a number of manufacturers that feel that their main selling point is to emphasize that they are a “Made in the USA” product. While that may sound logical, does it really make a difference, when it is often the case that some/many of their competitors can say the same thing? Is the “Made in the USA” claim something that a dealer rep should care about and/or focus on in regards to making a difference in their roles? Here is some important information around this topic based on my experiences and recent survey results:

- 81 percent of solo or two doctor general dentist practices say that “Made in the USA” is not the most important factor when making a buying decision.

- 89 percent, however, say that it may be in their top 3 most important factors, and so if it comes down to it being this vs. that, it can make the difference.
- The wild card is that 65 percent state they don't necessarily believe the “Made in the USA” claims sometimes.

As you can already see, this topic can be complex (and even controversial). Let's break it down a bit more:

1. Equipment vs. supplies. Dentists are much more apt to want to buy “Made in the USA” when you specify equipment. The majority of survey respondents say that they would most likely pay a bit more to have some “peace of mind” with the “Made in the USA” claim when it comes to their bigger operator core

purchases, and that it's less important in their month to month supplies/disposables, etc.

2. The individual vs. DSO/group practice. There is also a definitive difference, as might be expected, here. DSO affiliated practices tend to buy according to what the financial deal looks like. The "Made in the USA" claim here is less important to them than the overall pricing/package they are receiving. As we mentioned in previous columns, the projections are that, by 2020, only 30 percent of general dental practices in the United States will not be affiliated with some sort of DSO/group. While I believe that to be a bit extreme, there is no question that the numbers are shifting strongly in this direction, and that is pertinent to this conversation.

3. The small vs. larger individual practice. The larger the practice (revenues, number of operatories, etc.), the less important the "Made in the USA" claim is.

4. Male vs. female practitioners (individual practices). Interestingly, while male and female practitioners do have other differences in their buying habits, they are very similar in their response to how important the "Made in the USA" claim is.

5. The International dentist in the U.S. factor. Again, the demographics are changing rapidly. A significant percentage of dentists now in practice and certainly in dental school are dentists who were born abroad. Many of them aren't buying just because a "Made in the USA" claim is made.

6. The opposite approach. There are many companies that successfully use the fact that their products are manufactured outside of the United States, and emphasize that, since their countries are known in general for high quality production and have the tough standards, that's what separates them from their competition. This is particularly true for areas of Europe, an example being German-based products. When asked about this, over 90 percent of dentists say that in some cases, they do prefer (and in fact, buy) a German (using this example) produced product. This tends to apply to specific types of products (i.e. composites) in crowded sectors. There is also the other side to consider – individual practices have major concerns with products made in other geographic regions, and would almost always prefer the U.S.-based product if everything else were equal.

The other potentially confusing aspect is the (common) circumstance where the umbrella company is based abroad, but

also has a North American division. Sometimes there is manufacturing done in the United States in those cases, and other times the U.S.-based office is just a corporate center and there is no manufacturing. Should that, or does that, make a difference? Hard to say, and many dentists just don't think about it, or don't want to think about all that.

What do we make of all this?

- I don't believe it is "smart business" for a manufacturer to use the "Made in the USA" as their lead message. That's not to say it may not be important to have it as a selling point, but there are simply too many factors and types of practices, and the product/company should have a more powerful message that fits within what the real benefit is to the practice.

Dentists are much more apt to want to buy "Made in the USA" when you specify equipment.

- I do believe that there are times, especially when an office is trying to make a decision and has many options, the dealer (or manufacturer) rep should simply ask "How important is 'Made in the USA' to you?" (and not assume it is or isn't). This allows for both sides to reduce options and make the sales process much more efficient.
- While I don't have the survey results from 5, 10 and 20 years ago on this topic, as I do on many others, it is somewhat apparent to me that the "Made in the USA" claim is not as important as it once was, even though in the political environment, it is certainly a hot topic.
- Remember, going back to the beginning of this column, almost 20 percent of dentists do say it's the most important factor (which is tens of thousands of practices!) **FI**

Automotive-related news

Chances are you spend a lot of time in your car. Here's some automotive-related news that might help you appreciate your home-away-from-home a little more.

Enhanced GPS

The GPS Store Inc. has introduced the Garmin Drive product line. With the help of advanced GPS technology, Garmin Drive aids drivers on daily commutes, as well as longer trips. The Garmin Drive product line moves beyond traditional GPS locator



technology, pre-loaded with maps specific to the driver's location. While these features are included, Garmin's new technology is designed to enhance driver safety through increased situational awareness. In addition, it issues real-time driver alerts.

- The standard Garmin Drive unit alerts drivers to sharp curves, and features fatigue warning, speed changes, railroad crossings and more.
- The Garmin DriveSmart features customizable smart notifications on the display, as well as Bluetooth hands-free calling technology. In addition to the driver-awareness features offered with the standard Garmin Drive, the Garmin DriveSmart also offers Bird's Eye and photoReal Junction Views.

Global hybrid market takes off

The global hybrid electric vehicles market is predicted to grow by 10.53 percent CAGR, according to the Global Hybrid Electric Vehicles Market 2015-2019 report from Research and Markets. However, new technology recently proposed by a team of researchers at the University of California, Riverside's

Bourns College of Engineering, could lead to even greater market growth. Hybrid electric vehicles (HEVs) use fuel and electricity combinations to power the vehicle. Most HEVs start in an all-electric mode and switch to the hybrid energy mode once the battery pack has been drained. This isn't the most efficient way to power a vehicle, and the team has found that a blended discharge strategy providing battery power throughout a journey is far more energy efficient. According to the reports, an increase in 12 percent efficiency would mean reduction in fuel costs for the vehicle owner, which in turn could convince more people to invest in such a vehicle.

Drive Smart

The Metropolitan Transportation Commission (MTC), the transportation coordination agency for the nine-county San Francisco Bay Area, recently introduced a new program called "Drive Smart Bay Area," designed to help motorists save money, improve air quality and increase safety. The Drive Smart program offers drivers several tips, including:

- Linking trips
- Avoiding excessive speeds.
- Removing unneeded gear from the trunk and back seat
- Avoiding hard braking and rapid acceleration
- Maintaining proper tire pressure
- Getting regular tune-ups
- Ensuring fuel-tank caps are tightly secured

Drivers who follow these tips can save up to \$1 per gallon, improve their cars' performance and keep traffic flowing smoother, according to MTC. Drive Smart Bay Area is the newest addition to the Climate Initiatives program launched by MTC in 2009. For drivers who want to know how their current driving style impacts their mpg, the Commission has teamed with

San Francisco-based Automatic Labs Inc. to make the Automatic adapter – a smart driving tool that plugs in under the steering wheel of most post-1996 model year vehicles (\$49.99). The tool communicates with drivers' smartphones, offers safety pointers and alerts them to wasteful driving habits. It also can diagnose engine trouble, remind drivers of where their car is parked and summon emergency response following a car crash. No subscription is required. Automatic adapters work with most gas, diesel and hybrid vehicles built after 1996. For more information visit www.511.org/DriveSmartBayArea.

Safety awareness

Hyundai recently launched a new awareness campaign, aimed at warning American drivers of the risks involved when using counterfeit, aftermarket, salvaged and recycled automotive parts, and highlights the differences between non-Hyundai and Hyundai Genuine Parts. The integrated media, advertising and public relations campaign focuses on safety and resale value. The company also is launching a series of YouTube videos to educate consumers on the difference between original and fake parts. Short-term savings from using non-standard parts can have adverse long-term implications on the vehicle and passengers, and ultimately cost consumers more. As more people understand the dangers of using non-Hyundai components and see the benefits of purchasing original parts, the less likely they will be to suffer severe consequences and lose value on their car. Hyundai encourages the use of Original Equipment Manufacturer (OEM) parts on all Hyundai vehicle repairs because they are designed and manufactured to meet Hyundai's engineering

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components
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specifications. Hyundai does not recommend the use – or re-use, – of components removed or recycled from an existing collision-damaged vehicle.

2016 best cars

U.S. News has announced the 2016 Best Cars for the Money.

CATEGORY	WINNER
Compact Cars	2016 Honda Civic
Upscale Small Cars	2016 Audi A3
Midsize Cars	2016 Toyota Camry
Upscale Midsize Cars	2016 Acura TLX
Subcompact SUVs	2016 Honda HR-V
Luxury Subcompact SUVs	2016 BMW X1
Compact SUVs	2016 Hyundai Tucson
Luxury Compact SUVs	2016 Lexus NX
Full Size Pickup Trucks	2016 Ram 1500

Low cost, high value

Kelley Blue Book's KBB.com has named the 2016 Jeep® Wrangler Unlimited and the 2016 Dodge Grand Caravan the winners of its 5-Year Cost to Own Awards. For a second consecutive year, the Jeep Wrangler Unlimited has been named the winner of the lowest 5-Year Cost to Own award in the mid-size SUV/crossover category, while the Dodge Grand Caravan has earned the 5-Year Cost to Own award in the minivan/van segment for the second time in three years. When considering its 5-Year Cost to Own Awards, Kelley Blue Book's KBB.com considers depreciation, expected fuel costs, finance and insurance fees, maintenance and repair costs, and state fees for all new models. The 2016 Jeep Wrangler features an eight-speaker audio system and improved sound bar, and an optional Premium Alpine Audio Package with nine Alpine speakers, a subwoofer and a 552-watt amplifier. In addition, it features four-wheel drive, a body-on-frame design, front and rear five-link suspension system, live axles, electronic lockers, and a six-speed manual transmission, in addition to its five-speed automatic transmission. The 2016 Dodge Grand Caravan features Super Stow 'n Go seating designed for one-hand operation. The Grand Caravan reportedly is equipped with more than 55 safety, security and technology features, including an available class-exclusive dual Blu-ray DVD entertainment system. **FI**

Patterson Foundation names Dave Misiak as board president

At its December 2015 board meeting, the Patterson Foundation (St. Paul, MN) elected Dave Misiak, president of Patterson Dental U.S. (St. Paul, MN), as its new board president. Misiak, who has been with Patterson for more than 20 years, previously served as a vice president on the Foundation board. Outgoing board president Gary Johnson, who served seven years as president and is one of the founding members of the Patterson Foundation, will continue to serve on the board of directors as vice president.

Henry Schein Cares donates toothbrushes and toothpaste to children living in Vietnamese orphanage

Henry Schein Inc (Melville, NY) recently donated more than 1,000 toothbrushes and tubes of toothpaste from Colgate to children living in a Hue, Vietnam orphanage. The donation was made in support of a two-week dental outreach trip conducted by a dozen high school students from the Lycée Français de New York (LFNY) (New York, NY). LFNY organized the trip with Les Sampaniers, a France-based charity dedicated to serving underprivileged children in Vietnam. During the trip, the LFNY students taught children at the orphanage dental hygiene, how to use toothpaste, and proper brushing technique.

Midmark Corporation launches Midmark PLUS program

Midmark Corporation (Dayton, OH) announced the Midmark PLUS program, a new program geared toward dentists and dental facilities. The program, formerly known as the “Dental Family Program,” offers valuable rebates with the purchase of dental equipment from the Midmark family of products. The Midmark PLUS program began March 1, 2016 and continues through February 28, 2017. Dentists can receive up to a three-percent rebate when they purchase Midmark dental products under terms of the program. The amount of the cash rebate is dependent on how much equipment is purchased and the total dollar amount redeemed. There is no limit to the amount of rebates dentists can earn. New this year with the Midmark PLUS program, all Midmark dental products are eligible for rebates when purchased from an authorized Midmark Dental dealer. Midmark dental products include operatory equipment, beautifully and ergonomically designed cabinetry, best-in-class instrument processing solutions, air and vac, and newly reengineered imaging equipment.

PDT Inc launches new line of surgical dental products

PDT Inc (Missoula, MT) introduced a new line of surgical products. Highlights of the new line include crown removers, scalpel handles with adjustable angle and ejectable blade, ergonomic elevator handles for precision and hand comfort, scissors with long-lasting ceramic-coated edges, and a reusable tray for taking implant impressions. For more information, visit pdt dental.com.

SciCan – National Sales Meeting 2016

SciCan's (Cannonsburg, PA) Infection Control Program was the focus of the recent National Sales Meeting held the week of February 8, 2016 at The Boulders Resort in Scottsdale, Arizona. Top salesperson awards were presented at the National Sales Meeting. The winners were:

Kevin Cronin – Sales Person of the year and category winner for Handpieces and the BRAVO Chamber Autoclave

Mike Gullage – All around sales performance winner and category winner for the OPTIM and HYDRIM categories

Travis Hale – Runner up for all around sales performance

Joe Malik – STATIM category winner

Rick and Jeff Orme – Highest overall sales territory

Porter Royal Sales honors Howard Sorenson at the Chicago Mid-Winter meeting

Porter Royal Sales (Everett, WA) acknowledged the highly successful career of its long-time executive director of sales and VP, Howard Sorenson, at the Chicago Mid-Winter meeting. A reception event for the dental industry was thrown in Sorenson's honor to celebrate his dental career of more than 47 years. Sorenson began the Royal Learning Center, and has trained hundreds of industry sales people through the consultative selling program. The program is considered by many as a key point in their dental selling career. The evening in Chicago was highlighted by a well wish and speech from Stanley Bergman of Henry Schein (Melville, NY). Sorenson does not officially retire until July 2016.

Survey: Many U.S. adults not aware of cavity prevention control

According to a new Children's Dental Health Project (CDHP) (Washington, DC) survey, more than 40 percent of adults believe they have little or no control over whether they get a cavity. The survey, released February 4, 2016, received input from more than 1,000 U.S. adults. Only 57 percent of respondents even believe they have “significant control” over

getting a cavity. Significant control is the combination of two categories on the survey: total control and a lot of control. When asked, "Which of the following is the most common chronic health condition affecting U.S. children and teens?" Eight out of 10 respondents stated obesity, with only seven percent citing tooth decay. Diabetes also scored higher than

tooth decay at 9 percent. Tooth decay is the most common chronic health condition of childhood and it is also two to three times more common than childhood asthma or obesity, according to the CDC (Atlanta, GA). The correct response rate fell to four percent among adults earning less than \$35,000, the CDHP noted.

Patterson Dental Appointee Announcements



Zachary Babbitt



Raymond Barmore



Jason Bates



Ben Chittenden



Amir Gordji Dooz



Bret Emberson



George Fitkowski



Tracee Gluhaich



Derek Hunter



Jill Lawyer



Jeff Mullens



Cameron Otto



Daniel (Maurice) Pacheco



Kelly Richman



Blaine Rush



Florindo Sanchez



Shawn Selasky



Kaitlyn Winn



Jason Young

Henry Schein Appointee Announcements



Justen Legge, Field Sales Consultant

Legge will represent Henry Schein Dental in the Albany, N.Y. area. He was previously employed as a Branch Manager. Legge received his Bachelor of Arts from the State University of New York at Plattsburg.



Sarah Kidd, Field Sales Consultant

Kidd will represent Henry Schein Dental in the North Los Angeles area. She has three years of experience in the dental industry and was previously employed as an Account Executive and Dental Hygienist. Kidd received her Associate in Dental Hygiene from Mount Wachusett Community College in Gardner, Mass.



John Shepley, Field Sales Consultant

Shepley will represent Henry Schein Dental in the Sacramento, Calif. area. He was previously employed as a Membership Consultant. Shepley received his Bachelor of Science in Kinesiology from Northern Illinois University in DeKalb, Ill.



Shane Lasini, Field Sales Consultant

Lasini will represent Henry Schein Dental in the Denver area. He has six months of experience in the dental industry and was previously employed as a CAD-CAM Specialist. Lasini received his Bachelor of Arts in Spanish and Bachelor of Science in International Trading with a minor in marketing and sales from Georgia Southern University in Statesboro, Ga.



Rick Voiers, Field Sales Consultant

Voiers will represent Henry Schein Dental in the Cleveland, Ohio area. He has 24 years of experience in the dental industry and was previously employed as a Sales Representative. Voiers received his Bachelor of Arts in Education from Miami University in Oxford, Ohio.



Sharon Braverman, Field Sales Consultant

Braverman will represent Henry Schein Dental in the metro New York/New Jersey area. She has 30 years of experience in the dental industry and was previously employed as a Clinical RDH and Territory Representative. Braverman received her Associates of Applied Science in Dental Hygiene from Union County College in Scotch Plains, N.J.



Sean Wachtel, Field Sales Consultant

Wachtel will represent Henry Schein Dental in the greater New York area. He was previously employed as a Management Trainee. Wachtel received his Bachelor of Science in Marketing from the State University of New York at New Paltz.



Bryce Very, Field Sales Consultant

Very will represent Henry Schein Dental in the Louisville, Ky. area. Very received his Bachelor of Science in Finance from Indiana University-Purdue University Indianapolis in Indianapolis, Ind.



Zeke Brown, Field Sales Consultant

Brown will represent Henry Schein Dental in the Atlanta area. Brown received his Bachelor of Arts in Business Administration from Georgia Southern University in Statesboro, Ga.



Carolyn Browning, Field Sales Consultant

Browning will represent Henry Schein Dental in the Charlotte, N.C. area. She has a year and a half of experience in the dental industry and was previously employed as an Exclusive Product Specialist. Browning received her Bachelor of Arts in Advertising from the University of Georgia in Athens, Ga.



Hollie Neel, Field Sales Consultant

Neel will represent Henry Schein Dental in the Dallas-Fort Worth area. She was previously employed in Sales. Neel received her Bachelor of Arts in Marketing from Texas State University in San Marcos, Texas.



Cinthya Flores, Field Sales Consultant

Flores will represent Henry Schein Dental in the South Los Angeles area. She has 10 years of experience in the dental industry and was previously employed as a Dental Office Manager and Healthcare Educator. Flores received her Bachelor of Science in Health Science from California State University at Fullerton.



Peter J. Stevenson, Field Sales Consultant

Stevenson will represent Henry Schein Dental in the Sacramento, Calif. area. He was previously employed as a Business Development Manager. Stevenson received his Bachelor of Arts in Organizational Communications from California State University at Sacramento.

**Christopher Russell, Equipment Sales Specialist**

Russell will represent Henry Schein Dental in the Boston area. He was previously employed as an Account Manager. Russell received his Bachelor of Science in Business Administration from Saint Michael's College in Colchester, Vermont.

**Christopher Lee, Digital Tech Specialist**

Lee will represent Henry Schein Dental in the Houston area. He has 15 years of experience in the dental industry and was previously employed as a CIT.

**Jean-Paul Stanley, Equipment Sales Specialist**

Stanley will represent Henry Schein Dental in the Albuquerque, N.M. area. He has 4 years of experience in the dental industry and was previously employed as a Field Sales Consultant. Stanley received his MBA from the University of Texas at El Paso in El Paso, Texas.

**Nick Buck, Digital Tech Specialist**

Buck will represent Henry Schein Dental in the Albuquerque, N.M. area. He was previously employed as a Sales Consultant and Manager. Buck received his degree in Business Management from Central New Mexico Community College in Albuquerque, N.M.

**Matthew Delizio, Digital Tech Specialist**

Delizio will represent Henry Schein Dental in the Baltimore area. Delizio received his Bachelor of Science in Marketing from Salisbury University in Salisbury, Md.

**Patrick Gill, Field Sales Consultant**

Gill will represent Henry Schein Dental in the Austin, Texas area. He has 11 years of experience in the dental industry and was previously employed as a President and CEO. Gill received his degree in General Business from Midwestern State University in Wichita Falls, Texas.

**Kendra Quinn, Business Development Specialist**

Quinn will represent Henry Schein Dental in the Chicago area. She has over 20 years of experience in the dental industry and was previously employed as a Regional Development Manager and Territory Manager.

**Andrew Polk, Regional Account Manager**

Polk will represent Henry Schein Dental in the Northeast area. He has 23 years of experience in the dental industry and was previously employed as a CAM-Corporate Account Manager and Regional Manager. Polk received his degree from Hiram College in Hiram, Ohio.

Benco Dental Appointee Announcements

**John Andino, Territory Representative**

Benco Dental is pleased to welcome John Andino to its Rocky Mountain region. Andino, who earned his B.S. in Organizational Leadership and Human Resources from Rasmussen College, brings 8 years of dental industry experience to the position.

**John Austin, Territory Representative**

The Benco Dental team in the Lonestar region welcomes John Austin. Austin, who studied business at Pierre College, brings experience in the medical industry to the Benco team.

**Laura Farstead, Territory Representative**

The Benco Dental team in the Trailblazer region welcomes Laura Farstead. She studied at Saddleback College and brings 25 years of dental management and consulting experience to the position.

**A.J. Fyre, Territory Representative**

Benco Dental is pleased to welcome A.J. Fyre to its Peachtree region. The graduate of University of Minnesota Duluth received his Bachelor of Science degree in Marketing and Sales. Fyre brings three years of dental industry experience to Benco.

**Kelly Helton, Territory Representative**

Kelly Helton joins Benco Dental in the Derby region. Helton brings 20 years of dental sales experience to the position.

**Brad Hofer, Territory Representative**

Brad Hofer joins Benco Dental in the North Central region. Hofer, who attended Wartburg College, brings two years of dental experience to the Benco family.



Lerin Krieger, Territory Representative

Benco Dental's Dixie region welcomes Lerin Krieger. The University of Louisiana Lafayette graduate received a Bachelor of Science degree in Finance. Krieger brings four years of sales experience to the position.



Ryan Larkin, Territory Representative

Ryan Larkin joins Benco Dental's team in the Desert region. Larkin attended the University of Utah.



Michele Lewis, Territory Representative

The Benco Dental team welcomes Michele Lewis in the Dallas region. Lewis, a Johnson County Community College graduate, brings 15 years of dental experience to the Benco team.



Stephanie Luck, Territory Representative

Stephanie Luck is part of Benco Dental's Midway region. Luck earned a Bachelor of Science in Nursing from St. Luke's College, and a Master's in Healthcare Administration and Management from Rosalind Franklin University. She brings two years of medical experience to the position.



Richard A. Mawby, Territory Representative

Benco Dental is pleased to welcome Richard A. Mawby to its Desert region. Mawby, a Certified Dental Assistant, brings 10 years of dental industry experience to the position.



Kevin May, Territory Representative

The Benco Dental team in the Dixie region welcomes Kevin May. He studied at University of Arkansas at Little Rock.



Juan Rodriguez, Territory Representative

The Benco Dental team in the Carolinas region welcomes Juan Rodriguez. He earned a Bachelor of Arts degree in Management and Marketing at Lander University and brings three years of sales experience to the position.



Paul Pejman, Territory Representative

Benco Dental is pleased to welcome Paul Pejman to its SoCal region. The graduate of University of California Los Angeles received his Bachelor of Science degree in Psychobiology. Pejman brings two years of dental industry experience to Benco.



Francisco J. Sanchez, Territory Representative

Francisco J. Sanchez joins Benco Dental in the Trailblazer region. Sanchez, a Registered Dental Assistant for 16 years, brings three years of dental sales experience to the position.



Brent Satterley, Territory Representative

Brent Satterley joins Benco Dental in the SoCal region. Satterley attended Fresno State University. He brings 12 years of dental experience to the position, including two as an Equipment Specialist with Benco.



Barrett Spencer, Territory Representative

Benco Dental's Dallas region welcomes Barrett Spencer as a Territory Rep. Previously, he shared his talents with Benco and its customers as an Equipment Specialist (nine years) and Service Technician (two years). Spencer studied at University of Alaska Anchorage and served in the United States Air Force.



Jason Sturm, Territory Representative

Jason Sturm grows with Benco Dental's team as a Territory Rep in the Liberty region. Prior to this position, he dedicated his efforts to the Benco team as an Equipment Specialist (six years) and a Service Technician (10 years). Sturm attended Penn State University.



Paul Venet, Territory Representative

The Benco Dental team welcomes Paul Venet in the Desert region.



Lee Woods, Territory Representative

Lee Woods grows with the Benco Dental team in the Mid-South region. For the previous three years, Woods contributed his talents as a Service Technician with the Benco family.



C.J. Young, Territory Representative

C.J. Young is part of Benco Dental's Lonestar region. Young, who earned a degree in Biomedical Technology from MTI College of Business and Technology, brings three years of dental industry experience to the position.

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