

# DENTAL ADVISOR™

Product insights you can trust.

JULY-AUG, 2022

Vol. 39, No. 04



**CLEARFIL  
MAJESTY Flow**  
Kuraray America, Inc.



**Aoralscan 3**  
Shining 3D



**TheraCal LC**  
BISCO



**StellaLife VEGA Oral Care  
Coconut Rinse**  
StellaLife®



**OPA™**  
Innovative Oral  
Solutions

**Employee  
Retention  
Credit Program**

Avano ERC  
Advisors



**GrandioSO  
Heavy Flow**  
VOCO



**Riva Star Aqua**  
SDI



**Kimwood Cell Phone  
Ring Light**  
Kimwood

## 2022 Clinical Problem Solvers





Welcome to another edition of Clinical Problem Solvers where each year our clinical consultants recommend products that have solved very specific problems or have addressed previously unresolved issues in dentistry. We know that clinicians face many challenges in their practices and need to select ideal products to deliver the best treatments for their patients. Dental professionals also have limited time and resources that could limit their abilities to thoroughly research the variety of quality products offered by manufacturers. Thus, we are pleased to be able to combine our experiences as practicing dentists and clinical evaluators to offer you several go-to products that truly solve clinical problems.

We greatly respect individual opinions regarding various products and services; however, this issue offers you our advice on how these products can be utilized to help overcome specific challenges. I hope you find these suggestions useful, and please continue to send in your recommendations! As always, you may reach me at [drbunek@dentaladvisor.com](mailto:drbunek@dentaladvisor.com)

— *Sabiha S. Bunek*

## OUR CLINICAL PROBLEM SOLVER EVALUATORS



**Dr. Matthew Miller**

Dr. Miller graduated with high distinction from the NYU College of Dentistry. He serves as a Key Opinion Leader for several organizations and is the recipient of the American Academy for Aesthetic Dentistry Award, as well as the Northeastern Society of Periodontics Award. Dr. Miller consults and lectures on 3D Imaging Technologies and Advanced Restorative Techniques. He maintains a private practice in Huntersville, NC



**Dr. Ona Erdt**

Dr. Erdt coalesces her experiences as a dental assistant, dental educator, dentist, dental product evaluator and clinical editor into one unique viewpoint. She obtained her DMD as well as completed an MSHS degree, majoring in Health Professions Education, from Western University of Health Sciences in Pomona, CA. She practiced dentistry with Indian Health for a number of years and is now Clinical Editor at DENTAL ADVISOR. She maintains a private practice in St. Johns, Michigan.



**Dr. Marc Harrison Lai**

Dr. Lai is a graduate of the University of The Pacific Dugoni School of Dentistry. He is also a graduate of the renowned Kois Center in Seattle, WA, where he has received advanced training in the areas of cosmetic, implant, and reconstructive dentistry. Dr. Lai currently serves as an Alumni Board of Director at the Dugoni School of Dentistry and serves as Director of the Kois Study Group of Northern California. He maintains a private practice in San Francisco, CA.



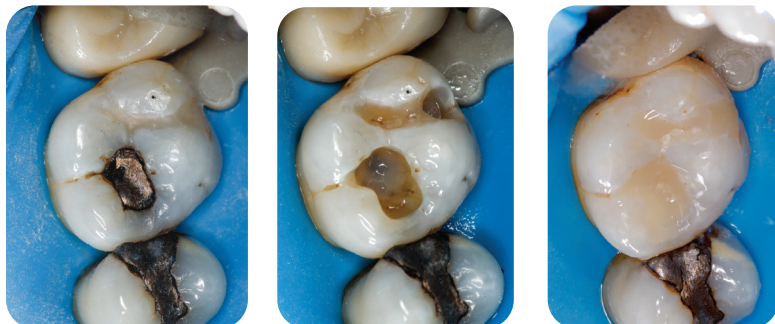
**Dr. Stacy Spizuoco**

Dr. Spizuoco is a graduate of New York University College of Dentistry and completed a one year of Advanced Education in General Dentistry Residency. She is one of fourteen women dentists to be invited to be a KOL and in the inaugural class of Glidewell Guiding Leaders Leadership program. Dr. Spizuoco is a Fellow of the American College of Dentists and Vice President and Board Member of the New York Academy of Dentistry. She is a national lecturer and writer and maintains a private practice in New York, NY.



## CLEARFIL MAJESTY Flow

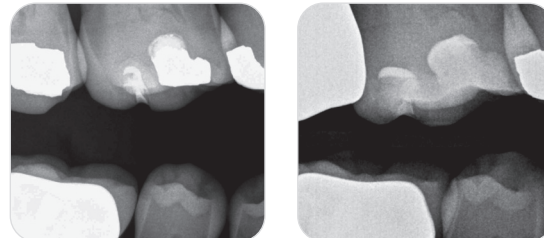
Kuraray America, Inc., [www.kuraray.us.com](http://www.kuraray.us.com) Clinician: Dr. Marc Harrison Lai



Placement of **CLEARFIL MAJESTY Flow** as a liner.

### PROBLEM:

Many clinicians prefer to place a flowable resin as a cavity liner or base in the deepest parts of the preparation, prior to paste composite. If however, the flowable resin does not have the right viscosity, the handling of the material may be compromised, making it difficult to control placement. It is also important for such a flowable to be adequately radiopaque, making it easy to identify on radiographs as an indicator of the base of the restoration.



**CLEARFIL MAJESTY Flow** has optimal radiopacity allowing for good visibility on radiographs.

### SOLUTION:

**CLEARFIL MAJESTY Flow** is a highly filled flowable resin that exhibits incredible handling. It holds its shape and stays right where it is placed due to its excellent consistency and viscosity. It gives the clinician confidence that no voids or bubbles will be created, nor will the material run or slump away from the margins or walls of the preparation. Lastly, due to its low polymerization shrinkage and high radiopacity, **CLEARFIL MAJESTY Flow** makes it easy for clinicians to identify the material on radiographs.



## StellaLife® VEGA Oral Care Coconut Rinse

StellaLife®, [www.stellalife.com](http://www.stellalife.com) Clinician: Lesley Correll, B.A., B.S., R.D.H.

### PROBLEM:

Many patients have some form of gum irritation or inflammatory condition and use oral rinses to help alleviate their problem. However, patients can experience discomfort and negative sensations to flavored oral rinses such as mint and citrus.



### SOLUTION:

**StellaLife® VEGA Oral Coconut Rinse** is a soothing coconut rinse with antimicrobial properties as a natural option to hydrate the mouth, promote healthy gums, and freshen breath. This rinse is formulated for patients with sensitive mouths and uniquely designed for patients with various oral cavity inflammatory conditions.







## TheraCal LC®

Bisco, [www.bisco.com/theracal-lc/](http://www.bisco.com/theracal-lc/) Clinician: Dr. Matthew Miller

### PROBLEM:

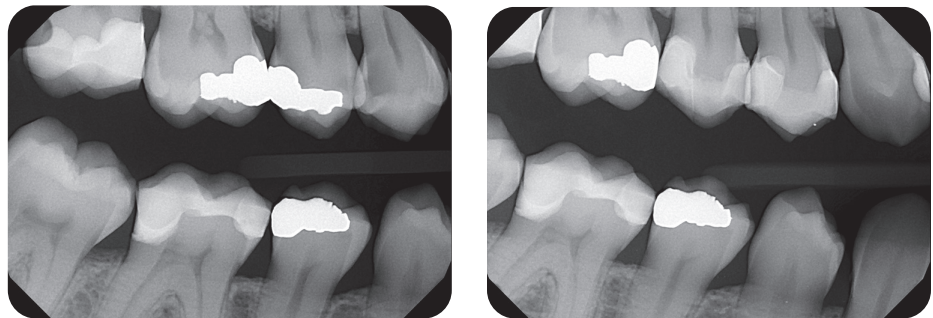
Most regenerative liner and capping materials are not packaged in an easy to deliver syringe and are not usually light curable. Those that are light curable typically are not indicated for direct pulp capping. This can slow down treatment time and the setting of the material can also become an issue when performing resin restorations.



Teeth #4-5 deep caries removed and *TheraCal LC* applied over the pulp.

### SOLUTION:

*TheraCal LC* (Bisco) is a hydrophilic, light curable, flowable resin modified calcium silicate that comes in an easy to deliver syringe. It releases fluoride and calcium and can be used for both direct and indirect pulp capping procedures and as a protective liner beneath restorations. These features allow the clinician to have precise placement of the material and immediate set time with a light-curing unit while maintaining ease of placement due to thixotropic properties.

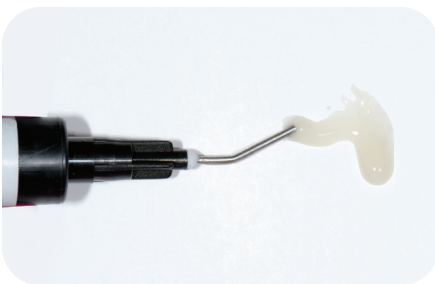


Before and after radiographs of restorations on Teeth #4-5 with *TheraCal LC* visible under the restorations.



## GrandioSO Heavy Flow

VOCO, [www.voco.com](http://www.voco.com) Clinician: Dr. Sabiha Bunek



Example of a runny flowable composite.

### PROBLEM:

With the rise in the number of orthodontic clear aligner treatments, many clinicians are facing a challenge when it comes to finding a flowable composite that is easy to place for clear aligner buttons. Many flowables can be too runny, which can cause slumping and sometimes even debonding from the tooth.



Photos courtesy of Dr. Sabiha S. Bunek

### SOLUTION:

*GrandioSO Heavy Flow* from VOCO is a highly filled flowable composite, excellent for placing buttons on teeth receiving orthodontic clear aligner treatment. The composite viscosity allows for the material to stay put where it is placed and adheres well to the tooth. Additionally, because of its nano-hybrid technology, the composite shades blend well, which makes buttons less visible on the teeth.





## Aoralscan 3

Shining 3D, [www.aurident.co/a3](http://www.aurident.co/a3) Clinician: Dr. Ona Erdt



### PROBLEM:

The head of many name brand intraoral scanners is very large and can restrict the ability to scan certain teeth. Patient reported biting and cold sensitivity on tooth #16 which presented with a large, failing composite restoration with biting and cold sensitivity. Challenges to scanning this crown preparation were that the mesial of the existing restoration was subgingival and the patient had limited opening.



The **Aoralscan 3** (bottom) has a smaller head size as compared to a competitor scanner.



**Aoralscan 3** has the option of two sizes of scan tips.

### SOLUTION:

The sleek straight head on the **Aoralscan 3** allows access to areas otherwise limited by other scanners. In addition, for this case, the option of swapping out for an even smaller head allowed for easy scanning of the deep mesial margin regardless of the patient's limited opening. This, along with the extremely fast upload speed made what would have otherwise been a very difficult scan very easy and accurate. The final scan was crisp, it was easy to mark margins, and the final restoration sat with zero adjustments necessary.



## OPA™ (Oral Placement Appliance)

Innovative Oral Solutions, [www.iosmmw.com](http://www.iosmmw.com) Clinician: Dr. Ona Erdt

### PROBLEM:

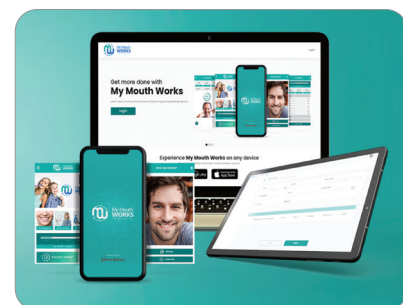
Dental Practitioners have a difficult time prescribing night guards that have limited coverage by insurance companies. Many patients continue to experience symptoms of clenching and grinding, which require a lifetime management of pain, as well as protection against cracked teeth.



### SOLUTION:

The **OPA** device, when used in conjunction with a therapeutic exercise program via *My Mouth Works* program, reinforces correct habits, promotes proper tongue placement and allows for jaw relaxation to maximize program efficiency. It is an all-in-one removable, adaptable nighttime appliance. The **OPA** helps eliminate maladaptive myofunctional habits that can damage hard and soft tissues. It is compatible to use over brackets, with clear aligners, and retainers. It can also be worn over dentures and partials. Depending on the oral condition, exercise programs can last approximately 8 to 16 weeks, all prescribed via a mobile app with reports are generated for both the patient and clinician to monitor and discuss progress.

**Note:** The **OPA** device may be used alone or in conjunction with the *My Mouth Works* program. Alone it is a FDA cleared device to promote a correct tongue position, protect the teeth and promote nasal breathing.





## Riva Star Aqua

SDI, [www.sdi.com/au](http://www.sdi.com/au) Clinician: Dr. Matthew Miller



### PROBLEM:

Silver Diamine Fluoride has proven to be effective in the treatment of carious lesions and root sensitivity, however, it often leaves the treated area stained with a dark discoloration. Some improvements were made to reduce the staining, yet when a UV-curing light was introduced to cure restorative material, the tooth would still become discolored.



Teeth #4-5 treated with *Riva Star Aqua* and restored with composite.

### SOLUTION:

*Riva Star Aqua* (SDI) is a two-step aqueous silver fluoride solution without an ammonia base. Therefore, the process is not abrasive to tissue and causes little to no discoloration to the tooth structure. It provides long-term relief from sensitivity and arrests carious lesions. It can be used in conjunction with restorative procedures and does not darken or discolor after a UV curing light is applied. *Riva Star Aqua* works especially well in conjunction with glass ionomer and resin-modified glass ionomer restorations when treating deep decay close to the pulp.



## Employee Retention Credit Program

Avano ERC Advisors, [www.ercdental.com](http://www.ercdental.com) Provider: Mary Yakas, B.A., C.M.C.

### PROBLEM:

Many dental practices experienced significant loss of revenue when COVID hit. Today, offices are still suffering from staffing issues and struggling to recover financially. Additionally, wages for employees are on the rise due to inflation.

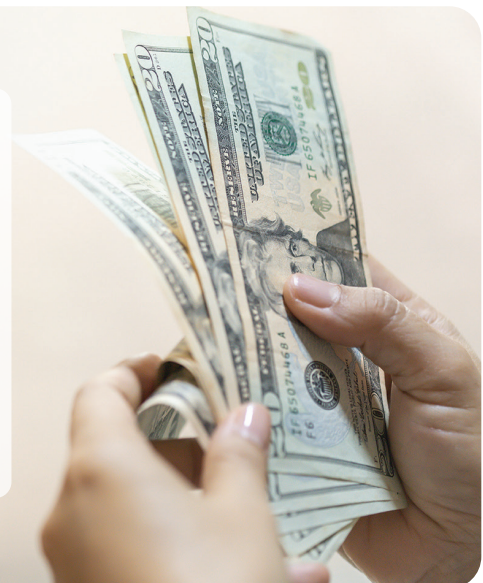
### SOLUTION:

"ERC Program from Avano ERC Advisors is a specialized program using a CPA accounting firm that has expertise specifically in Employee Retention Credit for dentistry with over 90% of its clients as dentists. Typical reimbursement for dental practices is up to \$26,000 per eligible employee. Avano ERC Advisors comes at no upfront cost to you and only retains a flat percent fee when credit is distributed.

To learn more:

<https://ercdental.com>

- Up to \$26,000 per qualifying employee retained in 2020/2021
- New updates may qualify you for even more tax credits
- Refundable tax credit (You can receive more than you paid in taxes. Not a loan.)







## Kimwood Rechargeable 60 LED Ring Light for Phone

Kimwood, <http://ow.ly/nl4P50K4Gz7> Clinician: Dr. Stacy Spizuoco

### PROBLEM:

For proper shade match, labs may require the patient to come to the lab or a lab technician to come to the office. Patients may not be able to travel and having a technician come is an extra fee. Therefore, it's necessary to take quality intraoral photos. However, good quality cameras can be very expensive.



Photo taken with standard cell phone.

### SOLUTION:

Ring light for cell phone. Cell phone cameras have come a long way. They are almost equal to professional expensive cameras. By adding a ring light to the cell phone, you can achieve quality, accurate photos. These photos can then be uploaded to the lab for instant processing.



Photo taken by cell phone with addition of ring light.



Kimwood Rechargeable 60 LED Ring Light for Phone available for purchase online via Amazon Stores.



Every Tooth. Every Need.

## MANUFACTURER TESTIMONIAL

### Centrix Dental

Allison Knapik, Tammy Nowack, Sara Vasilion, Katy Wall and Aimee Vail-Davis

"When we talk to our customers we always emphasize that FluoroDose won the DENTAL ADVISOR Preferred Product Award for Fluoride Varnish six times because we know how important it is to distinguish our product from the other fluoride varnishes out there."

**Aimee Vail-Davis**  
Manager of Special Markets





## SoloCem® Universal and ONE COAT 7 UNIVERSAL Bond Strength Compatibility

M. Cowen, J.M. Powers

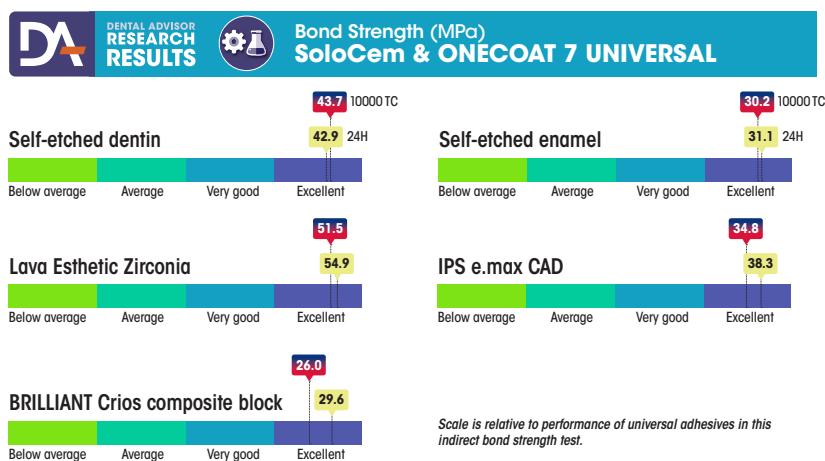
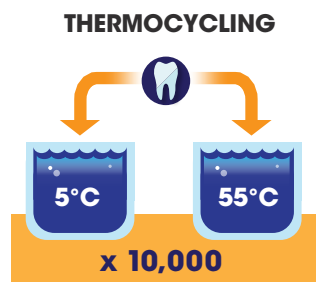
**A** current trend in dental materials is a new class of Universal Resin Cements with the ability to either be adhesively luted with bonding agents or used as a self adhesive cement without the need of a bonding agent.

Universal Cement systems which are both self-adhesive and compatible with adhesives have the advantage of reducing the inventory of resin cements. They allow for a clinical choice of enhancing adhesion with an additional bonding agent for less retentive preparations. In cases of higher mechanical retention, the cement can be used alone where the extra strength of a bonding agent to tooth structure isn't necessary.

Generally, the use of a separate adhesive can give increased resin cement bond strength to dentin by forming a more extensive bridge including inside dentin tubules and higher bond strength to etched ceramics by more effectively filling the undercuts of crystal structures. The liquid of the adhesive which contains less of the inorganic fillers needed for cement strength will provide a more intimate fit to the bonding surfaces.

In this study, we tested the compatibility of **SoloCem** from Coltene which was previously indicated for self-adhesive use without additional adhesives with **ONE COAT 7 UNIVERSAL** for use together in their new universal cement system.

As the main goal of this study was to illuminate any areas of incompatibility with the systems, we tested the worst-case scenario of these material combinations by testing with chemical curing only, and with extensive artificial aging with 10,000 thermocycles to five different bonding substrates. Thermocycling is a common durability test in adhesive and mechanical testing which transfers the materials from 5°C to 55°C for just long enough to change temperature before going back. This shrinks and expands the materials creating mechanical stress, while exposing the bonding



*Previously, some of these self-adhesive cements with adhesive monomers and with a pH low enough to effectively etch enamel have been shown to be incompatible with some separate adhesives, so it is important to test each combination to ensure success. Many clinicians may not realize that mixing and matching products can have adverse effects on bond strength.*

*Self-etched dentin and enamel results show no significant drop in bond strength after thermocycling, indicating both great bond durability and compatibility with this system. The bond strength values for this test to dentin and enamel are within the 90+ percentile for universal adhesive systems.*

interface to hydrolytic degradation (water molecules react with the polymer chain which break resulting in smaller chains) for about 2 weeks which approximately simulates a year of clinical aging in-vivo. We also tested the materials after 24 hours to generate a baseline to assess any changes in bond strength and to determine if there were any differences in how the material fails after aging. In some cases, cements can debond completely after a thermocycling trial, and a 20+% drop in bond strength is common.

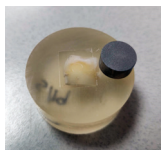
### SUBSTRATE TESTING

**BRILLIANT Crios** from Coltene is a reinforced composite block and the surface was prepared with sandblasting with 50-micron aluminum oxide particles at 30 psi. **The bond strength to the composite block was among the best recorded for bonding to composite blocks with very little drop after thermocycling.** Bond strength values for composite blocks will vary depending on the block as they tend to start fracturing in the block at around 30 MPa in this test, and based on the composition of the block, a silane primer may be beneficial based on the filler glass content. There were small subsurface cracks at the bonding interface which may indicate this bond strength was near the maximum possible for this indirect composite material.

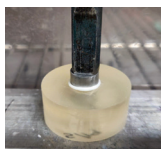
**Lava Esthetic** from 3M Oral Care was the zirconia material tested which was prepared with sandblasting at 50 psi before bonding. With over 50 MPa bond strength and no significant drop after accelerated aging, **ONE COAT 7 UNIVERSAL** was able to prime this zirconia material as well as dedicated ceramic primers.

**IPS e.max CAD** from Ivoclar was used to test the glass ceramic class of materials and was etched with 5% HF etching gel for 20 seconds. The bond strength results were very good for a universal adhesive which are typically in the 25-35 MPa range, with only a small drop after thermocycling.

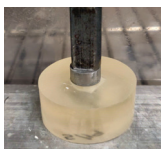
*Overall the combination of SoloCem and ONE COAT 7 UNIVERSAL provides a strong and durable bonding to a variety of common substrates. No bond incompatibility was detected and results are consistent with a high bond strength in the self-cured adhesive cement mode. There was no consequential drop in bond strength after thermocycling or change in failure mode for any substrate indicating a high bond durability.*



After surface treatment, tape with 3 mm hole is applied, and cement is applied to disc and placed over the hole.



Disc is loaded with 1 kg load.



Cement is removed under load before continuing to cure in ~99% R.H. chamber for 10 minutes before testing or placed in water.



Shear bond test is conducted with 1 mm/min crosshead speed using an Instron model 5866.



**12** CLINICAL EVALUATORS

**157** TOTAL USES

**93%** CLINICAL RATING

**Key features:** Resin cement • Self-adhesive • Optional tooth and restoration primers

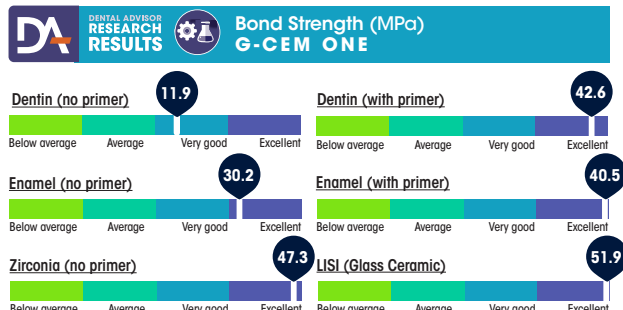
## Description

**G-CEM ONE™** is a self-adhesive resin cement:

- Versatile cement for all restoration substrates
- Not technique sensitive
- Optional Adhesive Enhancing Primer (AEP)
- Easy clean-up with optional one-second tack cure
- Excellent self-curing

## Indications

- Cementation of all types of all-ceramic, resin and metal-based inlays, onlays, crowns, and bridges.
- Cementation of metal, ceramic, fiber posts, and cast post and cores.
- Cementation of all ceramic and composite veneers.
- Final cementation of crowns and bridges on implant abutments.



## Clinical Tips

- For the one-second cure, wave the wand during the tack cure - do not hold it in the same place.
- Avoid curing longer or using the tack-cure settings on your light, as that may set the cement.

## Unique Attributes

- The versatility of this material makes it easy to be the go-to cement in your office for virtually all of your indirect cases.
- What really stood out with this material were the superior bond strengths. As tested in the DENTAL ADVISOR Biomaterials Lab, the bond strength of this material in self-adhesive mode is excellent, but when you add the tooth primer you get bond strengths that rival and excel over anything else on the market.
- This material has a very easy cleanup.
- The optional tooth and restoration primers are a good option for restorations needing additional adhesion, such as low-retentive preparation.



"VERY EASY TO USE CEMENT, SETS PREDICTABLY, AND THE EXCESS CLEANS OFF EASILY."

## Evaluators' Comments

- "It was a relief and joy to use this cement to seat thin lithium disilicate crowns because it was easy to create a perfect shade match that would not color shift after curing."
- "Truly universal for all dental restorations and posts, especially considering the increased bond strength with the **Adhesive Enhancing Primer**."
- "It flowed nicely as the viscosity was very good."
- "A good option for a self-adhesive cement - would have many clinical applications."
- "Excellent for short clinical crown height preparations."
- "You need to be careful with tack cure. If the light is applied a little too long, the cement is hard to remove."
- "The primers had a strong smell."

### Consultants who would:

**92%** Recommend to a colleague

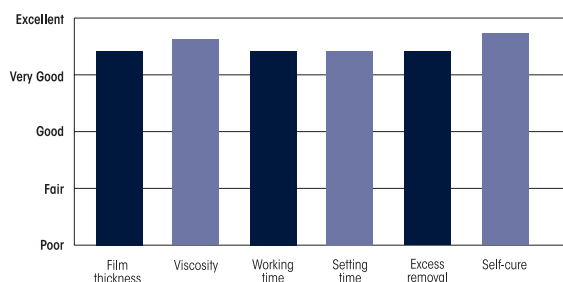
### Consultants who would want to stock in office:

**25%** Yes, instead of current product

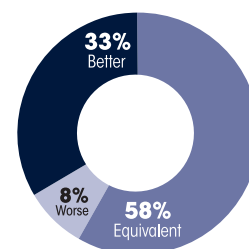
**50%** Yes, in addition to current product

**8%** I might want to order this product for certain cases

### Evaluation Summary:



### Compared to Competitive Products:







25 CLINICAL EVALUATORS

659 TOTAL USES

91% CLINICAL RATING

**Key features:** Universal adhesive • Two-bottle system

## Description

**G-2 Bond Universal** is a universal bonding agent with:

- Choice of preferred etching mode: self-adhesive, selective etch, or total etch
- High bond strength and durability
- Multiple indications
- Resistance to marginal staining
- Easy dispensing with bottle covers that control the pressure for precise drops
- Low technique sensitivity
- HEMA free-formulation

## Indications

- Direct bonding of light-cured composites and compomers to tooth structure
- Bonding of dual-cured core build-up composites to tooth structure as long as these materials are light-cured
- Intraoral repair of composite, metal-based and zirconia/alumina-based restorations
- Intraoral repair of ceramic restorations in combination with a silane coupling agent
- Treatment of hypersensitive teeth
- Sealing of tooth preparation (cavity or abutment) for indirect restorations
- Treatment of exposed root surfaces
- Cementation of all types of all ceramic, resin and metal-based inlays, onlays, crowns and bridges, and veneers
- Post-cementation use



## Unique Attributes

- This two-bottle system helps to reduce technique sensitivity that can lead to post-op sensitivity and restoration failures. Evaluator comments confirmed that using this material reduced the incidence of post-op sensitivity.
- The precise dropper system reduces wasted material.

## Clinical Tip

- Protect from ambient light when doing multiple restorations, as it sets up quickly in the well.

"GREAT FOR  
REDUCING  
SENSITIVITY."

## Evaluators' Comments

"A universal like **G2 Bond Universal** should be in every office."

"Great for reducing sensitivity."

"I love the precise dispensing."

"Worked great to repair porcelain on crowns."

"Good film thickness and flowability."

"I typically use a desensitizer to minimize post op sensitivity. I did not in this case and did not have any patients report sensitivity."

"Cured quickly in the well and I had to use multiple drops when placing several restorations."

"Great product but would have preferred if it were 1 step."

### Consultants who would:

**76%** Recommend to a colleague

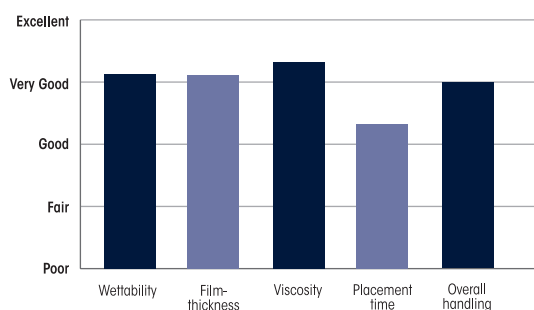
### Consultants who would want to stock in office:

**16%** Yes, instead of current product

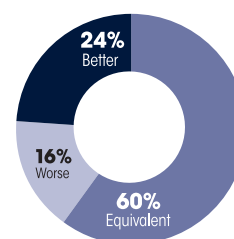
**44%** Yes, in addition to current product

**12%** I might want to order this product for certain cases

### Evaluation Summary:



### Compared to Competitive Products:



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Join your colleagues of **more than 300 dental professionals** across the country.

As a clinical consultant you are able to be on the cutting edge as an early adopter of the latest dental products and equipment.  
**You and your team have an opportunity to influence the future of dentistry.**

**To become a consultant:** contact Lesley Correll, Lesley Correll, BA, BS, RDH at [lesley@dentaladvisor.com](mailto:lesley@dentaladvisor.com) for more information

## SPECIAL THANKS TO:

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R. Fisher, OH · E. Katkow, MD · J. Lockwood, MI · G. Poy, MI · R. Trushkowsky, NY · P. Yaman, MI · K. Baker, TX · F. Berman, PA · J. Bostic, OH · L. Brimhall, MT · M. Briskin, NY · W. Brownscombe, MI · R. Ciccone, MI · C. Colbert, MI · M. Conrad, PA · R. Dost, VA · J. Doueck, NY · M. Eannaccone, NY · K. Fairbanks, MI · M. Feinberg, NY · K. Fischer, IN · G. Franco, NY · N. Garlisi, OH · S. Graber, IL · P. Grandsire, NY · E. Gutman, NY · D. Haas, Ontario · K. Hamlett, TX · G. Hart, OH · R. Herwig, KS · J. Kaminski, MI · R. Kaprielian, NJ · M. Kastner, OH · D. Keren, NY · M. LaMarche, WA · J. Leitner, MI · S. Lever, MD · R. Lezell, MI · M. Man, NY · B. Manne, FL · N. Mansour, MI · N. Markarian, CA · C. McLaren, MI · J.W. Mikesell, IL · R. Mizrahi, NY · G. Mosso, PA · E. Mosso, PA · J. Nash, MI · A. Nazarian, MI · R. Oshrain, NY · J. Paris, TX · D. Parris, GA · M. Patel, MI · D. Peterson, MD · T. Pieper, WY · D. Pitak, MI · V. Plaisted, NY · D. Quallitine, NC · G. Raichelson, Ontario · G. Reskakis, NY · K. Schwartz, FL · J. Shea, MO · B. Shumaker, NJ · B. Sims, NY · P. Symeonides, NY · H. Tetelman, OH · C. Trubschenck, CA · S. Ura, NH · W. Walcott, MI · M. Waranowicz, MI · L. Wee, MI · H. Yeung, CA · P. Zanetti, MI · S. Zimmer, MI

### Clinical Evaluators (19 years or less):

D. Aaron Matatiaha, CA · A. Albright, NY · B. Argersinger, NC · R. Arif, OH · P. Arsenault, MA · G. Ash, MI · S. Baker, GA · M. Bannan, NC · B. Barricklow, OH · L. Bartoszewicz, MI · B. Bauer, IL · J. Bechtel, MI · J. Bechtel, MI · M. Best, MI · L. Bishop, MI · T. Bizga, OH · G. Bloomfield, MI · G. Bonior, MI · C. Brown, LA · E. Brust, MI · S. Bunek, MI · J. Bunek, MI · J. Bush, PA · H. Cadorette, MI · M. Capalbo, RI · M. Caligiuri, CA · P. Campo, NY · P. Cracchiolo, MI · D. Chacko, TN · P. Chaiken, IL · R. Cherry, FL · R. Chuang, CA · M. Connelly, MI · S. Crawford, MI · J. Curley, NC · W. K. Dancy, GA · S. Dillingham, NY · K. Dobracki, MI · S. Doniger, IL · J&E Dusk, MI · A. Durko, MI · M. Egbaria, IL · M. Elford, MI · O. Erdt, MI · K. Evanoff, MI · M. Evers, OH · F. Fauchini, MI · F. Falcao, FL · L. Feldman, NJ · G. Fink, DE · M. Frankman, SD · M. Glovis, MI · C. Goldin, MI · M. Grant, MI · A. Green, MI · R. Green, MI · B. Greenwood, UT · J. Griffin Jr., MO · K. Grindling, MI · P. Gronet, KY · R. Grossman, PA · H. Gulati, MA · F. Haddad, MI · G. Haddad, MI · A. Haddad, MI · A. Hakhamian, CA · J. Hamerink, MI · W. Hanna, MI · A. Harris, OH · J. Hastings, CA · A. Hodges, NC · C. Huang, CA · M. Huberty, WI · J. Ireland, MI · S. Irwin, NJ · C. Jaghab, MI · J. Jaghab, MI · W. Jenkins, MI · T. Jolly, TN · I. M. Kachi-George, MI · D. Kapp, NY · J. Kane, MI · Y. Kang, MA · J. Karam, MI · G. Karouzias, MI · E. Kelly, GA · J. Kelly, GA · L. Kemmet, MN · M. Koczarski, WA · L. Knowles, MI · B. Kolb, MI · GA Krishnan, CA · E. Kuns, OH · C. Laird, OR · T. Lam, CA · R. Le, NC · I. Levine, NY · E. Lowe, BC · CAN · J. LueYen, GA · A. Malkis, NY · C. Manduzzi, MI · J. Mangutz, MI · K. Mantzikos, NY · B. Mayday, MI · T. McDonald, GA · J. McLaren, MI · M. McMullin, MI · G. Meylan, MI · M. Migdal, MI · M. Miller, NC · J. Mills, MI · J. Minsky, CA · L. Montes, NY · A. Moore, NC · L. Motyl, MI · M. Murphy, MI · M. Murrell, MI · L. Musgrave, MI · M. Nasif, MI · B. Neren, MI · J. Neuman, MI · J. Olitsky, FL · J. Olsen, MI · E. O'Neil, MI · F. Orlando, NY · S. Owens, MI · A. Paal, TX · P. Panchal, NC · R. Parikh, IL · J. Parrott, MI · U. Patel, CA · D. Perkins, MI · N. Pelachy, MI · B. Peterson, MD · W. Phillips, MI · S. Picazio, NJ · B. Picot, NC · C. Pike, MI · C. Piontkowski, MI · B. Pittsley, MI · J. Poskozim, IL · B. Pourmaras, SC · A. Prince, UT · D. Radtke, MI · G. Ramos, NY · C. Ramsey, FL · G. Rashall, TX · S. Reddy, MI · N. Rego, CA · J. Riggs, MI · M. Rojas, IL · J. Rowe, AR · J. Rubin, DC · A. Saddy, MI · S. Sallhadar, MI · P. Saurer, OH · P. Scallio, MI · C. Scanlon, MI · J. Schau, MI · K. Schier, MI · A. Schraner, NY · V. Scola, CA · L. Seluk, MI · R. Selvan, NJ · Y. Shaheen, MI · M. Shapiro, MI · A. Shemesh, IN · E. Simanian, CA · S. Simos, IL · J. Slotkoff, FL · J. Smith, MI · C. Stevens, OK · B. Stieper, MI · R. Surana, CA · G. Sutton, CA · G. Tarantola, FL · T. Teel, IN · C. & L. Thorpe, MI · L. Trost, IL · S. Uchil, MI · A. Valentine, MI · H. Vann, MS · C. Vinkovich, OH · J. Weinfield, MI · B. Wilk, PA · K. Wilson, MI · D. Wolf, MA · W. Wright, CA · Y. Yi, MA · D. Young, MI · S. Yun, MI · M. Yurth, WA · J. Zanetti, MI · A. Zucker, OH

**Laboratory Consultants:** Apex Dental Milling, MI