

Changing Practices

Oh, Baby!

Edward Lowe, BSc., DMD
Vancouver, British Columbia
Clinical Director, PAC-live

Yes, my wife, Sharon, and I had our second child on Monday, August 26th. The birth of our daughter, Destiny, just happened to coincide with the completion of my first Functional Anterior course as Director of



Sienna & Destiny Lowe

PAC~live. As a Clinical Instructor over the past 4 years, I've really come to appreciate the professional camaraderie and shared success that each course has inspired.

PAC~live truly is a special and distinguished learning environment because of the dedication to excellence shared by both faculty and attending clinicians. I remember thinking during a hands-on session in our last Cementation Weekend, "This really is amazing!" Which is exactly what I thought when my brand new baby daughter was placed in my arms for the first time. Talk about the ultimate hands-on experience!

It is also with great pleasure that I announce our new group of PAC-live Program Leaders, an outstanding group of clinicians and professionals who share my dedication to the PAC-live enterprise. They are:

Brian McKay, DDS & Derric Des Marteau, DDS
PAC-Faculty Leaders

Joseph Harris, DDS, Rich Cordano, DDS
& Alan Richardson
PAC-Team Program Leaders

Robert Ritter, DDS & Thomas Teel, DDS
Power-PAC Program Leaders



Nancy Downend, RDH, Vicki McManus, RDH
& Amy Mitchell, RDH
PAC-Hygiene Leaders

Gary Alex, DMD
Ultimate Occlusion Program Leader

Lee Culp & Nelson Rego
PAC-Lab Coordinators

Jim Hastings, DDS, will assist me in the Functional Anterior Program. We will announce the Advanced Anterior, and Full-Mouth Rehabilitation leaders at a later date.

Please join me in congratulating this outstanding team as the new generation of leadership at PAC~live. We have assembled what I believe to be the finest teaching faculty in any Advanced Aesthetics program today. As we move forward together, we will constantly evaluate and reshape PAC~live to ensure maximum benefit to all. As the name for our new newsletter, *Catalyst*, indicates, PAC~live is about change and growth, both professionally and personally. As Director, I will work constantly to ensure that we continue to be recognized as the catalyst for outstanding clinical dentistry as well as personal fulfillment in our chosen profession.

As has been said by many before, change is the one constant in life. Whenever I find the time to consider all that has happened in the past few months, I come to the conclusion that change is a very good thing. I look forward to growing with PAC~live as we move into the next generation of amazing professional growth for each and every participant in the program. I think of the PAC~live experience as professional rebirth, a source of new life and new energy for both our alumni

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PAC~live Now in Vancouver!

PAC~live will offer a Functional Anterior Session at the University of British Columbia in beautiful Vancouver. Course dates are March 28-30 and April 25-27, 2003. All other courses in this Calendar will be held at The University of the Pacific, San Francisco.

Functional Anterior

Session I: Prep: Jan 31-Feb 2, Seat: Feb 28-Mar 2
Session II (Vancouver): Prep: Mar 28-30, Seat: Apr 25-27
Session III: Prep: Oct 10-12, Seat: Nov 7-9

PowerPAC Posterior and Anterior

Session I: Posterior: June 27-29, Prep Anterior & Seat Posterior: July 18-20, Seat Anterior: Aug 15-17
Session II: Posterior: Oct 3-5, Prep Anterior & Seat Posterior: Nov 14-16, Seat Anterior: Dec 5-7

Ultimate Occlusion

Session III (2002): December 13-15
Session I: April 4-6
Session II: August 1-3
Session III: December 5-7

Functional Advanced Anterior

Diagnostic: July 11-13, Prep: Aug 8-10,
Seat: Sept 12-14

Full Mouth Rehabilitation

Fall, 2003 (date to be determined)

For further details or to register:
Call 800-616-1553 or in Canada, 310-845-8200.

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PAC~live Out of School

The Path to PAC~live... and Beyond

Ken Hovden, DDS
Daly City, California



It all began in 1999.

I journeyed to San Antonio, not to visit the Alamo, but to attend my first ever American Academy of Cosmetic Dentistry Meeting. I went with the notion of taking the accreditation workshops and then submitting some of my work to receive accredited status. Was I wrong! As I sat in the lectures of David Hornbrook, Jeff Morley, Debra Grey-King and others, I became acutely aware that my dentistry was not at this level. I left San Antonio committed to being a better dentist.

In pursuit of this goal, I journeyed to St. Petersburg, Florida, to visit with Dr. Dawson and his gang of CR doctors. I received some great fundamentals on TMJ health, CR, anterior guidance and other occlusion nuances, but I felt I lacked some of the clinical skills to create beautiful dentistry. I had placed Empress crowns one, two and even three at a time, but the concept of eight to ten at once was totally foreign. To make a paradigm shift of this magnitude, I needed a great hands on course, which brought me to PAC~live.

In my life, once I choose a direction, there is no stopping me. So, did I sign up for one PAC~live class? No. I registered for the Functional Anterior course, gave myself two weeks to absorb all the information, and then signed up for Ultimate Synergy. I went from prepping 8 teeth at one appointment for the first time in my dental career in April to prepping 20 teeth in one sitting in July. I figured, at this rate, I'd be able to prep 40 in one sitting by December.

After the Synergy course, I returned to my practice and tried to implement the skills I had learned at PAC~live. Then a patient of mine asked me to see his wife to take over a full upper arch restoration. The case involved a 9 unit bridge from # 6-14 with three implants splinted #3-4-5. Had the patient entered my practice 3 months earlier, I wouldn't have known where to begin, but after PAC~live, this was the type of dentistry I was now trained to handle.

Last October, the sister-in-law of a patient I had done an eight unit anterior rehabilitation on, called because she hated her teeth — too short, too dark. She wanted a smile like her brother-in-law. The catch — she was moving to Spain in 6 weeks. With the help of Smile Designs by Rego, we delivered a beautiful case. About two months ago, my team informed me I had a call from my patient in Spain. I panicked. Had she fractured off the crowns? Was she having TMJ problems? Should I even answer the phone? I did, only to have her tell me she had seen a dentist in Spain and he wanted to know how this work was done because he had never seen such dentistry.

My practice is constantly evolving. I am taking a family practice started by my mother and father over 50 years ago and slowly developing the cosmetic side. Every day I am amazed at how cosmetic dentistry helps people. I had an 82-year-old patient do an eight unit smile design and when I called her the evening after preps and the provisional, she was upset because she hadn't done this work 15 years ago. No patient is too young for direct bonding and no patient is too old for a smile design. All you have to do is ask them what they want and you will be amazed.

Since my original two courses, I have returned to PAC~live to take the Ultimate Occlusion and Functional Posterior courses. They have helped my clinical skills immensely, but of even greater importance is the positive energy PAC~live creates. Now, in my practice there is no mountain too high, no river too wide.

PAC~live has also helped me to address my practice vision and long-term goals. It has helped, in the words of Dr. Rob Ritter, "Get rid of my staff, because staff is an infection," and create a team. When you've got a team, work is fun. PAC~live's practice management courses have reinforced the principle that relationships are the source of true enjoyment in dentistry.

Relationships with your team, your patients, your fellow dentists and the labs you choose

What Teaching Teaches Me

By Thomas Teel, DDS
Fort Wayne, Indiana



There was a pause on the phone.

"So you're from Indiana?" they say, trying to remember where exactly in the midwest Indiana is located.

"That's... interesting," they continue, as they say to themselves, "Hmmm, Indiana is not exactly the cosmetic dentistry Mecca of America."

And so it goes with my first phone conversation with a new PAC~live attendee. I often think they are wondering why and how a guy from Indiana got involved with cosmetic dentistry at the highest level, and why I would travel regularly to California to share my experience and knowledge with others?

My motivation for teaching is simple. I want to make a positive impact on dentists so that they can achieve their objectives in their practices and in their lives. I love to see a doctor grasp a new concept and watch a patient marvel at their new smile for the first time. At PAC~live, I get to see this 25 times in one weekend. It is awesome to see team members unite and move forward toward a common goal. I feel very fortunate to have worked with some wonderful doctors from all over America who started out as my students and have become my friends. They are the reason that I travel across the country to instruct at PAC~live. It is incredibly satisfying to see doctors leave the program with a renewed enthusiasm for their profession. I firmly believe that these doctors are extremely well-trained and ready to do these procedures in their offices when they leave our courses.

As I initially talk with students, I am reminded constantly that the force that unites us all through PAC~live extends far beyond state borders. In fact, it has nothing to do with the size of our practices, where we went to dental school or how big our home city is. It is a passion from within that is our common bond. We desire to be the very best. We have a thirst

The Game of Production

Joe Harris, DDS
Phoenix, Arizona

"If you were condemned to play one of two games for the rest of your life which would you rather play: tic-tac-toe or chess?"

This question was posed to my practice by a facilitator from the Arbing Institute. As we have developed the answer in our practice, it has changed the way we interact with each other and the way we view and treat our patients. Let me share a recent personal experience...

With a few minutes to spare before our morning huddle, I previewed our schedule. It was apparent that there were some substantial inefficiencies and outright gaps in our day. As a team, we work very hard on our scheduling systems and we had recently discussed the importance of productivity. Concerned, I began mulling how to ask about it, without creating hurt feelings or defensiveness. Schedule and pen in hand, I headed for the meeting.

Everyone was smiling, sharing news of the weekend, when Amanda called us to order. She led a review of the day's agenda, noting a birthday, follow up on a perio patient and so on. When no mention was made of the gaps and inefficiencies in our day, I interjected, "Is there anything we might have done to improve today's hygiene schedule?" Amanda quickly responded that Mrs. Johnson had already been rescheduled once and she didn't feel right about asking her to move forward or back to accommodate an additional patient. "Sometimes there's only so much you can do," she said.

Biting my tongue, I walked back to my office as a heavily somber mood settled in. All that talk of production — didn't they get it? My mind began to settle on other recent disappointments. How could I help them to understand office overhead and the cost of sitting idle?

Barely talking and only mildly responsive toward my patients, my heavy mood persisted. Eye contact with the team was strained and fleeting. I was stuck, unable to find a solution

I could feel good about. It seemed my only options were to feign ignorance or badger the office into compliance.

However, the anger and frustration began to melt away as I remembered who the people I work with really are — devoted and loving friends, capable of masterful chess playing.

That afternoon, I shared my morning's experience with them, including the range of emotions I had. As a group we talked (and laughed) about solutions that would support the overall goals of our office, including specific dialog for this issue.

Since that time we have encouraged an office-wide policy of "playing chess." Our Arbing instructor asked us to imagine what it would be like for a chessmaster to be forced to play tic-tac-toe all day. Or a concert pianist condemned to playing chopsticks hour after hour. It would seem intolerable. Is it much different in our offices?

Many capable team members come to work to face a day full of tasks or "doings," with no clear picture of the overall office result. We found that a focus on "doings" created a current of mindless tic-tac-toe in our office and production suffered because of it. Now, innovation and energy help prevent problems and inefficiencies before they arise. We constantly look for answers with the overall result in mind.

As a PAC-live Mentor, I have met hundreds of team members. Their enthusiasm, desire and caring is incredible. They are very capable providers, but not all are playing chess. Some chair side assistants are limited to suctioning, spraying and other minimal tasks. They don't understand the tremendous value they could be to the overall success of the practice. Hygienists who only provide prophylaxis and OHI are playing tic-tac-toe. Front desk



"My Number 1 Team" Top row- Kimberly Reed, Middle row (l-r) Mary Brannan, Amanda Richmond, Wendy Patterson, Betsy Lee. Bottom row (l-r) Vicki Warman, Linda Smith, Leslie Sparks

personnel bounce around from one mundane task to another without a deep understanding of the purpose for which they do them.

Now is a great time to consider a game change for your office. The results could be stimulating and rewarding. Start by creating an atmosphere of encouragement. Take the entire team to a continuing education program. Help make them the best and most educated in town. Share your knowledge of materials and procedures. Give responsibility and trust them to succeed. Pay them commensurate with their results. Playing tic-tac-toe is fun for a while. Soon, it becomes boring and tedious. Playing chess, with an infinite number of options can be stimulating and motivating for willing players and practices.

Enjoy the game.

NEW! Advanced Anterior Program

For those of you who have completed both the level 1 Anterior and the Occlusion programs, mark your calendars. The New 2003 Functional Advanced Anterior course will begin on July 11, 2003. Hands-on treatment of 10-16 anterior units.

PAC~live

The Art of Hygiene

We are excited to announce that Hygiene Mastery has once again been selected as the primary provider of hygiene education at the Pacific Aesthetic Continuum in San Francisco. Under the direction of Amy Mitchell, RDH, Nancy Downend, RDH, and Vicki McManus, RDH, our students gain a renewed passion for the profession.

Our newly revamped program is designed as a clinical continuum and follows the curriculum for dentists. As the doctors are learning the fundamentals of smile design, materials selection, and upgrading their preparation techniques, hygienists are learning examination protocols, care of adhesive dentistry, and how to integrate functional aesthetics with periodontal case presentation.

This comprehensive post-graduate program begins with Level One at Anterior Prep Design and flows through to our most Advanced Full-Mouth Restorative Courses. It is imperative that hygienists attend each weekend of each session. Unlike seminars or lectures alone, these courses incorporate actual clinical experience that cannot be duplicated or "shared" with other hygienists during an office staff meeting.

Creating the Program

Quality patient care is the centerpiece of the educational experience. Every aspect of the program was developed by answering the question, "How can we improve the standard of care in dentistry and enhance team relationships?" There is not one ounce of fluff, hype or showmanship in these courses. They are committed to sharing everything they've learned in their combined 60+ years of experience.

According to Dr. Ed Lowe, Director of PAC~live, "What sets this program apart from others is that it is not just another 'perio' program. Amy, Nancy and Vicki have worked with us to integrate the hygiene program with the doctor's clinical program and the staff programs. The hygienists walk away with a renewed sense of team, and our students love that. I've taken my team to many CE courses across the country, and none of them provide the type of post-graduate education that PAC~live Hygiene delivers."

Growth in every area of life comes just one step outside your comfort zone. For decades, hygienists have lived within the comfort zone of prevention. Today, we are excited to be outside that comfort zone! As a profession, hygiene is growing and functions are expanding. PAC~live is proud to be a part of this revolution.

Meet the Instructors

Amy Mitchell RDH, is an aesthetic hygienist in Seattle, Washington. She holds the highest level of expanded function licensure in the nation. This allows her to provide anesthesia, place direct composite veneers, posterior restorations, and utilize soft-tissue lasers in periodontal therapy. Her comprehensive approach to dentistry will stretch hygienists' thinking and help them gain skills in general healthcare, aesthetics and occlusion.



Vicki McManus, Amy Mitchell and Nancy Downend

Nancy Downend RDH, is a full-time clinical hygienist in Northern California and holds post-graduate certification in laser therapy. She has a passion for technology and creates an exciting, safe learning environment for hygienists to discover new technologies such as Florida Probe, Diode Lasers, TekScan, and Diagnodent. If there is a new piece of technology available to hygienists, Nancy has it in her operatory and uses it daily.

Vicki McManus RDH, is from Atlanta, Georgia, and is the Director of Hygiene Mastery. Her passion is to teach hygienists the connection between clinical excellence and sound business principles. Whether you choose to implement the technology we teach, or simply apply sound clinical techniques and business principles to your practice, your career will be enhanced, and changed forever.

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What Teaching Teaches Me

for knowledge and a goal to provide uncompromising dentistry for our patients. I think every PAC~live student and faculty member feels this way, and this is why there is that special energy at every PAC~live course.

The true spirit of PAC~live was demonstrated at one of our very first courses. I will never forget during the clinical wrap-up when we were very candidly discussing the shortcomings of a case from that weekend. It was apparent that no one was happy with the outcome. Amazingly, there was no finger-pointing or excuses. No one "blamed it on the lab." There was a positive discussion about where the case got sidetracked and how we could learn from those errors. A clinical instructor even took the majority of the responsibility, due to a clinical misjudgment. Those honest statements spoke for themselves as to what the PAC~live experience is all about... dentists helping dentists to be their very best and the acknowledgement that we can all learn from each other no matter what our level of experience may be.

I routinely tell my students that, regardless of their experience, I'm sure we will learn from each other during the time we spend together. I almost always pick up practice management and clinical tips from students at every course I teach. More often, I find myself learning lessons of commitment, humility, kindness and compassion from my students and their teams and patients. It is these lessons that make me a better dentist, a better educator and a better person. These are the experiences that keep me coming out to PAC~live again and again.

They are also the same experiences that I take back home with me to Indiana.

Changing Practices

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Oh, Baby!

and our faculty. When everything works together, great things will happen — it's our destiny to create and to share!

Ed.

P.S. Our warmest thanks to all of you who extended your good wishes to my family. We appreciate your kind thoughts.

Anterior Aesthetics the PAC~live Way

Walter Kostrzewski, DMD
Milford, Connecticut

Mary is a 68 year old female who presented with a desire to have whiter, straighter teeth and "to look better." Her chief complaints were stained and flaring teeth, and difficulty with "s" sounds. Mary is a model/actress who had been asked to do denture commercials even though she has all of her teeth. She wanted natural-looking white teeth, but did NOT want to look like she had dentures!



On clinical examination, the findings were as follows: numerous old composite fillings discoloring and "leaking," many endodontically treated teeth, and, many old PFM crowns. Mary's occlusion was Class I and the TMJ exam was within normal limits. Her oral hygiene care was exceptional and no gingival inflammation was present. Teeth 3-5 had a cantilever bridge. 13, 14, 15 had PFM's and 6-12 had numerous interproximal composites. Radiographs revealed no bone loss or lesions.

We restored Mary's upper arch with Empress restorations from 6 through 14 and a cantilever bridge 3-5 made of Authentic PFG. Ceramics were created by Smile Designs by Rego in Downey, California.

Pre-op AACD photo series were taken. We started by mocking up Mary's anterior eight teeth through techniques learned at PAC~live. Through this process, we were able to determine an ideal length for both aesthetics and functionality. This initial mock up is done prior to **any** anesthesia (topical, local or sedation). The importance of this is to be able to find the ideal functioning as well as ideal aesthetic tooth position. This step cannot be achieved by simply sending an impression to a lab and asking for a "wax-up". No matter how talented your ceramist is, he is without the needed landmarks to achieve these optimal positions. The teeth, gums and lips must all be part of this "mock up". The initial length was determined by using 21 mm from vestibule to incisal edge position. The smile line was established to follow the lower lip line keeping buccal corridor and axial inclination in mind. And, finally, speech was evaluated at the mocked up incisal length and inclination.

Once the mock-up was approved by Mary, an impression matrix was taken using Discus Dental's Clear Bite Peppermint Snap with a light body (green) impression syringe over the mock ups intraorally. This will be used again to fabricate the temporaries.

We then began to prepare the teeth by prepping into the existing mock-up using the PAC~live Preparation Kit Bur Block by Axis. Another advantage of the mock up is conser-

vation of tooth structure in preparing the teeth. Since we begin prepping into the composite built up on the teeth, we will not unnecessarily remove tooth structure. In some cases where you will be building out tooth structure, there will be no need to prep into the tooth and the mock up will be your guide. Again, the intra-oral mock up is one of the best tools I learned at PAC~live for two reasons: it is not possible for the ceramist to give you ideal position without the patient in front of them *and* it provides you with a guide for conservative preparation of tooth structure. In my opinion, this is the most important step in planning the case.

In cases where we are going to prep more than eight teeth, this step becomes its own visit. On this "visit one" we obtain the following things:

1. Patient financial arrangement; *all* financial commitments are met or financing is being arranged.
2. Post-op instructions are given written and verbally to the patient.
3. The patient will choose *their* smile design preference and choose *their* final shade.
4. Medication the patient will need is dispensed and consent forms are signed.
5. Pre-op photos are taken.
6. Intraoral composite mock-up is done and an impression taken for the final temporaries.
7. Any patient questions are answered. This process is the *most* important step or visit in satisfying the patient's needs and planning the case. It also requires less than an hour of doctor time since everything is done by auxiliaries except step 6.

Back to the preparation, in order to maintain our vertical dimension, we are careful to maintain our bite relation throughout preparation. Initially, the patient was bilaterally manipulated into a comfortable centric relation. This position was verified and repeated manually. An initial bite was taken.



Posterior Dentistry: The Foundation of Aesthetic Practice

Rob Ritter, DMD
Palm Gardens, Florida



As I look back on my last 3 years as a clinical mentor at PAC~live, it is even more apparent that the foundation of any aesthetic practice is excellent functional posterior dentistry. In lean times as well as in prosperous times, it is a sound premise to have a thriving general practice to supply the smile designs that we all love to provide to our patients. These patients are usually existing patients of the practice that have had other dentistry performed on them — most likely posterior dentistry. It is by establishing a relationship with the patient and servicing them with beautiful dentistry that they will move forward with more elective procedures. With this in mind, some of the protocols of indirect posterior dentistry will be reviewed in this inaugural *Backtalk*.

The basic guidelines to remember are to be conservative when preparing teeth for either direct composites or indirect resin/ceramic restorations. If the prepared tooth is small enough to sustain a direct composite, then place with care under a rubber dam. There is no better way to ensure the quality of the restoration than by using a rubber dam. In this article, the focus will be on indirect restorations.

The pre-op picture of 3 failing mercury amalgam fillings (Fig. 1) will serve as the case report. Due to the intercuspular width, indirect

resin/ceramics are indicated. Whether you choose resin such as Belleglass (Kerr), Targis (Ivoclar/Vivadent), or Sinfony (3M/ESPE), or pressed ceramic such as Empress (IvoclarV/ivadent), the protocols are exactly the same. A pre-op impression taken in a Triple Tray® with either a clear vps bite registration or Vanilla Bite (Discus Dental) for accuracy.

Remove all remnants of the previous fillings, use a caries-detecting solution to disclose carious dentin, and smooth all walls. Make sure at least 1.5mm of occlusal clearance is available and diverge all walls. A good quality vps impression is taken, and appropriate shades and bites included for the laboratory. Using a bisacryl and original bite registration fabricate quick, accurate temporaries. Cement them with a non-eugenol cement.

The day of cementation is the last step in achieving long lasting, aesthetic restorations. Place the rubber dam, this is the most important part of cementation day.

Remove all surface smear with either a chlorhexidine rinse or a benzylkonium chloride solution. Etch the periphery for 5 seconds and place the etch on the dentin for 10 more seconds (Fig 2). Rinse but leave wet. This is where I use Gluma and scrub for 20 seconds per tooth. In my experience, this

works to prevent the dreaded post-operative sensitivity. Blot dry using a microbrush. Apply the adhesive of choice; my favorites are Excite, Prime and Bond NT, and (Fig 3) Discus Dental's Cabrio. Evaporate the carrier in the adhesive with either a warm air drier or using a slow speed suction let it vacuum up the carrier (Fig 4). Light cure for 20 seconds per tooth, mix your dual cure cement like Variolink II, place on the teeth and seat the restorations that have been etched and silaned with adhesive placed on the internal surfaces. Place the units all at one time (Fig 5). Clean up extra cement with Bender Brush®, rubber tip, and floss through once (Fig 6).

Apply Deox®, light cure for 1 minute per surface (Fig 7). Remove the dam, adjust occlusion with a football diamond, and polish with either Astropol, Dialite, or Jiffy cups. Remember to use your intra-oral camera to show your patient the gorgeous work you are placing in their mouth (Fig 8). I believe that you should take pride in your commitment to excellence — and, yes, this applies to posterior restorations just as much as anterior.

I look forward to sharing more cases with you in future issues of *Catalyst*. If you have any questions, please contact me or your clinical mentors. It's all about excellence.

Clinical Overview



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6



Figure 7



Figure 8

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Anterior Aesthetics the PAC~live Way

We prepared the anterior teeth 4-8 and then replaced the left side bite material in back over the teeth to get a prepared bite impression of the right side. Next, the left side was prepared from 9-13, the prepped bite was placed on the right side, and a new bite taken on the left side.

In order to maintain a seat for the temporary matrix, the temporaries were made on the anterior ten and removed. We then prepared the remaining posterior teeth and new posterior bites were taken. It is very important to maintain these bite registrations and prepare the teeth in sequence so as not to lose the vertical to which you wish to restore the teeth. This was an important step and a learning experience taught at PAC~live in maintaining total control over the case.

Once complete prep shades were determined and recorded, photos were taken with prep shape guide for lab communication. The lab will use these as a reference when making the final restorations. Final impressions were taken as well as a Stick Bite with a photo, a Stratus Face-Bow (Ivoclar) was also taken.

Next the anterior temps are set in place and the posterior temps were fabricated, then finished and polished with the Axis Polishing Kit and Sof-Flex Discs. Recontouring is done, if necessary, and any bubbles or voids are filled in with composite.

The Stick Bite was done by using a small amount of Discus Dental Vanilla Bite registration and a plastic brush handle. The bite registration is used to show the ceramist the horizontal plane by matching it up to the interpupillary line and to determine midline. Photos are taken. The Stick Bite and pictures will also be sent to the lab and used in making the final restorations.

The next day a post-op phone call was placed to Mary. She was very happy with her temporaries and impressed with how little discomfort she was having. Mary returned to the office in one week to assess the temporaries. I believe it is important to maintain the

temporaries. By this, I mean don't just send the patient home and see them when you are ready to seat the case.

When our patients return at one week, they sit down with a Treatment Coordinator and evaluate their temps. We discuss smile design, tooth position, shade, and review home care, something I cannot emphasize enough.

Any changes are then relayed to the ceramist for final preparation of the restorations. This step takes about 5 minutes of the doctor's time and strongly enhances the likelihood for success of the case, another very important step not done by many before increasing their knowledge at PAC~live.

The PAC~live Aesthetic Prescription Form is then completed and sent with complete photos (12 AACD pre-ops and prep photos) to the ceramist. This can now be completed more accurately after evaluation of the temps.

Mary returned to the office six weeks later to seat her final restorations. First and foremost, a rubber dam was placed to isolate the teeth using a slit dam technique taught at PAC~live.

All the teeth were cleansed and prepared for bonding. Bonding was done using the all-etch technique. Cavity cleaner was placed before etching and teeth were etched for 10 seconds, 3 teeth at a time. Teeth were then rinsed and re-wet using Gluma Desensitiving Agent and blotted dry. The bonding agent was applied, the teeth were lightly dried and the bonding agent thinned out.

Teeth were then cured for 15 seconds. The porcelain was prepared by etching, then placing silane and finally the bonding agent inside the restorations. RelyX Light-Cured Cement (3M) was placed in the restorations and the restoration were seated all at once.

Next we used the "Wave Technique" to cure and clean up the excess. The restorations were tacked in place with a tacking tip for one second each. Restorations were then cured

with the regular tip and a "waving" motion 5 seconds lingually and 5 seconds buccally. The excess cement was removed using an apical flicking motion. All restorations were then cured 15 seconds each, both lingually and buccally. Final polishing was done with the Axis Porcelain Polishing Kit. The Rubber dam isolation was removed and occlusion was inspected and adjusted as necessary.

The patient was very happy with her new smile.

So was I.



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The Path to PAC~live... and Beyond

to work with. Relationships only come about because of attitude and communication.

Since my involvement with PAC~live, dentistry has become fun again. I look forward to going to work each day so that I might change someone's life. I never thought this was possible in the field of dentistry, but when the first patient cries tears of joy in your office because you created what others told them was impossible, you are hooked. From that point on, all you want to do is continue giving others the same joy.

Thanks, PAC~live, for forever changing the way I practice dentistry.

Commitment



I am proud to say that never before has this company been more committed to sharing the gift we call PAC~live. I recently had the opportunity to attend Dr. Ed Lowe's first Functional Anterior Program as Clinical Director. When you walk into the PAC~live clinic, you feel the passion, the energy and the incredible yearning for improvement immediately. It really hit me that I was getting a glimpse of what the PAC-faculty lives and breathes every day. I couldn't help but return to my office on Monday and share what I had seen and felt. At 11:00 am, I called my entire management team into our auditorium and tried to describe my recent experiences at PAC~live. What I realized as I was speaking, and what I told my team and tell you now, is that to truly understand it, you have to be there.

Of the current seventeen clinical faculty members, fourteen were part of the founding

PAC~live faculty. They are a selfless group of individuals who travel from across the U.S. and Canada to share their expertise and experience. They are the lifeblood of PAC~live, and each and every one of them is an amazing clinician and reflective of the highest level of professional accomplishment.

In the coming weeks, you'll notice some significant changes at PAC~live. New courses, new venues, new communications and updates to current course offerings. Every one of these changes is in support of one paramount goal: to build a PAC~live community. This publication, *Catalyst*, is our new quarterly alumni newsletter, dedicated to keeping you informed of what's going on within that community. Each issue will feature course updates, stories from and about students and faculty, casework from the PAC~live clinic and other informative and entertaining content. We're also in the

process of building a PAC~live site on-line, which will function as a day-to-day communications resource for all.

I believe in the PAC~live mission to create opportunities for professional and personal growth with the same passion and commitment that I feel about our mission at Discus Dental, a statement I don't make lightly. I look forward to your continued active membership in this amazing program. We appreciate the opportunity to be a part of it and thank each of you for your commitment to a stronger-than-ever PAC~live community.

Sincerely,

Robert Hayman
President, Discus Dental

Extracurricular Activities... PAC~live Out of School

The Tadich Grill
240 California Street, San Francisco
415-391-1849



Brian McKay knows his cioppino and that's why he's been coming to The Tadich Grill since his student days. "We used to drive up

from USC for football games at Cal or Stanford and made a point of eating there whenever we got the chance. It's always great." The Tadich Grill has been serving excellent food (especially seafood) continuously since 1849. The ambience is truly Old San Francisco and, in spite of the overflowing crowd, the service is excellent.

Friday night at the last Anterior Seat course, Brian



Nelson and Brian post- cioppino

McKay, Ed Lowe, Nelson Rego, and Robert Cartagena and Brian Hulan of Discus Dental set out on a mission to experience what Dr. McKay calls the "best cioppino" in San Francisco.

When we got there, it seemed that everybody else in town had also heard about the great food, but it proved to be worth the 45 minute wait (they don't take reservations). Our group killed time as Brian reminisced about all the meals he had experienced there over the years. If you're the anxious type, there's also a long counter where you might be able to grab a seat and faster service. But The Tadich Grill isn't where you want to go when you're in a hurry. It's the perfect place to linger over excellent food and a glass or two of good wine, which is just what we did.

And, by the way, McKay was right: the cioppino was superb! As were the

oysters and the unlimited supply of sourdough bread. If you're planning a night out next time you're in town, The Tadich Grill is a lot of fun. Maybe we'll see you there!

The Official PAC~live Full Mouth Restaurant Classification for the Tadich Grill:
(on a scale of 1-5) 5

PAC~live
PACIFIC AESTHETIC CONTINUUM

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Visit our web site at www.paclive.com