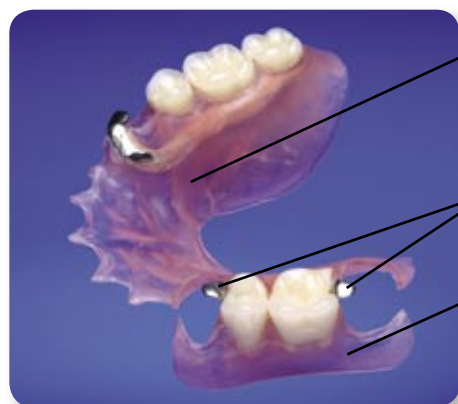


New V-Stop™ with Valplast®

The Flexibility and Aesthetics of Valplast with the Stability of Metal Rests.

Flexible Valplast® partials have two important benefits. Elimination of metal clasping improves aesthetics, and the flexible base allows for a variable and easy path of insertion. The net result is more patient comfort and higher patient acceptance.



No embedded frame permits flexible path of insertion – thinner and more comfortable

Metal rest adds functional stability

Flexible clasp for aesthetic retention

Despite these benefits, many dentists want the laboratory to add an embedded metal frame to the flexible partial for increased stability and strength. By using a metal rest these so-called “combo-partial” do provide more vertical stability. With metal rests patients report increased stability and improved function, better chewing efficiency, and fewer sore spots on load bearing tissues.

The embedded framework, however, adds no additional strength. Valplast is unbreakable. Also, embedding a framework within a flexible partial eliminates one important benefit of Valplast partials – the flexibility that allows an easy and variable path of insertion.

Keller technicians recently introduced a simple solution to provide the best of both vertical stability and flexible insertion comfort.

Instead of embedding a complete partial framework, only metal rests are embedded in the V-Stop™ with Valplast partial. These rests provide a vertical stop during occlusal loading and increase **functional stability**. By using only the metal rest, and

not using a rigid major connector, the V-Stop retains its flexibility for easy, adjustment-free insertion. Your rest preparations should follow standard rest guidelines.

Indications for a V-Stop with Valplast:

- Replacing an old partial where rest preps have already been prepared. A V-Stop with Valplast fills in old rest preps and provides functional stability similar to the patient’s old cast RPD.
- When the doctor and patient want more tooth support vs. tissue support.
- When the planned partial will oppose another tissue born prostheses (e.g., full denture or previous flexible partial).

V-Stop™ Classic: \$249

Lab choice of teeth.

V-Stop™ Select: \$299

Doctor choice of premium teeth and free sonic cleaner.

V-Stop™ Nesbit: \$169

Doctor choice of premium teeth (unilateral only).

Keller Locations

(800) 325-3056 St. Louis, Missouri

(800) 292-1894 Louisville, Kentucky

(800) 325-3056 Indianapolis, Indiana

(800) 821-3107 Kansas City, Missouri

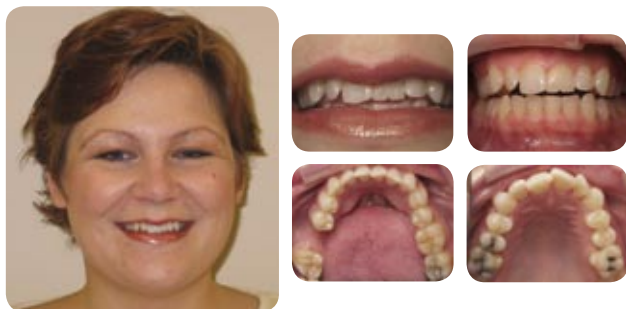
The Number One Reason to Use Digital Photography

By Dr. Bob Maher, DDS

There are lots of great reasons to use digital photography in the dental practice, but one use stands out above all others. If you do nothing else with your digital camera, use it for patient communication at your exam/consultation.

Management consultant, lecturer and author Gary Takacs agrees: "There is no such thing as a magic wand in dentistry but these **five photos** are the closest thing to one that I have ever seen. It is easy, quick, can be done by staff, and has a powerful impact on case acceptance."

The **very first step** of my new patient exam involves this series of digital photographs. My assistant takes the photos. She enjoys using her new skill to initiate interaction with the patient. **The entire procedure of taking the photos and putting them into the computer takes her less than five minutes.**



The five key photos: full face, close-up smile, retracted view with teeth slightly separated, upper and lower occlusals.

Once the photos are in the computer they become a diagnostic tool. **I view them before I do the initial exam.** Seeing the teeth without the personality attached enables me to be more objective. I frequently see things that I may not see in the mouth. When I go in to do the exam, I already have an excellent idea of what I will find and how I will be planning to treat the case.

After the exam the patient and I, together, look at the photos. Some patients become easily involved in the photo discussion. Others need to be led along with open-ended questions. Either way they learn an immense amount of information from the pictures. **Patient co-discovery** is a powerful presentation and motivational tool. Try this just one time and you will be convinced.

The great news is that you can use almost any

reasonably good digital camera for these photos, the free software that comes with the camera, and the lowest cost laptop computer on the market. Not much of an investment for the dramatic return you will receive. Keller's technical team has helped many clients to set these systems in place and to train the photographer. They can also make recommendations on various camera choices to fit your needs.

Once you get started with digital case consultation, you'll find all sorts of other reasons to use the camera everyday in the practice:

Laboratory communication will improve immediately through photography. A series of photos included with a cosmetic case is a virtual necessity to obtaining consistent results from a quality lab. Keller won't complain about too much information.

Identify patients easily by placing a full face photo in the chart or on the computer record. I couldn't practice without this. I can remember names and faces but can't seem to put the two together without a photo.

Legal documentation improves with photography. Insurance companies have more difficulty denying claims where photographs show obvious cracks, open margins or other conditions.

There are many courses available that teach complex methods to do digital case presentations using PowerPoint or other programs. Resist these until you've developed your photography habits and skills. I believe that MOST dentists are not interested in complexity but simplicity and expediency!

I have published a step by step, "How To" manual on digital photographic case presentation procedures used in my office. It is called: **Simple Hi-Tech Case Presentation and Imaging. How to Increase Case Acceptance the Easy Way!**

Visit my website for details, www.drbohmaher.com. Good Luck and get started today. You are missing out on one of the easiest and most cost efficient ways to increase case acceptance.



Dr. Robert Maher practices in Palm Desert, CA. He lectures and presents "hands on" clinical and photography workshops. He has mentored 4 Keller Smile Solution Programs in the last year. He can be contacted by e-mail at elpaseodoc@msn.com.

Notes from Dr. Ron Jackson's Presentation at the Keller CE Center

By Jeremy Bono, Technical Sales
March 18, 2005

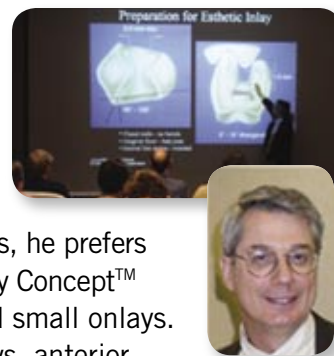
In his third presentation at Keller in as many years, Dr. Ron Jackson challenged the audience to put patient comfort and tooth conservation ahead of expedient preparation procedures. The positive outcome of his preference to “bank” healthy tooth structure was evident in his 19-year post op photos.

Patients exposed to intensive “cosmetic” direct marketing and “extreme” TV shows require more, not less, education and communication. Dr. Jackson recommended digital photography to help explain a patient’s condition. In communicating with patients he emphasized careful “word choice” and graphic word pictures. For example, he prefers to describe “upgrades” and “renewals” rather than “repairs,” so that a trip to the dentist does not take on the same connotation as a trip to the local mechanic.

In his discussion of technique, Dr. Jackson

cautioned total etch users that over-etching and under-priming significantly reduce bond strength and increase post-op sensitivity.

Regarding material choices, he prefers laboratory resins, especially Concept™ HP, for indirect inlays and small onlays. When placing larger onlays, anterior veneers and anterior full crowns, Dr. Jackson likes the aesthetics of Empress® and Eris®. He did suggest, however, that when strength is a major concern, as in doing all-ceramic bridges and posterior full coverage crowns, he was most impressed with Lava™ (3M). “Zirconia is the strongest substructure available to-date, and anytime you can combine strength and aesthetics, as you can with Lava, you can’t go wrong. Lava is a great restoration and its benefits far surpass the other products trying to be like it.”



Gold Prices Trending Upward — Unit Prices Rise

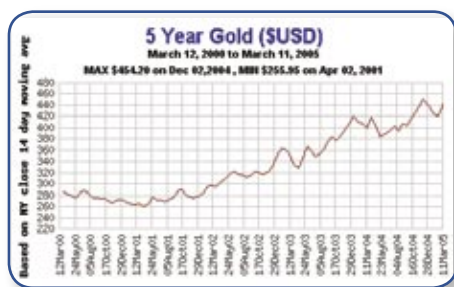
If you are using noble or high noble alloys, it might be time to review your last few weeks of laboratory bills. At newsletter printing time, gold had reached a 5 year high of \$442 per ounce.

Labs using a “+ gold” pricing formula pass on the increased material cost without issuing a new fee schedule. Prices go up as the market dictates,

and by the weight of your crowns. There is little consistency in the unit price.

To help protect our customers from

wide variations in unit costs, Keller introduced predictable gold pricing to the laboratory industry almost 20 years ago. Our set unit prices for both noble and high noble crowns include the cost of metal – regardless of the variable weight of the units. We account for the wide fluctuation in commodity prices by setting \$50 benchmarks.



When gold prices fall below \$400 per ounce, crown costs include metal. When gold reaches \$401-\$450, we add a \$3 per unit metal surcharge. Each \$50 increase in gold adds a minimal \$3 increase in unit cost.

How can dentists combat the rising price of noble alloys, especially gold, and still receive the strength, fit and aesthetics they require?

Captek™ crowns, porcelain to high noble restorations (D 2750), are unit priced at \$129 and not subject to surcharges despite rising gold prices. An all-ceramic substitute for PFM's, Wol-Ceram®, \$109, (D 2740) , allows conventional cementation like a PFM.

Porcelain to High Noble:

\$129 (+\$3 per \$50 increase in gold above \$400.)

Porcelain to Noble:

\$115 (+\$3 per \$50 increase in gold above \$400.)

Alternatives to Paying Higher Gold Prices

Captek™ \$129 (still a high-noble crown, no added metal charges)

WolCeram® \$109 (all-ceramic, cementable)



4 Day PFM Benefits

Late in 2004 Keller implemented a new production schedule to speed PFM crown delivery. Our goal: reduce the number of days between prep and cementation of typical PFM's by shortening the lab processing time for these crowns to 4 days.

2:00 p.m. Re-Cement Temporary ...

Everyone in the office hates to see this on the schedule. A faster crown turnaround from Keller can eliminate this costly appointment. Patients don't appreciate the additional, unscheduled emergency any more than you or your team.

Another benefit of faster turnaround time might include minimal insertion adjustments to contacts and occlusion. By minimizing the time in temporaries, you minimize tooth movement after preparation.

And faster turnaround might also increase cash flow in the practice.

Effective laboratory/office case communication remains the critical issue in meeting a faster return date. Please make sure to include all important information on your PFM lab script: tooth #, shade, alloy choice, and metal design. If we call with case questions, please respond quickly to keep your case on schedule.

Smile Solution Practicum Delivers 24 Hours of Hands-On CE

The 9th edition of the Keller Smile Solutions Practicum was recently completed. This hands-on program designed for doctors wanting to increase their skills and confidence in anterior aesthetic reconstruction, provides 24 hours of CE in a mini-class setting that offers one-on-one training.

Call Trish Pace at (888) 919-7577, ext. 4212 for details of the next course in your area, or to find out how to host a course in your office.



Dr. Kevin Postol, Ballwin Missouri, patient and assistant Maria Perotti



Dr. Postol's happy patient.

Before

After

"I've watched over-the-shoulder as David Hornbrook did one of these "smile re-designs" at the Keller Learning Center. But watching someone like him, and doing the case yourself, are two entirely different experiences. Being part of such a small group, with an experienced mentor to guide and demonstrate procedures, provided the kind of CE event that teaches much more than prep design and bonding sequence." Dr. Postol attended the January SSP in St. Louis.

To view the slides of this case and other Smile Solution Practicum cases go to www.kellerlab.com and click on Latest News Story "Smile Solution Practicums."

Upcoming Keller Education

How and Why to Use NTI

by Dr. Rick Coker



Learn to manage parafunction and be more confident in the treatment planning of crowns, bridges and smile rehabs. See new

NTI protocol demonstrated on several patients.

NTI Seminar Cities and Dates

Kansas City, MO: April 22

St. Louis, MO: April 23

Chicago, IL: May 13
(Lisle)

CE Credits: 4

Program: 8:30am - 1:00pm

Registration: Dr. @ \$195
Team
Member @ \$129

Smile Solution Practicums

CE Credits: 24

St. Louis, MO: Prep: June 10-11
Seat: July 8

Green Bay, WI: Prep: June 17-18
Seat: July 15

Indianapolis, IN: Prep: June 24-25
Seat: July 22

The Art of Aesthetics: “The Pursuit of Excellence”

by Dr. David Hornbrook



A comprehensive two-day workshop with over-the-shoulder patient demonstrations, Smile Design discussions, cosmetic diagnostics

and tools for patient presentation.

St. Louis, MO: November 11-12

CE Credits: 14

Program: 8:30am - 4:30pm

Tuition: Dr. @ \$1795

For more details or to register, please contact Trish Pace at (888) 919-7577, ext. 4212 or ppace@kellerlab.com

When to Use NTI on the Lower Arch: Common Indications



Linda Meyer
Technical Consultant

When doctors are first getting started with the NTI, or our customized laboratory NTI Plus™, they commonly ask: “When do I ask for an upper?” “When do I use a lower?”

The original NTI design, patented by Dr. Jim Boyd and now used by thousands of doctors around the world, was an upper appliance. But ideas evolve and change. Using internet communication doctors soon reported that an upper appliance didn't always meet their needs. They began to experiment with lowers

and discovered some advantages. Today many clients prefer a lower appliance to an upper for various reasons.



Indications to Use the NTI on Lower Arch Instead of the Upper:

- **Uneven (not level) lower incisor height.** A significant height difference on lower anterior teeth will prevent an upper discluding element (DE) from distributing load equally to 24-25. In lateral or protrusive, irregular lowers will not allow excursive movement without interference. To make an upper on this case you will first have to enamelplasty the lowers to level the incisal plane. Otherwise, make a lower NTI.
- **Narrow lower arch (V-shaped).** A constricted or very narrow lower arch causes lower canines to contact the upper DE in lateral excursive movement. Use a lower NTI here to prevent this canine contact.
- **Lower Labial/Incisal Veneers.** Porcelain or composite veneers on lower teeth are generally thinner and less durable than upper veneers. Make a lower NTI to help protect these veneers.
- **Deep Overbite.** This condition may dictate an excessive vertical opening in an upper NTI design. By switching to a lower, and modifying the DE ramp, the lab can minimize the vertical opening and improve patient comfort.
- **Short Clinical Crown Length.** If the upper anterior teeth are too short, or lack contour, they may not provide sufficient retention for an appliance. Make a lower to increase retentive confidence.
- **Class III Occlusion.**



In summary, make a lower NTI or NTI Plus to minimize excursive interference, prevent canine contact on the appliance, or to help reduce the amount of vertical opening.

Another benefit of using Keller for your NTI Plus is that you have our help in discovering the “lower” indications. Keller will evaluate your case after mounting and before NTI Plus processing. If a lower is indicated for any reason, we will call you to explain our rationale and to request your permission to make a lower.

“Make My New Denture Just Like My Old One”Hmmm?

If you do dentures you’ve heard this comment before. Such a patient can be difficult to please.

There are several critical issues involved in meeting this patient’s expectations, and a number of different tools and techniques designed to help you succeed. One indispensable instrument, the Alma Gauge, helps determine the precise buccal-lingual position of the anterior teeth.

By placing the retractable stylus into the incisal papilla indentation on the old denture, (Fig. A) you pinpoint the incisal edge position in both a horizontal and vertical plane. Record these mm measurements on your Keller Denture Rx and you’ve taken away the guesswork for setting the anterior teeth. Include a stone model or impression of the old denture so your technician can determine the appropriate mould of tooth to be used as well.

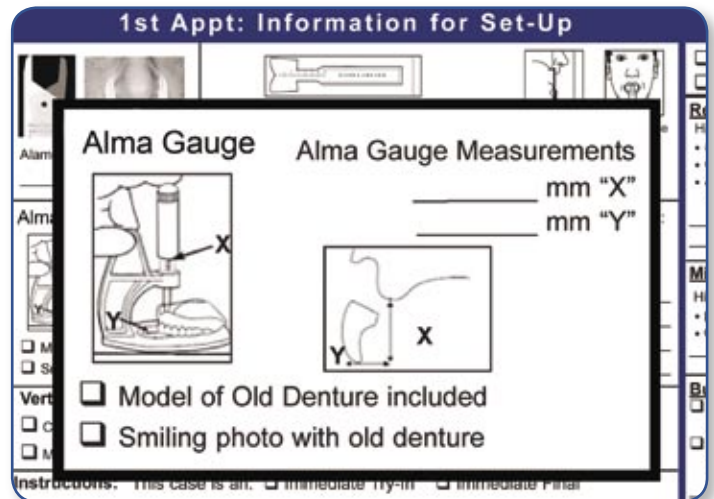


Figure A Keller's Denture Rx

Alma Gauge \$110. Call (800) 325-3056 to order or e-mail us at keller@kellerlab.com to order.

Would you like to receive this newsletter via email? Just email us at keller@kellerlab.com with “Newsletter” as the subject and you’re on the list.



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