



Perspective

Newsletter

Spring 2008

A refreshing and realistic approach to the business of dentistry!



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"Is Your Office Ready for an AED?"
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Dr. Mark Piacine
"Why Are They So Stubborn?"
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See if you are the **Lucky Winner** of \$500 worth of KISCO Products! If your name appears in this newsletter, call: **800-325-8649** to claim your prize!

KISCO introduces another New Product



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The **Kisco Perspective Newsletter** is a quarterly publication from the founder and president of KISCO, Dr. Joe Steven, Jr., who is a full time practicing dentist in Wichita, Kansas. For the last 18 years, he has been lecturing with Dr. Mark Troilo in presenting "The \$1,000,000 Staff" seminar to dental groups across the country. He also presents 3 other seminars: "Efficient-dentistry", "Efficient-prosthetics", and "Efficient-endo." This newsletter is intended to be an aid in helping develop a more successful and enjoyable dental practice through efficient and proven techniques.

Message from the Editor



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**All articles of past KISCO
Perspective Newsletters
are available free
on our website.**

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Welcome to another issue of the KISCO Perspective Newsletter! With the addition of my 2 associates, one of whom is my daughter, things have been pretty busy around our office. As I reported in the last issue, our office expansion is completed and we're enjoying the extra space and the extra help of the two new docs. Of course, all of this doesn't happen without a few obstacles along the way. Some of you may recall a recommendation I made in a previous newsletter about having a shut off button that controls the main water that comes into your office in case a water line breaks on a weekend as it did in my office about 10 years ago. Well, guess what? Evidently, my plumber disregarded my demand to extend the new addition water supply to the shut off button. Just a few weeks ago, another waterline broke in one of the new treatment rooms on a Friday night. Fortunately, one of my employees came in Saturday morning and discovered the mild disaster before it turned into a major disaster. Sooooo, if you don't have a shut off button to the main water coming into your office, you may want to get it done right away. You never know!

In this issue I'm sure you will enjoy and greatly benefit from Dr. Mark Castle's article on Automatic External Defibrillators. Dr. Castle is an expert in dealing with emergencies, and this is one area in our profession that we can never learn too much about. I've incorporated his information contained in his Emergency DVD package and have been sharing it with my entire team. We all need to be better informed and better prepared. Once again, you never know!

As many of you know for the last 30 years Dr. Mark Troilo and I have been strong proponents of Dr. Angelo Sargenti's endodontic technique. There is a lot of misinformation out there about this extremely successful material. You should find great interest in Dr. Mark Piacine's article, "Why Are They So Stubborn?" He is the president of the American Endodontic Society. The other related article that you don't want to miss is from the past president of AES, Dr. Alvin Arzt, about the progression of the Sargenti formula's FDA approval. It's just a matter of time now when this material will be widely accepted in the US as it has been throughout the world.

If you like to read financial books and learn more about the present financial situation that this country faces, don't miss Dr. David Wright's article on "Rich People....." I'm currently reading several of the books he recommends in his article and it truly has been an eye-opener for me. Many financial strategies that you once held onto may not be valid any more. See why on page 15.

Our \$1,000,000 Staff Seminar Cruises are so popular that we are going to have two of them in 2009. This time we have added one for our west coast friends departing out of San Diego cruising to Cabo San Lucas on February 26. Our Bahama cruise leaves Jacksonville, FL on January 29. If you have never rewarded your excellent team by taking them on a cruise before, you don't want to miss one of these opportunities. Not only will your office benefit by attending this ideal motivational team building seminar, your team will love you for it also!

Don't forget to see if you are our Lucky Winner! If your name appears somewhere within this newsletter, you will receive \$500 worth of KISCO products or you can apply that amount towards any KISCO seminar registration fees. If you're the Lucky Winner, please give us a call to claim your prize!

As usual, KISCO has a great line up of speakers coming your way. Dr. Alan Grodin on Veneers in Las Vegas, Shelly Ryan on Collections in St. Louis, Dr. Jeffrey Hoos on Implants in St. Louis, Mark and I in Kansas City, and my various Efficiency seminars in many cities. Review our schedule throughout this newsletter or online at kiscodental.com. Hope to see you at one soon!

Joe Steven, Jr., D.D.S.

2 KISCO Cruises



EAST COAST
Jan. 29, - Feb. 2, 09

WEST COAST
Feb. 26, - Mar. 2, 09

Jan. 29, - Feb. 2, 09 Leave from Jacksonville, FL go to Freeport, Bahamas and Nassau, Bahamas

Feb. 26, - Mar. 2, 09 Leave from San Diego, CA go to Cabo San Lucas, Mexico

Doctors (or 1st person) \$295 / Staff \$75 if you register for the cruise through

Cruise & Travel Partners LLC: 800-856-8826 - otherwise Doctors (or 1st person) \$395 / Staff \$175



Dr. Joe Steven

THE \$1,000,000 STAFF Motivate Your Staff! Seminar Reward Your Staff!

A new perspective on creating **The Dental Office Dream Team!**



Dr. Mark Troilo

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- Every employee makes a big difference
- Simple PR techniques to win over your patients
- How to generate patient referrals

- How to really enjoy your career
- Communication skills
- Secrets of effective internal marketing
- The limitless value of staff teamwork
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& Casino

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Health Savings Accounts: a better alternative

by Dr. Joe Steven

We are all well aware of the skyrocketing costs of providing health insurance benefits to our employees. Many dentists really want to provide great benefits to help retain and reward an excellent team. But unfortunately, it becomes more and more expensive to provide this benefit. Therefore, many dentists, and employers in general, find it necessary to reduce the percentage of the premium payments that they have to pay. For the first 20 years of practice, I paid 100% of the monthly premiums. Then, I revised the plan for new employees so that the practice would pay 75% and they would have to pay 25%. I know many offices that go 50/50, and yet I know many offices who totally eliminated medical insurance as a benefit.

For over 5 years, I had intended to investigate more about HSAs since I first heard about them but never got around to it. Then, after another proposed premium increase I decided to look into this a little more. We called our BCBS agent and were pleased to find out that

he could transition our regular medical coverage policy to one that incorporates an HSA. After visiting with him and becoming convinced that this is what would be best for our practice, we arranged a pizza lunch (at his expense) so that he could explain it to those employees that this benefit involved. A few of our employees were already covered under their spouse's policy.

Here's how a Health Savings Account program works. It incorporates an HSA with a regular health insurance plan just like we had before except it is a high deductible policy. Those that participate fill out the necessary paperwork and my secretary submits them to a bank to open up an individual account for each participant. We had to do this through another bank since the bank that we have our regular checking account with does not handle these accounts. An HSA is very similar to a 401K account whereby pre-tax money is deposited into the account and can earn a little interest while in there. Unlike a 401K though,

these funds are accessed as needed to pay for each individual's medical expenses. Employees are free to contribute any amount of money to their HSA with pre-tax dollars with every paycheck. Or, they can opt to contribute anytime they wish. If they see their funds are accumulating in their account because they haven't been to the doctor for quite some time, they can choose not to have any money deducted from any particular paycheck. Or, they can choose to increase or decrease that amount at any time.

Employers have the option of contributing any amount they like to those employee's accounts also. In my situation, I chose to contribute \$30 per month to each account. I then strongly encouraged them to try to match that amount. Some did, some didn't. Each employee receives their own HSA debit card. When they go to the doctor, or a pharmacy, they hand them their card and they debit whatever charges they incurred on that visit. There is no more

The Ultimate Intra-office Communication System XLS Radios



Intra-office communications are vitally important for an extremely efficient dental office. For years, doctors have depended on special light communication systems for directing the traffic flow of their staff. But now, with the introduction of XLS Radios (walkie-talkies), many of those systems are being replaced by a much more efficient one. Now, instead of pushing buttons to call someone into a treatment room to give them instructions, you simply give the message through your radio which results in fewer wasted trips back and forth within your office. Every member of the staff wears one with a speaker in their ear so the patients don't hear the messages. There are unlimited usages within the office for these radios that will soon become one of the most efficient aids you can implement into your practice!



Earbud Speaker



Earhook Speaker



Circle Speaker

- radio on your waistband
- microphone attached to your lapel
- speaker in your ear



Business model
with privacy
channels HIPAA
Compliant

		1-5	6-19	20 +
Kenwood XLS Radio*	Item #8903	\$154.95	\$149.95	\$144.95
Earbud Speaker	Item #8920	\$29.95	\$28.95	\$27.95
Earhook Speaker	Item #8921	\$29.95	\$28.95	\$27.95
Circle Speaker	Item #8927	\$29.95	\$28.95	\$27.95

*(Includes nickel metal hydride battery & desktop charger)

FYI: Less expensive models may be purchased at many department stores. Many of those systems do not come with desktop battery chargers and have considerably less sound clarity. The above Kenwood Radios are higher quality radios, and they offer business privacy channels for better security. They also come with a two year warranty.

THE TOTAL VENEER EXPERIENCE

Learn **Everything** you need to know in order to become successful with veneers
in this 2 day seminar with

Dr. Alan Grodin

June 6 & 7, 2008

Las Vegas, NV at the Flamingo Casino & Hotel

Doctor (or first person) \$995 • Staff Members \$195



If you are like most dentists, you would like to be doing more veneers. Dr. Alan Grodin probably does more veneers than 99% of all the dentists in the country. In this 2 day program, you will learn everything you need to know about the veneer experience. You will learn exactly how to prep for excellent veneers, you will learn how to make beautiful provisionals, and most importantly, you will learn how to market your practice so that you have many patients seeking this service from you!

Alan,

Just wanted to share excellent news with you. Just since your course, the past 3 weeks we have sold 9 Smile-lifts (over 90 units) veneers, in excess of \$100,000. You gave us the "Juice" Man. We owe you a scotch & dinner. Take care!

Dr. John Heimke & Dr. Alford Uveges
Rocky River, OH

WOULD YOU LIKE TO:

- LOOK FORWARD TO COMING TO WORK EVERY DAY?
- BE THE ENVY OF ALL THE OTHER DENTISTS IN YOUR AREA?
- GREATLY INCREASE YOUR PROFITABILITY?
- BECOME THE "GO-TO" DENTIST IN YOUR AREA FOR VENEERS?
- REDUCE YOUR OVERHEAD?
- IMPROVE YOUR CONFIDENCE, YOUR SELF-ESTEEM, AND YOUR LIFE AS A WHOLE?



Flamingo Hotel & Casino

I have to admit that I was a little skeptical when I first went to see Dr. Grodin's seminar, but I was extremely impressed with his entire 2-day presentation. I was so impressed that I asked Alan if he would like to join our KISCO Seminar Series. So, we invite you to join us in Las Vegas at the Flamingo Hotel on June 6 & 7 to see The Total Veneer Experience!

His seminar is designed to help dentists market properly for these patients, how to present and close the case, and most importantly how to prep and finish the case. He tells me that if he can do it in Detroit, MI with its poor economy, anyone can do it. This is not a seminar that is a primer for another seminar. You will learn exactly what you need to do both clinically and from the practice management side. I hope to see you in Las Vegas!

Dr. Joe Steven, Jr.



LIMITED SEATING

This seminar will sell out, so please register now by calling

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or visit our website at www.kiscodental.com

For further information, please visit www.TotalVeneerExperience.com

minimum charge per visit such as a \$25 co-pay as we had with our previous plan. They have to pay the full fee for whatever services they had done that day. If they don't have sufficient funds in their HSA, then they have to pay out-of-pocket for the balance due. Scary? That's initially what my staff thought until I told them how we would first set up their account. I would recommend doing it the way I did and that was to pre-deposit into their account a full year of my monthly contributions for the first year. Therefore, they started out with \$360 in their HSA without them contributing anything. That way if they go to the doctor for a regular visit at the start of this program, they have money in their account so they wouldn't have to come up with any out-of-pocket money.

Once again, this is combined with a regular BCBS health insurance plan, (or any other plan) but it has a \$2,500 deductible. That can be a significant savings on premiums for the employer, and that's why these programs are becoming very popular. Therefore, if an employee incurs medical bills in excess of what is in their HSA including their own contributions, then they have to make up the difference up to \$2,500. Then, their BCBS policy will cover any excesses over that, obviously including any catastrophic events. Of course, if an individual is going to the doctor quite

often, they may incur more out-of-pocket costs than those that don't unless they contribute more on a monthly basis. And that is exactly what they should do because they can do so with pre-tax money.

There is another benefit that I personally like about HSAs that is more philosophical than monetary, and that is it puts the individual more in control of their health care costs and their own health. As we all know, when a patient has insurance, especially medical, they really don't know the costs of office visits, x-rays, blood tests, etc. An HSA puts them right in the middle of it and they will see exactly what they are spending for medical care. There are many situations reported where patients will shop around if they feel they are paying too much for basic services. That has been one of the downsides of traditional medical health insurance: no one knows what these basic procedures cost therefore costs can spiral out of control.

Another benefit that I find with these plans is that it will effect how often some people go to their doctor for many trivial matters. Not all, but some individuals rush to the doctor if they have a cold or a headache because many times they don't have to pay anything for those visits. With these plans, people will be a little more reluctant to rush to

the doctor every time they have a sniffle because they don't want to diminish the funds in their HSA. And, there is the possibility of another benefit whereby some people may just take better care of their health because of the financial arrangements of these plans.

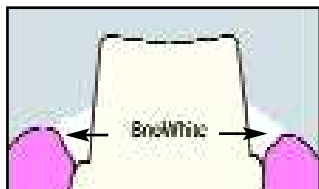
Health Savings Accounts can also be transferred from one employer to another in case you have an employee leave your office for whatever reason. And, just as a 401K account, they have access to those funds at retirement. There will be employees that may accumulate quite an amount in their HSA over the years because they were fortunate enough not to have to go to the doctor very often. Another benefit is that any employee has the option of borrowing money from their account (one time only though for the life of the plan) if something comes up and they need the funds for a crisis, home remodeling, etc.

As you can see there are several benefits for transitioning your health care benefits that you may be currently offering your employees to a Health Savings Account program. Call your agent and visit with them to see how a plan will work for your office, and please don't discount the philosophical points I alluded to above. You can almost say, at least to yourself, you are changing plans because it is the right thing to do! ♦

H&S Impression System: Modified H&H Technique



Prepped tooth with a dry field and no retraction cord.



SnowWhite syringed into the sulcus.



The Blue Velvet forces the SnowWhite into the sulcus resulting in a great impression.

The new H&S cordless impression technique is an improvement over the original dual impression H&H technique. This new technique allows every dentist to get excellent results in the most efficient way. It is a single impression technique that doesn't require retraction cord because of the hydraulic pressure that is generated with the perfect combination of these two materials. H&S stands for Hydraulic & Soft since like the original H&H system, hydraulic pressure negates the need for retraction cord, but unlike the H&H system, both materials are used while they are soft in a conventional single bite impression. The higher viscosity Blue Velvet material is stiff enough to force the lower viscosity SnowWhite into the sulcus. That's the secret!

(The Yellow Flexi-Velvet wash material is still available for those doctors who want to continue with the original H&H technique.)

Suggested Start-up Introductory Offer

3.... 30 Second Blue Velvet • 1.... 30 Second SnoWhite
1.... Auto Mix Cartridge Gun • 10.... Intra-Oral Tips
24.... Mixing Tips
Item #8736.....\$82.50 (\$49.95 without cartridge gun)

H&S Impression Technique

• No retraction cord required



Intra-Oral Tips fit onto the ends of the regular mixing tips (ideal for using with Flexi-Velvet or SnoWhite).

3 Cartridge Kit 150 ml. ea (mixing tips included)			
Mix Items for quantity discount		1 - 9	10 or more
30 Second Blue Velvet	Item #8731	\$33.95 ea.	\$31.95 ea.
90 Second Blue Velvet	Item #8734	\$33.95 ea.	\$31.95 ea.
30 Second SnoWhite	Item #8728	\$33.95 ea.	\$31.95 ea.
90 Second SnoWhite	Item #8729	\$33.95 ea.	\$31.95 ea.
30 Second Flexi-Velvet	Item #8733	\$33.95 ea.	\$31.95 ea.
90 Second Flexi-Velvet	Item #8732	\$33.95 ea.	\$31.95 ea.
Auto-Mix Cartridge Gun	Item #8735	\$39.95 ea.	
Extra Mixing Tips (blue)	Item #8738	\$7.95 pkg. (12)	
Extra Mixing Tips (pink)	Item #8779	\$7.95 pkg. (12)	
Intra-Oral Tips	Item #8739	\$28.95 pkg. (100) Start-up	
Start-up Kit	Item #8736	\$82.50 / \$49.95 w/o gun	

Why Are They So Stubborn?

American Endodontic Society President's Message - December 2007

by Dr. Mark Piacine

In the words of Dr. Bob Khodadadeh, from his Mastership acceptance speech, several years ago, "WHY ARE THEY SO STUBBORN?" After presenting his hundred or more exemplary successful required cases, he was referring, of course, to the Endodontic Specialty Group in this country, who are sanctioned by the American Dental Association as the so-called experts in root canal treatment. Despite the fact that Sargenti Endodontics is successfully practiced and preferred in most of the rest of the world, they continue to ignore our superior method and discredit our existence. They just "don't get it".

Actually they just don't want to "get it". The facts are there. Dr. Angelo Sargenti devised this revolutionary treatment in his home country of Switzerland back in the 1940's (almost 60 years ago!!) After introducing this method to American dentistry at the ADA Annual Meeting in Dallas in 1958, because of its simplicity and phenomenal success rate with virtually no discomfort, it spread like wildfire throughout the nation. Every general practitioner could now perform his own root canal treatment and with no pain! Dr. Sargenti's innovative genius introduced canal cleansing with mechanical instrumentation, rather than hand manipulation. WOW! In addition, the process could most often be completed in just one visit. UNHEARD OF! But what about culturing of the canal? Unnecessary, said Dr. Sargenti, for his newly developed sealer that included the optimal just 4% Formaldehyde automatically destroyed 99.9% of all the bacteria in all the interstices of the root canal "system". A MIRACLE! Arrive on the scene, Dr. Alvin Arzt, who brought this technique into his own practice, and through trans-Atlantic personal correspondence with Sargenti and actual visits to Europe, in 1969 organized what is now the American Endodontic Society. This organization immediately grew, and soon, aided by Drs. Joseph Venneri, Ramon Werts and James Gary presented instructional courses all across the country.

WHOA!! A root canal treatment that was so simple and successful that it could be treated in just one visit by a General Dentist? The Endodontic Specialists, for fear of their own existence, soon sprang into action to discredit this new treatment. A program of half truths and innuendo was instituted. "It was borne by a Swiss Dentist who could only speak broken English"; and the technique was sloppy and did not properly cleanse the canals. In truth, Dr. Sargenti was a brilliant scientist, who, when he came to this country for the first time did have trouble speaking our language. But he soon conquered this deficiency and from lecturing all over the world, soon became fluent in five different languages. It's right from the debating playbook: If you can't attack the message, attack the messenger. He personally related to me that he had "crossed the Atlantic" 42 times in his quest to "save teeth from the extraction bucket." As for it being a "sloppy" technique, we all know that this method employs strict canal cleansing, the same as other methods. What we don't do, is use caustic lavages such as Sodium Hypochlorite.

But worst of all, junk-science experiments were designed to cast doubt among users of the sealer. The most misleading of these would-be-bona-fide reports involved placing a "plug" of Sargenti sealer (N2) sub-gingivally in a laboratory rat's neck and attempting to demonstrate that the formaldehyde in the plug traveled throughout the rat's body to the brain, kidneys, liver and other vital organs. FALSE! Prominent toxicologist, Dr. Jeffrey Brent, an expert in Formaldehyde, in sworn deposition, tells us that this notion is simply not true. First of all, the formaldehyde, at a mere 4% is not free to move about the body, Dental Anatomy 101. It is locked inside a tooth with no blood supply to exit. Secondly, Brent says that if Formaldehyde would enter the bloodstream, it is broken down in 90 seconds into carbon and water. What was seen in the rat experiments were isotopes of the

formalin and not formaldehyde itself. So, he says, "Systemic illness from this treatment is implausible it just can't happen". In addition, he reports an interesting fact: the human liver produces gobs of formalin every hour and floods it into the bloodstream.

Another intentional misleading statement is that we put "embalming fluid" in patients' teeth. N2 incorporates 4% formaldehyde, at that percentage a very safe and efficient sterilizing agent. Embalming fluid is 40%! Toxicity is a matter of dosage. Common table salt or even water (yes, H2O!) would be toxic at high concentrations.

A case in point to their continued stubbornness: Articles written by Endodontists and juried by the ADA appeared in two recent issues of JADA (Journal of the ADA). The first in the Sept. 2007 issue, p.1228, begins by declaring that the secret to Endodontics is root canal system sterilization. And then it goes on to admit that gutta percha has no anti-bacterial properties. Yet gutta percha is the sealant used by the great majority of endodontists! Stubborn??? The second article from the Nov. 2007, p. 1456: This article proclaims they can find no statistical justification for not doing one visit endo. On the other hand, these authors do go so far as to imply perhaps a return to culturing. Hello??!! Stubborn??? You tell me. Did Dr. Sargenti not inform us about these details about canal sterilization and correct the archaic thinking about cultures almost 60 years ago?

So, the factual information is there. They do "get it". It has merely been a Sargenti bashing program that has gone on for more than 50 years and tell a lie loud enough and often enough, and it soon becomes fact. Or, at least, sounds like fact. They just prefer to remain stubborn. But you, my friends and compatriots, know the facts. And I appreciate your helping us to distribute the truth, and dispel the lies. Thank you for your continued support to our organization.

SARGENTI N2 - ALIVE AND KICKING

by Alvin H. Arzt, DDS, MAES

To mention N2 and the Sargenti Root Canal technique today, usually gets the response, "Is that material still around?" It is over 50 years since Dr. Angelo Sargenti introduced N2 and Efficient Endodontics to the US from Europe. It is over 20 years since a New Drug Application (NDA) was submitted to the FDA and was accepted for review.

However, it was in 2007 that the N2 formula was updated by moving the paraformaldehyde from the powder to the liquid. By making this simple change, all the ingredients remain the same, but the shelf life has increased from 6 months to 3 years. Once the powder and liquid are combined chairside, the same efficient results are accomplished: a sealer that allows complete sealing of the canal and the destruction of all active bacteria remaining in a canal after the mechanical preparation is completed. The success rate of 98% remains at the top of the list for success of all sealers and cements available today.

Even though the small change in formulation has been done, the FDA

requires new data and research to substantiate the submission of this change. As everyone knows, the FDA does not act quickly and the final stages of acceptance by the FDA are expected shortly. All this data has now been submitted.

N2 is now accepted by the European Nations (EU), Canadian FDA, Japanese FDA and all nations that do not have organized endodontic specialties. It is now in Phase III of the FDA NDA ladder, which is the final stage before full acceptance. No other root canal sealer or cement has ever applied to the FDA for an NDA.

Why do at least 30,000 dentists in the US continue to use the generic formulation of N2, until the new original formula is available? It is because:

1. it produces for their patients a root canal technique that reduces pain rapidly and continues with post-op pain free conditions.
2. it allows a successful root canal to be completed in one visit, whe-

ther it was vital or non-vital to start.

3. it is less traumatic to both the patient and the dentist and using the canal engineering being taught, every tooth treatment has just about the same procedure.
4. it allows you to adapt any technique being taught today, using titanium or stainless steel instrumentation, hand or engine preparation to be included as a Sargenti N2 Technique.
5. and it is compatible with gutta percha or any other solid core.

There isn't a sealer or cement out today that has lasted over 50 years like N2 has. Most sealers that many dentists use today will be out of existence within 5 years. They still cannot obtain a 98% success rate with any conventional root canal technique. The successful generic formula of N2, available from pharmacies, is now used until the new formulation is obtainable. ◆

Most Efficient Dental Bur Ever

*Use for Crown Preps, Cavity Preps, Amalgam & Crown Removal
Slot Cutting to Remove Old Crowns, etc.*



- ✓ Fastest Cutting, Strongest Bur Ever!
- ✓ Precision Design for Smoother Cutting
- ✓ Cuts from the Side and Tip
- ✓ Reduced Friction/Reduced Trauma
- ✓ Reusable

Item #5600....10-pk \$29.00
100-pk \$239.00

Available from KISCO

800-325-8649

American Endodontic Society

Membership Application

The Sargenti sealer is presently undergoing FDA approval in the US. Thousands of dentists around the world have been providing this very effective root canal treatment to their patients with better results. Please join and support this organization; your patients will appreciate it!

NAME

ADDRESS

CITY, STATE, ZIP

OFFICE PHONE

FAX

EMAIL

PROFESSIONAL DEGREE(S)

SCHOOL YEAR

TYPE OF PRACTICE

WHAT PROMPTED YOU TO JOIN THE AES? (COLLEAGUE, ADVERTISING, ETC.)

Dentist/Active . . . \$195 Dentist/Retired . . . \$50 Auxiliary/Student . . . \$50 Allied . . . \$50
 Payment Enclosed Please charge my: MC Visa

Card Number

Exp. Date

Signature

Payment by check should be made payable to : The American Endodontic Society
Mail to: The American Endodontic Society 265 N. Main St., Glen Ellyn, IL 60137-5353

Are You Wired?

Paralysis by Analysis resulted in me delaying for several years the use of walkie-talkie radios in my practice. Several doctors over the years often encouraged me to use them to allow each member of the team, including me, to communicate with each other. I kept putting it off because I didn't want to mess with the hassle of attaching a small radio to my wasteband and have an earbud sticking out of my ear. Well, after 5 years of using these Kenwood business frequency radios, I have to say that I could not practice without them. I have heard the same comments from hundreds of dentists who have incorporated them in their offices for the ultimate in efficient communications. They say they wouldn't practice without them either.

And then, once again I was hit with another round of Paralysis by Analysis. At my "Efficiency" seminars, doctors would tell me that for the ultimate in clinical efficiency, I need to get headlights to attach to my loupes. I thought, not again! I don't want to put on even more gear when I suit up to go to work! Well, a few months ago, my daughter and my other associate came to me requesting that I get fiber optic handpieces for all our treatment rooms because that's what they had in dental school. I told them that I wasn't a big fan of them but that I would do even better and buy all of us headlights for our loupes. I was reluctant to wear them myself but thought if they're going to wear them, then I was too. Thank goodness I did. I love these things! Here we go again: I wouldn't ever want to practice without these! You adjust the light so that when you look through your loupes, the light is directed perfectly. It illuminates the entire area you're looking at. When working on the upper arch especially, you can see everything much better than any fiber optic handpiece I've ever used. I also like them for doing denture, partial, or crown adjustments outside of the mouth which eliminates the assistant trying to direct the overhead light in my direction. They're also great for examining a C&B impression in the hallway or in your private office that the assistant brings you. And of course, there's that occasional little non-dental project or repair that you may need to do around the office that requires good lighting and magnification.

Things are different from when I first started practicing dentistry 30 years ago without gloves and a mask. Yes, it's a little different now getting all wired up like a Robo-dentist, but I wouldn't have it any other way. A little inconvenience adding radios and a cordless power pack wired to my headlight is the only way I will practice dentistry from now on! Sure, you will get some teasing from some of your patients, but trust me on this, they will regard you as a superior dentist because they can appreciate your efforts for providing quality care! Isn't it time that you get wired?



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STAFF MEMO

Assistant On Call

by Dr. Joe Steven

It has only taken me 30 years to come up with this idea that if you're not already doing, I would suggest you do! Maybe many of you are already doing this and I can't believe I haven't been. And that is to have a protocol in your office to have an assistant available for after hour emergencies. Many offices, especially smaller practices, will often have the hygienist or a front office administrator come in if the assistant cannot make it. No matter who it is, it's always better to have someone there to assist the doctor.

Not too long ago I had a patient call me at home around 6:00 pm after a very tiring day at work. I saw her earlier that day for an endo procedure and knew I needed to see her that night because of her complications. I told her that I would meet her in one hour. I debated if I wanted to bother one of our 6 assistants to meet me at the office. I knew I could do it by myself but it's always easier for me if I had a little help. Actually, from a legal point of view it would definitely be best to have one around. In this situation I knew the patient's husband and mother were bringing her to the office and I've been treating her since she was 5 years old so I really wasn't concerned about the legal aspect.

I decided to call one of my assistants. I couldn't get a hold of the first one. Then, I called another one and she was more than willing to make the 20 minute drive to the office but I told her not to and that I would check with another assistant. Another one was on her way to night class but was willing to skip it to come help me. I told her that she better go to class. I tried another one but couldn't get a hold of her. One more call; this one was willing to find a sitter and come down. I told her not to worry about it. I called another one and she said the same thing. Then, I even called Dr. Jasmin, my daughter, to see if she could come assist me. She said she just got out of the shower but she could meet me there. I told her not to worry about it. I decided to just go down there myself because I really didn't feel like inconveniencing anyone.

I met the patient at 7 and was back home before 8. But that night I decided to make a new policy in our office called Assistant On Call. The doctor shouldn't have to make a bunch of phone calls to arrange for help when an emergency calls you back to the office. Of course, many team players are more than willing to come down to help, but many times we doctors feel very uncomfortable to interrupt their family time for these emergencies. With a simple program like Assistant On Call these awkward phone calls won't happen. That's because each month one assistant is assigned to be the emergency assistant. If she cannot come in for whatever reason, she is responsible to arrange to have another employee come in to assist. Our policy also states that whoever comes in will be paid time and a half.

It's not that often that I get called down to the office after hours, but it's nice to know now that when the next one occurs, I only have to make one phone call. And, I won't feel like I'm totally interrupting someone with this inconvenience. Do yourself and your patients a favor and set up your Assistant On Call Program now!



“Rich People Think Like Rich People, Poor People Think Like Poor People!”

David N. Wright, DMD, FICD

How do rich people think—that allows them to create and keep wealth? Is it possible for YOU to create wealth, and to keep it, and pass it on to your children—tax free? YES! If you are NOT a highly motivated “student” of how to create lasting (generational) wealth, I refer you to the book: “POVERTY PLANNING: IT TAKES NO TIME, IT TAKES NO EFFORT, AND THE RESULTS ARE GUARANTEED.”

Creating lasting wealth begins by:

1. Learning far more about the economic environment you live in than you currently know! What economic forces are now happening in the United States that WILL create a “SUDDEN IMPACT”¹ on all of your financial decisions the moment you become aware of them.

2. Learning all of the “UNINTENDED CONSEQUENCES”² of your daily financial decisions—those decisions that transfer your wealth away from you—unwittingly. This could be many thousands of dollars annually.

3. Learning how to “BECOME YOUR OWN BANKER.”³ This remarkable attainment may take a few disciplined years to accomplish, but it is a powerful and proven way to reach the point in life that you can finance your own purchases, and pay yourself the interest, which may be tax deductible. Walt Disney initially financed Disneyland this way.

4. Learning a **systematic financial thought system** that teaches you how to understand money—how it works,

how to grow it, and how to protect it from the vicissitudes of taxes, market fluctuation, suit, inflation, expenses, and other eroding factors.⁴

5. Learning how to pay off your debt as fast as possible. Take your largest debt—probably your home and/or commercial real estate. **What if you could pay off your mortgage(s) much sooner than currently planned**, without any additional monthly expense—just using existing banking tools much smarter—would you like to learn how to do it?⁵ Imagine your equity building much faster than it is—what opportunities would open up for you?

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taxfree wealth, discussed by Leonard A. Renier in “*The Family Legacy*” chapter of his recent book, “*Sudden Impact*,” referenced above.

Albert Einstein: “You cannot solve a problem by following the same thought process that created the problem in the first place.” If you are not currently creating generational wealth that you can use while you are alive, and pass on to your family when you pass on, then you need to evaluate why you are not. You need much more education than you have now in order to do this. No matter where you currently are, financially speaking, you can do better.

“The economic crisis now breaking upon us will be both a political and a cultural event that may well be a turning point in our nation’s history as consequential as the Great Depression. Which, by the way, is the historical standard to which some smart people—like former Federal Reserve chairman Alan Greenspan—are comparing this event.”⁶

For seventy or so years we, as a country, and as a people, have been spending more money than we earn. For many years the U.S. Government has been spending \$1.58 for every \$1.00 of income. Our country (We the People) are paying interest only on the National Debt at the rate of \$11,500 per SECOND! Len Renier (Author referenced above) compares our current “economic ship” to the Titanic—and we have already hit the iceberg and are taking on water fast. **HOW DOES THIS AFFECT YOU AND YOUR FAMILY?** If you do not educate yourself fast, can you survive, let alone prosper in the future?

I believe it is almost impossible to learn how to APPLY what you learn without professional help from someone you trust—who has a proven track record, and a good understanding of the issues discussed in the above books. Remember—**YOU** are the one taking all the risk from the recommendations you receive. Consider this frightening fact:

“Financial advice given by the government and the banks have created record profits for banks and record revenues collected by the government”—And record debt and 0% savings of the American Public.⁷

Even scarier, I have learned that even those who think they are “well taken care of” by their financial advisors, who have traditional 401K’s and other investment portfolio products, may not be as well off as they think they are. I believe it is critical to understand what the future may hold for all of us, considering our own circumstances AND the economic environment we live in, which is thoroughly discussed in “Sudden Impact.”

As a professional courtesy, Scott Christensen, my own trusted Financial Professional, who is very knowledgeable with the issues discussed in the above referenced books, has agreed to make these four books available at his cost plus shipping and sales tax. Call The Alliance Group at 801-545-9494. Ask for the Wealth Building Book

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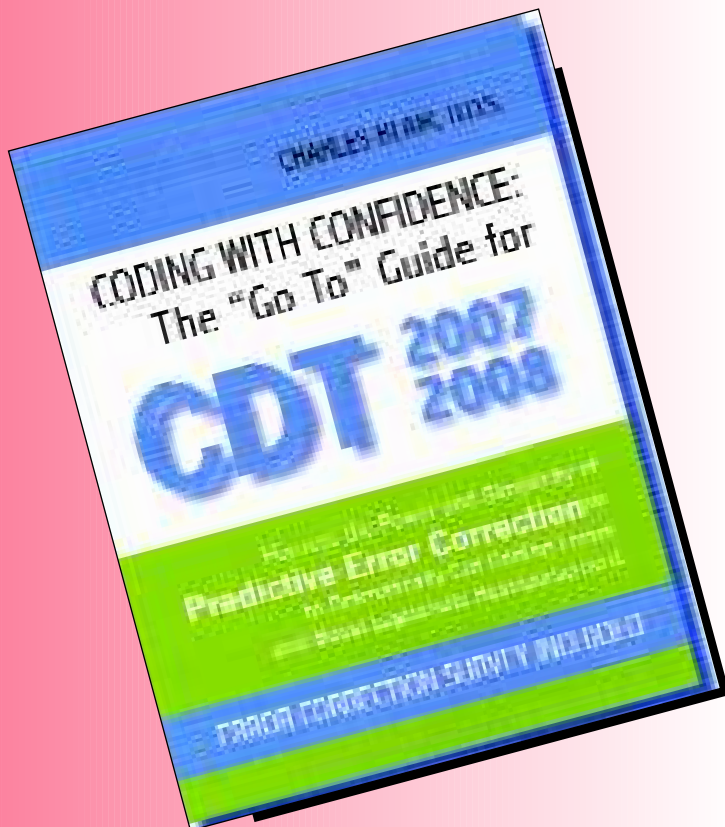
P.S. In addition to the financial issues you will need to understand in order to survive and prosper in the perilous years ahead, it would behoove you to next understand the environmental issues occurring in the world today that may have as much impact on our financial lives as the issues discussed in the above books. After you have studied the four books above, and determine how you will respond in your own financial decisions, you may then wish to read the great book by Jared Diamond, a New York Times Best-seller entitled “**Collapse.**”⁸ Jared discusses in depth the environmental issues that have brought previous societies to their demise—and why understanding these issues is imperative if we are to survive in our own society.

1. “Sudden Impact,” by Leonard A. Renier, 2005 A thorough and factual discussion of today’s and tomorrow’s economic realities—the National Debt, the “BabyBoomers,” ever increasing taxes, decreasing desirability of 401K and other retirement investments, etc.
2. Unintended Consequences, by Leonard A. Renier, 2006. www.WealthAndWisdomInc.com
3. “Becoming Your Own Banker” by R. Nelson Nash, 2003 www.infinitebanking.org
4. “L.E.A.P.” (Lifetime Economic Acceleration Process) by Robert Castiglione, 2005 www.LeanSystems.com
5. Contact Dr. David Wright at 801-836-0619, or at dnwrightdmd@comcast.net, for the references on how to do this.
6. “Economic Crisis is our own fault” by Rod Dreher, Dallas

- Morning News editorial columnist whose work is distributed by McClatchy-Tribune Information Services. This “Guest Opinion” appeared in the Provo Daily Herald, April 2, 2008.
7. “Sudden Impact” p. 16 and subsequent pages
 8. “COLLAPSE” BY Jared Diamond, 2005, Penguin Books Ltd.

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with Dr. Joe Steven, Jr.

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- ★ *Are you looking for a meeting that will give dental offices the needed information and motivation for a more profitable office?*

Dr. Joe Steven can do that for your organization!

Dr. Joe Steven is featured as one of the **Top Clinicians in CE** on the cover of ***Dentistry Today***. He has helped hundreds of dentists over the years develop highly successful practices through his various ***Efficiency Seminars***, ***The \$1,000,000 Staff*** seminar with Dr. Mark Troilo, his ***KISCO Perspective Newsletter***, and his ***KISCO Select Consulting Program***. He shows how the path to success in dentistry can be fun and not as difficult as some make it out to be!



Dr. Joe Steven has been presenting seminars to dental groups for the last 20 years. He is currently lecturing on a variety of subjects and topics:

Dr. Steven's fast-paced, entertaining seminars are packed full of efficiency tips that can be implemented the very first day back in the office!

Here are some of the organizations where Dr. Steven has lectured:

American Dental Association

Yankee Dental Congress

Alabama AGD

Wisconsin Dental Association

UMKC Midwinter Meeting

Excellence in Dentistry

Hawaii Dental Association

Paragon Management Company

Quebec Dental Congress

Delta Dental

Oklahoma Dental Foundation

Ohio State Dental Association

If you would like to visit with Dr. Joe Steven about the ideal seminar for your organization, please contact him at KISCO at **1-800-325-8649!**

For more information about his seminars, you can visit KISCO's website at **www.kiscodental.com**.

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Dear Dr. Joe,

Every member of my staff has commented on how great the seminar was. Your approach is down to earth, practical and economically oriented. We picked up lots of pearls. Your enthusiasm and realism was most refreshing. We all came to work the next day energized, and thoughts from the class still surface during our morning meetings. Thanks to you!

Dr. Larry Hogge and Staff, Logan, UT

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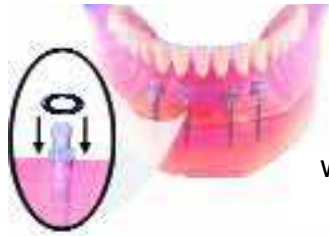
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mini implants.

who want to place and/or
restore single root-form
implants.



This 2 day presentation will prepare attending doctors to diagnose, select, and place a simple implant case as soon as they get back to their offices. Rejuvenate your interest in dentistry by providing your patients with the latest technologies that bring an exciting new profit center to the general practice.

- Learn how to diagnose and recommend implants.
- Learn how to place simple implants, mini-implants, and over-denture anchors.
- Learn how to restore the implants that you or your specialist place.

Day 1 will introduce you to the wonderful benefits of implantology to offer many of your patients. Learn how to present this new wave of dental technology to get patients excited about this improved treatment option. See what is currently available for over-dentures, mini-implants, and basic implants to replace single or multiple teeth.

Day 2 includes a hands on session whereby participants can actually drill and place different implants on models. Various implant companies will be present so that you will see first hand what is available.

Dear Doctor,

My good friend, Dr. Jeffrey Hoos, has a dental practice that I consider to be one of the most successful ones in the country. He has been restoring implants since 1985, placing implants since 1991, and lecturing about them since 1993. Not only does Dr. Hoos teach a great course on implants, the audiences are always amazed to learn many other innovative procedures that are responsible for building his very successful practice in Stratford, CT.

If you want to rejuvenate your enthusiasm for dentistry while building an additional profit center in your practice, sign up early for St. Louis. This location will surely be sold out just as the others were. The meeting in St. Louis will be on Friday and Saturday, October 24 & 25.

This 2-day program is structured to teach general dentists how to place straight-forward implants as soon as they get back to their offices. Jeffrey will show us how to select, present and sell, and perform over-dentures, Imtec (MDI) mini-implants, and single root-form implants. Half of Day 2 will consist of a hands-on session where you actually place different types of implants.

If you're like me and have been wanting to enter this exciting adventure in dentistry, this is the ideal course to get you started. This meeting will sell out fast, so sign up now. I look forward to seeing you in St. Louis!

Joe Steven, Jr., D.D.S.

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4. You will have before you a “financial dashboard” which will tell you at all times the status of your first mortgage, home equity line of credit, expenses and income.
5. You will be able to learn the consequences of all financial decisions PRIOR to making those decisions, and develop financial discipline
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Dr. David Wright and three of his married children are on track to save over \$350,000 in mortgage interest, and are paying off their mortgages in as little as 1/3 to 1/2 the time remaining on their mortgages. They are HAPPY CAMPERS!

HOW CAN YOU FIND OUT IF THE MONEY MERGE ACCOUNT SYSTEM WILL WORK FOR YOU?

Your Money Merge Account analysis is **quick, easy, and free**. You may fill out the Money Merge Account Worksheet available online at www.U1stFinancial.net/DavidNWright,

If you fill out the form completely, and as accurately as you can, you will receive your Analysis back quickly--which will tell you if you qualify and how long it will take you to pay off your mortgage, and who to contact to proceed.

Also on the above website you may view a 15 minute presentation of how the Money Merge Account system works. You may contact David N. Wright, DMD, Independent Agent for United First Financial:

801-836-0619, or dnwrightdmd@comcast.net, if you seek more information.

Results will vary and are determined by individual financial situations. The information contained herein does not constitute an offer or a solicitation to lend or extend credit. Contact your United First Financial independent agent for further details.

New Product Review: SkyPanels

Ever since I started practice in 1978, I've always been obsessed with putting something on the ceiling to entertain the patients. We've put posters; we've put mobiles; we've put visual puzzles up there. I even went to the trouble of actually trying to build a little box that would hold a lava lamp with a mirror in there to reflect the image properly for the supine patient to enjoy. Though by the time I was done with it, I figured it would be cheaper to just put a flat-screen tv up there, but never did. So I've always been obsessed with having something on the ceiling. And then I came across SkyPanels at last year's ADA show and I thought, Hey, this is really cool! If you have 2' x 4' light fixtures in your treatment rooms, or down the hallways, or in your reception area, simply replace the plastic diffusers with decorative SkyPanels. They're not that expensive, and you can install them yourself. You can hire someone if you like, but I did it myself with one of my staff members. You cut the SkyPanel to the perfect size of the light diffuser that's in your existing 2' x 4' light fixture. Insert the SkyPanel and secure it with little clips, close the lid, and you will be shocked at the beauty and the reaction you will get from your patients. Almost every single patient that comes in our office comments about our SkyPanels. We have the cloud SkyPanels going throughout our long hallways. We have different designs in the treatment rooms. Patients lay back and are pleasantly surprised. They always comment about them. Once again, this is another way for any dentist to separate their office from the average office. Without a doubt this is the #1 thing that I added to my office where I get a reaction from almost every single patient that comes in. So, if you have 2' x 4' fluorescent light fixtures in your treatment rooms, hallways, and/or reception area, be sure and consider adding SkyPanels to your office ambience. Your patients will love them, and so will you actually! ◆

New From KISCO
800-325-8649

GuttaCut®
Simply Smart

- Totally safe for the dentist and the patient (inserted cold and removed cold).
- No need to use open flame.
- Sterilized heads.
- Instantaneous operation by pressing a switch.
- No need for assistance.
- Cordless operation.
- Interchangeable heads.
- Rechargeable battery provides long lasting power.



GuttaCut Item #5018
\$239.95



SkyPanels™ are the perfect addition to your hallways, treatment rooms & reception areas!

SKYPANELS™ are fluorescent light diffusers designed to reduce harsh glare emanating from sterile existing fluorescent lighting.

SKYPANELS™ are images of beautiful skies that help to create a more relaxed, soothing atmosphere.

Your dental office can easily be transformed to help reduce stress and create the feeling of looking up and out into the great outdoors!

After installing **SKYPANELS™** you will be surprised by the number of patients that notice your new lighting.

SKYPANELS™

- are made on 100% ACRYLIC material
- are NOT made on POLYSTYRENE, which typically yellows in 2-3 years
- come in a standard size of 24" x 48"
- can be trimmed with a simple razor knife to fit smaller sizes
- pass all fire codes



These clips are used to install SKYPANELS easily and quickly. They can be ordered with your panels and are free with the purchase of 8 panels or more.
item #9500-Z

SkyPanels

1 -10 panels\$39.95 ea.
11-20 panels\$38.95 ea.
20 or more\$37.95 ea.
Pack of 8 Clips\$ 1.00



Cumulus 1
Item #9500-A



Cumulus 2
Item #9500-B



Stratus
Item #9500-C



Cirrus
Item #9500-D



Palm Tree
Item #9500-E



Hot Air Balloons
Item #9500-F



Cherry Tree
Item #9500-G



Pink Blossom
Item #9500-H

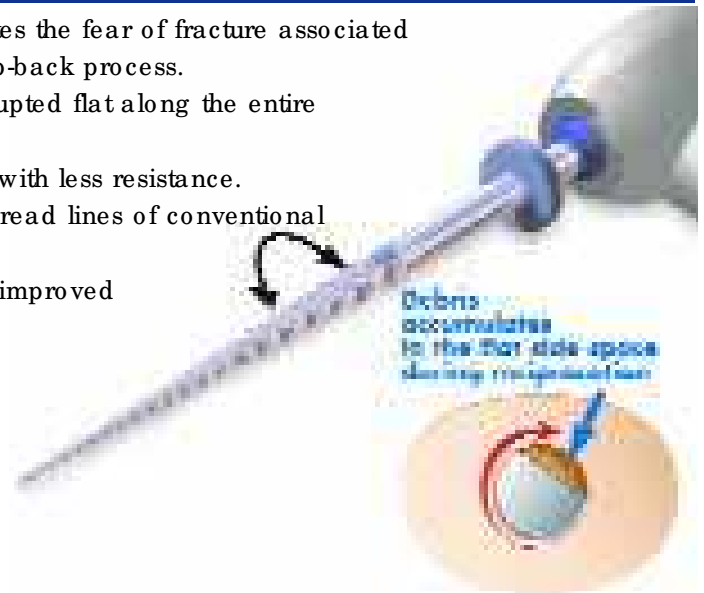
To Order SKYPANELS, Call KISCO at **800-325-8649**
visit our website at www.kiscodental.com

Endo-Express & SafeSiders

The **Endo-Express® System with the SafeSiders®** eliminates the fear of fracture associated with crown-down systems and the typical shortcomings of the step-back process.

SafeSiders® are the only instruments with a patented non-interrupted flat along the entire working length. This flat

- Reduces instrument engagement allowing faster advancement with less resistance.
- Creates space for dentinal debris that would otherwise clog thread lines of conventional reamers and files.
- Reduces compressive and tensile stresses during use enabling improved instrument durability.
- Increased flexibility without sacrificing strength.
- Eliminates separation anxiety.



800-325-8649

www.kiscodental.com

Tired of breaking Files? Not anymore with SafeSiders!!!

Unlike conventional reamers/ files which can potentially block canals and push debris over the apex, the **Endo-Express®** 45 degree reciprocating system eliminates those shortcomings. They also prevent binding, by engaging dentin only during clockwise rotation. Counterclockwise rotation disengages from the dentin.



Endo-Express Kits:

Endo-Express System w/ motor (21 mm Length)	E-Type, 4-hole air motor, Endo-Express reciprocating handpiece, Steri-Tracker, SafeSider Intro Kit- 21mm Length, 4 Refills of 6 each: .08, 10, 15, & 20
Endo-Express System w/ motor (25 mm Length)	E-Type, 4-hole air motor, Endo-Express reciprocating handpiece, Steri-Tracker, SafeSider Intro Kit- 25mm Length, 4 Refills of 6 each: .08, 10, 15, & 20
Endo-Express System w/o motor (21 mm Length)	Endo-Express reciprocating handpiece, Steri-Tracker, SafeSider Intro Kit- 21mm Length, 4 Refills of 6 each: .08, 10, 15, & 20
Endo-Express System w/o motor (25 mm Length)	Endo-Express reciprocating handpiece, Steri-Tracker, SafeSider Intro Kit- 25mm Length, 4 Refills of 6 each: .08, 10, 15, & 20
Endo-Express handpiece	Endo-Express reciprocating handpiece
Endo-Express Air Motor	Endo-Express E-Type, 4-hole air motor



EZ-Fill's patented Bi-Directional Spiral and Epoxy root canal cement combined with a single point technique has been shown to create a seal equivalent to lateral condensation and thermo plastic gutta percha.

- Thoroughly coats the walls of the root canal and lateral canals without significant cement being forced apically
- The reverse spirals on the apical end rotate in an unwinding direction out of the canal, and thus never bind.
- Unlike thermo plastic techniques there is no shrinkage upon cooling.

SAFESIDERS®



Premium Gutta Percha Points

Ideal Gutta Percha Points to use with the Endo-Express/EZ Fill System.



Endo-CHX™

2% Chlorhexidine Gluconate Solution
With Surfactant

- The only chlorhexidine product cleared by the FDA for endodontic use
- Irrigate and cleanse the root canal removing germs that cause infection
- Provides reduced surface tension to easily flow into the dentinal tubules
- Light blue color for easy recognition

The **Endo-Express/ SafeSider System** is the system presented at KISCO's seminar, "**Efficient-Endo**" presented by Dr. Joe Steven.

Endo Express System w/ motor	\$925.00	#2 Peeso Reamer Refills (6) #5050-02	\$ 26.50
21 mm kit #5610-21		#3 Peeso Reamer Refills (6) #5050-03	\$ 26.50
25 mm kit #5610-25		SafeSider Pleezer Reamers (6) #5050-75	\$ 52.20
Endo Express System w/o motor.....	\$665.00	#2 Gates Glidden Refills (5) #165-02	\$ 26.50
21 mm kit #5600-21		Steri-Tracker #5000-75	\$ 24.10
25 mm kit #5600-25		SafeSider Endo Stops #5000-06	\$ 58.30
Endo Express Handpiece #5500-00	\$393.80	EZ-Fill Introductory Kit #1600-00	\$ 99.00
Endo Express Air Motor #5510-00	\$261.50	(1-21mm & 3-25 mm spirals & epoxy cement & gel)	
Endo Express Mini Latch		Refill Spirals	\$ 23.00
Contra Angle #5520-00	\$168.00	21 mm (4) #1600-21	
SafeSider Intro Kit 21 mm #5021-00	\$158.70	25 mm (4) #1600-25	
SafeSider Intro Kit 25mm #5025-00	\$158.70	EZ Fill Epoxy Refills	
SafeSider Stainless Steel Reamers	\$ 20.70	Cement #1608-00	\$ 82.00
21 mm (6) #5021-08		Gel #1610-00	\$ 37.00
25mm (6) #5025-08		Gutta Percha Points	
Gray 08 #5021-08 #5025-08		Assortment (60 points 20 ea. of 3 sizes) #5000-123	\$ 19.50
Purple 10 #5021-10 #5025-10		Size #1 points (60) #5000-01	\$ 19.50
SafeSider Stainless Steel Reamers	\$ 26.50	Size #2 points (60) #5000-02	\$ 19.50
21 mm (6) #5021-15		Size #3 points (60) #5000-03	\$ 19.50
25 mm (6) #5025-15		Gutta Cut (1 each) #5018	\$239.95
White 15 #5021-15 #5025-15		Endo-CHX 2% Chlorhexidine Gluconate Solution	
Yellow 20 #5021-20 #5025-20		2oz #750-02	\$18.00
Red 25 #5021-25 #5025-25		16oz #750-16	\$60.00
Blue 30 #5021-30 #5025-30			
Green 35 #5021-35 #5025-35			
Black 40 #5021-40 #5025-40			
SafeSider NiTi Reamers	\$ 45.60		
21 mm (6) #5021-30/04			
25 mm (6) #5025-30/04			
Orange 30/.04 #5021-30/04 #5025-30/04			
Brown 25/.08 #5021-25/08 #5025-25/08			
Pink 25/.06 #5025-25/06			

SafeSiders®Intro Kits (Included with above Endo-Express Systems)

Each SafeSiders®Intro Kit Contains:

Stainless Steel Reamers: 2 each of # 08, # 10, # 15, # 20, # 25, # 30, # 35, # 40

Nickel-Titanium Reamers: 2 each of # 30/.04, # 25/.08

2 #2 Pleezer reamers

1 Endodontic Sterilization Tray



Steri-Tracker

Steri-Tracker (included with above Endo-Express Systems)

- Track number of sterilizations / uses with sterilization / use counter
- Accommodates 16 instruments of all lengths
- Millimeter gauge measures SafeSiders and positions rubber stop
- Large slotting provides visibility of SafeSiders & adequate draining during ultrasonic cleaning and sterilization
- Foam insert for holding / cleaning files (12/pk. included)
- Autoclavable up to 275 degrees F, 136 degrees C (no dry heat)



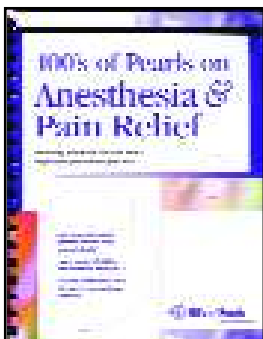
SafeSider Intro Kit

CE Review:

Dental Office Emergency DVD Package

This is absolutely a much needed product for every dental office. Sure, we were all taught about medical emergencies that may happen in our practices, but since they are rare we tend to forget. This can easily end in a catastrophe. Dr. Mark Castle has put together a very comprehensive dvd package that deals with the most common emergencies that can happen in the dental office. I have been viewing segments of this easy to follow dvd with my team members at our monthly staff meetings. Everyone in the office needs to become familiar with these possibly dangerous situations that may occur. That way everyone will be better informed and equipped to handle these precarious events without panicking. Many of us have already encountered serious situations. I know I have, and I really felt inept and not exactly sure what to do. This Dental Office Emergency DVD Package comes with a 55 Minute DVD Production, a 25 Page Workbook, and an 8 Page Office Policy Manual. Plus, it qualifies for 5 CE credits! The DVD Production is very professionally done with simulated scenes that depict what to expect from a patient undergoing an emergency and what should be done by everyone on the team. You'll also see and hear from an attorney's point of view just how valuable this information is for every office. Step-by-step instructions are lined out to deal with the most common emergencies that dentists are most likely to see. And, there is advice on how we are supposed to evaluate and respond when we see specific concerns checked off on the patient's health history form. I plan on continually reviewing these materials on a periodic basis with my entire team in order to keep us refreshed and to inform any new employees that we bring in over the years. This CE product could easily be the best investment you will ever make in your practice, and one that can easily save a patient's life!

Books 100's of Pearls Books



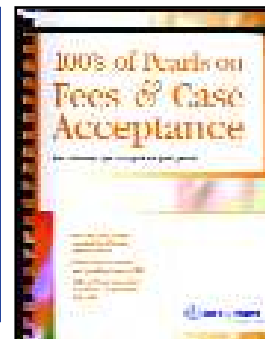
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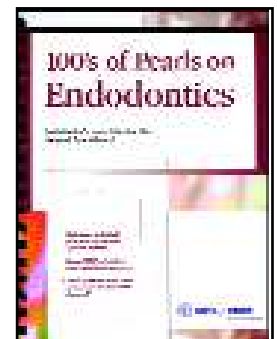
Item #6302

Any 1 book.....\$107
(Save \$40 - Reg. \$147)
Any 2 books.....\$197
(Save \$97)
Any 3 books..... \$277
(Save \$164)
All 4 books.....\$357
(Save \$231 - Best deal!)

All books are 8 1/2" x 11"



Item #6303



Item #6304

- Over 500 Pearls in 97 categories you never knew before.
- Better blocks, new anesthetics, new pain meds, tips for "hot" teeth, poor access, sedation, psychology, lesions, painful conditions, sensitivity & total comfort.
- Pain control: the most important procedure you do!

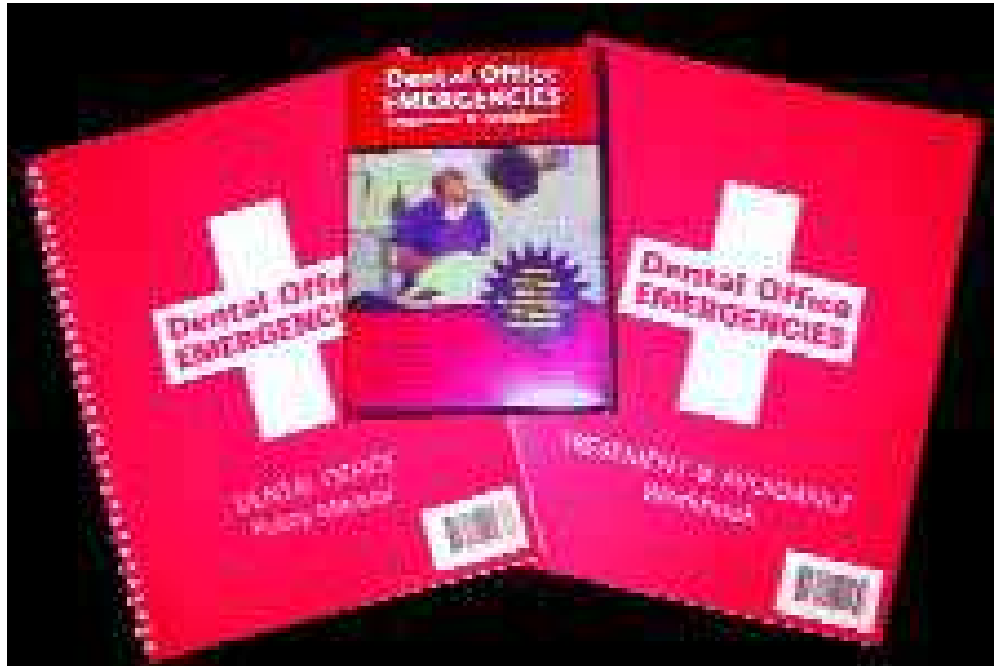
- Over 400 Pearls in 76 categories on pre-payment, automatic co-payment, credit checks, statements & over due accounts.
- Better financing options that work; how to slash your costs & get patients to want them.
- 100s of proven scripts, forms, handouts & policies you can xerox & use immediately.

- Over 300 Pearls in 79 categories to sky-rocket case acceptance, increase profit & attract 100's of quality new patients.
- How to set, balance & test your fees perfectly using data & science.
- Know exactly what insurance will pay every time with no more guessing.

- Over 600 Pearls & innovations in 87 categories.
- Better ways to handle hidden canals, calcifications, blocks, perforations, failures & retreats.
- Total clarity thru the blur products & advances.
- Endodontist's secret tips for the general practitioner.

800-325-8649

Dental Office Emergency DVD Package



“This package is a “must have” item for every dental office”, says Dr. Woody Oakes from “Excellence in Dentistry”! It covers all aspects of medical emergencies! What you get: 55 Minute DVD Production, 25 Page Workbook, 8 Page Office Policy Manual. All for only \$197.00! Plus 5 CE Credits!

Inside:

- Listen to a “leading defense attorney” and find out what he says about “medical emergencies” and what happened to a dentist and his staff who were not prepared!
- Find out what “tactics” attorneys are using to obtain new plaintiffs / clients!
- Find out why dentists are “sitting ducks” waiting to get served for a medical emergency gone wrong!
- Find out why “proper documentation” may be “your only defense” in a medical emergency litigation! Are you doing it properly?
- Find out why 81% of Independent C.R.A. evaluators recommended this product but failed to include it in their newsletter!

What you will learn:

- Who are your “high risk” patients?
- Which “medical history questions” are frequently over looked?
- What “staff roles” are crucial in a medical emergency?
- What “crucial information” is necessary when calling 911?

- What “critical emergency medications” are recommended by the ADA?
- What “dental procedures” cause the highest risk for medical emergencies?
- Why taking “blood pressures” prior to local anesthesia is a must?

This package was designed for the “entire dental team”. Each person can benefit from this information, including the doctor! The staff benefits include:

- Learning at his or her “own pace”
- Training a “new hire” without taking any additional time
- Provide “the doctor and staff” peace of mind

This package was featured in Dental Economics, May 2007, by Dr. Joe Blaes and Excellence in Dentistry by Dr. Woody Oakes, April of 2005. Purchase the entire package...Today! It’s Time To Get Your Office And Staff Prepared For Any Medical Emergency!

Emergency DVD Package (includes 55 min. dvd, 25 page Workbook & 8 page Office Manual)
5 CE credit hours **Item # 6058**\$197.00

(continued from back page AED)

1) The life saving shock must be delivered to a SCA victim within 6 minutes. According to a study by USA Today in 2006, EMS response times can exceed 8 minutes in dozens of cities across the country. EMS response times in many cities are “exceedingly high”. Washington, D.C. and Fresno, CA both reported average EMS response times of over 22 minutes! Some cities do not even report or track this statistic!

2) 911 Call Dispatchers are in short supply! This is due to an extremely high turnover rate caused by high job stress. In Phoenix, AZ the average number of 911 Calls is over 25 calls per hour. Your medical emergency 911 Call could potentially end up being placed on hold or call waiting!

3) Reported EMS response times are deceiving. These times are calculated from the moment the EMS vehicle leaves the station to when it arrives at the emergency site’s address and not the actual emergency scene. These reported times do not take into consideration: Dispatcher issues; Shift change issues; Traffic congestion issues; Arrival times to the actual emergency site.

4) Budget cutbacks in EMS services can affect many cities and more so, economically hard hit rural areas where the local tax base has been eroded.

5) Increases in the number of sudden cardiac arrest victims! Throughout the U.S., headlines are showing upwards of 350,000 victims die from SCA per year. SCA is now the leading cause of adult deaths in the U.S.

6) Dentists administer local or general anesthetics, containing epinephrine, which has been shown to have a direct effect on increasing heart rates, blood pressures, and respirato-

ry rates. The effects from epinephrine could cause sudden cardiac arrest in a high risk patient.

7) Increases in the number of attorneys in the U.S! Attorneys are now seeking new defense cases to represent. In 2003, the ADA reported 3% of legal suits against dentists were the result of failing to handle a medical emergency properly. What would the statistics show in 2007? A forecast would probably indicate a much higher percentage today.

8) In 2002, the ADA’s Council on Scientific Affairs made the following statement: If your practice is located in an area where unreasonable EMS response times could occur, such as rural dental practices, these practices should consider providing an AED for their patients. The dentist’s governing body, the ADA, recommends AED’s in dental offices!

9) Improper 911 Call! If your office doesn’t include all the necessary 911 call details, many precious rescue minutes will be wasted. These minutes can make the difference between life and death for the victim. Without an AED, your chances of saving a victim of SCA decrease tremendously.

“Who” are at risk patients for SCA?

Anyone that enters your practice setting! Statistics have shown many individuals cannot be identified as “at risk.” The result: Predictably of SCA Is Unreliable!

Victim Profiles of SCA: 20% had no previous heart disease; 10% were younger than 40.

The doctor and staff must be aware of “specific patient profiles” which demonstrate “at risk.” This group includes: Anyone Over Age 50; Smoker; Obese; Uncontrolled Diabetic; Uncontrolled High Blood

Pressure; Uncontrolled High Cholesterol; Use of Blood Thinners; Previous Heart Attack or Stroke; Five Or More Rx Meds/Day Linked to Adverse Drug Reaction.

“What” are the liability issues concerning AED’s in dental offices?

In 1995, a law suit was filed against United Airlines by a widow whose husband died from SCA while in flight. The airline was sued for “failing to provide an AED.” This was in spite of the fact that AED’s were not mandated by the federal government. This suit was eventually settled out of court, only after a judge intervened and re-opened the case.

This case serves as an excellent point. If your state board requires a BLS Certificate to obtain a dental license, you and your office staff could be held liable for not providing an AED. The defense attorney’s reasoning is that AED training is part of BLS training. As a result you could be held liable since AED training and BLS certification are inseparable.

Could you or your office be held liable for failing to provide AED support even though you practice in a state without BLS requirements? I feel you could be liable, especially if you or your staff failed to follow an established medical emergency protocol. (Lucky Winner: Dr. Bruce Haglund, Maplewood, MN) Do you and your staff have a set protocol to treat sudden cardiac arrest? Are protocols established for treating other medical emergencies?

Many states, such as Florida, February 2006, set precedents which will affect the entire dental community throughout the country. These precedents relate to “standard of care” issues involving AED’s in
(continued on page 32)

KISCO's Custom Imprinted Combo Toothbrush

KISCO's patent-pending innovation combines a great soft bristle toothbrush with the most effective tongue cleaner with rigid acrylic ridges.

Bacteria on the back of the tongue is the cause of 90% of bad breath. Let your patients remove it while brushing their teeth with the **KISCO Combo Toothbrush!**



**Without Imprinting
As Low As**

39¢ ea.

Most patients cannot recall the name of their dentist when asked. Custom imprinted toothbrushes with your name on it is the most effective way to keep your name in front of your patients on a daily basis.

**Imprinted Toothbrushes
As Low As**

55¢ ea.



Pearl Colors

(144 individually wrapped brushes per box in assorted colors: pink, yellow, green & blue)

Solid Colors

(144 individually wrapped brushes per box in assorted colors: green, red, dark green & purple)

Custom Imprinted KISCO Combo Toothbrushes • Black Ink for Pearl Colors • White Ink on Solid Colors

Imprinted Combo Toothbrushes

Item #8852CP

2 Box minimum (288) 59¢ ea.... \$84.96 per Box
4 or more Boxes 55¢ ea....\$79.20 per Box

Non-Imprinted Combo Toothbrushes

Item #8852

1 Box (144) 44¢ ea.....\$63.36 per Box
4 or more Boxes 39¢ ea..... \$56.16 per Box

(continued from page 30)

dental offices. Individual state precedents will determine a “standard of care” for dentists practicing in other states without the need of any additional state legislation. AED liability issues increased as a result of these new state statutes.

If you and your staff decide to place an AED in your office, everyone will be held to a higher level of “standard of care.” This translates into: set up protocols in advance of actual medical emergencies; become proactive and treat all medical emergencies and don’t rely on the EMS; rehearse your emergency protocols on a routine basis (3 mo).

The number one priority in all health care settings should be to offer your patients the highest level of care possible. This level of care includes having an AED in your office and establishing the proper emergency protocols and training to make it beneficial.

The doctor will need to reassess his or her liability insurance policy once the proper AED policies are established for their facility. Contact your specific insurance carriers and check with them regarding their recommendations. Check your state laws regarding AED issues. Register your brand and model of AED with the nearest EMS station.

“How” do you incorporate an AED into your office medical emergency protocols?

Develop: a written plan or

purchase a generic plan from www.GoToDDS.com and simply fill in the blanks with the appropriate names and staff positions. Each staff’s role in the event of a medical emergency will need to be specifically written in a policy manual. This manual may serve as your only defense in a legal situation concerning your office’s medical emergency protocols. Were your medical emergency protocols followed properly? This is the legal test used by the defense attorneys.

Training: most AED manufacturers offer AED trainers, either full training models or training cartridges, to help you and your staff conduct mock training drills in your office. Make certain your entire staff and the doctor are CPR and AED trained with your brand of AED. Every staff individual needs to know and recognize the key symptoms of sudden cardiac arrest. They are: No pulse. No Breathing. No circulation. No Movement.

“Where” do you locate the AED?

“The AED should be located next to a telephone”, states the American Heart Association. Their reasoning: when the AED gets taken into an emergency situation, the person will be more likely to remember to call 911. Mock emergency drills will allow you and your staff to position the AED in any convenient location. However, your entire staff must know the exact location of the AED in your office. The AED should be placed in a central location, prefer-

ably with an overhead AED sign.

“How” to evaluate an AED?

With only approximately twelve or so manufacturers of AED’s, how do you know which brand of AED is right for your office? What do you look for from an AED manufacturer?

“Reliability.” Without a guarantee of reliability from the manufacturer, you cannot be certain the AED will deliver the life saving shock when needed. The batteries which enable the shock are a critical component of all AED’s. Lithium Manganese is the preferred type of battery. Batteries are usually warranted for four years. Manufacturers will vary with battery types: Philips Medical AED’s use only lithium manganese batteries; Zoll Brand of AED’s uses eight or more standard “D Batteries”, preferably DuraCell Alkaline Batteries. Check with the manufacturer regarding the specific type of battery used in the AED.

“Voice prompts.” Many AED’s are equipped with voice prompts which guide a rescuer through each successive rescue step. Be aware, all voice prompts are not alike, nor accurate! In many instances, voice prompts may be delivered ahead or behind the rescuer. The rescuer and the AED can become “out of synch” during the rescue effort, thus leaving a rescuer feeling helpless. Philips Medical’s patented technology eliminates this situation

Rocky Mountain Dental Study invites you to attend their annual
Vail Ski Meeting Jan. 31 thru Feb. 7, 2009
at the Manor Vail Resort

Join Dr. Joe Steven and 4 other presenters for 5 days of learning and skiing.
Lectures run Monday thru Friday from 7 am - 9 am!

Registration fee: \$895

Pre-registration fee by June 15, 2008: \$695

For further questions or to register, call 303-595-4994.

Or, you can register through KISCO at 800-325-8649.



through “Quick Smart” technology. This technology enables the AED to know the exact step of the rescuer.

“Manufacturer Recalls.” Medtronic, Welsh-Allyn, Cardio-Zine and other AED manufacturers have been placed on recall status by the FDA. This recall is usually for the device failing to deliver the life saving shock. Often, it is caused by a software malfunction. Philips Medical AED devices have never been placed on a recall status by the FDA.

“Peer Reviewed.” Does the AED manufacturer have substantial documentation from unbiased peer reviewed committees? Philips Medical has the most peer reviewed documentation, when compared to other manufacturers of AED’s.

“Ease of Use.” Is the AED easy to

use? Do you need to turn the unit “ON”? Zoll AED’s must be turned “ON” prior to using the device. This situation results in many failed rescue attempts. The rescuer has followed each rescue step correctly but forgot to turn the unit “ON.” This issue leads to the AED failing to deliver the life saving shock.

“Pad Connections.” How do the shock pads attach to the AED unit? Do the pads plug into the unit? Are the pads permanently attached? Are the pads enclosed in a cassette? Are the pad locations easily visible and identified on the victim’s body? Philips Medical AED’s have a patented cassette which simply attaches to the main unit. Many manufacturers, such as Cardiac Science, have cables which must be connected prior to delivering the shock. Failure to make the connection between the AED and the shock

pads is the “number one rescuer mistake!” It is critical to know the life span of the shock pads. Two years? Four years?

“Maintenance.” Does the AED perform daily, weekly and monthly self service checks? Are the self maintenance checks monitored by a designated staff person? Look for an AED which offers these tests. Philips Medical AED’s offer these standard tests with all their brands of AED’s. The issue of self maintenance is often overlooked and yet, it is extremely critical in the performance of an AED. If these self maintenance tests are not monitored, your office AED may not work. The causes can range from expired or faulty battery, expired or damaged shock pads, damage to exterior AED case, AED case open.

By following these guidelines,
(continued on page 35)

Silk Line

Silk Line is a long-lasting, soft denture relining material based on addition-curing vinyl silicones. Silk Line is indicated for use with all polymethylmethacrylate-based synthetics. Delivered in an auto-mix cartridge, Silk Line allows quick and easy chairside soft relines, in addition to being indispensable in the dental laboratory.

Silk Line relieves pressure areas and sore spots in the upper and lower jaws. It also improves retention by creating a functional post-dam and even adapts well to flabby ridges. At the same time, sharp-ridged alveolar processes are elastically covered, and increased retention and stability improve the occlusion of full upper and lower dentures. Used in conjunction with overdentures during the healing process, Silk Line is also suitable for cushioning implants.

Features and Benefits

- Auto-mix cartridge permits direct application to denture base
- Unique primer enhances durability
- Composition allows easy trimming and polishing
- Relines can withstand wear up to two years
- Chairside use is convenient for patients
- Absence of odor and taste increases patient satisfaction
- May also be used in a dental laboratory



Available from KISCO
800-325-8649

Silk Line Kit	Item # 8770	\$159.90
<u>Refills:</u>		
One cartridge	Item # 8775	\$109.00
Twin Pack	Item # 8776	\$174.40
Primer	Item # 8777	\$49.90

Seminar Registration Form

#1

Efficient-dentistry

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Perspective

Newsletter

Spring 2008

A refreshing and realistic approach to the business of dentistry!

Is Your Dental Office Ready For an Automatic External Defibrillator / AED?

by Dr. Mark Castle

In this article, you will learn the issues pertaining to incorporating an automatic external defibrillator or AED into your dental office's medical emergency protocols.

- Why it's important to have an AED in all dental offices?
- What are the liability requirements when your dental office has an AED?
- Who are your "at risk" patients who would benefit from having an AED?
- When would you need to use an AED?
- How do you incorporate an AED into your office medical emer-

gency protocols?

- Where would you locate the AED in your dental office?
- What critical features of AED's are important to recognize?

Many patients will assume the viewpoint that a doctor / dentist would not consider practicing without an AED in their offices. Doctors and dentists are viewed with high esteem and respect from the general public. These two occupations are held accountable and responsible to a higher "standard of care" when compared to others.

Health clubs, casinos, golf courses, airports, senior citizen centers,

airlines and churches are among the many businesses offering these life saving devices to their clients. Isn't it time dentists and physicians thought more like these businesses and provided AED's onsite in their offices?

"Why" it's important to have an AED in your dental / medical office:

The EMS may not arrive "in time" to save a victim of sudden cardiac arrest (SCA). Many factors cause this situation to occur. Which means: the doctor and staff must be prepared to treat a medical emergency in advance of the EMS!

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