



## IN THIS ISSUE

Page 1

**Ingenuity in Implant Treatment for Patient Satisfaction**  
Dr. Raymond J. Voller

Page 2

**Can Your Staff Become Your Implant Team?**  
JoAn Pickett-Majors

Page 5

**What's New in Bone Research: Anabolics, Tissue Repair, Therapeutic Strategies and More**  
Mr. Mark Eagle

## Ingenuity in Implant Treatment for Patient Satisfaction

Dr. Raymond J. Voller

Occasionally the restoration of an area that has been devoid of natural dentition for many years requires additional procedures that compliment the restorative process. Bone grafting is one option and the refinement of the techniques has made this modality a very successful procedure. However, there are many patients who, because of economic reasons, or for reasons involving the non-desire for additional surgical procedures, elect not to have these procedures performed. To adequately service these patients, the addition of supplemental restorative procedures and materials is required.

As we acquire more demanding patients whose expectations many times exceed those who we've been accustomed to, it is imperative that we employ some basic common sense ingenuity to accommodate these types of patients. Occasionally we may not be able to satisfy these types of patients, but the savvy clinician is generally able to ascertain from the diagnosis and chief complaint, that viable treatment options exist.

The most important thing to remember is that we obviously cannot make all of our prospective patients happy, but the challenge of the dental profession is to provide for our patients, esthetic and functional options that rectify what looks like to the average practitioner, an impossible remedy.

### Case 1 - Esthetic Tweak-ing of Implant Crowns

In this case, extractions and the associated loss of the alveolar ridge made it possible to replace not only the missing dentition (tooth #12,13), but also the supporting structures, with pink porcelain/gin-

*continued on p. 6*



Fig. 1 - Retracted buccal view of upper left quadrant illustrating implant fixtures with healing cuffs in place. Notice severe ridge resorption particularly in area of #12.



Fig. 2 - Full arch occlusal view with implant fixtures and healing cuffs in place. Implant fixture with healing screw is covered at the number 12 position.



## Attention Subscribers!

E-mail us your Website URL Address and Receive a FREE link from our web site

[www.implantnewsandviews.com](http://www.implantnewsandviews.com)

[dentpub@optonline.net](mailto:dentpub@optonline.net)