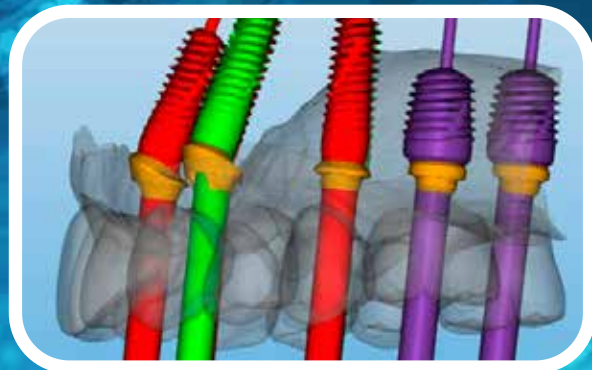
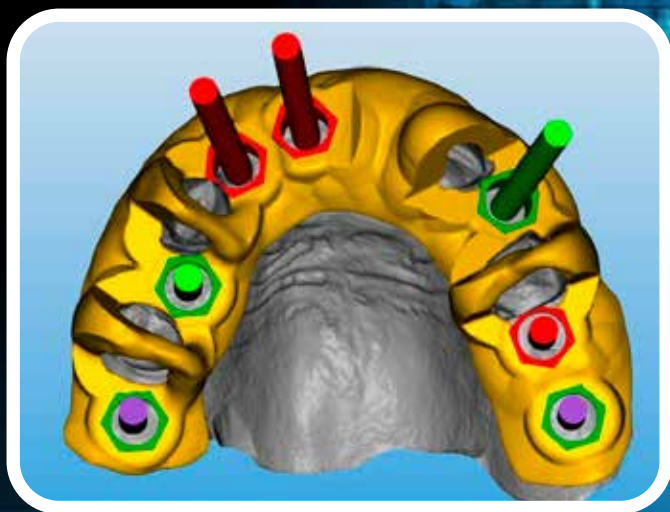
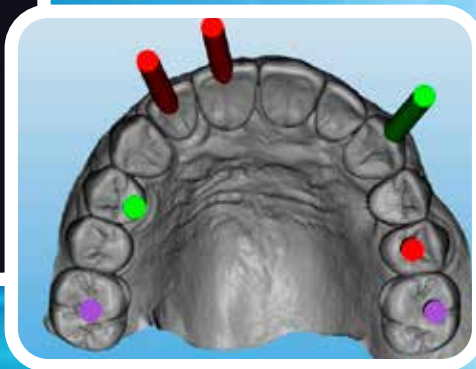


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60 Years of
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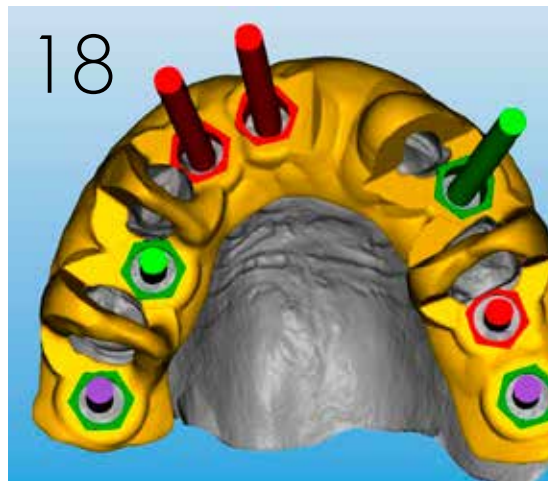
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Our Impact

I want to ensure that the successful foundation that has been built before me continues to grow.

By Kevin Krumm, CDT, TE
FDLA President

For those of you whom I haven't had a chance to meet, my name is Kevin Krumm, CDT, and I am the owner of Touchstone Dental Lab in Altamonte Springs, Florida. I am also proud to introduce myself as the new president of the FDLA. It was such an honor to be inducted at the Southern States Symposium and Expo meeting and to now represent my peers as president of this great organization.

I first must thank all who have gone before me as the leaders of the FDLA. I have been a part of the organization's leadership for five years. Throughout this time, I have seen how my colleagues have fully invested their time, and because of their efforts, the organization has flourished and continued to provide value to our members. I decided to volunteer as a leader in hopes that I will help the FDLA to continue in this positive direction. I want to ensure that the successful foundation that has been built before me continues to grow; it is important to me to contribute to this group in a meaningful way.

I would also like to thank our members for putting their trust in me. It was so great to meet everyone and connect at the meeting. I look forward to more interactions and ask our members to please reach out to me with any input, feedback, or concerns. I am here to help serve and I value others being involved. I can't do this alone!



My time serving in the Air Force taught me many things. One of the most important resonating lessons was that this entity existed without me and will continue to do so after me. What we do day in, and day out, should not focus on what we do, but how we do it, and most importantly, how we treat each other while we are here. The impact that we leave behind is not tangible, but rather, what is remembered is who we were as people. That is our true legacy.

We create beautiful products that restore people's lives. Let that positivity motivate us to be the best people that we can be and build a better community together. 🌟



FDLA Mission

Advancing the individual and collective success of Florida's dental laboratory professionals to enhance oral health care.

Values Statement

INTEGRITY - being honest and open in all that we do

LEADERSHIP - being the guiding light in a changing environment

RECOGNITION - honoring those committed to our industry

SAFETY - promoting safe and quality driven manufacturing practices

INNOVATION THROUGH COLLABORATION - fostering an environment where creative and inspiring ideas are encouraged to enhance patient care



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HOUSE BILL 855

During the 2023 legislative session, the American Academy of Orthodontists (AAO) worked in partnership with the Florida Association of Orthodontists (FAO) and the Florida Dental Association (FDA), advocating legislation requiring an in-person exam by a licensed dentist prior to receiving aligner/orthodontic treatment.

*CS/HB 855
revises existing
standards for
the practice of
dentistry and
establishes new
requirements
that specifically
apply to
providers using
telehealth.*

Senate Bill 302 was introduced in November 2023 and House Bill 855 was introduced in December 2023. These bills would in effect criminalize the “take your own impression” on-line services by revising existing standards for the practice of dentistry by establishing new requirements for providers using telehealth. SB302 was passed through three Senate committees and HB 855 also passed unanimously through the referred committees, before being passed unanimously in the full House. On March 5, HB855 was unanimously passed by the full Senate floor.

HB 855 was signed by the Governor on May 29 and became effective July 1, 2024.

(<https://www.flsenate.gov/Session/Bill/2024/855>)

HB 855 Summary Analysis

<https://flsenate.gov/Session/Bill/2024/855/Analyses/h0855c.HHS.PDF>

The Board of Dentistry, within the Department of Health (DOH), regulates dental practice in Florida, including dentists, dental hygienists, dental laboratories, and dental assistants under the Dental Practice Act. A dentist is licensed to examine, diagnose, treat, and care for conditions within the human oral cavity and its adjacent tissues and structures. A dental hygienist provides education, preventive, and delegated therapeutic dental services. There are approximately 17,193 dentists, 17,681 dental hygienists, and 8,371 dental radiographers with active licenses to practice in Florida. There are 41 out-of-state registered telehealth dentists.

Telehealth is the use of synchronous or asynchronous telecommunications technology by a health care practitioner to provide health care services. Current law sets the standard of care for telehealth providers at the same standard of care for health care practitioners providing in-person health care services to patients in this state. This ensures that a patient receives the same standard of care irrespective of the modality used by the health care practitioner to deliver the services. Current law does not contain health care practitioner-specific regulations for the use of telehealth. Health care practitioners must adhere to the applicable standard of care when providing services through telehealth and are subject to disciplinary action if they fail to do so.

CS/HB 855 revises existing standards for the practice of dentistry and establishes new requirements that specifically apply to providers using telehealth to provide dental services to patients. The bill requires any partnership, corporation, or other business entity that advertises dental services to designate a dentist of record with the Board of Dentistry. The bill also requires advertisements for certain dental services provided through telehealth to include a disclaimer.

The bill requires every dentist to provide each patient with the dentist's name, contact telephone number, after-hours contact information for emergencies, and license information; failure to do so constitutes grounds for discipline.

The bill requires a dentist to perform an in-person examination on a patient, or review records from an in-person examination of the patient from the last 12 months, before the dentist makes an initial diagnosis and correction of a malposition of teeth, or the initial use of an orthodontic appliance. Failure to adhere to this requirement constitutes grounds for discipline. This requirement would only impact dentists providing services via telehealth and would have the effect of eliminating direct-to-consumer alignment business models, unless such businesses are able to incorporate in-person visits that satisfy this requirement.

Dental Advertising

The bill regulates advertisements for certain dental services provided via telehealth, including:

- The taking of an impression or the digital scanning of the human tooth, teeth, or jaws by any means or method, directly or indirectly;
- Furnishing, supplying, constructing, reproducing, or repairing any prosthetic denture, bridge, or appliance or any other structure designed to be worn in the human mouth;

- Placing an appliance or a structure in the human mouth or adjusting or attempting to adjust the appliance or structure; and
- Correcting or attempting to correct malformations of teeth or jaws.


Advertisements for these services provided via telehealth must include a disclaimer that reads, in a clearly legible font and size:

"An in-person examination with a dentist licensed under chapter 466, Florida Statutes, is recommended before beginning telehealth treatment in order to prevent injury or harm."

This requirement applies to advertisements intended to solicit patients including, but not limited to, business cards, circulars, pamphlets, newspapers, websites, and social media.

The provisions of the bill represent a significant departure from Florida's current policies regarding telehealth. Since telehealth was first recognized in statute in 2019, 38 Florida laws have treated health care services as equivalent, regardless of whether they are rendered in person or via telehealth. By establishing requirements that apply exclusively to telehealth services, the bill creates a separate, more stringent, regulatory standard for services provided via telehealth.

Florida Politics, the most-read Florida political source online, recognized HB855 and named orthodontic patients as winners this legislative session.

"Orthodontic patients — In a win for patient health and safety, advancements were made to bring accountability to direct-to-consumer orthodontics to protect Floridians from potentially harmful and irreparable damage. Sen. Boyd and Rep. McClure championed policies passed in HB 855, which was supported by advocates from the American Association of Orthodontists and the Florida Association of Orthodontists. The bill would require a dentist of record to remain primarily responsible for all dental treatments for a patient treated through telehealth, require advertisements of dental services provided through telehealth to include a specified disclaimer for certain dental services, and require an in-person examination and review of x-rays from the last 12 months before the movement of teeth." 

<https://www2.aaoinfo.org/state-advocacy-positive-movement-for-aao-landmark-patient-health-and-safety-legislation-in-florida-georgia-and-illinois/>

CELEBRATING 60 YEARS OF FDIA

This past June, dental laboratory technicians, dentists, dental team members, manufacturers and suppliers gathered to celebrate FDIA's 60th Anniversary. From educational opportunities and networking to seeing new products and services in the exhibit hall, there was something for everyone. FDIA brought back the Wine & Liquor Toss to benefit the Foundation for Dental Laboratory Technology (FDLT) and attendees raised nearly \$1,000 for the organization.



Above: FDIA Board of Directors installation ceremony



Below: Matt Moran receives outgoing board member plaque



Above: Wine & Liquor Toss to benefit the Foundation for Dental Laboratory Technology

Left: Dennis Urban, CDT, and Denise Burris, CDT, with their winnings



Above: Christina Welty, FDIA executive director and FDIA President Kevin Krumm, CDT, TE, near FDIA archives



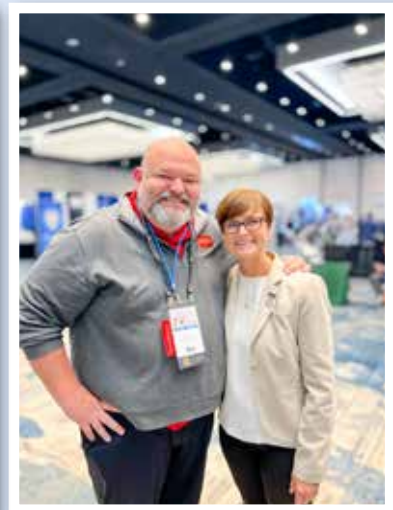
Above: Kevin Krumm, CDT, TE, newly installed president of FDIA



Above: FDIA past president Danielle Wuensche with keynote speakers Tay Harvey, CEO of anax USA, Marisa Notturmo, and Dr. Lawrence Brecht



Above: Barbara Warner, CDT, AAACD, receives outgoing board member plaque



Above: Greg Martin and NADL president Denise Burris, CDT



Above: FDIA Board expo ribbon cutting ceremony



Left and Below: 60th Anniversary cake cutting ceremony



Above: Kevin Krumm, CDT, TE, FDIA president, welcomes special guest Dr. Beatriz Terry, FDA president



Above: Congratulations to anax USA, 2024 Southern States Symposium & Expo Best of Show Winner!



Above: FDIA president Kevin Krumm, CDT, TE (right) with keynote speakers Dr. Lawrence Brecht and Marisa Notturmo



Above: Friday luncheon



Above: Table clinic in expo hall



Above: Outstanding Student Shena Dooley



Above: Outstanding Student Gabriel De Miranda



Above: Outstanding Student Johvanny Noel



Above: Expo hall buzz

The FDIA Board of Directors and staff would like to thank everyone who attended and the many sponsors and exhibitors who helped make this year's Symposium & Expo a reality. We look forward to next year's event at the same venue – Signia by Hilton Orlando Bonnet Creek on June 13 – 14, 2025!

Panelist Takeaways

Celebrating
60 Years of
FDIA



On Friday, June 7, at the Southern States Symposium and Expo, three industry leaders facilitated a panel discussion on, *Through Collaboration, We are Better Together!*

Rick Sonntag, RDT from 4Points Dental Designs, Barbara Warner, CDT, AAACD, Knight Dental Group | Leixir Dental, CDL, and Alexander Wünsche, CDT, Zahntechnik, Inc., CDL, led an interactive discussion on a variety of topics affecting dental laboratories and the dental industry as a whole. Here is what they hoped attendees gained and what they walked away with.

RICK SONNTAG, RDT

What do you hope attendees gained from the panel?

I'm hoping attendees got a nugget or two that they could take back to the lab and implement into their own operations. Crowdsourcing information is far superior to simply having a panel of "experts"... more experiences, more knowledge, and better data make for a better experience.

What topic/information surprised you the most? Any interesting comments or concerns?

I think the cybersecurity topic received the most interesting responses. I was surprised at the number of attendees who experienced attacks along with one of our panelists, so it was definitely the liveliest topic. It was eye-opening to hear about the true costs of these attacks, both in monetary terms and in our relationships with clients.

What topic did you feel everyone agreed upon (pain points, etc.)? What were some solutions discussed?

The ever-increasing cost of doing business in 2024, whether it was cyber-attacks, health insurance, or technology. Every-

one is feeling the pain of the inflationary burden on our businesses. Finding skilled labor was another agreed-upon pain point.

Why do you think it's important to attend in-person meetings such as the Symposium?

It gives attendees a chance to collaborate, share experiences, and learn directly from educators who love to teach. Zoom meetings and virtual learning can't replace eye contact, a live voice, personal descriptions, and dialogue. Attending in person means you can hear, see, touch, learn, and do business by day and enjoy Orlando at night. Those who brought their families could hear about the amazing day that was had at the Disney parks or in the lazy river pool area of the hotel. No other meeting in the country has as much to offer as the Southern States Symposium and Expo.



BARBARA WARNER, CDT, AAACD

What do you hope attendees gained from the panel?

I hope attendees gained an appreciation for each other and the fact that we are all experiencing very similar situations in our businesses. I think being able to talk openly amongst your peers about your challenges and possibly help someone else is priceless.



What topic/information surprised you the most? Any interesting comments or concerns?

I was surprised that more labs aren't using AI and those that do, are using it in a low capacity. I liked the "what is keeping

you up at night" question. We had a lot of answers that were very similar.

What topic did you feel everyone agreed upon (pain points, etc.)? What were some solutions discussed?

That it is super difficult to find trained technicians and when you do find them, how do you retain them. Insurance was very interesting; most labs have insurance that they pay at least 50 percent of.

Why do you think it's important to attend in-person meetings such as the Symposium?

I have been going to this Symposium for years for the people and the camaraderie, there is nothing like it! Being able to see people year after year and see what everyone is doing in their labs is priceless. There is so much valuable information to be gained from these meetings to keep you updated and above the curve. Being able to attend excellent lectures and see new equipment and products keeps me coming back year after year.

ALEXANDER WÜNSCHE, CDT

What do you hope attendees gained from the panel?

I think they gained the assurance that we are all sitting in the same boat and that sharing is caring. I hope they can take the discussions home to their offices and implement improvements they might have heard throughout the panel. AI for example, I hope some go back to try it out and form their own opinion. The panel also lets others realize that their experiences are similar to their colleagues.

What topic/information surprised you the most? Any interesting comments or concerns?

I was surprised that more labs had not had an experience with the FDA. We know some have, but the percentage was very small. Also, it was surprising that AI was not more utilized. In my mind, I thought it would have been utilized much more and that we would have a very diverse discussion.

What topic did you feel everyone agreed upon (pain points, etc.)? What were some solutions discussed?

In human resources, I think it was obvious that everybody's challenge is to find consistent talent. A solution was certain HR software, which is connected to online job markets.

Why do you think it's important to attend in-person meetings such as the Symposium?

Nothing is better than personal interaction. To see each other and have face-to-face discussions about the industry with colleagues and vendors is crucial. We are humans and we need the touch, feel, vibes and atmosphere to sense a customer-client relationship and get things done. Online education can be a replacement to a certain extent. But because we have online interactions throughout the year, it is even more important to meet in person at least once or twice a year. Besides the professional experiences, nothing can compare to socialization, rewarding yourself with dinners, or just hanging out together. We use the meeting every year as our team-building event and invite our whole team to the weekend in Orlando. Usually, 80-90 percent of our team members come with us. It helps us to connect and enjoy ourselves outside of our lab.



Congratulations to the 2024 CDT Milestones!



The following CDTs have maintained their status for 30 or more years and were presented with a certificate during the 2024 Southern States Symposium & Expo.

30 YEARS:

Grace Elaine Dale, CDT
Nancy Franceschi, CDT
Mark Jack, CDT
Gina Sanabria-Valencia, CDT
Ianto Thomas, CDT, TE

40 YEARS:

Kenneth Braiman, CDT
Don Inman, CDT
Daniel McCabe, CDT, TE
Randal Sharp, CDT, TE
Mary Wever, CDT

50 YEARS:

Larry Lavina, CDT

55 YEARS:

Gary Evans, CDT
Lorren Knapp, CDT

35 YEARS:

Scott Bowman, CDT
William Connell, CDT
Michael Dennin, CDT
Carolyn Dunshie, CDT
Mary Essa, CDT
Fred Isaac, CDT
Howard Lincoln, CDT

45 YEARS:

Harry Bruno, CDT
Ralph Carlson, CDT
Thomas Dozier, CDT, TE
Lonnie Lee, CDT
Joseph Sares, CDT
Bradford White, CDT

Right: Recognizing 30-year CDT milestone recipient Mark Jack, CDT (left) with FDIA president Kevin Krumm, CDT, TE



Above: Recognizing 45-year CDT milestone recipient Ralph Carlson, CDT (second from left) with NADL president Denise Burris, CDT, and FDIA president Kevin Krumm, CDT, TE



Above: Recognizing 45-year CDT milestone recipients Bradford White, CDT (far left) and Joseph Sares (second from right) with NADL president Denise Burris, CDT, and FDIA president Kevin Krumm, CDT, TE



Right: Recognizing 35-year CDT milestone recipients Fred Isaac, CDT (left) and Howard Lincoln, CDT (middle) with FDIA president Kevin Krumm, CDT, TE

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THE **TEAM** PERSPECTIVE

Digital Workflows from Data Capture to Definitive Prosthesis: Collaboration = Predictability

The Age of Digital Dentistry is essentially the totality of restorative dentistry in the 21st century. Our reliance on the wide variety of digital technologies available to us may often make things more complicated than streamlined. As a result, the development of predictable and reliable workflows between the clinician and the technician is crucial. This refinement of the “best practices” approach to digital workflow development is therefore dependent upon clear and concise collaboration between the two team members. Together, they must figure out as one entity what “works” and what “does not work” for their particular partnership and work style.

In this article by a technician-clinician team that has worked together for 20 years (with over 15 years of digital experience), we will discuss how to develop productive and predictable workflows.

Over the last 15 years, digital technology has grown to become the primary modality fabricating prostheses in restorative dentistry. If you are just beginning your journey into the digital world, it may seem overwhelming with all the options available. It’s important that the clinical and laboratory team have open communication on what is needed to complete a treatment for each patient. The most important part of this communication should be understanding from each team member what digital data is needed for each treatment plan. The laboratory/clinical team should set a high standard for the quality of the intra-oral scans that will be captured for each procedure. As in a fully analog workflow, if we start with a poor impression, the consequence is usually failure of the case. The same goes for digital workflow. If the digital data captured is not adequate, it will also result in an unacceptable result. At the beginning of our digital journey, we decided that the laboratory technicians would approve every intra-oral scan. With communication tools such as Zoom, Teams or even FaceTime, it is extremely easy to “remote-in” and check that the data captured is sufficient before it even enters the “Cloud” and winds up in your lab inbox. We did this with every digital workflow that was introduced into clinical practice. This made it possible for the clinical team, over time, to understand the quality of data and the proper data necessary to complete the digital workflow for each individual restoration. This included cases for single crowns, to full-arch rehabilitations and surgical planning for all variations of implant restorations.

As you embark on the “Digital Journey,” you will start to realize ways to utilize your digital equipment to its fullest potential. Digital equipment is often an expensive investment. With

so many options in the world of CAD/CAM, it’s important to discuss with your team what the best investment is for your clinic or laboratory. On the clinical side with only an intra-oral scanner, most digital applications from single-unit restorations to full-arch rehabilitations can be achieved. Many laboratories digitized models and impressions with lab scanners before intra-oral scanners were available for clinical applications. Evaluating the instrumentation available is important before investing in your manufacturing equipment. For our team, our first investment was a wet/dry mill. This gave us the ability to have complete control over our digital workflows and allowed us to keep manufacturing in-house. We now had the ability to mill zirconia, PMMA, and lithium disilicate.

Since we are an in-house laboratory-clinical team, this made the most sense. Although it was a significant investment, it gave us back the control to be able to manufacture our own zirconia. Losing esthetic control by having to outsource our milling simplified the decision to purchase our first mill. It allowed us to deliver a product that we fully designed, manufactured, and met our esthetic standards. As we advanced in our digital workflows and began surgical planning, it made sense that our next investment would be a 3D printer. Besides printing our own surgical guides, it gave us the control to print our implant and diagnostic models, prototype try-ins, and occlusal guards. As a maxillofacial prosthodontic office and laboratory, we were able to start in-house scanning (using our intraoral scanner) (**Figs. 1a-c**) for facial prosthetics such as ears, noses and ocular, and nasoalveolar molding (NAM) appliances for infants with a cleft palate. It’s important to evaluate what work is coming into your lab or clinic before deciding what equipment may be the most beneficial for your team.

When we began implant planning for our surgical specialists, it brought our team to a more advanced technical level. It finally



Figs. 1a-c:
We utilized our intra-oral scanner for maxillofacial prostheses such as ears, nasal stents and nasoalveolar molding (NAM) appliances for infants with a cleft

gave us the ability to play a part in controlling the surgical process. Prior to our engaging in implant planning, we had to figure out how to restore each case after implant placement. This is often costly in time and money when trying to figure out the best restorative options. Surgical planning gave us the ability to create relationships with our surgical team and provide the best possible outcome and treatment plan for each patient. Surgical planning of cases allows the laboratory, clinical, and surgical team to work together with the end result in mind. It also gives a deeper understanding of what each team member must consider when placing implants.

As you begin to bring digital workflows into your everyday practice, you will soon realize the benefits and efficiency they bring to your routine. The more you utilize digital technologies, the more you will look for ways to digitize whatever workflows you can. It's often a great way to advance your team into different tasks in the lab or clinic. You can work together to be more efficient, learn new things, and improve the results for your patients. Our team was pushed to become more comfortable adopting advanced fully digital workflows by utilizing technologies such as Straumann's RevEx® Scanbodies.

This is a reverse scan technique that is captured through IOS scans only (Fig. 2).

The data is captured with three separate IOS scans that are captured by the clinic (Figs. 3a-c).

These scans must be done with a high degree of accuracy prior to sending to the laboratory, as the technical team is responsible for producing a prototype try-in and verification guide using only the digital data provided by the clinic. Each team member must understand the importance of transmitting high-quality data to the laboratory. These advanced workflows require a collaborative team understanding of what is required for them to work efficiently. The result leads to high-quality data and ultimately, excellent restorations delivered to your patients. Having a solid understanding will reduce the laboratory time by half as well as reduce the number of clinics visits by half.

There are several different workflows that allow you to capture digital data in order to complete a fully digital workflow (Fig. 4). These include photogram-

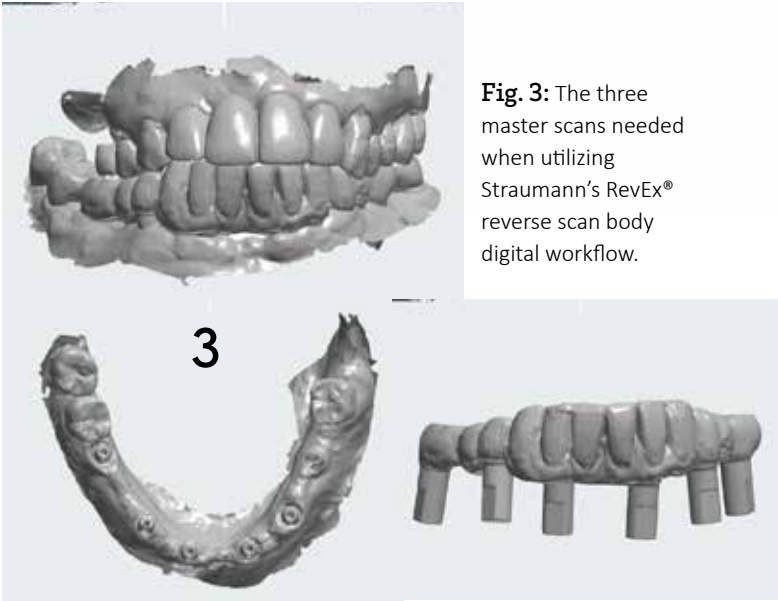
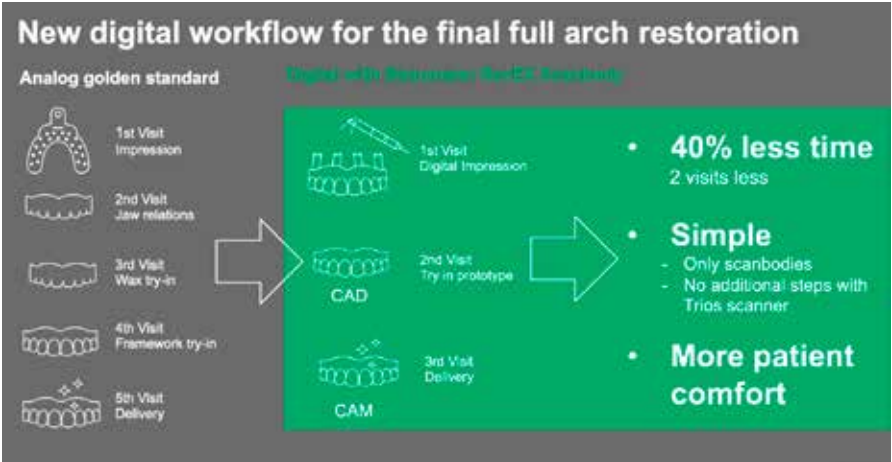


Fig. 3: The three master scans needed when utilizing Straumann's RevEx® reverse scan body digital workflow.

Fig. 4: Digital Workflow for Straumann RevEx®



metry, grammetry (OptiSplint®), and RevEx®. There are many useful workflows that are dependent upon different instruments, and each has its advantages and disadvantages. Which one is right for you will depend upon your work style and goals. For some, a combination of all three may be beneficial. For us, RevEx® was an easy integration. It was just adding another “scanbody” to our inventory. It required a minimal initial investment and allowed us to embark into fully digital workflows utilizing skills our clinical teams were already proficient at. It also became apparent that it would be helpful in difficult cases when a traditional analogue impression was just not possible. Some patients cannot tolerate an impression or may have certain medical conditions or facial differences that might prevent us from obtaining a conventional analog impression. Adopting newer digital technologies allowed us to recognize the need for alternative options.

Perhaps the ultimate example of the importance of collaboration resulting in a predictable outcome is the communication required to successfully execute the removal of a tumor of the maxilla or mandible and place a vascularized tissue flap into the surgical site along with implants and a dental prosthesis, all accomplished in one surgical procedure. This is known as a “Jaw-in-a-Day” procedure and greatly reduces the rehabilitation time for patients with significant pathology requiring resection of the jaw. Such an elegant procedure requires a precise CT scan and intraoral data acquisition along with a team approach to planning the resection and reconstruction. This planning is coordinated through a team consisting of an oral surgeon, microvascular surgeon, prosthodontist, dental laboratory technician, and a computer engineer (Figs. 5a-e).

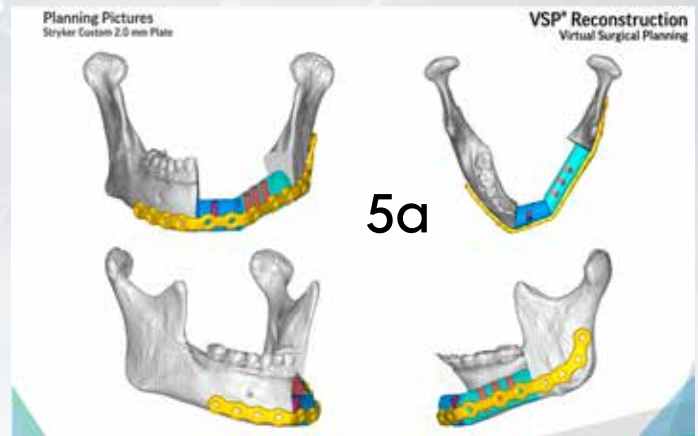


Fig. 5a
Jaw-In-A-Day-
Reconstructive plan,
implants in fibula and
reconstruction plate

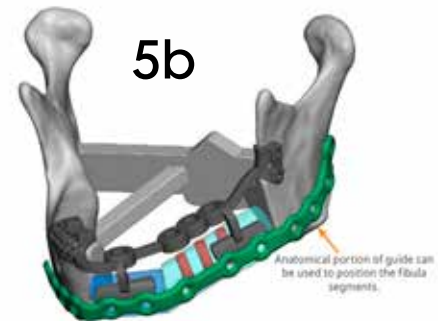


Fig. 5b
Jaw-In-A-Day- Implant
surgical guide,
implants in fibula and
reconstruction plate
(planning schematic)

In summary, it’s important to understand that when implementing digital workflows, it is best to start by building a strong team that understands what’s needed for a high-quality restorative outcome. Each team you work with may have different needs. There is not one formula for every team. It’s important to build a team that understands what their role is and how to execute that to the highest level. Working together collaboratively, combined with the implementation of digital technologies into your workflow, will help to optimize outcomes for the technical team, the clinical team, and most importantly, the patient. [1](#)



Fig. 5c
Jaw-In-A-Day- Digitally designed and milled PMMA surgical provisional prosthesis

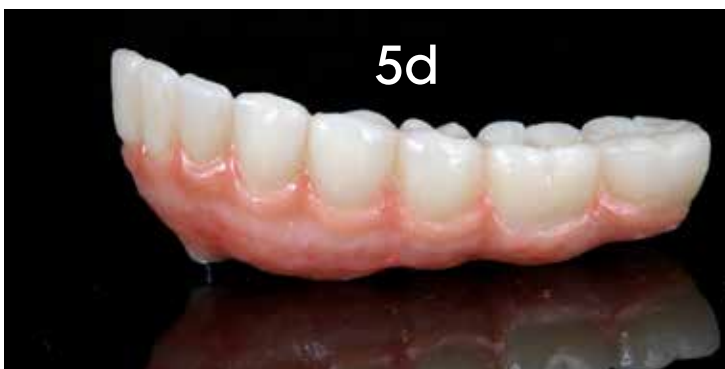


Fig. 5d
Jaw-In-A-Day- Definitive zirconia resection prosthesis fabricated using reverse scan body technique with surgical provisional as the template.



Fig. 5e
Jaw-In-A-Day-Definitive zirconia resection prosthesis fabricated using reverse scan body technique with surgical provisional as the template in place.

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100% digitally created with minimal esthetic layering
DT Alexander Lichtmanegger – Zirkonzahn Education Center Brunico, South Tyrol, Italy

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Prettau® 3 Dispersive® zirconia with *Gradual-Triplex-Technology*: the material is already provided during the production process with a triple gradient of natural color, translucency and flexural strength. The result is a natural looking restoration with an extremely flexural strength at the tooth neck and excellent translucency in the incisal edge.

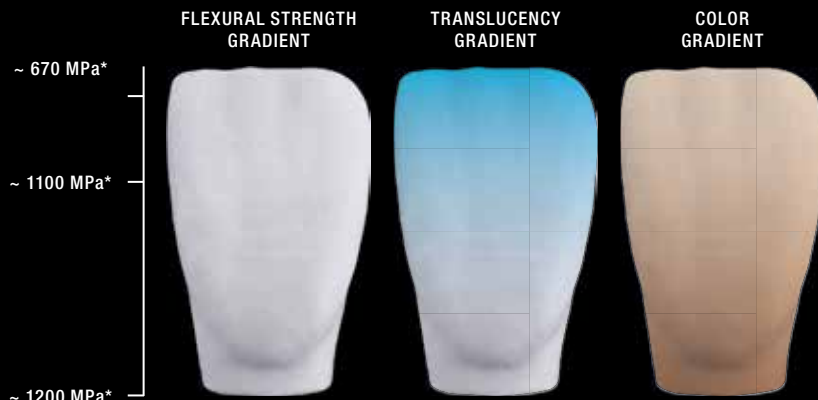


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MORE
INFORMATION



NOTE: Prettau® 3 Dispersive® bridges are limited to 3 units in the US.



*Average value of the biaxial flexural strength from several test series

DIGITAL FULL ARCH TREATMENT *in the Modern Age*

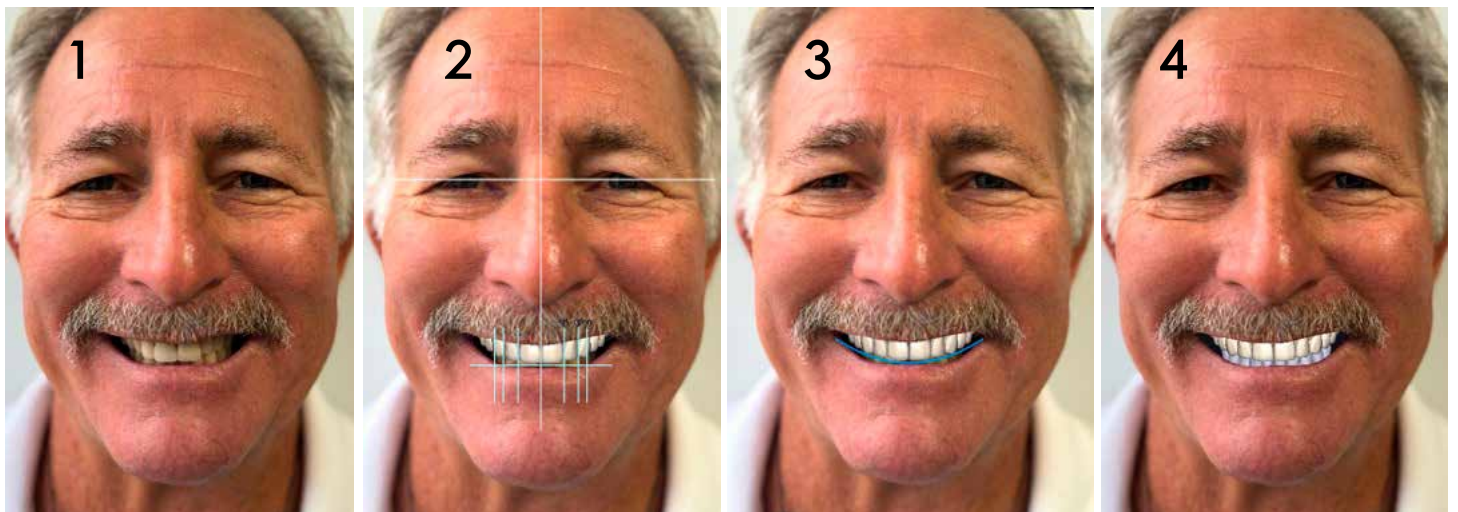
After a long career in dental laboratory technology, technology continues to reengage my passion for treatment planning and provides tools for greater communication with clients and patients. Yes, we could still pour up stone models from traditional impressions and mount with a dento-facial analyzer, facebow or stick bites, and evaluate poorly taken photos and magazine clippings, and attempt to translate our instruction and guidance into wax on the bench. Yet now, I find myself looking over the shoulder of our design team, alongside one of our ceramists, or occasionally a removable team member. All are providing input as our digital team toggles between digital photos, face scans, and pre-op IOS scans, while designing a digital diagnostic waxup for all types of cases from smile design cosmetic to complex surgical implant full arch.

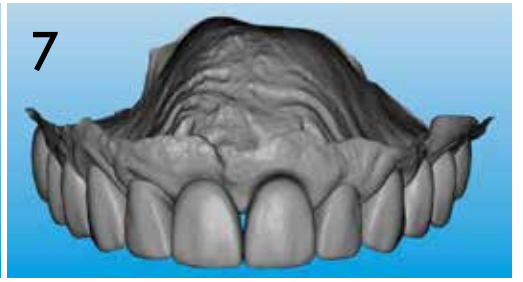
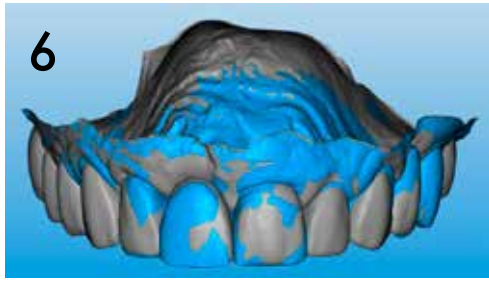
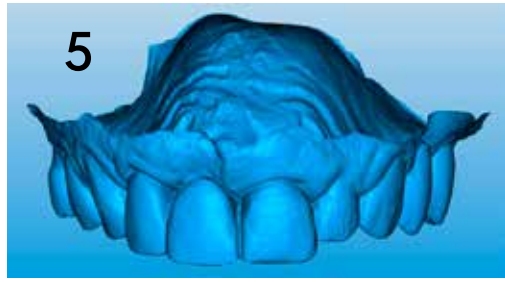
Now our ability to communicate between lab, surgical, or restorative teams, has been taken to the next level. We have shared data folders, emailed images of design proposals and concerns on cases, printed or milled prototypes, and new 3D web viewers that allow the client to have an interactive presentation with the patient. This allows us to be more thorough in our planning phase prior to the execution of our plan, thus increasing our overall success rate.

The case being highlighted used digital photography, intra-oral scanning, digital facial analyzation, CAD diagnostic waxup, virtual implant planning, 3D printing and milling, guided surgery, photogrammetry, and a lot of talented humans to deliver an outstanding result for the patient.

Phase One

The patient presented with hopelessly failing maxillary dentition and wanted a new smile while not going without teeth. We acquired digital full-face photos (**Fig. 1**), pre-op intraoral scans, CBCT, and instructions from both the restorative dentist as well as the surgeon. We started in exocad by aligning the preoperative intraoral scans with the full-face photos and performed digital facial analyzation to ensure we followed facial midline, symmetry, (**Fig. 2**) and the curvature of the lips (**Fig. 3**). Then we started with the ideal incisal edge position of the anterior teeth and worked back from there, utilizing all the data and input from our clinical and lab teams to design a harmonious smile (**Fig. 4**). After sharing the design



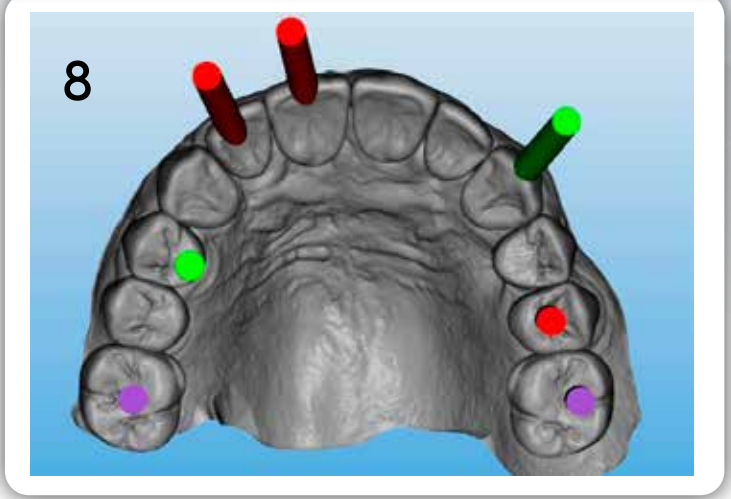


and showing it both in the patient's face and also overlaid with the preop (Figs. 5-7), we received approval from the clinicians to move into phase two of the planning process, implant planning.

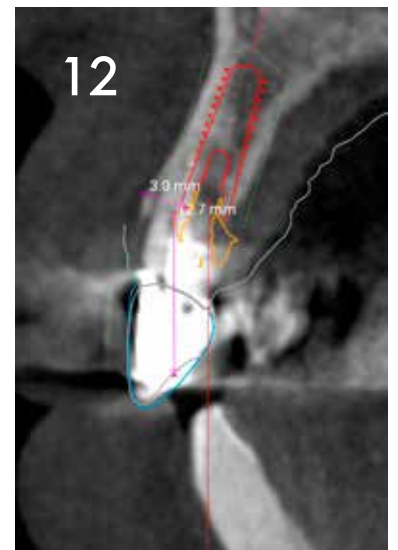
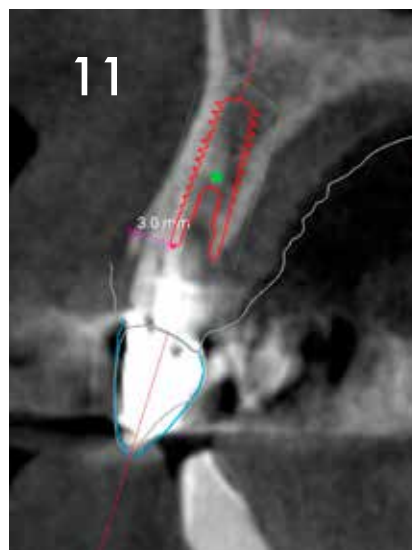
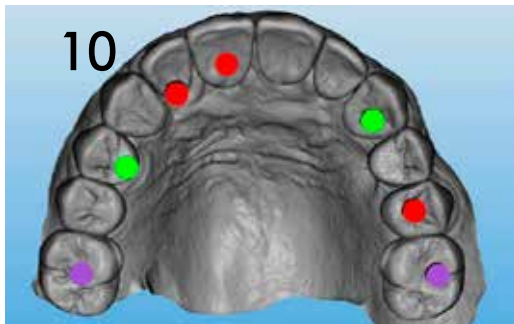
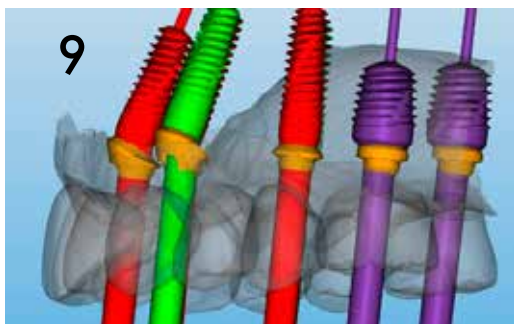
Phase Two

Creating a dataset in RealGuide, a universal platform for diagnosis, implant planning, designing, printing surgical guides, and prosthesis modelling, we combined the CBCT with the preoperative intraoral scans and the desired diagnostic wax-up. Our instruction from the clinician was to maintain current vertical, minimize bone reduction, utilize 6-8 maxillary implants back to first molar to prevent any distal cantilever, and design a tooth-borne surgical guide. Then we were to place a few mandibular implants to restore full occlusal function and fill in the missing lower teeth. The surgeon wanted to utilize ZimVie TSX implants and ZimVie's new Universal Multi-Unit Abutments for a maxillary full-arch splinted design for the temporary and final prosthesis, and a few singles on the lower.

We took into consideration many factors when selecting preliminary implant sites and sizes, like bone width, bone



quality, and bone defects both vertical and horizontal. Once we had our preliminary implant sites and implant sizes (Fig. 8), we could preselect our Universal Multi-Unit Abutments to ensure ideal exits through the provisional prosthesis and the final (Figs. 9-12). Once the preliminary planning was complete, we coordinated a virtual meeting for the clinicians to provide their input and approval. The plan was tweaked, revised, and approved by the clinicians, allowing us to start phase three, guide design.



Phase Three

Designing a modern surgical guide is rather simple in 2024, but creating something that can be easily seated, passive yet stable, while delivering confidence to the surgeon that what was planned will be delivered, takes a lot of check points, validation, and quality control. Having attended more surgeries than I can count and asking even more questions along the way, we attempt to put all that data into our guide designs. We take very seriously the trust that has been given to us as an integral part of the surgical planning team as well as our part in the final restorative.

We left four teeth to stabilize the maxillary surgical guide and all the rest would be extracted prior to the seating of the guide in the mouth. The lower guide was also stabilized by all the remaining teeth, which in my opinion, is the most predictable. Our design preference is to utilize a 3-4 mm minimum thickness of our printed guide resin for strength. Next, we digitally trimmed away any material above or around the top of the guide sleeves as well as opened windows on the remaining teeth for the surgeon to visualize that the guide

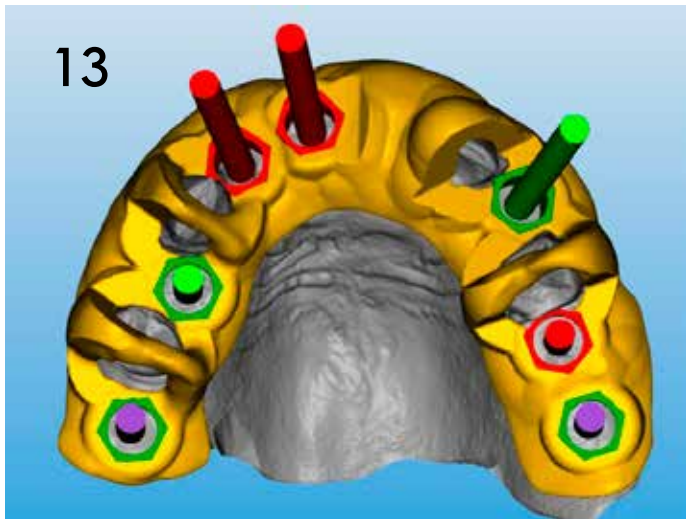
is fully seated and clear the way for the drills and surgical handpiece as well as openings for extra irrigation of the osteotomies (**Fig. 13**).

As much faith in our modern surgical guides as we have, I always want a backup, so for our full-arch guided cases we always convert the diagnostic waxup into a simple surgical guide, which is basically an immediate clear printed denture in our guide resin without a facial flange in this case (**Fig. 14**), and troughed (**Fig. 15**). This is a backup if something goes sideways clinically during surgery; it serves as a way for us to re-establish and capture vertical dimension post-surgery and visualize and help place the multi-unit abutments. Now the fun begins, phase four, surgery!

Phase Four

Full arch surgery day is still often a whirlwind of excitement, anxious nerves, and most often a lot of warm bodies in a too small operatory. We often have the surgeon, sometimes an anesthesiologist or nurse anesthetist, maybe the restorative dentist, 2-3 surgical assistants, a rep from the implant company, and a lab team member. Let's not forget the patient and of course their companion or driver whom we now escort to the waiting area. Today, instead of having an entire mobile lab set up in the next room, awaiting my turn to make it all happen after the surgery is done, we are calmly reviewing our plan, triple checking inventory of parts, taping up image printouts around the room and putting data on the screens and monitors around the room. It never fails; we might be missing one crucial part for the case and hopefully extra backup will be brought, or the implant rep can spring into action as now is the time to know versus after surgery when we do not have the time to wait.

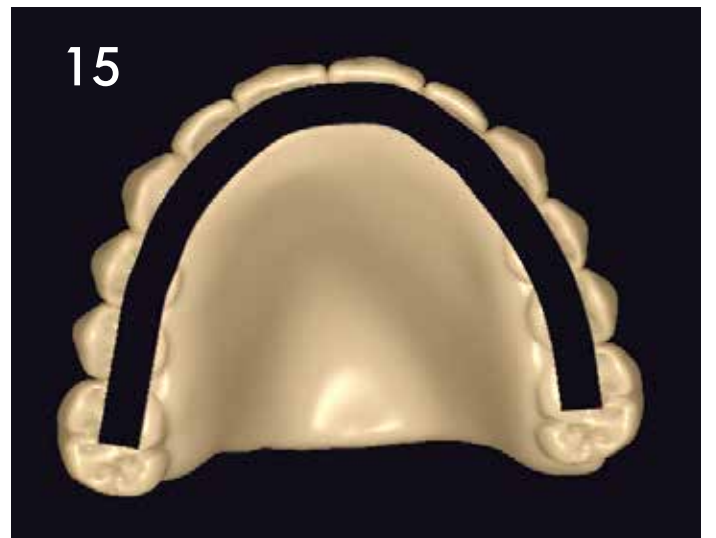
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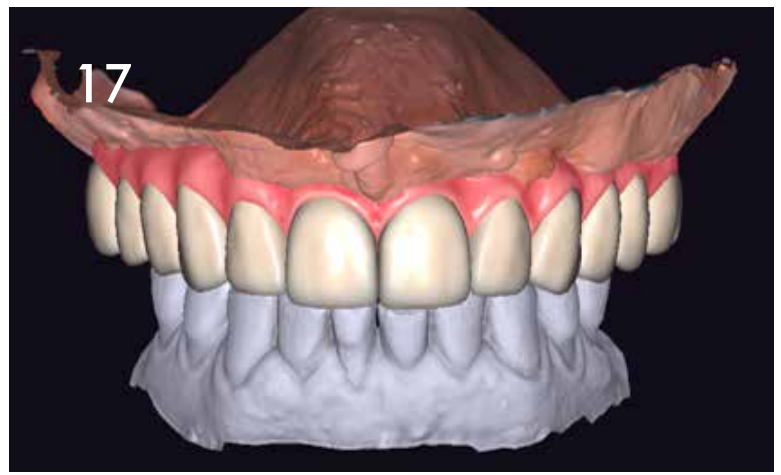
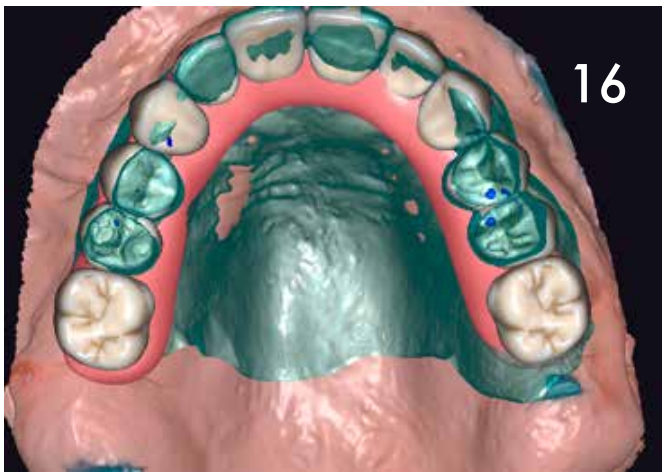


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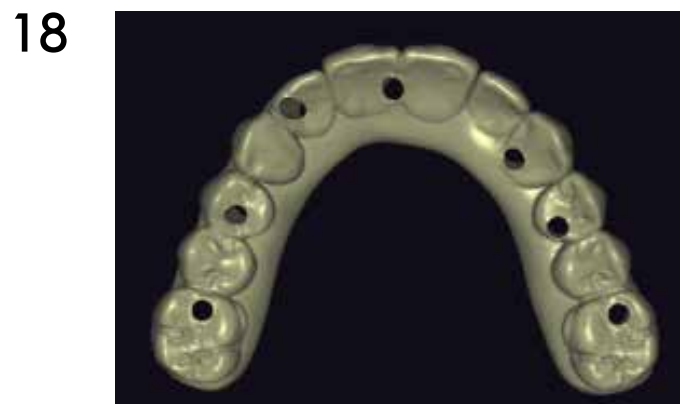
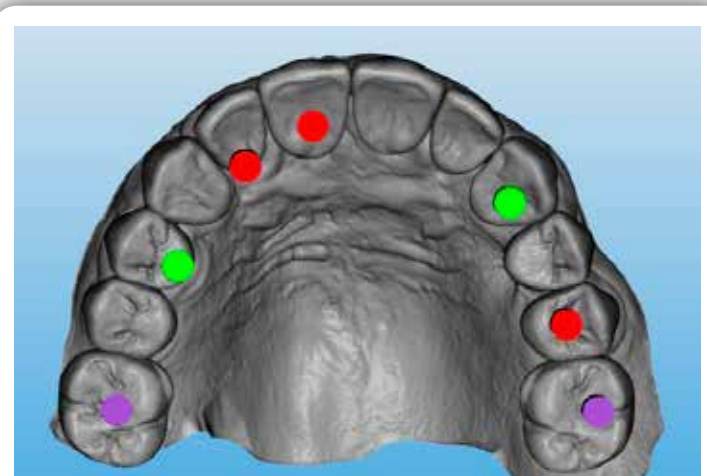


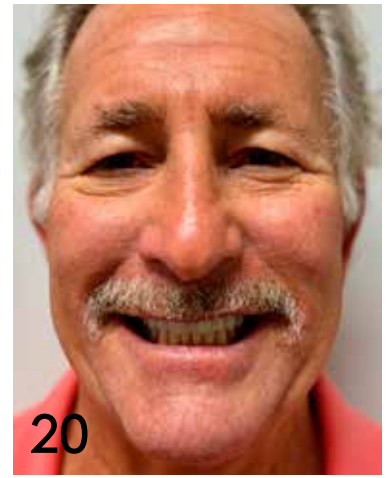
Once the surgery starts, I am often looking for cues that our planning and execution is on par up to this point. That can often be a simple nod from the surgeon or just visualizing that the teeth are poking through the windows cut out in the surgical guide. A comment about poor bone quality, or I'm not in love with that site and may reposition the implant, used to freak me out. Now, I have learned by working with great surgeons that they know when all the planning in the world doesn't relate to the clinical application due to quality or density of the bone, and that it's not any of our fault. Then the surgeon does as trained and adjusts the plan and finds a new site.

All our implants are now in, multi-unit abutments are placed, grafting done, and sutures closed around our photogrammetry scan flags. We use either PIC or MicronMapper currently for our photogrammetry and a 3Shape Trios4 to accurately scan the position of the multi-unit abutments as well as the soft tissue and any fiducial markers if utilized. The scans are emailed back to the lab to be aligned digitally to our preoperative waxup design, and any necessary modifications are made prior to printing or milling (Figs. 16-17). Often, even with all the planning, things change, or adjustments are made on the fly, as you can tell from our preplanned implant positions versus our surgical provisional design (Fig. 18). We usually use all straight screw channels in our surgical provisional to eliminate possible confusion on what drivers to use, and then correct screw channels in the finals to idealize if needed. I still prefer the strength and esthetics of milled multilayer cross-linked PMMA if we have time, but it is a relatively slow process compared to printing. In this case, we utilized milled multilayer cross-linked PMMA, applied minimal amount of pink composite, and glazed with GC Optiglaze prior to the delivery the following day at the restorative clinician's office.

The clock seems to tick louder and louder as I anxiously await a call or text feedback. On this case, our digital full arch manager went to the delivery as she had been very in-

involved in the entire case. All the planning and preparation in the world still provides no guarantee that the patient will love the work. This I have often found to be one of our most challenging obstacles. It can fit, it can function, we can love it, the clinician can love it, and yet beauty is always in the eyes of the beholder, which is why we do so many diagnostic processes. Digital smile design, digital waxup, temporaries, mockups, prep guides, putty matrix, and prototype after prototype reduce or minimize failure and maximize our chance of success.





First, I received a thumbs up emoji text from Candice, our digital full arch manager. Then I got the group text from the restorative clinician and the surgeon with pictures of a huge smile on our patient (Figs. 19-20), and a wonderful compliment to the entire team. All the data, all the planning, all the synergy between our internal lab team and our outside clinical team, make those moments the most gratifying part of my career, as I love it when a plan comes together (Figs. 21-22). Restoring function and a beautiful smile to our dental

crippled patients have been the most rewarding part of my journey as a dental technician, and I have the privilege of doing it with a great team of talented dental technicians, and talented restorative and surgical partners. My hands are less involved today in our cases than any other time in my career and yet I get to play a small part in cases like this daily with our team. It's the most rewarding part of what I do...hmm, I might not ever retire! 🗨️

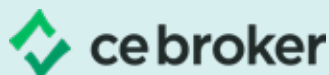
About the Author

Grady Crosslin, CDT, is a second-generation dental technician out of a long family history deeply devoted to dental technology. Grady started helping in his father's dental lab at a very early age, and it was in 1996 that he finally gave in and became a full-time technician. In 2004, Grady and his wife Susan started Crosslin's Creative Ceramics, Inc., a Texas based dental lab specializing in implants, digital and cosmetic restorative dentistry. In 2011, he expanded to a second location in southeast Florida where his wife Susan was from. The two locations operate together to serve clients all over the continental United States and allow Grady to spend time with both sides of his family. Though most of his training is informal from years on the bench and chairside work, he later found a true love for clinical education through Dawson, Pankey, Spear, LVI, and lab training through the multiple material and implant companies he worked with. He is always striving to narrow the gap between the lab and clinical work to provide solutions for his clients. Grady is a member of multiple ITI, Spear, and other implant-based study clubs across the country with his clients and is devoted to education and helping further the field he loves.



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Body 2 (15%)		
Body 3 (35%)	1100 MPa	45%

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22mm									

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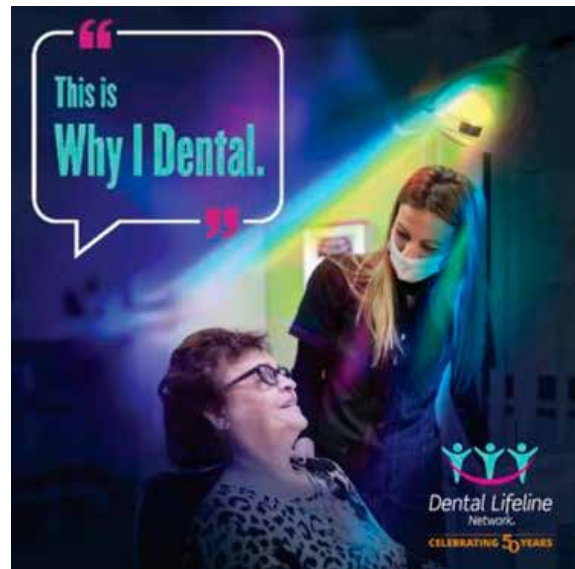
12-Month Results: During the fiscal year, we served 100 patients and generated \$472,700 in donated treatment (including \$36,602 in laboratory fabrications). Each patient who completed treatment received an average of \$7,358 worth of dental treatment; comprehensive care that illustrates the generosity of the volunteer dentists and labs.

Semi-Annual Report of Services 7/01/23-06/30/24

PATIENTS	
# Deceased or Otherwise Withdrew	0
# of Patients Served	100
# Who Completed Treatment Plan	48
# Who Received Services but Treatment Plan Not Yet Complete	27
# Referred to a Volunteer but Haven’t Yet Finished Treatment	25

APPLICANTS	
# Received	211
# Not Eligible	126
# of Applications pending on wait list (as of 12/31/23)	511

VOLUNTEERS	
# of Volunteer Dentists	460
# involved with patients served	91
# of Volunteer Labs in Florida	201
# involved with patients served	49
# of Contributing Labs outside of Florida	11



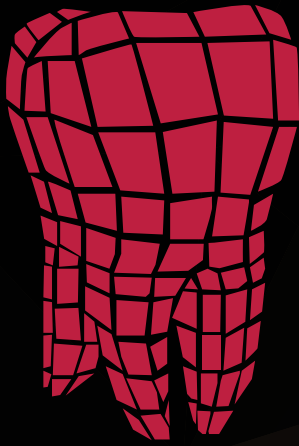
The Florida DDS program needs volunteers and donations to continue to provide care to those in need. For more information, go to <https://dentallifeline.org> or contact Florida DDS Coordinator Megan Manor at mmanor@dentallifeline.org. Sign-up today as a volunteer at <https://dentallifeline.org/volunteer/> or scan the QR code.



FINANCIAL	
Value of Care to Patients Served	\$472,700
Average Value of Treatment/Completed Case	\$7,358
Value of Donated Lab Services	\$36,602 ¹
Value of Paid Lab Services	\$TBD
Operating Costs	\$TBD
Ratio of Value of Care to Operating Costs	\$TBD

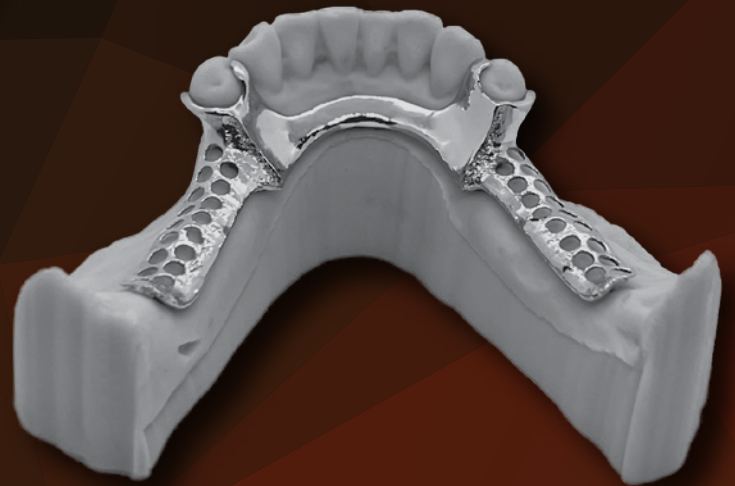
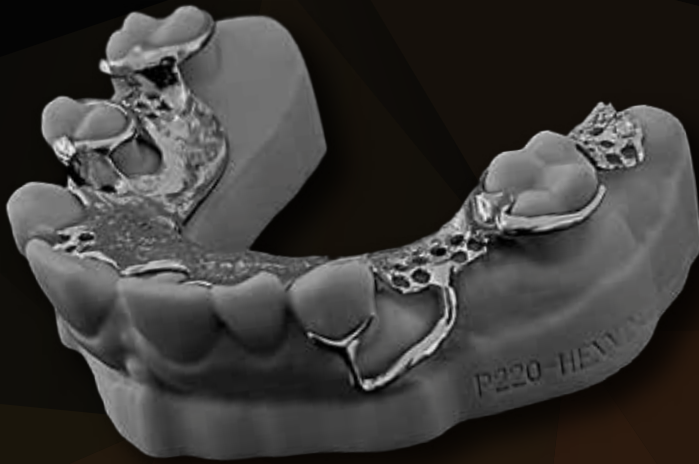
1 - Also included in Value of Care to patients served

TOTALS SINCE START OF PROJECT	
Total Patients Treated	2,220
Total Value of Care to Patients Treated	\$11,579,350



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1. Enhance Member Engagement: Help develop initiatives that increase involvement and communication among members, ensuring that their needs and concerns are heard and addressed.
2. Strengthen Educational Programs: Assist with expanding and improving educational offerings to provide valuable resources and training that will help our members stay at the forefront of developments in our field.
3. Foster Community Outreach: Build stronger connections with the community to promote awareness and support for our industry, and to highlight the contributions of our members.
4. Support Innovation: Encourage and support innovative projects and ideas that can drive the industry forward and provide new opportunities for growth and improvement.

I look forward to collaborating with my fellow board members and our community to achieve these goals and make a positive impact on the FDLA.



Brill



Silva

DIRECTOR AT LARGE

Rene A. Silva, MBA

OrthoDenco Labs


What would you like to accomplish during your term on the FDLA Board of Directors?


This would be my first year serving on the board, so I hope to grow through the exchange of ideas with the rest of the members. My goal during my tenure is to increase awareness and membership of the FDLA whilst increasing the value proposition to FDLA members and stakeholders.

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FDLA Calendar

March 21-22, 2025

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Utilizing Solutions

*BEGO is a business partner and supporter of the FDLA. **Jonathan Weiss** is the vice president, business development at BEGO, and he shares his thoughts on the industry landscape.*

How does BEGO help dental laboratories be successful?

We are partners of efficiency. Especially in these times with the shortage of skilled labor, labs need to focus on their available resources and time. We have provided efficiencies on the casting side as part of our legacy, and now we provide 3D printing solutions. Utilizing these solutions saves labs time and cost. BEGO has demonstrated decades of competence and experience in the partial denture space, and we continue to be a workflow partner for both the analog and digital workflow.

Where do you see the industry headed in the next five years?

We are going to see a wave of retiring baby boomers. There are currently not enough technicians ready to take the place of those leaving the profession, making the need for efficiency even more pronounced. What are some levers to counter that trend? One is AI. Whether it is utilized in CAD or elsewhere, the innovation will undoubtedly flourish. Also, the talk of the town at the mid-winter meeting was 3D printing for both resins and metal. This will definitely keep us busy for the next five years.

How can lab owners differentiate themselves in today's environment?

One way is to differentiate by price, but that's not ideal. The other way is by quality. Especially in times of DSOs, smaller labs can stand out with quality. The second is service. For example, a lab could go to the office to provide chairside assistance or give their direct phone number to dentists. Small things go a long way. Social media marketing is another fun way to differentiate. There are a lot of labs out there; by providing quality, service, and marketing, labs can succeed.



Why is being an FDLA Business Partner valuable to you?

We are partners in progress. One of our core values at BEGO is customer obsession. As an FDLA Business Partner, we have the opportunity to stay closely connected to the lab community in Florida. We want to pulse check how we can help labs be more or stay successful, and participation in FDLA is a great way to get that critical feedback. 📍

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