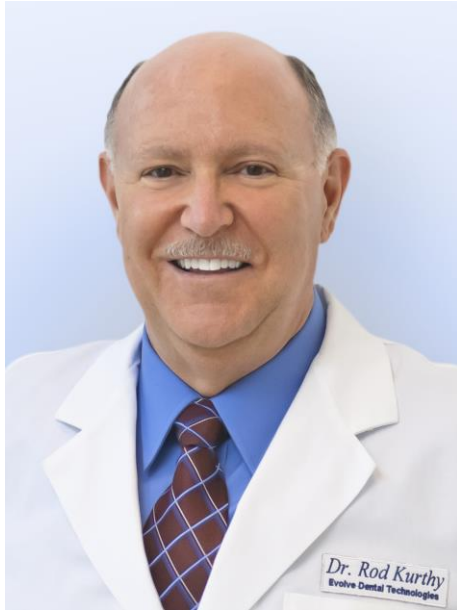


# Northlake Dental Association Destin, FL June 2&3, 2017

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## Lecture Titles and Descriptions

### 1) **Walking Forward: Simple Correction of Open Posterior Interproximal Contacts Caused by Distalized Molars**

Most dentists occasionally see posterior contacts become open that were tightly closed when the new crown was seated. Six to twelve months after insert of the crown, the patient is back complaining about food impaction between the teeth. What the heck happened?!! You're certain those contacts were tight before. What do you do? Ignore it? Remove the new crown and replace it (at no charge, yet the patient is still unhappy)?

With Dr. Kurthy's popular "Walking Forward" technique, these distalized crowns can be moved mesially through a specific occlusal adjustment technique that is simple, only takes a few minutes, and best of all...IT WORKS!!!

Once you understand the technique, you'll employ it from now on when you first seat new crowns.

Even if you never see open contacts occur around crowns that YOU have placed, you certainly do see them on new patients with crowns from other dentists. And sometimes even virgin teeth, due to inevitable occlusal wear, start to distalize on their own, resulting in open contacts and food impaction.

This technique may just...save your sanity.

## **2) Diagnosing and Presenting Cracked Teeth: Discover an Untapped Goldmine in Your Practice**

You see cracks in teeth all the time. But how do YOU know how DEEP those cracks are? If you think that all deep cracks cause symptoms, think again. How many times do we see broken teeth with stain deeply in the cracked area, yet the patient tells us they never felt ANY discomfort until the tooth actually broke? It took months or years for that stain to get deeply into the crack, yet the patient did not feel any symptoms until the tooth broke.

How often do you prep a tooth for a large filling or crown, and see a deep crack? And the patient says they have never felt any discomfort?

So what do you do about all of these asymptomatic genuine vertical cracks in teeth? Most dentists simply ignore them. Patients often don't care because they have no symptoms and they can't see the crack themselves.

A common discussion on dental Internet forums is how to handle cracked posterior teeth where the crack extends down the root. Should we try to save the tooth, or extract and place an implant? LET'S NOT LET OUR PATIENTS GET TO THAT POINT!

In this lecture you will learn:

- Simple, easy, recognized methods to determine the difference between unimportant craze lines in enamel and genuine deep vertical cracks.
- To become a Superman (or Superwoman) dentist with "x-ray vision" – have the ability to "see" inside teeth. You will be amazed at what you find every single day. About the very inexpensive equipment necessary to "see" inside teeth, find problems you'd otherwise never have seen, and properly diagnose the presence of genuine cracks.
- How to show your patients the DEPTH of the crack(s) in their teeth – patients absolutely gasp when they see.
- How to show your patients what may happen if they do not fix the cracks you just showed them. Shhhh. This is gift is a surprise, so don't tell anyone. Dr. Kurthy will provide the entire audience with a gift of an album of digital, downloadable printable photos of over 60 cases of severely broken teeth to share with your patients. Patients RUN to book an appointment when they see these photos and see what their own cracks look like.
- Find occlusal caries much faster, easier AND with MUCH greater accuracy than with radiographs and clinical exam with a sharp explorer! Opening up what looks like a small occlusal pit area of caries, only to find the Grand Canyon will never happen again!
- Find interproximal caries, and the DEPTH of interproximal caries, with much greater accuracy than with radiographs – with NO radiation.
- How to consistently get insurance to cover crowns or onlays for teeth with cracks – even when the teeth look perfectly fine on radiographs.
- How to routinely find hidden caries around existing restorations.
- You've heard others claim they have techniques to get patients begging you for a certain treatment. Most of the time that's just not true. But I can absolutely promise that using these techniques will result in no less than 50-100 more crowns and buildups performed per year – and that patients will be super-motivated to get these crowns done!

### 3) **Yes Bart... Cheating is GOOD!: A Roadmap to Talking Cosmetic Dentistry With Your Patients, Without Ever Offending Anyone.**

If you're like most dentists who will be attending this course, you enjoy doing cosmetic dentistry, and you're good at it. But most dentists struggle with how to bring up the subject of whitening or cosmetic dentistry without offending the patient or making the patient feel pressured.

As a result, most of us have had long-time patients present for their recall visit, only to find that the patient has had cosmetic dentistry done.... by ANOTHER DENTIST! And of course many, many more patients who would benefit from cosmetic dentistry, but just don't really understand what options they have and how the results may change their lives.

This lecture will provide you with the perfect "cheat-sheet" that will allow you to find out if the patient is happy with their smile or not...if they would like talk to you about it... and exactly what it is about their smile they don't like. And all without directly asking the patient. You will learn exactly what the patient is concerned about, so you'll know exactly what to say and how to say it.

This cheat-sheet can easily quadruple the amount of cosmetic dentistry you provide in your practice. We think you'll be amazed.

### 4) **Teeth Whitening: Impressive Results. Every Patient. Every Time.**

If you provide restorative dentistry, implants, oral surgery, periodontal treatment and surgery, endodontic treatment, etc., you have a good basic understanding of the science behind these treatments. This allows you to make solid judgments on behalf of your patients – because you understand the science.

But if you're like most dentists, nobody has ever taught you the science behind teeth whitening and sensitivity related to teeth whitening. All you've ever been told is to slop some whitening gel on the teeth, and they're supposed to get white.

Dr. Kurthy will present his 39 years of teeth whitening research and development – the physics, chemistry, physiology and microanatomy of bleaching that you've never understood, and the "why's" regarding typical frustrations of sensitivity and unpredictability of teeth whitening that most dentists encounter in their practices. Learn the science behind Dr. Kurthy's conquest over unpredictability of whitening, and his research of methods to eliminate acute whitening sensitivity.

You will learn:

- Why whitening results have been unpredictable
- How and why Dr. Kurthy's "KöR Whitening" creates 100% predictable WOW results
- Can teeth get too white?
- How and why peroxides make teeth lighter
- Causes and solutions of whitening sensitivity
- Effect of design and fit of whitening trays on the outcome of whitening (30 minutes vs. 6+ hours of active whitening)
- Why whitening tray impressions are different than crown & bridge impressions

- All whitening gels are the same – peroxide is peroxide – right? ABSOLUTELY WRONG!!!  
...and why
- Effects of whitening gel viscosity and water solubility on predictability of whitening
- Effects of refrigeration, pH and anhydrous vs. aqueous nature of whitening gels during storage and shipping.
- Overcoming tetracycline stains, fluorosis and other challenging cases
- Bleaching lights – snake oil / smoke 'n mirrors – or do they really work...and WHY