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Abscessed Tooth

Periapical (root-tip) Abscess



A periapical (root-tip) abscess is a pocket of infection at the base of a tooth's root. The tooth becomes abscessed after the pulp (nerve) of the tooth becomes infected. A periapical abscess is usually caused by deep decay or an accident (trauma to the tooth involving nerve damage). A periapically abscessed tooth will require either Root Canal Therapy or an Extraction. In some cases an antibiotic will also be prescribed.

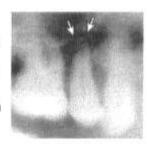
Lateral Abscess

A lateral abscess is similar to a periapical abscess, but develops along the lateral surface of the tooth's root. In this case, the infection comes from outside the tooth instead of from within. A lateral abscess can either be *gingival* (located near the gum line) or *periodontal* (located deeper in the periodontal tissues). Since most cases of lateral abscess are due to <u>periodontitis</u> (gum disease), treatment is part of an overall periodontal (gum) treatment program.

Back to Top

All Abscesses

An abscessed tooth is usually sensitive or painful. The discomfort is what normally alerts the patient to the problem. Occasionally, an abscess may be detected on an x-ray and treated before the patient experiences any discomfort. Left untreated, an abscess may compromise the immune system and in some cases may become life-threatening.



Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Deutistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



What to do in case of an Accident



TOOTH KNOCKED OUT

Do not wipe the tooth clean. Place the tooth in a glass of milk, if possible. If milk is not available, use a wet napkin or cup of water. See a dentist **immediately**. Sometimes, if the tooth is placed back in its socket soon enough by your dentist, the tooth can be saved. **Time is critical** in this situation! Click here for information on how to Contact Us.

BROKEN OR CHIPPED TOOTH

Remove the fractured piece to prevent choking and don't chew on anything hard. Call your dentist **immediately**. Click here for information on how to Contact Us. Some teeth can be filled. More severe cases may need to be crowned. If the tooth has broken into the nerve the tooth will need Root Canal Therapy and a crown, or it will need to be extracted.

LOOSE TOOTH

If you were hit by an object, call your dentist **immediately**. Click here for information on how to <u>Contact Us</u>. Depending on the severity of the blow, your dentist may let the tooth "tighten-up" on its own, or your dentist may bond the tooth to the uninjured teeth next to it for support until it heals. The tooth may turn dark and/or abscess after an accident. That may happen immediately, or it could be years later. If the tooth does eventually abscess, it will require Root Canal Therapy and a crown just like any other abscessed tooth.

Apply pressure to stop or slow the bleeding. If the wound is severe or doesn't stop bleeding, call your dentist or go to the Emergency Room at the hospital **immediately**. The wound may require stitches to stop the bleeding, prevent infection and to help it properly heal.

Back To Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Micro-dentistry & Air Abrasion

What is Micro-dentistry?

Micro-dentistry is a new, alternative way to treat decay in teeth. The idea behind this technology is to remove as little of the natural tooth as possible while removing all of the decay. With the advent of our new bonding techniques, decay indicating dyes,



magnification, fiber-optic lights and white filling materials, decay can be conservatively removed from a tooth and a filling placed that will restore a tooth to its original strength and beauty. Over 90% of the time, we do not need to make you numb to do micro-dentistry and air abrasion so we can eliminate the need for a shot. With the reduced need for anesthetic, we can complete more work in a shorter amount of time since we can work in multiple areas of your mouth in the same appointment. In addition to saving time, you will enjoy the reduction of noise normally caused by a traditional dental drill.

How is this done?

We use air-abrasion, which is a relatively new process in which a fine, pressurized stream of aluminum oxide powder is used to remove the small decayed pits and fissures in teeth. Research studies have shown that in the absence of smoking and coffee drinking, if a patient presents with dark stained pits in their teeth, decay is present over 90% of the time underneath the stains. In our office we believe very strongly in prevention and early treatment of disease. It just makes good sense to treat small cavities early with conservative micro-dentistry than to wait for things to get worse.

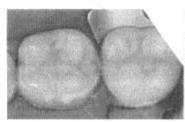
Back to Top

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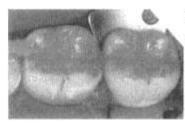
Small cavities are identified and scheduled for hile://C:\Sites\Dental\General\Clients\Master\TMPg2Tjm8ek2d.htm 1/8/03



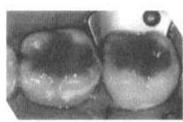
early treatment.



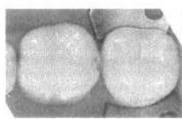
The teeth are isolated either with rubber dam or cotton rolls and the decay is removed with the air-abrasion machine, under magnification and special light sources in a very conservative manner.



Red cavity stain photo Special cavity stains are used to chemically stain decay in the teeth to help us see any small spots so nothing is missed. Once rinsed off, the tooth is now ready for the filling.



The prepared tooth is treated with an acid solution to roughen the surface and get it ready for the bonding process. Once "etched", the tooth is ready for bonding agents and the conservative filling. We use special lights to harden the filling and then complete the process by polishing the filling.



The surface is sealed and protected leaving the tooth restored to its original strength and beauty.

Micro-dentistry is an excellent preventative treatment for those who share our belief that early, conservative care is ideal. You can have decay removed without a shot, loud noise, or bad smells. If you have any questions, just ask hie://C:\Sites\Dental\General\Chental\General\General\Chental\General\



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us about this new and exciting technology.



Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Un

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Many people have allergies to dust and pollen. Some people have specific allergies to certain medications or materials. You will be asked about any specific allergies you may have on your new-patient questionnaire. Be sure to let us know prior to treatment if you have allergies to any of the following:

Allergies to Medications



If you have ever had an allergic reaction to any medication, including dental anesthetics, please let us know. If you can't remember the name of the medication, we can contact the health care provider that used or prescribed the medication to get the name. We have

alternate anesthetics that can be used in case of allergies to certain dental anesthetics ("numbing" agents). There are alternate drugs that can be prescribed in case of allergies to oral antibiotics or analgesics (pain relievers).

Back to Top

Allergies to Materials

If you are allergic to Latex, please notify us prior to treatment and we will be happy to use vinyl gloves instead. If you are sensitive to mercury, or simply prefer mercury-free fillings, we can use modern resins instead of amalgam (silver fillings). If you have any other allergies we should be aware of, please let us know so we can provide a comfortable environment for you.

Back to Top

misurance | contact os | make an appointment | ask the poctor

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About Us

Map / Hours

Sedution Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



New advances in dental medications have virtually eliminated the discomfort of dental procedures. There are several elements to creating a comfortable experience for your dental appointment:

Comfort and Relaxation

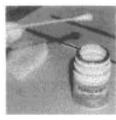
The first step is to make you relaxed and comfortable. From the comfortable environment in our reception area to the soothing environment we have created around the dental chairs, no detail is too small when your comfort is concerned. Our caring, professional staff are committed to creating a stress-free environment for your comfort.



Sedation

Some patients need a little help achieving a relaxed state. Nitrous Oxide ("laughing gas") is available when needed to make you more comfortable. Other patients have a high level of anxiety and choose <u>Conscious</u> Sedation ("Sleep" Dentistry).

Back to Top



Topical Anesthetic

A topical anesthetic is used any time the surface of the gum needs to be "numbed", such as easing the discomfort of a painful mouth sore or preparing a site for an injectable local anesthetic.

Back to Top



Local Anesthetic

Modern fast-acting local anesthetics, in conjunction with effective topical anesthesia, have virtually eliminated the discomfort of "getting numb". Local anesthetics are

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/8/03

available in several strengths so you don't have to experience the "fat lip" sensation for hours after leaving the dental office.

Back to Top



Post-visit Analgesics

Generally, if there is any discomfort at all after a dental procedure, over-the-counter analgesics such as aspirin or non-asprin pain relievers are all that is needed. In exceptional circumstances a prescription pain reliever will be used.

Back to Top

Any questions?

If you have any questions or concerns about anesthesia, Your dentist will be happy to discuss them with you. We want you to be as comfortable as possible.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Octhodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

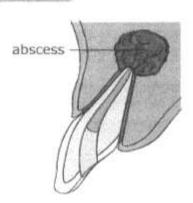
Ask the Doctor

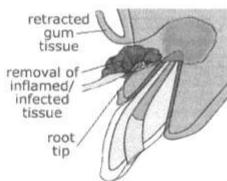
Name Address, City, ST zip phone

Apicoectomy

What is an Apicoectomy?

An Apicoectomy, or Root-End Resection, is the removal of the root tip and the surrounding infected tissue of an abscessed tooth. This procedure may be necessary when inflammation and infection persists in the area around the root tip after root canal therapy or root canal retreatment.





Step one:

After the tooth is "numbed", the gum is reflected (lifted) to uncover the underlying bone and the root end of the tooth. The root-end is resected (removed) with all the surrounding infected tissue.

Back to Top

Step two:

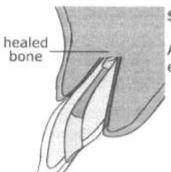
A root-end filling is placed to seal the end of the root canal, the gum is repositioned, and a few dissolvable sutures (stitches) are placed to hold suture the gum tissue back in its place until healing occurs.

bone cavity suture—

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Back to Top





Step three:

After a few months, the bone around the rootend has healed, and all symptoms are gone.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About & s Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment

Name Address, City, ST zip phone

To make an appointment, simply call us at (270) DEN-TIST during business hours:

> 7:00 a.m. - 7:00 p.m. Monday 7:00 a.m. - 7:00 p.m. Tuesday Wednesday 7:00 a.m. - 7:00 p.m. Thursday 7:30 a.m. - 5:00 p.m. 8:00 a.m. - 2:00 p.m. Friday

Ask the Doctor

or fill out the information below and we will contact you shortly to set up a time that's convenient for you!

*Required fields

Name: * Daytime Phone: * E-mail Address: *

Will this be your first visit with us?

C Yes

C No

Nature of the appointment:

- C Visible text 01
- Visible text 02
- C Visible text 03
- Visible text 04
- C Visible text 05
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- Visible text 07
- Visible text 08

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Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About I s

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact La

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Make An Appointment

Thank you for your Appointment request. An email confirming that we received your request will be sent to you shortly. If you do not receive a confirmation e-mail, please <u>Contact</u> <u>Us.</u>



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedution Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Ask the Doctor

If you didn't find an answer to your specific question on our web site, or if you have a particular concern, you can Ask the Doctor!

If your question concerns a recent injury, call your regular family dentist

immediately! (If you live nearby and do not have a regular family dentist, click here for our phone number). Sometimes a tooth can be saved if you act promptly. Each case is

different. Only your dentist can properly evaluate your particular case and determine if any action is necessary to save the tooth.

For non-Emergency questions only, just fill in the blanks below and click on the SUBMIT button. Your dentist will send a personalized reply to your question.

Name: *	
City: *	
State: *	
Daytime Phone:	
E-mail Address: *	
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Question: *	

Back To Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us.

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Ask the Doctor

Your question has been sent to Your dentist. An email confirming that we received your request will be sent to you shortly. If you do not receive a confirmation e-mail, please <u>Contact Us</u>.



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Bad Breath (Halitosis)

Many times bad breath is caused by the bacteria in the mouth and on the tongue. Sometimes it can be an indication of gum disease. Either way, your first stop to address persistent breath problems should be our office, because if gum disease is present, it must be treated promptly to avoid tooth loss. Gum disease is the leading cause of tooth loss among adults!



Possible causes for halitosis are:

- · Tooth Decay
- · Periodontal (Gum) Disease
- Inadequate Oral Hygiene (not brushing and flossing)
- · Odor-causing foods
- Use of Tobacco Products
- · Sinus or Respiratory Infection
- Continued Mouth Dryness (Xerostomia)
- Some Medical Disorders
- Some Medications

Your dentist can help you determine the cause, and if the cause is an oral condition, a treatment plan can be developed to combat this common source of embarrassment.

Part of your treatment may include Breath Rx™ products, available from our office. Ask us about Breath Rx™. Enjoy the confidence of knowing your breath is as fresh as it can be!



Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor © Copyright 2003 <u>Dental WebSmith, Inc.</u> All rights reserved. Disclaimer: The information provided within is intended to help you better understand dental conditions and procedures. It is not meant to serve as delivery of medical or dental care. If you have specific questions or concerns, contact your health care provider.

About Us
Map/Hours
Secution Deathtry
Cosmetic Dentistry
Octhodonties
Latest Technology
Conditions
Procedures
No Cavity Club
Insurance
forther ('s
Make Appointment
Ask the finctor

Name Address, City, ST zip phone

Whitening (Bleaching)



What is Tooth Whitening?

Tooth Whitening is actually a mild bleaching process that restores <u>stained</u> or <u>discolored teeth</u> to a healthy, natural color. Don't be misled by unproven and ineffective over-the-counter whitening solutions. Our office uses an advanced procedure that is only available from your dentist.

What Causes Tooth Discoloration?

Teeth become discolored for different reasons:

- Frequently drinking coffee, tea, or colas.
- Some antibiotics may darken developing teeth in children.
- Aging The dentin underneath the enamel of a tooth gradually darkens with age.
- Use of tobacco products.
- Accidents If a tooth has been traumatized, sometimes the nerve will gradually "die", and the tooth becomes dark.
- · After Root Canal Therapy, a tooth will generally darken.

Back to Top

Is Bleaching Safe?

Bleaching is very safe. We use a product that has been proven safe when used under the direction of a dentist.

Is Bleaching For Me?

Your dentist will evaluate your teeth and smile to determine whether bleaching is right for you. In some cases a different cosmetic procedure tile://C:\Sites\Dental\General\Clients\Master\TMPlvomZ8eju4.htm

easy process that is effective for almost everyone!

Back to Top

We Give You Choices!

You can choose in-office light-activated bleaching for immediate results, or you can choose at-home bleaching.



What Is In-Office Bleaching?

For In-Office bleaching, we utilize the advanced BriteSmile light-activated process. Click here to learn more about

What Is In-Office Bleaching?

For In-Office bleaching, we utilize the advanced
Zoom! light-activated process. Click here to learn more about

See the Rembrandt Difference!

REMBRANDT

WHITENING PROGRAM



Our office uses the advanced
Rembrandt One Hour Whitening Progam. We carefully
apply the Rembrandt Whitening Crystal gel to your teeth
and then activate the gel with the patented Rembrandt
Sapphire Light. The results are quick and dramatic.
Contact Us if you want to make you smile dazzle!

Back to Top

What Is The At-Home Bleaching Process?



First, we will make impressions of your teeth so that our lab can create custom bleaching trays to fit your mouth. These trays will guide the bleaching agent to the areas of your teeth that need to be bleached. We will record the current color of your teeth to help you monitor your progress.

Next, we will fit your custom trays in your mouth to ensure they feel comfortable. We will instruct you on how to apply the bleaching agent to your trays and how to insert them into your mouth. You will take the

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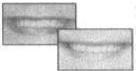
custom trays and bleaching agent home with you.

Most patients wear the bleaching trays at night while
they sleep, but they may be worn during the day

since the clear, custom-fitted trays are barely visible and do not interfere with your ability to speak.

Back to Top

When Will I See Results?



Immediately! Most patients see results after the first night. It will typically take from 2 to 6 weeks to restore your teeth to a beautiful white. The time it will take depends on the original color of your teeth,

how discolored they were, and how frequently the treatment is applied.

Back to Top

How Long Will The Results Last?

The effects typically last several years. Many patients choose to "touch-up" their teeth every 6 to 12 months by applying the treatment for 1 or 2 nights. "Touch-ups" are especially useful for patients that drink beverages that stain teeth, like coffee, tea, and colas.

Back to Top

Are There Any Side-Effects?

Some patients may experience heightened tooth <u>sensitivity</u> to cold, or mild tooth or gum sensitivity during treatment, but these symptoms are only temporary and disappear within a few days.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Bleeding Gums

Healthy gums do not bleed.

Healthy gums do not bleed.

Healthy gums do not bleed!

Bleeding gums are a sign of infection. Healthy gums **do not** bleed. Brush and floss the area well. If bleeding persists, <u>Contact Us</u> immediately for an appointment.



Infection can lead to <u>Gum Disease</u> and tooth loss. Bleeding gums can often be your first indication of infection. Early stages of Gum Disease are rarely painful, so bleeding gums may be your **only** indication of Gum Disease! Healthy gums **do not** bleed.

So what's the moral here? Healthy gums do not bleed!

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Bonding is simply adding a little tooth-colored material to "fill in the blanks." One of the most frequent uses of the bonding technique is to fill in a gap between front teeth.



Before: A noticeable space between the front teeth.



After: Bonding fills the space, but still keeps the teeth looking natural.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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100	2	10	В	Ħ	Ħ	2

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Permanent Fixed Bridge

A Permanent Bridge replaces one or more missing teeth. A Bridge will:

- Keep teeth from drifting into the space created from a missing tooth
- Help preserve normal function and normal bite for the jaw joint



A Permanent Bridge is usually anchored to the teeth on both sides of the space from the missing tooth. This gives the bridge strong support. Brushing a bridge is no different than brushing natural teeth, but special flossing instructions are given to keep the bridge and surrounding tissue healthy.



Before



After - Bridge and Crown

A Permanent Bridge is permanently bonded in place, unlike a Partial Denture (sometimes called a "Removable Bridge"), which is removable.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor intended to help you better understand dental conditions and procedures. It is not meant to serve as delivery of medical or dental care. If you have specific questions or concerns, contact your health care provider.

About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Un Make Appointment Ask the Ductor

Name Address, City, ST zip phone

Broken/Chipped Tooth

If you have a broken or chipped tooth as a result of a very recent trauma or accident, contact your dentist immediately!

Click here for information about how to Contact Us.

Click here for more information on Accidents.

If you have a broken or chipped tooth that is not the result of a recent trauma, Your dentist can evaluate the tooth for possible treatment. It is still important to have the tooth evaluated right away, because in some situations a minor procedure now can save you from a more significant procedure in the near future!



A very small chip may be corrected by <u>enamel shaping</u>. If the chip is a little larger, the best options may be <u>bonding</u> or a <u>veneer</u>. If the chip is on a molar, an <u>onlay</u> may be appropriate. Large chips and fractured teeth generally require a <u>crown</u>. If the fracture involves the nerve, <u>Root Canal Therapy</u> may be necessary before the tooth is crowned. It is important to have a broken tooth crowned **before** it becomes infected or abscessed!

In extreme cases, a broken tooth cannot be saved. In this case, an extraction is needed. The missing tooth can be replaced with a <u>bridge</u> or an <u>implant</u>.

Each case is unique. Only your dentist can properly diagnose the best course of treatment for your tooth.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor © Copyright 2003 Dental WebSmith, Inc. All rights reserved. Disclaimer: The information provided within is intended to help you better understand dental conditions and procedures. It is not meant to serve as delivery of medical or dental care. If you have specific questions or concerns, contact your health care provider.

About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

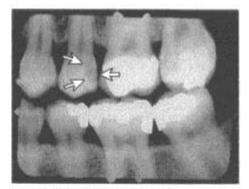
Name Address, City, ST zip phone

Cavities / Decay

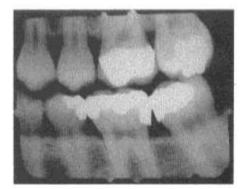


Tooth Decay begins when the protein of your saliva combines with the sugars and carbohydrates of food particles left on and between your teeth. This combination creates plaque, which eats away at the hard enamel shell around your tooth. Left unchecked, a hole will be created in the enamel and a cavity will rapidly form in the softer dentin which lies under the enamel. If the cavity is caught in

time, usually a <u>Filling</u> will correct the problem. Larger cavities may require an <u>Inlay or Onlay</u>, or a <u>Crown</u>. However, if nothing is done and the decay spreads, the sensitive pulp (nerve) may become involved, often causing an <u>Abscess</u>, and <u>Root Canal Therapy</u> or <u>Extraction</u> may be required.



Cavities that start between the teeth can't be seen, but they can be detected on an x-ray.



No cavity on previous x-ray

1/8/03

In the x-ray above (on the left), we showed you where a cavity has formed since the last x-ray was taken. There is another cavity shown in the x-ray on the left. Can you find it? It's difficult for the untrained eye to spot. If you think you know where it is, send an e-mail to webmaster@dentalwebsmith.com and we will tell you if you're right! (Hint: It's not the left edge of the top left tooth. That's just the edge of

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the nume around the Kings.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodonties

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Your regularly scheduled check-up is often referred to as a "cleaning", but there is much more to it than that! The technical term is *oral prophylaxis*, which means prevention of oral disease.

One way to prevent oral disease is to remove harmful plaque and tartar (calculus) both above and below the gum line. You may also be given special instructions on brushing or flossing to

keep clean the areas where we found significant buildup. That is the familiar "cleaning" part of your checkup.



It's easy to tell which tooth has been "cleaned" in this photo!



Another way to prevent oral disease is by early detection and treatment. During your checkup you will be screened for many potential threats to your oral health, including:

- Cavities
- Gum Disease
- Oral cancer

In addition, some systemic diseases, such as diabetes, often present themselves first inside the mouth, so early detection extends beyond just oral disease.

Your Dental Hygienist is your first-line of defense against oral disease 1/8/03

Your hygienist is a highly trained professional who can evaluate your teeth and gums, both visually and with the assistance of x-rays and other modern technology, to discover threats to your oral or general health. Your dentist will review the findings of your hygienist and advise you on any threats to your oral or general health.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Conditions

Below is a listing of many common conditions. If you want more information about a specific condition, just click on the condition name and you will be taken to a detailed explanation.

Abscessed Tooth

Accidents

Allergies

Bad Breath

Bleeding Gums

Broken/Chipped Tooth

Bruxism

Cavities

Cracked Tooth

Decay

Denture Problems

Discolored Tooth

Emergencies

Gingivitis

Grinding Teeth

Gum Disease

Gum Pain

Halitosis

Impacted Tooth

Jaw Joint Problems

Loose Dentures/Partials

Loose Teeth

Malocclusion

Open Bite

Periodontitis

Pvorrhea

Sensitivity

Snoring

Thumbsucking

TMJ (Jaw Joint)

Tooth Discoloration

Toothache

Trauma

Wisdom Teeth

"Worn" Teeth

We also provide access to detailed information about many common procedures on our <u>Procedures</u> page.

If you still have questions, please don't hesitate to Contact Us.

Back to Top

Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Contact Us:

Address: street address, city, ST zip

Telephone: (270) DEN-TIST

EMERGENCY AFTER HOURS BEEPER:

(270) EME-RGEN

FAX: (270) FAX-NMBR

E-mail for information: info@dentalwebsmith.com

E-mail for scheduling: scheduling@dentalwebsmith.com

Hours and Map <<<cli>k to view

Webmaster: webmaster@dentalwebsmith.com



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Man / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Wake Appointment

Ask the Doctor

Name Address, City, ST zip phone

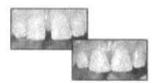
Cosmetic Dentistry



A smile can be the most eye-catching feature of your face. Even a subtle change can make a big difference in the way you look and feel. New techniques like bleaching, bonding, enamel shaping, veneers, and white fillings allow us to create a beautiful smile with minimal changes to existing teeth.

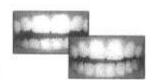
Bleaching (Whitening) is a very popular procedure in cosmetic dentistry. It is a simple, effective, permanent technique for obtaining a dazzling, whiter smile at home in a matter of days.





Bonding is simply adding a little tooth-colored material to "fill in the blanks." One of the most frequent uses of the bonding technique is to fill in a gap between front teeth.

Enamel Shaping (Contouring) is the process of shaping natural teeth to improve their appearance. Shaping can be used to correct minor cases of crowded or overlapping teeth, smooth rough edges, or make small adjustments to the shape of a tooth.



Back to Top



Veneers are custom, porcelain facings that are bonded to the front surfaces of teeth to whiten teeth, close spaces, straighten teeth, or repair chipped or worn teeth. The veneers are only about

1 mm thick (the thickness of a fingernail). That same thickness is

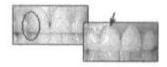
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snaved off the natural tooth surface so when the veneer is bonded to the tooth, the tooth doesn't feel or look "thicker".

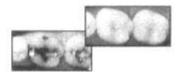
Back to Top

Caps (Crowns) are rarely used for cosmetic correction any more, since the advent of veneers, but in some cases a crown may be necessary for a particular tooth. A tooth with a bad fracture or



a large filling that is breaking down, or has decay around it, may be a candidate for a crown instead of a veneer. This patient has veneers on top, but one of the front teeth had a large filling and had to be crowned.

Back to Top



White fillings replace silver or gold fillings with a more natural looking tooth-colored material. Since teeth are translucent, dark fillings cause the whole tooth to appear darker

when viewed from the side. Replacing older dark fillings with white fillings will keep your smile glowing!

Back to Top

orthodontics is no longer just braces. Arch expanders can sometimes be used in younger children to prevent or minimize any need for braces. A patient that needs braces now has a choice of silver or white/clear brackets. Retainers may be used to help maintain straight teeth. Adults now have the option of wearing an "invisible" retainer to correct mild to moderate crowding.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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file://C:\Sites\Dental\General\Chents\Master\TMPtp5wx8ejlo.htm	1/8/03

About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodonties

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

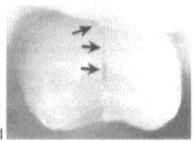


If you have a cracked tooth as a result of a very recent trauma or accident, contact your dentist immediately!

Click here for information about how to Contact Us.

Click here for more information on Accidents.

When a tooth is cracked, a filling will not seal the crack. A <u>crown</u> has to be placed over the tooth to hold it and the crack together. If a crown is not placed on the tooth, the tooth will become <u>sensitive</u> to chewing pressure, or will eventually break. It is important to crown a cracked tooth **before** it breaks, because in some cases a broken tooth cannot be crowned and must be extracted.



Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Crown Lengthening

In many cases of dental decay, tooth fracture, or even in instances where an individual has "short" teeth, a crown lengthening procedure will allow us to properly construct an esthetic and functional crown, bridge, or restoration.

Crown lengthening is a simple surgical procedure which adjusts the position of the gum around the affected tooth, thereby providing a more solid tooth on which to anchor the restoration of choice. A functional crown lengthening will help you regain a beautiful smile and allow you to eat and speak with comfort and confidence.

A purely esthetic crown lengthening procedure to correct a "gummy" smile is often referred to as <u>Gum Contouring</u>.



Before Crown Lengthening



After Crown Lengthening



Before Crown Lengthening



This tooth required crown lengthening to provide enough tooth surface for a restoration

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Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Ls

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



A crown fits over the entire top of the tooth above the gum line. Crowns cover, protect, seal and strengthen a tooth. A crown is needed when a filling just will not work. A crown may be made of gold, white porcelain, or porcelain fused to gold. There are many situations that may call for a crown:





Large decay. If a tooth has decay so deep and large that a filling will not stay, or if the tooth structure is weakened, a crown must be placed on the tooth to save it.



Large old fillings. When large old fillings break down, or get decay around them, they usually need to be crowned. It is important to crown a tooth that has been structurally weakened to prevent a cracked or broken tooth. Once a tooth breaks, it may not be possible to save it.

Back to Top



Cracked tooth. When a tooth is cracked, a filling will not seal the crack. A crown has to be placed over the tooth to hold it and the crack together. If a crown is not placed on the tooth, the tooth will become sensitive to chewing pressure, or will eventually break. It is

important to crown a cracked tooth **before** it breaks, because in some cases a broken tooth cannot be crowned and must be <u>extracted</u>.

Back to Top

Broken / Fractured tooth. A tooth that has broken is usually too weak tile://C:\Sites\Dental\General\Clients\Master\IMPIIy628ejhii.htmld the teeth teeether and provent it from 178/03

breaking again. If the fracture involves the nerve, Root Canal Therapy may be required before the tooth is crowned. In some cases, a broken tooth cannot be saved and must be extracted.



This patient chose not to have the cracked tooth above crowned, and it later fractured. This tooth had to be extracted because it cracked all the way to the root.

Back to Top

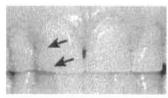
Sensitive teeth. Teeth that are very sensitive, either from a lot of "wear", or from receded gums, sometimes require crowns to seal and protect the teeth from hot and cold sensitivity.

Back to Top

Root Canal Therapy. A tooth that has undergone Root Canal Therapy will need a crown to properly seal and protect the tooth. A tooth with Root Canal Therapy is more brittle than a tooth with a healthy nerve and blood supply. A crown provides the necessary support to the tooth.

Back to Top

In <u>cosmetic dentistry</u>, crowns (sometimes called "**caps**") are used less frequently since the advent of <u>veneers</u>, but in some cases a crown may be necessary for a particular tooth. A tooth with a bad <u>fracture</u> or a large filling may be a candidate for a crown instead of a veneer.



Before: This tooth has a large filling as shown. A crown is needed on this tooth, instead of a veneer, because there isn't enough natural tooth left to support a veneer. A crown will cover and protect the tooth, but will look the same as a veneer.



After: The top teeth now have veneers, except the one that had the large filling, which now has a crown.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Name Address, City, ST zip phone

Denture Problems



Loose Fit

Dentures rest on a ridge of bone and gum tissue. Over time, that ridge will shrink causing the dentures to no longer fit properly. If there are tooth roots that have been retained to hold the denture (Overdenture) or if implants have been placed to hold the denture (Implant-Retained Denture), or if it is a Partial Denture, the ridge will not shrink as rapidly as with a Complete Denture, but there will still be some change over time. This causes the denture or partial to become loose.

Sometimes a denture or partial can be relined to make it fit properly. However, if the denture or partial is worn or brittle, or if the change in the ridge is significant, a new denture or partial may need to be fabricated in order to obtain a proper fit.

Sore Spot

As gums change over time, a sore spot will occasionally develop due to changes in how the denture or partial rests on the gums. If a sore spot develops, make an appointment for an adjustment or relining of your denture or partial.

Discolored Dentures

Dentures get bacteria build-up on them, just like natural teeth. Soak dentures and/or partials daily in a cleaning solution and brush daily as well. If all of the stain and bacteria can't be removed, bring the dentures and or partials to our office to be professionally cleaned.

Bad Odor

Dentures can absorb bacteria and fluids that cause offensive odors to develop. If your dentures appear to be clean but have an odor, contact us for advice on some simple remedies for removing these odors.

Broken or Chipped Denture

Chips or fractures in your dentures or partials can sometimes be easily repaired. Bring them to our office for evaluation.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



When most or all your natural teeth have been lost, dentures provide many benefits:

- Restore your self-esteem
- · Regain your eating ability
- Aid speaking ability
- Give support back to the lips and cheeks (giving you a natural and younger appearance).



A **Complete Denture** is placed in the patient's mouth after all the teeth have been extracted and the gum tissue has healed. Healing takes anywhere from a few weeks to a few months, depending upon the patient.

An **Overdenture** usually requires that at least 2 roots be kept. These roots may be used to hold the denture in place by placing inserts in the roots and in the denture. The denture then attaches to the roots. These roots also give support to the denture and help retain the ridge the denture sits on.

An **Implant-Retained Denture** is similar to an Overdenture, but uses implants as anchors.

An **Immediate Denture** is placed the same day the teeth are extracted. The advantage to an Immediate Denture is that the patient does not have to be without teeth during the healing period.

A Partial Denture or "removable bridge" replaces one or more missing teeth, but there must be teeth remaining for the partial to attach to. Unlike a Fixed Bridge, a partial is removable. A partial will prevent other teeth from shifting, preserving your remaining teeth.

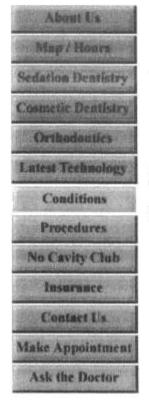


Your dentist will evaluate your condition and needs to help you determine the option that is best for you.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Name Address, City, ST zip phone

Tooth Discoloration

What Causes Tooth Discoloration?

Teeth become discolored for different reasons:

- Frequently drinking coffee, tea, or colas.
- Some antibiotics may darken developing teeth in children.
- Aging The dentin underneath the enamel of a tooth gradually darkens with age.
- Use of tobacco products.
- Accidents If a tooth has been traumatized, sometimes the nerve will gradually "die", and the tooth becomes dark.
- · After Root Canal Therapy, a tooth will generally darken.



The three most common remedies for tooth discoloration are:

- Bleaching
- Veneers
- Caps (Crowns)

Each patient must be evaluated individually, so <u>Contact Us</u> to set up a <u>Cosmetic Dentistry</u> consult. Your dentist will discuss the appropriate options with you for your particular case.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Name Address, City, ST zip phone

Extractions

Extraction is the complete removal of a primary or a permanent tooth. An Extraction can be surgical or non-surgical. This depends on the difficulty of the extraction and whether or not the tooth is impacted or erupted, and whether it has straight or curved roots.

An Extraction may be done by our office or you may be referred to an Oral Surgeon (someone who specializes in difficult or surgical extractions). No one looks forward to an extraction, but modern anesthesia will help keep you comfortable throughout the procedure.

Reasons for an extraction are:

- Advanced <u>Gum Disease</u>. This is the #1 reason adults loose their teeth!
- An abscessed tooth that cannot be saved.
- A tooth with decay too deep to save the tooth.
- A tooth that has broken at the gum line and cannot be saved.
- Impacted tooth (typically a "Wisdom Tooth")
- Some <u>Orthodontic</u> cases require that one or more teeth be extracted.

Nothing is better than a healthy set of teeth, and many advances in dentistry allow us to save teeth that we could not previously, but sometimes an extraction is necessary.

When an extraction is performed, it is important to put something in the place of the missing tooth or teeth. If the space is just left open, your teeth will shift and cause many unnecessary complications. An extracted tooth may be replaced by a temporary or permanent bridge, an implant, or by a partial or complete denture.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About is

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodonties

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment,

Ask the Doctor

Name Address, City, ST zip phone



After decay is removed from a tooth, something must be placed in that space to give strength back to the tooth.

Fillings: Fillings are the most common restorative procedure. Fillings can be silver or white.

Inlays and onlays: In addition to fillings, lab fabricated inlays and onlays are available in gold and white porcelain or resin. Although many patients think of these as fillings as well, they are actually different since they are laboratory fabricated.



Silver (amalgam) fillings: Silver fillings have been used reliably for many years. Typically, silver fillings are placed on back teeth (molars). They are an economical way of providing a lasting restoration for most cavities. The material is specially formulated to withstand years of

chewing pressure.

Back to Top



Gold inlay or onlay: A gold inlay or onlay is used when the cavity is too big for a silver filling, but isn't so big that a crown is regulred. An inlay is a filling within the cusp tips of the tooth. Onlays (also known as overlays) will overlay one or more cusps in order to protect and

strengthen the tooth.

Back to Top

White fillings: White fillings are an alternative to silver (amalgam) fillings. White fillings are made of a strong file://C\Sites\Dental\General\Clients\Master\IMPisgkh8enlw.htm

color. In the past, white fillings were placed only on front teeth, but recently a stronger more durable material has been developed that can withstand the chewing pressure of back teeth.

White fillings are most commonly used for:

- Cosmetic reasons
- Patients who prefer mercury-free fillings
- Patients with <u>sensitivity</u> to heat or cold the composite resin doesn't conduct temperature changes as fast as silver or gold.

Back to Top



White Porcelain or Resin inlay or onlay: A porcelain or resin inlay or onlay is used when the <u>cavity</u> is too big for a white resin filling, but isn't so big that a <u>crown</u> is required. An inlay is a filling within the cusp tips of the tooth. Onlays (also known as overlays) will overlay one or more cusps in order to

protect and strengthen the tooth.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance :

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Does Fluoride Really Make a Difference?

In the past, cavities were a fact of life. But over the last several years tooth decay has been reduced dramatically due to fluoride. Fluoride is beneficial for adults as well as children. Research has shown that fluoride reduces cavities by up to 40% in children and 35% in adults.*



Yes. Numerous studies over the past 60 years have shown that fluoride at recommended levels is not only safe, but provides significant health benefits.*



Children benefit from fluoride both **systemically** (by ingesting fluoride) and **topically** (the fluoride that gets on their teeth). Systemic and topical fluoride work together to keep teeth strong. Fluoride works best in children while teeth are forming. This helps both primary (baby) and permanent teeth. Starting at birth, and until all permanent teeth have fully erupted, ingested fluoride helps strengthen teeth as they are forming. Topical fluoride helps people of all ages. Fluoride is the only known substance that will actually strengthen teeth and make them harder.

Back to Top

Does My Child Need Fluoride Supplements?

Most city water is fluoridated and is an adequate source of systemic (ingested) fluoride. If your family uses well water or bottled water, you should have your water tested to see if there is adequate natural fluoride, or if a fluoride supplement is needed. Check with your local Health Department or bottled water manufacturer for testing. If

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1/8/03

adequate fluoride is not present, your child may need a prescription fluoride supplement from your dentist.

Topical fluoride is provided by fluoridated toothpastes and rinses. Additional fluoride treatments are applied as needed by your dentist during regular check-ups.

Back to Top

Does Fluoride Benefit Adults, Too?

Yes! Topical fluoride helps people of all ages by stopping the progression of a newly formed cavity and preventing root cavities. Fluoride is also helpful for patients with sensitive teeth. A consistent daily use of topical fluoride will often dramatically decrease tooth sensitivity to hot and cold substances. At your regular check-up, we will evaluate your particular situation to determine if additional fluoride treatments are needed.

Back to Top

* Source: American Dental Association

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodonties Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

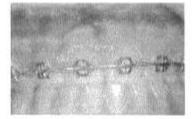
Fremedomy

The muscles of the cheeks and lips are attached to the gums and tissue of the mouth by a piece of soft tissue called a frenum. Sometimes a frenum can be attached too high on the gums causing either recession or spaces between teeth.



In addition, there is another frenum under the tongue. If this frenum is attached too close to the end of the tongue it can adversely affect swallowing and speech. Sometimes this is referred to as being "tonguetied".

A Frenectomy is a simple procedure where either part or all of the frenum in question is removed in order to return a healthy balance to the mouth.



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About & s Man / Hours Sedation Dentistry Cosmetic Dentistry Orthodoutics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

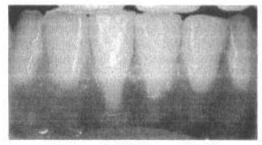
Name Address, City, ST zip phone

oft Tissue Gra

We are concerned foremost with your health. However, some of the procedures we perform are intended not only to control disease, but to provide you with a cosmetic benefit. Some patients may look older than their years because their teeth appear to be too long ("long in the tooth"). Soft tissue grafts and other root coverage procedures are designed to cover exposed roots and make the teeth look much better.

When gum tissue recedes due to periodontal disease, it pulls away from the teeth. Periodontal plastic surgery procedures can restore some coverage and dramatically improve a person's smile.

Soft tissue grafts and other root coverage procedures cover exposed roots and restore healthy gum tissue. This will reduce further bone loss and recession, make the tooth less sensitive, protect the root from root cavities, and look more natural when you smile.



Before Soft Tissue Graft



After Soft Tissue Graft







Back to top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedution Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

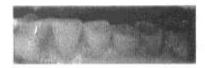
Ask the Doctor

Name Address, City, ST zip phone

Grinding Teeth

What is Bruxism?

Grinding of Teeth, also known as Bruxism, occurs in children as well as adults. Grinding of teeth generally occurs during sleep.



What if my Child is Grinding His or Her Teeth?

Children often grind their teeth when their teeth are erupting. This is not uncommon, nor is it a problem if it is mild. However, more severe cases can lead to a <u>malocclusion</u>. Malocclusion generally leads to a need for <u>Orthodontics</u> or the child can develop <u>TMJ problems</u>. If you have any concerns about your child's grinding of teeth, be sure to have Your dentist check for signs of excessive wear so a simple cure can be used to prevent serious problems.

What about Bruxism in Adults?

Adults may grind their teeth at night due to:

- Malocclusion
- Stress

The result of bruxism can be:

- Worn spots (attrition) that can lead to:
 - Malocclusion (if the patient doesn't have one already)
 - Sensitivity
 - o Brittle teeth that require crowns
- TMJ problems
- Noise that sometimes disrupts the partner's sleep

Back to Top

How can Bruxism be Cured?

Sometimes, the damage caused by bruxism must be addressed first. Any malocclusion, sensitivity, brittle teeth, or TMJ problems should be discussed with Your dentist first to be sure those problems are resolved and that the subsequent cure for bruxism prevents a recurrence of those problems. Bruxism itself can easily be cured with a simple mouth guard that is worn during sleep. This guard is comfortable and easy to become accustomed to. Contact Us for an appointment to stop the damage caused by bruxism and correct any serious problems.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Procedures

Conditions

No Cavity Club

Insurance Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

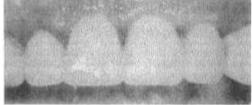
Gum Contouring

Some people have teeth that look too "short" due to the relationship between their teeth and gums. This creates a "gummy" smile. A procedure called "gum contouring" is often used to remove excess gum tissue and expose more of the crown of the tooth. In fact, your gum line can be carefully sculpted to create just the right proportion between gum tissue and tooth surface -- and the result is a better looking smile.

If the gum is uneven around a tooth, gum contouring can smooth and balance the way your tooth and gum look. The procedure produces a consistent, even gum line that is esthetically pleasing.







After Gum Contouring

Crown Lengthening is the same procedure applied for functional instead of (or in addition to) cosmetic reasons.

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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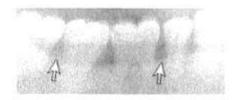
About I's Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Gum Disease

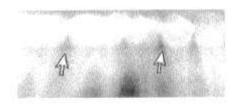
What is Gum Disease?

According to the American Dental Association, at least 60% of adults in the United States have **moderate-to-severe** gum disease! No doubt, you've heard some of the terms: **Plaque, Tartar, Calculus, Gingivitis, Periodontitis, Pyorrhea, Periodontal Disease, Gum Disease.** But what does it all mean? Quite simply, Gum Disease (Periodontal Disease) starts when plaque and tartar (calculus) are allowed to accumulate at the base of your teeth. The bacteria in the plaque leads to an infection in the gums (gingiva) called Gingivitis. Left untreated, the infection spreads to the tissue and bone that holds your teeth in place, a condition called Periodontitis (Pyorrhea). Because of the bacterial infection associated with Periodontitis, tooth abscesses are also common.



This patient has Periodontitis.

Notice the bone deterioration and uneven level of bone.



Healthy gums and bone.

Back to top

What are the Signs of Gum Disease?

Gum Disease is rarely painful, especially in the early stages. Although there may be no visible signs, some of the common indications of Gum Disease are:

- Gums that bleed when you brush or floss (healthy gums will not bleed)
- Gums that are red, swollen, or tender
- Gums that have pulled away from the teeth (receded)

1

- · Pus (infection) between the teeth and gums
- · Loose permanent teeth or separating (drifting) teeth
- · Changes in the way your teeth fit together when chewing
- Persistent bad breath

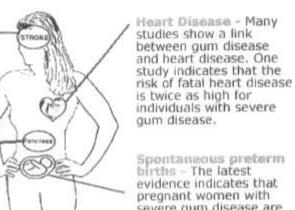
Back to top

What are the Dangers of Gum Disease?

Gum Disease is the leading cause of tooth loss among adults. More importantly, the infection releases toxins into the bloodstream leading to serious health risks:

Stroke - A study of over 800 stroke victims indicates that advanced gum disease can increase the risk of stroke by over 50% in adults aged 25-54.

Diabetes - It's a two-way street. Type II diabetics are 3 times more likely to develop gum disease (20 times more likely if they smoke). Recent studies also confirm that Periodontal (gum) disease disrupts glycemic control. So for Type II diabetics, not only are they at-risk for gum disease, gum disease also aggravates their diabetes.



births - The latest evidence indicates that pregnant women with severe gum disease are seven times more likely to have a premature baby. Scientists believe that the infection releases toxins that reach the placenta and disrupt fetal development. The oral infection also leads to accelerated production of hormones that trigger premature delivery.

Sources: National Institute of Dental & Craniofacial Research and American Heart Association

Back to top

Is There a Cure?

Gum Treatment can effectively be used to treat and control even advanced cases of Periodontitis (Pyorrhea), but the more advanced the disease, the more likely it will lead to tooth loss. Prevention and Early Detection are your best defenses against Gum Disease. It is critical to catch and treat Gum Disease early before destruction of bone and tissue

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Back to top

How Can I Prevent Gum Disease?

The best "brushers" in the world will naturally build up tartar on their teeth. Even patients with "healthy" gums and teeth should see their dentist regularly to remove the build-up of tartar and check for the formation of new cavities. Patients with Gum Disease, or patients that build up large amounts of tartar, may need to have their teeth cleaned frequently to help control the amount of bacteria in the mouth. At your regular recall appointments (Cleanings), we always evaluate the condition of your gums.

A thorough exam, which includes x-rays, visual inspection, and an analysis of hard and soft tissue, helps determine the health of your gums.

If you have any specific questions about Gum Disease that weren't answered here, or if you would like an appointment for a Gum Disease screening, please <u>Contact Us</u>.



Back to top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Vis

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Gum pain can be caused by many things, such as:

- Toothbrush trauma
- · Food trauma (e.g. spicy food, hot food, or jagged food fragment)
- · Mouth ulcer (of various types)
- Gum Disease
- Herpes Simplex
- Abscess
- Tooth erupting
- · Impacted tooth
- Cyst
- Oral cancer
- · Various other conditions

If gum pain persists, it is important to <u>Contact Us</u> for an appointment to determine the cause and begin treatment, if needed.

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Abont Us
Map / Hours
Sedation Dentistry
Cosmetic Dentistry
Orthodontics
Larest Tachnology
Conditions
Procedures
No Cavity Club
Insurance
Contact Us
Make Appointment
Ask the Doctor

Name Address, City, ST zip phone

Gum Treatment

Gum treatment is the treatment of active gum and jaw bone disease. Gum disease treatment can slow or stop the progression of gum disease. Since there are different stages of gum disease (from gingivitis to advanced periodontitis), there are different levels of treatment. In some cases, the patient may be referred to a specialist.

Gum treatment consists of one or more of the following procedures, depending on the individual case:

Scaling and Root Planing



Scaling and Root Planing is a common non-surgical treatment for periodontal disease. By using special instruments, we remove bacteria and infection from the unhealthy deep pockets around the teeth below the gum line. This is often referred to as a "deep cleaning."

First the tooth is **scaled** to remove the plaque and tarter that has accumulated on the tooth.



Back to top



Then the root is **planed** or smoothed. This eliminates any rough areas on the root that can easily trap plaque and bacteria.

A smooth clean root provides a healthy environment to allow the gums to heal naturally and reattach to the tooth. This will create a reduced pocket, therefore eliminating areas for bacteria to hide and cause further disease.



Scaling and Root Planing combined with a strict home

NOTE

5/19/2005

routine and more frequent periodontal cleanings and exams will increase your chances of keeping your natural smile.



Back to top

Advanced Medications

Recent advances in periodontal treatment allow us to now place medications directly at the site of infection. One of the most commonly used medications of this kind is <u>Arestin™</u>. This is often used in conjuction with scaling and root planing. In addition, an antimicrobial rinse is sometimes used after some procedures.

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Oral Medications

A new medication called Periostat® has been developed specifically to combat periodontal infection by bolstering your body's immune response to bacteria that cause periodontal disease. Your dentist will evalute your specific case to see if Periostat® is right for you.

Oral Medications

Peridex is a prescription mouth rinse that reduces the redness, swelling and bleeding of gums caused by gingivitis. Your dentist may prescribe Peridex for use between visits.



Strict Home Care Regimen

A home care routine specific to the patient's individual needs may be prepared to prevent the patient from relapsing.

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us
Map/Hours
Orthodooties
Cosmetic Dentistry

Healthy Gums

Name Address, City, ST zip phone

Healthy Gums

Procedures Healthy gum

No Cavity Club

Insurance

Contact Us

Request Newsletter

Make Appointment

Ask the Doctor

Healthy gums are the foundation for your teeth, much like the foundation for your house. Healthy gums provide the support needed for your teeth to function as they should. Having unhealthy gums is like having termites in the foundation of your house. To the untrained eye everything seems fine, but progressive and often irreversible damage is being done.

What Are Healthy Gums?

Healthy gums

- Are light pink in color (darker for people with darker complexions)
- Are stippled, much like the surface of an orange
- · Are not tender or swollen
- · Don't bleed when brushing or flossing

Healthy Gums Don't Bleed

Gum disease (Periodontitis) is the leading cause of tooth loss among adults. It is known as a "silent" disease because it is rarely painful, especially in the early stages. <u>Bleeding Gums</u> is often the first warning sign most people have of Gum Disease.

A Healthy Heart Starts with a Healthy Smile



Gum Disease can kill more than just your smile! Recent research has identified a link between <u>Gum Disease and Heart Disease</u>, and other health problems. The bacteria associated with Gum Disease can enter your bloodstream and threaten your overall health.

Back to Top

Making Your Gums Healthy
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Patients with Gum Disease often require specialized <u>Gum Treatment</u>. Visit your dentist to find out what is appropriate for your particular case.

Keeping Your Gums Healthy

Prevention and Early Detection are your best defenses against Gum Disease.

- · Brush and floss daily.
- · Visit your dentist regularly.
- Follow your dentist's instructions for any special needs you may have.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodonties Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Root Amputation/Hemisection

Hemisection

This procedure involves removal of one-half of a tooth. The remaining half will be restored as a one-rooted tooth, and is usually attached or anchored to an adjacent tooth, for additional support and stability.

Root Amputation

Root amputation refers to the removal of one root in a multi-rooted tooth.

These procedures may become options for treatment when there is a persistent endodontic failure in ONLY one root of a "key tooth" which must be kept, or if there is significant bone loss around an individual root due to periodontal (gum) disease. With the advent of modern dental implants, hemisection and root amputation are often done as a "temporary measure" to allow enough bone healing, so an implant can be placed at a later date.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

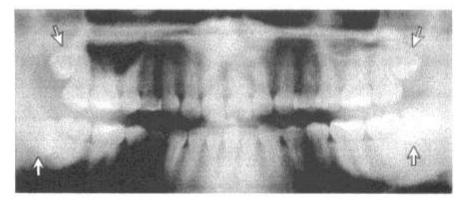
Name Address, City, ST zip phone

Impacted Tooth

Impacted teeth are unerupted or partially erupted teeth that cannot fully erupt due to:

- Lack of space (crowding)
- Misalignment (tooth is rotated out of position)
- Conflicting position (another tooth has erupted over that position)
- Ankylosis when other causes of impaction are not corrected in a timely manner, the roots of the impacted tooth can fuse to the surrounding bone creating a tooth frozen in an unerupted or partially erupted state.

The teeth most likely to become impacted are the third molars, also known as "wisdom teeth." The first molars are also known as the 6-year molars since they generally erupt at around age 6, and the second molars are also known as the 12-year molars since they generally erupt at around age 12. If the third molars erupted normally, they might be called 18-year molars. But there is rarely enough space to fit these last teeth into the small space left behind the second molars, so the third molars often become impacted.



This panoramic x-ray shows the impacted 3rd molars (wisdom teeth). The upper wisdom teeth are crowding the sinus cavity and may erode the roots of the 2nd molars. The lower wisdom teeth are impacted sideways and are likely to cause crowding of the lower teeth, leading to

maiocciusion.

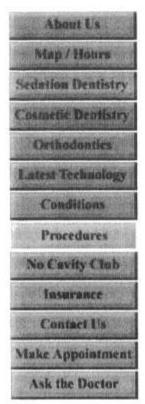
The most important thing to know about impacted teeth is that they almost always require extraction. The longer the extraction is postponed, the longer the tooth roots grow. When the tooth roots of an impacted tooth are allowed to develop, the risk of complication due to extraction increases significantly because the tooth roots may "wrap around" sensitive facial nerves. If you have an impacted tooth and you are not FULLY aware of the risks and alternatives associated with keeping or extracting an impacted tooth, please Contact Us for an appointment.

The risks of keeping an impacted tooth extend beyond the impacted tooth itself. Any impacted tooth will exert forces on the arch of your smile that may cause unnecessary crowding of your teeth. An impacted tooth below the gum surface may erode the roots of adjacent teeth. An impacted tooth above the gum line may create a "food trap" that is difficult to brush or floss and is likely to lead to decay.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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What are Implants?

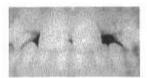
Dental Implants have been used successfully for many years. The implant itself is a post that is surgically placed in the jaw. A prosthesis (artificial tooth or teeth) is then attached to the post. Dental implants involve cooperation between an oral surgeon and our office. The surgical phase of treatment is completed by the oral surgeon, and the restorative phase is completed at our office.

What are Dental Implants Used For?

There are two basic uses for Dental Implants:

- As an artificial root for a single tooth replacement.
- As anchors for a fixed or removable prosthesis to replace multiple teeth.





Before implants



After implants

What Are the Benefits of Dental Implants?

With the exception of your natural teeth, nothing looks more natural than an implant. One important benefit of implants is that they slow the shrinking of bone and gum tissue from the area of the missing tooth, thus preventing premature aging.

- Of Americans between the ages of 18 and 64, approximately 49% are missing at least one tooth.
- Dental implants are the most advanced tooth replacement system ever devised.
- More than nine out of ten implants last longer than 15 years.
- · Dental implants never develop decay.
- Dental implants never require root canals.
- Dental implants preserve the jawbone, which can prevent

premature aging.

 No one can be disqualified for implant treatment solely because of their age -- some patients receive implant treatment when they are in their nineties!

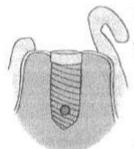
Back to Top

How Are Dental Implants Placed?

Step One:

The gum is gently folded back and a space is prepared for the implant to be placed.





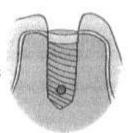
Step Two:

The dental implant "anchor" is put into place.

Back to Top

Step Three:

A temporary cap is placed on the implant and the gum tissue is repositioned around the implant. The implant is left alone for several months so the bone can attach to the implant and create a secure anchor.



Back to Top

Restorative Phase:

Step One:

After the implant has had a chance to attach to the bone tissue, the temporary cap is removed from the

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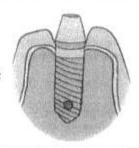


afficion and a post is attached to the afficion.

Back to Top

Step Two:

The implant is now ready for a prosthesis. An impression is taken of the implant and the appropriate prosthesis (crown, bridge or overdenture) is made.



Back to Top



Step Three:

The prosthesis is then attached to the implant(s).

Back to Top

Considering a Dental Implant?

If you are considering a dental implant, <u>Contact Us</u> for an evaluation appointment. Your dentist and the oral surgeon will perform an evaluation to determine whether you are a good candidate for a dental implant. If you are a good candidate for an implant, Your dentist will provide you with further information to help you decide.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Man / Hours Sedation Deutistry Cosmette Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Complete Dental Care For Children and Adults - Serving Benton, KY, Marshall County and rest of the Purchase Area of Western Kentucky Sedation "Sleep" Dentistry * Orthodontics (Braces) * Whitening Cosmetic Dentistry * TMJ / TMD (Jaw Joint Problems)

Photo coming soon

Dr. J. C. Sells click here for bio

Fellow, Academy of General Dentistry

American Dental Association, Kentucky Dental Association

American Orthodontic Society

International Association for Orthodontics

American Academy of Cosmetic Dentistry

Dental Organization for Conscious Sedation



somebody snoring in your house?

One-third of the population snores. Chronic snoring often leads to sleep apnea which cuts off the flow of oxygen to the brain and can lead to serious health problems. Spouses and other family members also suffer from disrupted sleep cycles.

Now a simple mouthpiece can be used to stop snoring in most cases. Click here to learn more.



Cosmetic dentistry isn't just for the movie stars! New techniques allow us to reshape your

smile with minimal changes to your natural teeth. See our Cosmetic Dentistry page to see how subtle changes can make a dramatic impact on the way you look and feel.



Recently invented brackets and new techniques make orthodontic

treatment faster and more

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We're really excited about the feedback we're getting from our "Sleep"

Dentistry patients. Although the patient is not technically "asleep", most patients describe the experience in that way. Sedation ("Sleep") dentistry is a miracle for patients with high anxiety about dental care. It is also a great option for many patients with extensive treatment needs, since this allows them to combine multiple appointments into one longer appointment.

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comfortable than ever.

Straightening teeth takes

did just a few years ago.

Click here for details!



TMJ is an acronym for temporomandibular joint, which is a fancy way of saying jaw joint.

TMJ problems include a popping sound and sensation near the jaw joint. That's why some patients refer to TMJ as "That's my jaw!"

If you suspect that you have TMJ problems, click here to learn more or Contact Us for an appointment.



Halitosis means Chronic Bad Breath.

It can also mean social, personal,

and professional embarrassment.

Did you know that most halitosis is caused by bacteria in the mouth? In most cases, a visit to your dentist is all that's needed to begin simple, effective treatment to cure halitosis!

Click here to learn more



From the desk of Dr. Sells:

Our first "From the desk of..." talks about our

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only about 1/2 as long as it

Llick here to find out more!

For adults, the newest trend in braces is no braces at all! Click here to learn about straightening teeth with clear, invisible retainers.



Gum Disease is no picnic. Early detection can save your smile!





We're glad you are visiting us on our web site. We have detailed information about Sedation ("sleep") dentistry, Cosmetic dentistry, Orthodontics ("braces"), and lots of information to address some of the typical questions we hear about common Conditions and Procedures. Our goal is to provide you with the most comprehensive dental health care information available from any dentist on the web!

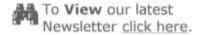
can expect to see! Click here.



Put off payment, not treatment.

Click here to find out about the many different payment options available for you.







To **Request** a

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Your safety is our first concern. Click here to learn more about our Infection Control procedures.



Modern
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Implants allow
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Implants can be
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Back to Top

Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Would you like a whiter smile?

Click here to find out about the most effective treatment

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For In-Office bleaching, we utilize the



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36

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About Us Map / Hours Sedution Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

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Graduate, University of Kentucky School of Dentistry

American Dental Association

Kentucky Dental Association

Purchase Dental Society

Dr. J. C. Sells click here for bio

Dr. Trent Nelson click here for bio



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Back to Top

Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About I's Map / Hours Sedation Dentistry Contactic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Chili Insurance Contact I's Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Insurance and Payment

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Dental insurance is intended to cover some, but not all of the cost of your dental care. Most plans include coinsurance provisions, a deductible, and certain other expenses which must be paid by the patient at the time of services. Reimbursement amounts are not, and never have been, a guideline for quality care.

We can file most insurance claims for you. Please bring your insurance plan information with you on your first visit. We will work with you to ensure that you receive the maximum benefits to which you are entitled.

Payment:

Payment is expected at time of service. If you have insurance, you will be expected to make an estimated payment for that portion not covered by your insurance plan. For that portion of costs not covered by insurance, we offer several payment options:

- Cash or Personal Check
- Credit Card We accept MasterCard, Visa and Discover.
- Care Credit Medical/Dental Card This card allows you to take up to 90 days, interest free, to pay the balance. You can apply in our office or apply online.
- Dental Fee Plan is a convenient, no initial payment, low monthly payment plan for dental treatments of \$1,000 to \$25,000. You can apply in our office or apply online.
- Short term bank loan We have partnered with a local bank to provide interest free loans (we pay the interest for you) for up to 1 year.
- Long term bank loans For extensive treatment plans, longer term loans are available. Call our office or stop by for details.











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Denmi Fee Plan

If you have any questions about your insurance plan or payment options, please call Our staff at (270) DEN-TIST or e-mail us at info@dentalwebsmith.com.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

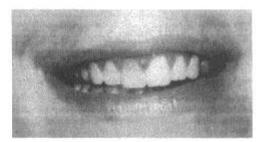
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About Es Map / Hours Sedution Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Internal Bleaching

Internal, or non-vital, bleaching is used to lighten a darkly discolored tooth that has had <u>root canal therapy</u>. A chemical oxidizing agent is placed within the coronal portion of a tooth to remove tooth discoloration. It may be performed in the dental office using a procedure known as "chair side bleach." In this procedure, bleach crystals are placed inside the tooth, left for a period of time, and then removed before leaving the office. This may be done once or several times, depending upon the discoloration of the tooth. Another method is known as "walking bleach". In this procedure, bleach crystals are placed inside the tooth, left for several days and then the patient returns to the dental office to have the bleach crystals removed. Again, this procedure may be performed one or more times, depending upon the discoloration of the tooth.



before non-vital bleaching



after non-vital bleaching

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmeric Dentistry TMJ / TMD Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Jaw Problems

What is TMJ?

TMJ is an acronym for temporomandibular joint, which is a fancy way of saying jaw joint. Clinically, we refer to problems associated with the TMJ (jaw joint) as TMJ Syndrome or TMD (disorder). But many patients just call it "TMJ". Often, TMJ Syndrome presents itself as a popping sound and sensation near the jaw joint. That's why some patients refer to TMJ as "That's my jaw!"



Who can have TMJ Syndrome?

TMJ problems can afflict people of all ages, although patients under 40 are more susceptible and it occurs more frequently in women.

What are the Symptoms of TMJ Syndrome?

TMJ Syndrome symptoms include:

- Headaches
- · Earaches, stuffiness, or ringing in the ears
- · Pain or soreness in and around the jaw joints
- Dizziness
- Numbness in fingers and arms
- Difficulty swallowing
- Limited movement or locking of the jaw
 - Clicking or grating sounds in the jaw joints
 - · Pain behind the eyes
 - · Neck, shoulder, or back pain
 - Facial pain
 - · Unexplained loosening of teeth

Left untreated, the TMJ symptoms increase in number and severity as you get older.

What should I do if I suspect TMJ Syndrome?

In order to determine the best course of treatment, an accurate diagnosis is imperative. Consult with Your dentist to determine if you are suffering from TMJ Syndrome. Many times all that's needed is a simple adjustment to your bite (the way your teeth come together), or a small mouthpiece that corrects the way your jaw joint closes.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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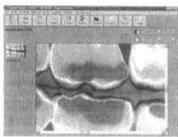
About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

Latest Technology

Our office uses modern, state-of-the-art technology to enhance patient comfort and to help you get the smile you deserve!

Computer Digital Radiography (CDR)



Dental x-rays can now be taken using sensors that transmit the image directly into a computer monitor. This larger image helps the patient understand the doctor's explanations more easily and enables the doctor to "zoom in" on a specific area of the tooth. An important advantage to this new technology is that it reduces the amount of radiation by

90%. Digital x-rays are also faster. The digital image only takes a minute or two to appear in the monitor. In addition, this new technology is friendly to the environment since no chemicals are needed for developing the image.

In-house lab

CEREC is a computer-aided design and ceramic restoration system that allows us to create permanent restorations in our office. That means we can design, fabricate, and place an incredibly esthetic ceramic restoration in a single visit!

Back to Top



Dental Imaging Software

Dental imaging software allows us to simulate cosmetic and other procedures so you can see the effect on your smile before we start! We take digital pictures of your teeth and then use

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a sophisticated computer simulation program to create the projected "after" images.



Computer Controlled Injections - The WAND™

We know that some patients get more nervous than others do at the mere sight of a needle and syringe. Thats why this office now performs anesthetic injections with a revolutionary system called The WAND $^{\text{TM}}$.



The source of discomfort for most injections, however, isn't the needle, it's the flow of the anesthetic into your tissue. The WAND $^{\text{TM}}$ delivers the anesthetic at an optimal flow rate for a comfortable injection.

The microprocessor inside The WAND™ automatically ensures a steady flow rate regardless of tissue density. Constant, slow flow is one key to virtually pain-free injections. The computer provides a flow of anesthetic directly ahead of the needle. This creates a pathway of anesthesia so you hardly feel the needle at all.

The WAND™ allows injections that do not numb the lips, face and muscles of expression. Whether injections make you nervous or not, The WAND™ helps us provide a more effective anesthetic delivery and the onset of anesthesia is often faster. You're more comfortable throughout the procedure, and we may be able to use new techniques so you won't experience the lingering numbness of your tongue, lips and face.

Soft Tissue Laser

Modern lasers are used to cosmetically <u>contour</u> gums, <u>lengthen crowns</u> to provide ample structure for restoration, and treat pockets of infection during gum tretament.

Lasers are self-sterilizing, provide the maximum amount of control, and are virtually painless during the procedure and post-operatively.



MCCUIC ICOS MIICOLIICOIO

We can now use the Syrijet needle-less anesthesia injector in many cases for our patients that have a fear of needles. The Syrijet propels an ultra-fine stream of



anesthesia into the desired location and provides anesthesia without any need for needles!

OralCDx



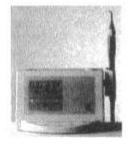
OralCDx represents a breakthrough in oral cancer detection, a test that will allow you and your dentist to improve the prognosis of a disease that has remained unchanged for the last 50 years.

OralCDx is the first computerized brush biopsy system. It allows dentists to quickly, painlessly and reliably detect oral cancer in its earliest, most easily treatable stage.

Originally developed as part of the "Star Wars" missile defense program, the OralCDx computer system includes a neural network-based image processing system specifically adapted to detect abnormalities unique to oral brush biopsy samples.

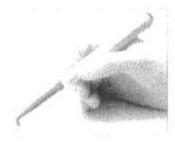
DIAGNOdent

The DIAGNOdent is a new high tech laser system that aids in early diagnosis of cavities in the complex anatomy of the chewing surfaces of teeth. It utilizes laser light of a defined wavelength to help detect and quantify demineralized tooth substances without x-ray exposure.



AdDent Microlux™

The AdDent Microlux™ Transilluminator projects a focused beam of cool white light to help detect cavities, fractures and other conditions without the need for additional x-rays.



Air Abrasion

Air Abrasion is a gentle spray of an air and powder that gently sprays away tooth decay. There is no heat, vibration or sound, like there is from a drill. The procedure is relatively painless, therefore not always requiring an injection. Air abrasion is a very precise technology and usually removes less tooth structure for a filling than a drill would.



Back to Top

Power Bleaching



For In-Office bleaching, we utilize the advanced BriteSmile light-activated process. Click here to learn more about | | | | | | | | | |

Back to Top

Power Bleaching

For In-Office bleaching, we utilize the advanced Rembrandt lightactivated process. Click here to learn more about:

REMBRANDT WINTENING PROGRAM

Back to Top

Intraoral Camera



Our intraoral camera uses a tiny fiber-optic wand to easily take vivid photographs of the inside of your mouth. This allows us to let you see what we see.



Micro-dentistry

Micro-dentistry means finding decay as early as possible so that treatment can be done with minimal removal of natural tooth structure. Restorations (fillings) are the smallest possible, esthetically pleasing, and long-lasting.

Automated Charting Software (Florida Probe)

This system connects a computer database to a special probe so we can quickly, easily, and accurately record individual measurements when performing a periodontal exam.





Voice-activated Charting Software

This system connects a computer database to a voice-activated headset so we can quickly, easily, and accurately record individual measurements when performing a periodontal exam.





Multimedia Education



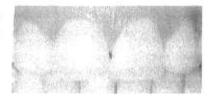
Our treatment areas and our waiting room are equipped with state-of-the-art patient-education DVD systems. If you are uncertain about a particular procedure, we will be happy to play the DVD video segment for you.

Back to Top

Veneers

New technology in veneer fabrication allows us to perform dazzling transformations with minimal surface preparation.





White fillings



Although white fillings have been around for a long time, the new materials can now be used in a wider range of applications allowing you to keep your smile as white as it can be!

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Es

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



If you have a loose tooth as a result of a very recent trauma or accident, contact your dentist immediately!

Click here for information about how to Contact Us.

Click here for more information on Accidents.

Adults

The most common cause for loose teeth among adults is <u>Gum Disease</u>. If you are not currently receiving <u>treatment</u> for Gum Disease, and you are experiencing loose teeth, <u>contact us</u> for a Gum Disease screening appointment.

Children

The most common cause for loose teeth in children is erupting permanent teeth. As permanent teeth begin to erupt, the roots of the primary teeth (baby teeth) dissolve and the teeth become loose. Primary teeth will generally fall out on their own at the appropriate time, but if a primary tooth doesn't fall out soon after the permanent tooth erupts, contact us right away so we can prevent complications from a retained primary tooth.



Your child may be tempted to wiggle a loose tooth, and that is fine, but do not apply any significant pressure to a primary tooth to hasten it's removal. The primary teeth play an important role in guiding the permanent teeth into proper position.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hourn

Sedation Dentistry

Cosmetic Dentistry

Orthodonties

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

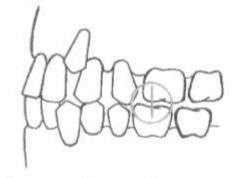
Malocclusion

Mal - occlusion literally means "poor closing" or "bad bite". A bad bite can be caused by several factors:

Dental malocclusion

A dental malocclusion occurs when the teeth are not lined up properly, even though the jaws may be properly aligned.



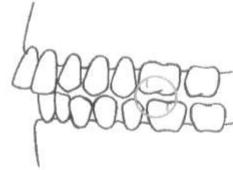


Dental maloclussion caused by crowding

Skeletal malocclusion

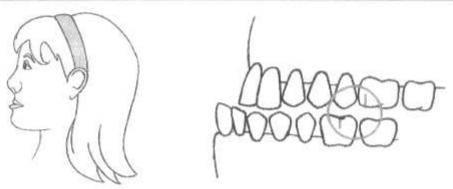
A skeletal malocclusion occurs when the upper and lower jaws don't line up correctly.





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Overbite: Upper jaw protrutes or lower jaw recedes (or both).



Underbite: Lower jaw protrudes.

Back to Top

Bad Habits

Your teeth are not as fixed in place as you might think! Just as a constant breeze can cause a tree to grow at an angle, repetitive forces on your teeth can cause them to become "out of alignment."

- Thumbsucking can lead to an Open Bite.
- Tongue thrusting (pushing your tongue against your teeth) can slowly, but surely, move your teeth out of alignment.
- Fingernail biting, or habitually biting or chewing on most objects, can cause worn teeth.
- Mouth breathing: Breathing primarily through your mouth instead
 of your nose can dry out the tissues of your mouth leading to
 swollen and irritated gums. Also, the unnatural jaw alignment of
 mouth breathing creates and imbalance that can lead to a
 malocclusion. If mouth breathing is caused by blocked nasal
 passages, the obstruction must be corrected as well to prevent a
 relapse.

Back to Top

Grinding Teeth (Bruxism)

Severe cases of <u>grinding teeth</u> (bruxism) can also change the occlusion. Most people who grind their teeth do so in their sleep and therefore may be unaware of the problem.

Missing Teeth

Primary (baby) teeth that are prematurely lost due to decay or injury sometimes necessitate the use of a spacer to keep the surrounding teeth growing straight until the permanent tooth erupts to replace the missing tooth. If missing permanent teeth are not replaced with <u>implants</u>, a bridge, or a partial denture, the adjacent teeth can "tip" into the empty space and the opposing teeth can "super-erupt" meaning they grow longer than is natural.

Back to Top

Correcting a malocclusion

Of course, more than one of the above factors may be involved, so it is important to obtain a professional evaluation. Left untreated, a malocclusion not only affects the patient's appearance, it can also lead to TMJ problems and an increased risk of decay and gum disease.

Your dentist evaluates each individual case to determine the best course of action to prevent or cure the malocclusion. Visit our <u>Orthodontics</u> page to learn more about how early detection of malocclusions in children and the use of arch expanders can reduce and sometimes eliminate the need for braces!

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Name About Us Address, City, ST zip Map / Hours phone Sedation Dentistry Office Hours: New Patient Forms Cosmetic Dentistry Orthodontics Monday 7:00 a.m. - 7:00 p.m. Tuesday 7:00 a.m. - 7:00 p.m. Latest Technology Wednesday 7:00 a.m. - 7:00 p.m. Conditions Thursday 7:30 a.m. - 5:00 p.m. Friday 8:00 a.m. - 2:00 p.m. Procedures No Cavity Club EMERGENCY AFTER HOURS BEEPER: (270) EME-RGEN Insurance Contact Us Map: Make Appointment Ask the Doctor ×

Click button to retrieve a map from Yahoo!



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Advanced Medications

Recent advances in periodontal treatment allow us to now place medications directly at the site of infection. One of the most commonly used medications of this kind is <u>Arestin™</u>. In addition, an antimicrobial rinse is sometimes used after some procedures.

Oral Medications

A new medication called Periostat® has been developed specifically to combat periodontal infection by bolstering your body's immune response to bacteria that cause periodontal disease. Your dentist will evalute your specific case to see if Periostat® is right for you.

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Mouth Guard



A specially fabricated mouth guard can be made for your teeth. This guard fits over the upper or lower teeth to prevent broken or chipped teeth due to tooth-to-tooth contact. It is appropriate for "non-contact" sports such as baseball, basketball, soccer, and gymnastics, where incidental contact with solid objects and other participants is common.

The smaller size and secure fit of a custom lab created mouth guard provides these advantages:

- · Clearer speech when communication with teammates is important
- More comfortable fit so it's less distracting
- · Less restricted breathing for improved performance



Dental injuries in non-contact sports are primarily due to tooth-to-tooth contact. Being accidentally bumped in the chin with an elbow is not what directly causes most dental injuries. It's the collision of the lower teeth with the upper teeth after the bump that causes the damage. A mouth

guard worn on the upper or lower teeth cushions the blow to protect both the upper and lower teeth.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Meet the Staff Map / Hours New Patient Forms Special Promotions Cosmetic Bentistry Teeth Whitening Healthy Gums Conditions Procedures Insurance Contact Us Make Appointment

Name Address, City, ST zip phone

The New Patient form is in PDF format, which can be read using Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, get a free copy by clicking on the link below.



When you have Acrobat Reader, click on the link below to download the New Patient form. (If you are on a dial-up modem connection, please be patient - it may take several minutes). Then print the form, fill it out, and bring it with you on your first visit.

Medical History Form

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Cosmetic Dentistry Healthy Gums Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us

Request Newsletter

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Request Newsletter

If you would like to be added to our newsletter mailing list, just fill in the blanks below and click on the SUBMIT button...

Name: *	
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Address line 2:	
City: *	
State: *	
Postal Code: *	
E-mail address: *	

Back To Top

*Required fields

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Orthodonties

Cosmetic Dentistry

Healthy Gums

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Request Newsletter

Make Appointment

Ask the Dentist

Name Address, City, ST zip phone

Request Newsletter

Your request to be added to our Newsletter mailing list has been sent to Your dentist. An e-mail confirming that we received your request will be sent to you shortly. If you do not receive a confirmation e-mail, please Contact Us.



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Bentistey

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

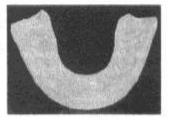
Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Night Guard

Since most of the damage typically caused by bruxism is during sleep, a night guard can usually be made to stop further damage. A night guard is custom made to fit over the upper or lower teeth. With the night guard in place, the patient can't grind their teeth together and cause further damage.



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Deatistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone

No Cavity Club

Our Registered Dental Hygienist would like to recognize the latest "No Cavity Club" members.

Keep up the good work!

If you can score a cavity-free checkup, you might have your pic posted on the 'net, too!

June '01 × \times 30 St. Katie & Andy Alexandra Smith Rebecca Peek April Russell Kuhens 20 × 30 \times Austin & Morgan Jerrad & Brittany Brittany Tucker Morgan Freeman Powell Vickers & Trin Schmidt

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor file://C:\Sites\Dental\General\Clients\Master\TMPjqoj28eou8.htm

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Name Address, City, ST zip phone

Orthodontics



What is Orthodontics?

When describing orthodontics, most people just refer to <u>braces</u>. While the majority of orthodontic cases involve braces, there are alternatives that may be used for younger children or adults. <u>Arch expanders</u> for younger children can minimize or eliminate the need for braces when the problem is treated early

enough. <u>Invisible</u>, <u>clear plastic retainers</u>, instead of braces, can be used by adults for mild to moderate crowding problems.

What are the Benefits of Orthodontics?

- Reduce the risk of injury prominent teeth are more prone to trauma
- Reduce the risk of decay crooked teeth are harder to clean
- Reduce the risk of developing TMJ problems
- Eliminate the excessive wear on your teeth that can be caused by a poorly aligned bite
- Straight teeth provide a healthier, more attractive smile
- A beautiful smile increases your confidence and self-esteem

Back to Top

What is an Orthodontic Evaluation?

Orthodontic treatment with braces begins with an evaluation appointment. Your dentist will first visually determine if you are a good candidate for orthodontic treatment, or if another treatment would be more appropriate. If you are a good candidate for orthodontic treatment, Your dentist will take impressions of your teeth, special x-rays of your jaw joint, head and teeth, and very important measurements of your teeth and mouth.

Next is a consulting appointment to discuss the treatment plan. The treatment plan is based on file://C:\Sites\Dental\Cieneral\Cieneral\Chents\Master\TMPjotk68eorb.htm



the records taken at the evaluation. The consult includes:

- · Specific treatment recommendation
- · Expected length of treatment
- · Expected cost of treatment

Back to Top

When should My Child be Evaluated?

If your child develops an "open bite", or you are otherwise concerned about the development of your child's teeth, no matter what the age, contact us right away for a consult with Your dentist. Otherwise, children should be evaluated by the age of 6 for orthodontic treatment. In the past, a child was 11 or 12 before brackets were actually placed on the teeth to straighten them. This may still hold true in most cases, but there are new techniques that can correct problems early, while a child is still growing. This may eliminate the need for braces in the future, or if the child does still need braces, the treatment will be less complicated, usually shortening the period of time in braces.

Back to Top

What is an Arch Expander?



An **Arch Expander** is one example of orthodontic treatment available for younger patients. Many times an arch expander can be used to create a proper alignment of the arches so permanent teeth have room to erupt in a natural position. The use of an

arch expander will generally minimize or eliminate the need for braces when the patient gets older.

Back to Top

What are Braces?

Braces are retainers, bonded brackets, arch wires and elastic bands that move crowded or spaced teeth into a "normal" position for appearance, prevention and function. Patients with poorly aligned teeth tend to have much more tooth decay, gum disease and jaw joint problems. Recently invented brackets and new techniques make orthodontic treatment faster and more comfortable than ever.

Back to Top

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1/8/03







white brackets



colored bands

How do Braces work?

Over a period of time, teeth will shift if constant, gentle pressure is applied. Brackets are bonded to the front surface of each tooth and wires are attached to the brackets with elastic bands. The slight tension on the wire is gently transferred to the bracket through the elastic band.

Back to Top



Before

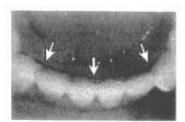


After



What are Retainers?

Once the teeth have been moved into proper position, a retainer is sometimes used to keep the teeth in place until they have "settled". Retainers can be fixed (bonded to the teeth) or removable.



Fixed retainer:



Adjustable retainer:



"Invisible" retainer:

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1/8/03

Small, thin wire bonded to tongue side of teeth

Snaps into place. Easily adjusted. Lovers teeth. Virtually invisible when in place.

Are Braces Only for Kids?

Adults are finding that having braces isn't kid stuff anymore. Many adults are turning to braces to correct problems with their bite. They recognize the benefits of reduced wear, reduced incidence of TMJ problems, and increased self-esteem. Major adjustments must be done with braces, but some adjustments can actually be done without braces!

Back to Top

The Latest Trend in Orthodontics is No Braces at All!

Adult "invisible braces" (which are not really braces at all, but clear plastic retainers) are a new technique for adults to obtain the results of braces without wearing braces! This technique, which is effective only for mild to moderate crowding, utilizes a series of retainers (computer generated or lab constructed) that are worn sequentially until the desired correction is achieved.



She's wearing "invisible braces" in one of these two photos. Can you tell which one? It's difficult to tell, isn't it? That's the whole point!



Please Contact Us if you would like more information sent to you.

Back to Top

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Bentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Pocket Depth Reduction



Normal, healthy gums have small pockets around each tooth. The bacteria and infection associated with periodontitis causes these pockets to become deeper, trapping more bacteria and causing more infection. When the pockets become too deep for scaling and root planing, a **Pocket Depth Reduction** procedure is often a solution.

During a Pocket Depth Reduction procedure, Your dentist gently folds back the gum and removes the disease-causing bacteria and infection.





This will allow the gums to form smaller, healthier pockets.

Back to top



Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About t's May / House Sedation Dentistry Confectio Dentistry Confectio Dentistry Confectio Dentistry Confections Entest Technology Confident Procedures No Cavity Club Insurance Contact Us Make Appaidment Ask the Doctor

Name Address, City, ST zip phone



Below is a listing of many common procedures. If you want more information about a specific procedure, just click on the procedure name and you will be taken to a detailed explanation.

Air Abrasion Anesthesia Apicoectomy Bleaching

Bleaching, Internal

Bonding Braces Bridges Caps

Cleaning

Contouring, Enamel Contouring, Gum

Crowns

Crown Lengthening

Dentures Extractions Fillings Fluoride

Grafts, Soft Tissue Gum Contouring Gum Treatment

Hemisection Implants

Infection Control

Internal Bleaching Micro-dentistry Mouth Guard

Non-Vital Bleaching

Oral Sedation Orthodontics

Partials

Periodontal Medications
Pocket Depth Reduction

Prophylaxis

Root Amputation
Root Canal Therapy

Root Canal Retreatment

Root Planing Scaling

Sealants

Sedation Dentistry Shaping, Enamel "Sleep" Dentistry Soft Tissue Grafts

Sterilization Veneers Whitening X-rays

We also provide access to detailed information about many common conditions on our <u>Conditions</u> page.

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If you still have questions, please don't hesitate to call our office or click on the "Contact Us" link below.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Clob Insurance Contact Us Make Appointment Ask the Doctor

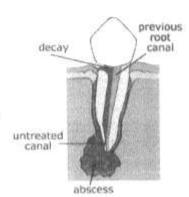
Name Address, City, ST zip phone

Root Canal Retreatment

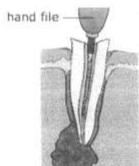
Non-Surgical Root Canal Retreatment

Retreatment is necessary when bacteria have re-entered the tooth. This is usually due to decay or untreated canal areas. The patient may experience swelling or pain in chewing.

Sometimes a patient may have no symptoms, but an x-ray shows that there is a problem with a tooth that has previously undergone root canal therapy.



What Happens During Root Canal Retreatment?



Step one:

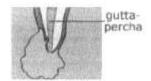
After the tooth is "numbed", the canal system will be reopened to remove the previous root canal material. This may involve removing a crown, post and core material. Sometimes we are able to make a small hole in the existing restoration and work through that opening. The canals are then thoroughly cleansed and shaped along their entire length.

Back to Top

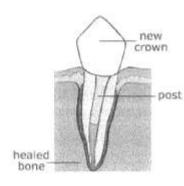
Step two:

The canals are refilled with gutta-percha and the opening is sealed with a sterile cotton pellet and a temporary filling. post space cotton pellet

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Back to Top



Step three:

The tooth is restored within a couple of weeks. If your existing crown can be saved, then it will be repaired. If not, you will probably need a new crown.

With time, the bone will heal where the bacteria was removed.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Root Canal

When the nerve of a tooth becomes infected or <u>abscessed</u>, Root Canal Therapy is the only way to save the tooth. A tooth can become abscessed as a result of <u>deep decay</u>, a <u>cracked tooth</u>, or <u>trauma</u> to the tooth. The only alternative to Root Canal Therapy is an <u>Extraction</u>.

During Root Canal Therapy, the tooth is "numbed" (just like having a filling). Then the unhealthy nerve is removed and medication is placed in the tooth to treat the bacterial abscess (infection). After the infection is removed and treated, a filling is

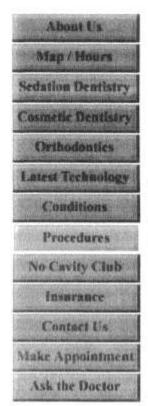
placed in the roots where the unhealthy nerve was.

A tooth that has undergone Root Canal Therapy is more brittle and must be <u>crowned</u> to give the tooth sufficient strength. The tooth is cared for in the same way as other natural teeth. Brush and floss daily, and visit your dentist for regular preventative dental check-ups.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Name Address, City, ST zip phone

Root Canal Therapy

When the nerve of a tooth becomes infected or <u>abscessed</u>, Root Canal Therapy is the only way to save the tooth. A tooth can become abscessed as a result of <u>deep decay</u>, a <u>cracked tooth</u>, or <u>trauma</u> to the tooth. The only alternative to Root Canal Therapy is an <u>Extraction</u>.

During Root Canal Therapy, the tooth is "numbed" (just like having a <u>filling</u>). Then the unhealthy nerve is removed and medication is placed in the tooth to treat the bacterial abscess (infection). After the infection is removed and treated, a filling is

placed in the roots where the unhealthy nerve was.

A tooth that has undergone Root Canal Therapy is more brittle and must be <u>crowned</u> to give the tooth sufficient strength. The tooth is cared for in the same way as other natural teeth. Brush and floss daily, and visit your dentist for regular preventative dental check-ups.

Back to Top

High-Tech Root Canal Therapy



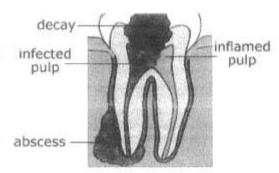
The way root canal therapy is performed today is vastly different than those done a few years ago, not to mention a decade ago. The potential level for quality care has dramatically increased. It is a thing of the past to do root canals in five to six appointments, or by "touch or feel" because we could not see. Root canals can be done painlessly, faster, and more accurately due to the new technology available.

Non-surgical Root Canal Therapy

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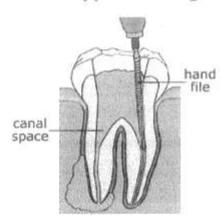
procedure, performed with local anesthetic, which involves the removal of the nerve inside of the tooth because it has become irreversibly damaged or infected. This is usually due to the entry of bacteria into the center most part of the tooth called the dental pulp (nerve). **ROOT CANAL** is a commonly used term for



endodontic therapy or root canal therapy. This procedure involves the removal of the entire nerve system, as well as cleaning, shaping and 3-dimensional filling of the canal system with gutta percha and a dental sealer. The procedure enables you to keep your natural tooth, which is preferable to any type of replacement.

Back to Top

What Happens During Root Canal Therapy?



Step one:

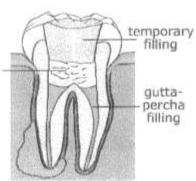
After the tooth is "numbed", a small opening is made into the pulp chamber. The canals are located and measured, so they can be cleansed and shaped.

Back to Top

Step two:

The canals are filled with a rubberlike material called gutta-percha and the opening is sealed with sterile cotton pellets and a temporary filling.

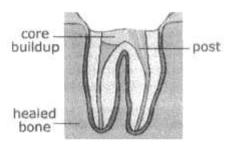
cotton pellets



Back to Top

Step three:

new crown The tooth is typically restored within a 1/8/03



couple of weeks. A crown is placed over the treated tooth in order to protect it, and if the tooth lacks sufficient tooth structure to hold the core build-up, a post may be placed inside. Any areas of infection around the roots will begin to heal.

The number of visits necessary to complete a root canal will vary depending upon the degree of infection, the number of canals in the tooth, if the canals are calcified, the anatomy of your tooth, and the complexity of the procedure. We always strive to achieve the best possible result; therefore, your treatment may take one visit, or it may take more.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry

Orthodonties

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone





Molars Trap Food and Bacteria

The most common area for children to get decay (like most adults) is on their permanent back teeth (molars). The molars have very deep grooves and pits on the chewing surfaces. This is where food and bacteria hide and form cavities. No matter how well your child brushes, it is nearly impossible to

remove all of the bacteria from these grooves and pits.

Sealants Can Help Prevent Decay

Sealants are a white or tooth shaded material that is bonded to the chewing surfaces of the back teeth, sealing off deep grooves and pits. This makes the grooves of the teeth smoother so your toothbrush can more easily keep the tooth clean.

How are Sealants applied?

Applying sealants is a simple procedure. The teeth are first cleaned, then etched with a solution to help the sealant adhere. Next, the sealant is brushed on, then a special light is used to harden the material. The procedure is "child-friendly" because there is no need for anesthetic or drilling.

When should my Child have Sealants applied?

Sealants are recommended for all children when they get their permanent first molars (around 6 years of age) and when they get their permanent second molars (around 12 years of age).











After Sealant

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Name Address, City, ST zip phone

Sedation Demilstry

Sedation Dentistry, or "Sleep" Dentistry, is able to reach out and provide needed dental care to those who otherwise would not receive it.

D O C S

Your dentist, along with key members of the dental team, received extensive training from the world's leading Sedation Dentistry specialists.

We recognize that there are many reasons why 50% of the U.S. population do not receive dental care, but two of the most common reasons are:

- Extreme anxiety
- No time for multiple appointments.



What is Sedation Dentistry?

Sedation Dentistry bridges the gap between new technology and patient comfort. After an initial consultation, your Sedation Dentistry appointment will be scheduled. You are given a small pill to make you snooze

through your dental appointment. Even though you are not technically asleep, our patients describe the experience as seeming to be asleep. You will have little or no memory of the appointment. You will not even remember any sounds or smells.

With Sedation Dentistry, you will find that your treatment is performed more comfortably than you might ever have thought possible. You will be drowsy and unaware of the time passing by. During the entire appointment you will be monitored continually by our specially trained team of professionals.

Back to Top



Am I a Good Candidate for Sedation Dentistry?

Sedation Dentistry is especially useful for adult patients who:

- · Have high anxiety about dental visits
- · Have had traumatic dental experiences in the past
- · Have difficulty getting numb
- · Have a strong gag reflex
- Have TMJ troubles and cannot open their mouth for extended periods
- Are afraid of needles
- Have sensitive teeth
- Hate the noises and/or smells associated with dental care
- Simply do not have the time for multiple visits

Sedation Dentistry is only for adult patients. Your dentist will schedule a consultation appointment first to answer any questions and screen for any medical reasons you may not be eligible for Sedation Dentistry.

Back to Top



What to Expect at a Sedation Dentistry Appointment.

You will take a small pill approximately 1 hour prior to arriving at our office. You will need to have a companion drive you to the office since you will not be able to drive yourself. By the time you arrive at the office, you will feel very drowsy.

You will be escorted by our staff to a comfortable chair and a small electronic sensor will be placed on your fingertip. This sensor allows us to monitor your vital signs during the entire procedure. When you are snoozing comfortably, Your dentist will begin your dental care. When the Doctor is finished with your treatment, your companion will drive you home. You probably will not even remember being at our office.

Back to Top



Frequently Asked Questions.

Will I be unconscious?

No, you will be very relaxed, but you will be able to respond. You will probably not, however, remember any of your visit.

Will I have an IV?

No tubes or needles are necessary for the sedation. You just simply swallow a pill.

Back to Top

Does my companion have to stay at the office?

Your companion must drive you to our office for your appointment and return you home afterwards. During the actual procedure, your companion is free to stay, or leave and come back to pick you up at the end of the procedure.

Is there an age limit?

Sedation Dentistry is recommended for adults age 18 to 80, but a careful screening will be performed, during the consultation phase, for any medical conditions that may prevent you from being a candidate.

Back to Top

Will I feel anything?

No, you will feel no discomfort.

How long will I be snoozing?

You will be sedated for 2 to 8 hours, depending on your dental care needs.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Deutistry Cosmetic Deutistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Ductor

Name Address, City, ST zip phone

Sensitivity/Toothache

Teeth can be sensitive for many reasons.

Pressure

Sensitivity to chewing pressure can be caused by:

- Decay
- Abscess
- · Cracked tooth





Sweets

Sensitivity to **sweet** foods is usually caused by decay.

Hot and/or Cold

Sensitivity to **hot** and/or **cold** foods usually indicates:

- Decay
- Abscess
- Worn Teeth (Attrition)
- Receded Gums

It is not unusual for recent dental restorations to be sensitive to hot and cold foods. This sensitivity should decrease with time. If sensitivity from a recent dental restoration worsens or persists, contact your dentist.

Bleaching

Bleaching can also temporarily cause mild sensitivity during treatment that disappears within a few days.



Toothache

Sensitivity due to a dental problem will worsen with time and become a **toothache**. A toothache is not like a headache. It won't just go away, even if the pain temporarily subsides. The problem that is causing the pain will just get worse, as will the pain, and simple treatment may no longer be possible. (See our

pages on <u>cavities</u>, <u>root canals</u>, <u>abscesses</u>, and <u>extractions</u> to see how a cavity progresses from a minor to a major problem). At the first sign of a toothache, <u>Contact Us</u> for immediate treatment.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us.

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

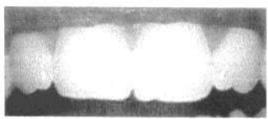
Make Appointment

Ask the Doctor

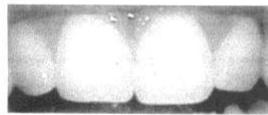
Name Address, City, ST zip phone

Enamel Shaping

Enamel Shaping (Contouring) is the process of shaping natural teeth to improve their appearance. Shaping can be used to correct minor cases of crowded or overlapping teeth, smooth rough edges, or make small adjustments to the shape of a tooth.



Before: This patient has a small notch in three of her four front teeth.



After: Minor contouring (shaping) of the enamel makes her teeth smooth and natural looking!

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us
Map / Hours
Sedation Bentistry
Cosmetic Beutistry
Orthodontics
Latest Technology
Conditions
Procedures
No Cavity Club
Insurance
Contact Us
Make Appointment
Ask the Doctor

Name Address, City, ST zip phone



The danger of snoring

Although the frequent subject of humor, in many cases, snoring is no laughing matter! Not only does snoring disrupt the sleep cycles of other family members, but in the case of sleep apnea, snoring can be a sign of a dangerous health problem. Sleep apnea actually

dangerous health problem. Sleep apnea actually cuts off the flow of oxygen to the brain, and in severe cases can cause serious damage.

How snoring affects others

Even if sleep apnea is not indicated, the disruption of the sleep cycles of family members can create a serious hazard. Recent studies have indicated that repeated disruption of sleep patterns can cause sufferers to perform motor skills at or below the levels of individuals who are legally intoxicated! So even if your snoring is not a sign of sleep apnea, it is likely that your snoring could be a real threat to your loved ones, because impaired reaction behind the wheel of an automobile can lead to disaster regardless of the cause.

Back to Top

What causes snoring?

Quite simply, snoring is caused by a partially obstructed airway. When you sleep, the soft tissue and muscles in your mouth and throat relax, causing your airway to become smaller. If your airway becomes small enough, your soft palate and uvula begin to vibrate when you inhale and exhale. These vibrations are the cause of the sound most people call snoring.

Back to Top

What can be done to stop snoring?

Many traditional treatments use cumbersome pressurization equipment to open the airway. A simpler, and more effective method is to keep the airway open by utilizing a simple mouthpiece that maintains proper jaw



alignment for safe and healthful sleep. This mouthpiece, similar to a sports mouthpiece, allows the patient to breathe through either the nose or mouth.



On the left, without a snore prevention mouthpiece, the patient's lower jaw relaxes and causes his airway to constrict, resulting in snoring. On the right, with the snore prevention mouthpiece in place, the lower jaw is maintained in proper position so the airway remains open, and snoring is eliminated.



If someone is snoring in your house, please make an appointment for a consultation.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Name Address, City, ST zip phone

Infection Control



Your dentist shares your concern about the spread of disease and works hard to safeguard his patients, and staff, against infection.

When you visit our office, you will see a clean office carefully maintained by well-trained staff. Our dental team always wear

gloves, eye protection and complete protective wear during each procedure. After each patient, they discard those gloves, wash their hands and put on a new pair of gloves.

Your protection starts long before you ever enter the treatment room. Here are a few of the things that you don't see: All surfaces are cleaned and disinfected, staff members sterilize all instruments after their use and dispose of anything that is potentially infectious.

Your dentist and his staff want you to know that your protection, care and comfort are our top priorities. That is why we meet, or exceed, the highest infection control standards.

If you have any concerns or questions, please contact us.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Extest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone

Thumbsucking



Why Do Children Suck Their Thumbs?

Children suck on things because sucking is one of a baby's natural instincts. Sucking makes them feel secure and content, and may induce drowsiness. Prolonged thumbsucking (or pacifier sucking) interferes with the proper growth of the mouth and the alignment of the teeth. This improper

development, if not corrected, will change the appearance of the child's face.

When Should Children Stop Sucking Their Thumbs?

Children should have ceased sucking between the ages of 2 to 4. If you are having trouble breaking your child's habit, try to:

- Comfort him if he is feeling insecure. Sometimes children suck their thumb for a sense of security.
- Instead of scolding your child for thumbsucking, praise him when he doesn't suck his thumb, especially during difficult periods.
- Explain to older children the dangers of thumbsucking and involve them in choosing the method to break the habit.

If you need help stopping your child's thumbsucking habit, we can provide you with a patient-friendly dental appliance that will break the habit. Contact Us for more information and an appointment.

Back to Top



An open bite often results from thumbsucking or prolonged use of a pacifier.

r. elop a habit of

If the open bite is not corrected early, the child may develop a habit of deviated swallowing and/or anterior tongue thrust. (This is when the child presses against the back of his teeth repeatedly and subconsciously

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with his tongue). These habits lead to further dental problems and make correction of the open bite more difficult.

The best cure for open bite is to prevent it in the first place by eliminating thumbsucking and the use of pacifiers as early as possible for your child. Untreated, open bite can lead to facial malformation, abnormal speech patterns and significant orthodontic complications.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Map / Hours
Sedation Dentistry
Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



Veneers are custom, porcelain facings that are bonded to the front surfaces of teeth to whiten teeth, close spaces, straighten teeth, or repair chipped or worn teeth. The veneers are only about 1 mm thick (the thickness of a fingernail). That same thickness is "shaved" off the natural tooth surface so when the veneer is bonded to the tooth, the tooth doesn't feel or look "thicker".





Before: Discoloration on front teeth and teeth are uneven in length.



After: Veneers return the natural, healthy glow! Teeth are now lengthened evenly.

Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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Procedures - Veneers	Page 2 of 2

About Us

Map / Hours

Sedation Dentistry

Cosmetic Dentistry

Orthodontics

Latest Technology

Conditions

Procedures

No Cavity Club

Insurance

Contact Us

Make Appointment

Ask the Doctor

Name Address, City, ST zip phone



When the enamel of a tooth is worn away, the tooth often becomes sensitive and is more susceptible to decay. Advanced cases often require crowns to save the teeth.

Tooth enamel may be worn away in several ways. One or more of the following factors may cause premature wear:

Attrition

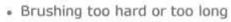
Attrition is the most common cause of enamel "wear". A small amount of attrition may be caused by normal speaking and eating, but this typically doesn't produce excessive wear.



More extreme cases of attrition are typically caused by <u>Bruxism</u>, the grinding of teeth against teeth. <u>Bruxism</u> typically occurs at night while the patient sleeps, so often the patient is unaware of the grinding.

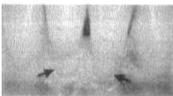
Abrasion

Abrasion is the wearing away of tooth enamel by a foreign object. Common causes of abrasion are:



 Fingernail biting, chewing on pens or pencils, holding needles or pins between the teeth, etc.

 Oral jewelry - Patients with pierced lips and/or tongue often wear away the enamel on adjacent teeth



Erosion

Erosion is the chemical wear of tooth enamel. Typically this kind of wear is caused by an acid. Citric acid is one of the most common agents. Citrus fruit (lemons, limes, oranges, grapefruit)



contain citric acid, as do most soft drinks and citrus juices (like

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lemonade). Some candies also contain citric acid. Many soft drinks contain additional harmful acids. Coffee and tea also contain corrosive acids. Bulimic individuals (people who intentionally and repeatedly induce vomiting) also expose their teeth to very strong stomach acids.

Occasional exposure to most dietary acids is rarely a problem, but repeated exposure to high levels of these acids can cause premature wear. Some common habits to avoid are:

- · Regularly sucking on lemons or limes
- Regularly eating or sucking on candies, especially "sour" candles as they often contain sugar and citric acid!
- · Drinking several soft drinks daily, even "diet" soft drinks
- · Drinking several glasses of lemonade daily
- · Drinking several cups of coffee or glasses of tea daily

Even if you only occasionally eat or drink highly acidic foods, it's a good idea to at least rinse your mouth with fresh water when you are finished in order to reduce the amount of time the acids have to work on your teeth.

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor

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About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Owthodonties Latest Technology Constitions Procedures No Cavity Club Insurance Contact Us Make Appointment

Name Address, City, ST zip phone



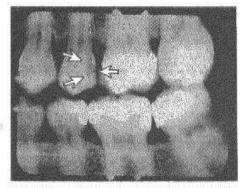
What are Dental X-rays?

What most people call X-rays are actually X-ray photographs (also known as radiographs). An image is made using X-rays, which are similar to sunlight, but of a shorter wavelength, and able to show us what's below the surface of a tooth. Even though we call them X-rays, we are actually referring to the **image** created by X-rays.

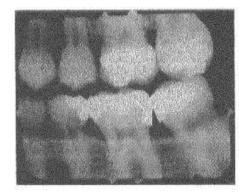


Why are Dental X-rays Necessary?

X-rays are often the best way to identify problems that aren't externally visible. X-rays are very essential in doing a complete and thorough dental examination. They are especially important in diagnosing serious conditions early to allow for effective treatment **before** you experience discomfort. X-rays show bone anatomy and density, decay between the teeth or how extensive the decay is, whether an <u>abscess</u> is present, impacted teeth, or if children have permanent teeth.



Cavities that start between the teeth can't be seen, but they can be detected on an X-ray.



No cavity on previous X-ray

This cavity was detected and filled before the patient felt any discomfort, tile://C:\Sites\Dental\General\Chefis\Maister\TMP\Ru9\text{1/8/03}

and before the nerve became injected or the tooth became abscessed.

There is another cavity shown in the X-ray on the left. Can you find it? It's difficult for the untrained eye to spot. If you think you know where it is, send an e-mail to webmaster@dentalwebsmith.com and we will tell you if you're right! (Hint: It's not the left edge of the top left tooth. That's just the edge of the frame around the X-ray).

Back to Top

How Often Do I Need Dental X-rays?

The number and type of X-rays you will need depends on several factors such as age, current dental health, and external signs that may trigger a cause for concern. We are sensitive, however, to your concerns about exposure to radiation, and we only perform those X-ray procedures that are necessary for your continued dental health.

Back to Top

Are Dental X-rays Safe?

Dental X-rays are very safe. They are taken at fast speeds with low radiation. A special lead apron is used to further reduce exposure. Everyone is exposed to a certain level of "background" radiation every day. Background radiation comes from many sources, including the sun. The amount of radiation from dental X-ray photographs (two views) is approximately equivalent to only two days of exposure to background radiation. In other words, you receive as much radiation in two days of normal activity as you do from two bite-wing X-ray photographs. If you are curious about panoramic X-ray photographs, they are equivalent to only about eight days of background radiation.*

If you have any questions or concerns about dental X-rays, feel free to discuss them with any of our staff. They are highly trained in the prudent and effective use of dental X-rays and share your concerns about exposure levels.

Back to Top

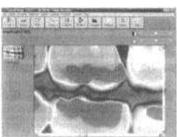
*Source: British Journal of Radiology, 56, 511-516, 1983

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodontics Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor intended to help you better understand dental conditions and procedures. It is not meant to serve as delivery of medical or dental care. If you have specific questions or concerns, contact your health care provider.

About Us Map / Hours Sedation Dentistry Cosmetic Dentistry Orthodontics Latest Technology Conditions Procedures No Cavity Club Insurance Contact Us Make Appointment Ask the Doctor

Name Address, City, ST zip phone





Computer Digital Radiography (CDR)

Dental x-rays can now be taken using sensors that transmit the image directly into a computer monitor. This larger image helps the patient understand the doctor's explanations more easily and enables the doctor to "zoom in" on a specific area of the tooth. An

important advantage to this new technology is that it reduces the amount of radiation by 90%. Digital x-rays are also faster. The digital image only takes 20 seconds to appear in the monitor. In addition, this new technology is friendly to the environment since no chemicals are needed for developing the image.

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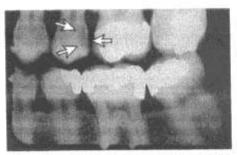


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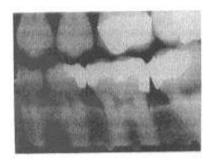
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Back to Top

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Back to Top

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Back to Top

Home | Map/Hours | Sedation Dentistry | Cosmetic Dentistry | Orthodo Latest Technology | Conditions | Procedures | No Cavity Club Insurance | Contact Us | Make An Appointment | Ask the Doctor