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## Implants are Easy Using Encode

The Encode healing abutment from *3i* eliminates the need for implant level impressions. In typical cases, the number of visits, including crown cementation, is reduced to four (three visits to the oral surgeon and one to the restorative dentist).

If the oral surgeon places the abutment, it eliminates the need for the restorative dentist to remove any components, place copings, or take x-rays. This can greatly simplify the implant process, thereby making it very efficient and cost effective, while decreasing chair time for the restorative dentist.

In the first visit, the implant is placed with the Encode healing cap (see figures 1 and 2). At the second visit, an impression is taken. These are very simple impressions, with no transfer copings (see figure 3). The plaster cast (as seen in figure 4) is prepared by a lab, and sent to *3i*, where the analog is placed onto the master cast (Robocast) (see figure 5). *3i* prepares the analog and final abutment (see figures 6, 7, and 8). The model is sent to

the lab of the restorative dentist's choice for crown preparation (figure 9). The abutment is then sent to the oral surgeon, who places it during the third visit. The crown is sent to the restorative dentist, who cements it in place during the 4th visit.



Figure 1: implant without abutment



Figure 2: implant with healing abutment



Figure 3: impression



Figure 4: plaster cast from lab

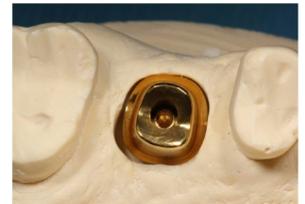


Figure 7: final abutment



Figure 5: Robocast fabricator



Figure 8: final abutment



Figure 6: Robocast with analog



Figure 9: crown

### Dental Fun Fact

#### Did you know....

The next time you want to play hooky, head to the dentist for a cleaning instead. Last year alone, adults missed over 164 million hours of work and children missed over 51 million hours of school for dental related problems.

-Deltadental.org

### News You Can Use

#### Doctors Introduce a Smart Phone App to Ease Patient-Provider Language Barriers.

Many of us work with a diverse group of patients, some of whom do not speak English. Students Brad Cohn and Alex Blau developed a software app that translates medical history questions from English into other languages. In April 2011, the free mobile translation software **Medibabble** hit the iTunes store. It has already been downloaded over 5,000 times. The app translates more than 2,500 medical questions into five languages.

-OMSNIC Monitor October 2011 Vol 22 No.5

## Something to Think About: *The Economics of Implants*

Many clinicians believe that crown and bridge dentistry is one of the most profitable areas of their practice. But how does the profit margin on a three-unit, fixed partial denture compare with restoring a single tooth implant?

Dr. George Priest, an Atlanta, GA, prosthodontist and lecturer on dental implants, has analyzed this proposition and argues that the implant is a clear

winner when all factors are considered.

Priest says that general dentists do not consider productivity. Though both procedures require two appointments, the actual doctor-time required for restoring a single-tooth implant is an hour or less versus three hours for a three-unit, fixed partial denture. "Making impressions directly to the implant virtually eliminates anes-

thesia, tissue retraction and searching for elusive margins, all of which are required with traditional fixed prostheses," Priest says. "Simplifying these impressions using 3i's Encode Restorative System will make this very appealing to all GPs."

Robert Blackwell, DDS, a GP in Decatur, IL notes that "A lot of it is educating patients about short-term versus long-term value. Patients in their 20s and

30s will spend far less on implant therapy in the long run than on traditional crown and bridge." Also consider discussing implants with patients who are dissatisfied with their current restorations (loose fitting dentures, spaces from missing teeth). Implants can successfully eliminate these issues.

From: 3i's *Implant Economics*, September 2004

### **Dr. Brian Simpson**

**announces the tenth meeting of the**

## **NANUET IMPLANT STUDY GROUP**

**Speaker: Louis Mandel, D.D.S.**

**Director of the Columbia Presbyterian Medical Center  
Salivary Gland Center**

**Topic: Salivary Gland Disease**

**Date: Wednesday, March 14, 2012**

**Restaurant X 117 North Rte. 303 Congers, NY**

**Dinner: 6:30 Presentation: 7:00 — 9:00 pm**

**2 CE credits awarded by the Ninth District Dental Association**

**Cost: \$35.00**

**To register, contact Theresa: 845-623-3497  
or email her at [theresag@drbriansimpson.com](mailto:theresag@drbriansimpson.com)**



*"We must become the change we want to see."* Mahatma Gandhi