going to deliver. So I really took that to
need an implant here. We can give it to you.

a traditional impression.

way we can achieve the same results with
impression?

something that every dentist should at

strong. For single units, full arches —
treatment?

whomever they wish.

keep even if they don't decide to move
away with; the treatment plan is theirs to
treatment planning and the guide, so I

that $1,000 is going to cover the

case that can be done, I'll ask the patient to

get the patient to move forward.

good relationship with them, they can help.

cone beam in their office, and if you have a

in whatever area you are in probably has a

looks like, how much bone there is, and

PP:

the scans into a virtual model that's very

restorative-driven treatment planning

beam technology.

out to a specialist, periodontist or oral

My philosophy is: If I can put in a custom-

implant wasn't as difficult as I had

them. Placing a conventional-diameter

implant training seminar in Chicago.

road anyway.

soft-tissue volume.

out with a better solution for the patient. If

My philosophy is: If I can put in a custom-

implant wasn't as difficult as I had

them. Placing a conventional-diameter

PP:

DC:

continuum. The course really gave me a

insight there.

or why wouldn't it be necessary? Give us some

surgery technology. When did you decide to

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