

12 KEY DENTAL ELEMENTS

information for the dental patient

- . 1] Digital X-Rays only. Conventional X-Ray systems emit powerful radiation that is extremely undesirable. Please refer to John Goffman, M.D., Ph.D. for further details on his decades of research.
- . 2] Use Septocaine – NOT Lidocaine or Novocaine, etc. as this is an extreme carcinogen.
- . 3] Use a rubber dam.
- . 4] Use a high-volume exhaust at the tooth being worked on including high-volume exhaust directly outside the mouth.
- . 5] Use new burr (drill bit) for each patient, or charged for on request. (New Burrs save as much tooth structure as possible).
- . 6] Prior to finalization of the drilling and cleaning process, dye-stain is used to determine that all decay is removed. Process is repeated, i.e. dye-stain, drill, dye-stain, drill, till perfect.
- . 7] After imaging and/or mold-preparation, before temporary or permanent restoration is installed, the entire tooth structure and surrounding gum is laser-disinfected and subsequently bio-stimulated. (Ozone only disinfects the surface whereas laser penetrates deep into the tooth and gum tissue. Ozone cannot provide bio-stimulation to tooth and gum – laser does. Dental laser treatment minimizes and most often eliminates any post-dental work pain, even in the case of a tooth being trimmed to a stub/post – ozone does not.)
- . 8] NO steel-jacketed porcelain crowns are used. NO composites, except Esthetex is used (on non-bite surfaces only). Most composites are xeno-estrogen and aluminum dioxide toxic. Composites are too soft for chewing surfaces and can develop micro-cracks over time that can only be seen with super-magnification. Micro-cracks harbor infection.
- . 9] Examples of safe and efficacious restoration materials used are; low-fusing ceramic/resin hybrids, e.g. 3M Vita-Block, Duceram – and on posterior chewing teeth, E-MAX, lava and especially Zirconium for crowns is the material of choice due to its extra hardness and universal bio-compatibility compared to the other materials.
- . 10] No water-soluble adhesives are used (typical with steel-jacketed porcelain crowns). Two-part adhesives set by polymerization (special light) are used.
- . 11] If root canal is the only option (other than Zirconia implants which require good bone metabolism), the material used inside the canal is Endocal-10 (calcium hydroxide). No gutta-perchia material is used as this is contaminated with heavy metals. Use of Gutta-perchia in root canals results in infection in the jaw bone (osteo necrotic lesions), in 100% of those left for long enough (a few years or more). Debridement (surgical removal of infected bone) is common in people with sub-standard root canals.
- . 12] Magnifying optics are used at all times. “Loops” is headgear that encompasses direct Light and super-magnification lenses worn by the dentist for all procedures, regardless of the dentist’s vision health status.