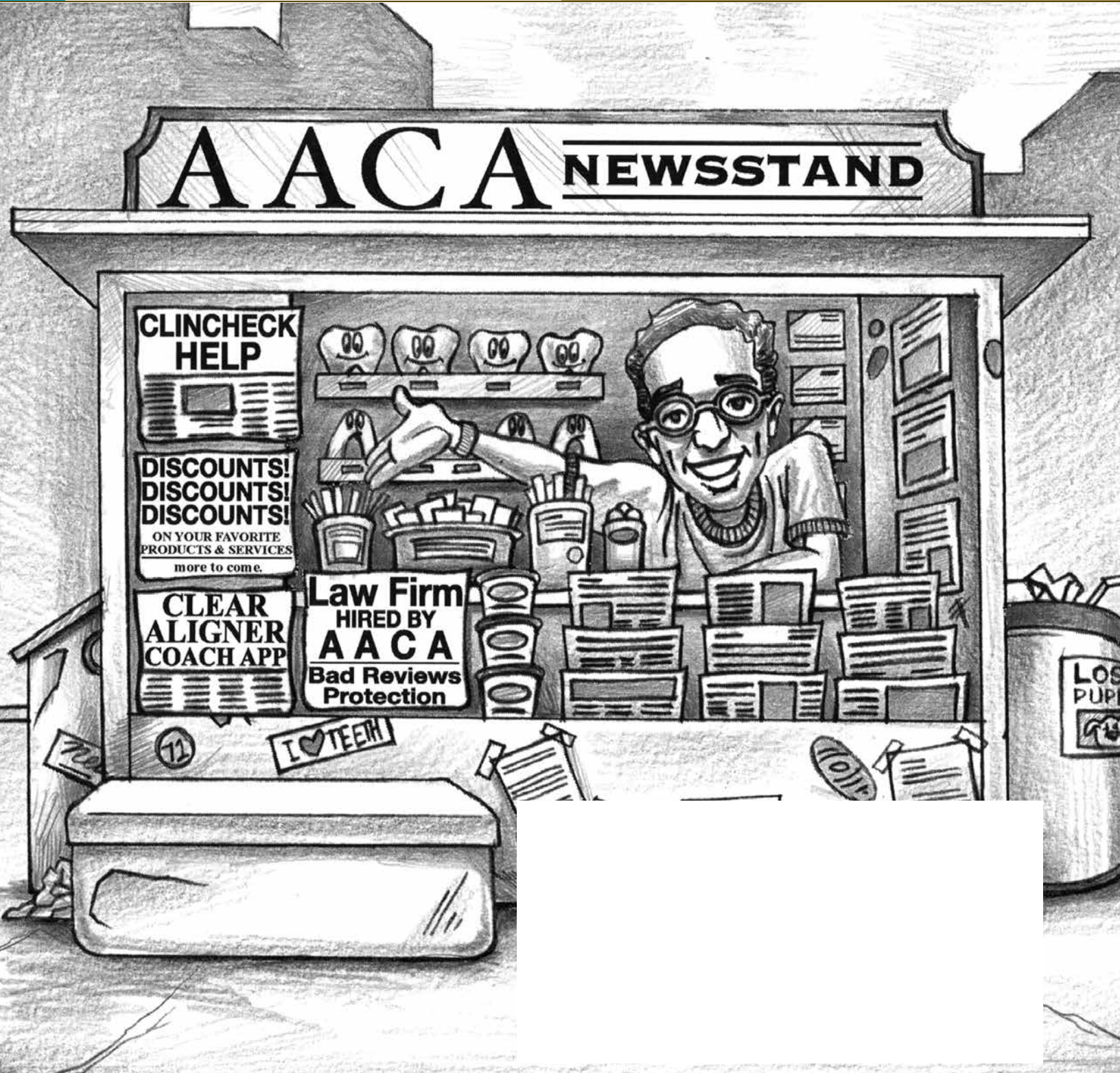


# the Journal

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## Editorial

### Beneficial

The American Academy of Clear Aligners is growing not just in membership, but also in new, exclusive benefits, available only to member dentists.

- What to do if you receive a negative online review?

The AACA has hired a law firm that will help fight back against any false

or slanderous reviews written about you or your office. Our law firm will actually fight on your behalf not only by giving you sound legal advice, but also by communicating with the patient. This benefit is completely covered, at no cost to the AACA member.

- Members can, at any time, submit ClinChecks to our ClinCheck help committee, called the "ClinCheck Cowboys." To contact them, please email to: [clincheckcowboys@gmail.com](mailto:clincheckcowboys@gmail.com). (Your Reingage Study Club president or the cowboys themselves will assist you with how to email a ClinCheck.)
- AACA members get significant discounts on CE programs, including a \$900 savings on the Annual Convention.
- The Academy is launching an extremely valuable, members-only "ClinCheck Coach" app. The app includes over 200 ClinCheck cases and demonstrates how to modify a ClinCheck plan, in order to attain maximum efficiency and predictability.
- Further benefits include major discounts for members on equipment and supplies. Recently, the AACA negotiated huge discounts for members who purchase the Glidewell milling machine, the DenMat laser, SOTA x-ray sensors, and iTero scanners.

All these exclusive benefits, along with increasing Continuing Education opportunities, are costly. You will notice a slight increase in membership dues this year, the first increase since the AACA's inception in 2012.

We hope you'll agree that the increase to \$495 is worth it!

Dr. Jeffrey Galler  
Editor



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# the Journal

American Academy of Clear Aligners

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American Association of Dental Editors & Journalists

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## Did You Know?

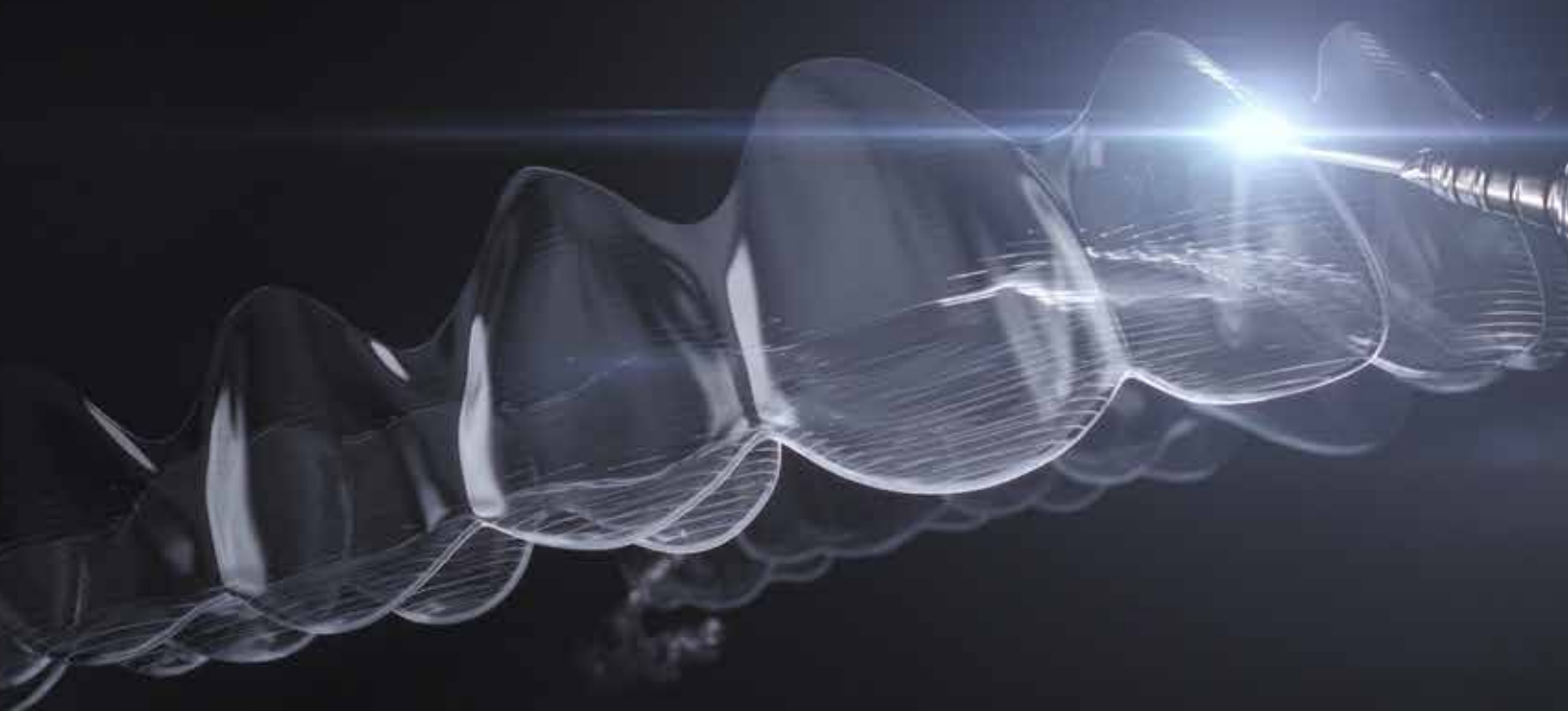
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# Case Reports

## Parallel Movement of Roots With CAT: Using Invisalign to Manage Spacing With 2 Congenitally Missing Teeth

by Jeremy Kurtz, DDS



Dr. Jeremy Kurtz is a graduate of the University of Toronto School of Dentistry. He is a general dentist who maintains a unique private practice in Toronto that focuses exclusively on Invisalign and dental implant therapy. Dr. Kurtz is a guest lecturer at various Invisalign and implant study

clubs in Toronto. He is a Diamond Plus (previously called Top 1%) Invisalign GP provider and enjoys making his patients smile with Clear Aligner Therapy.

Alexys, a 15-year-old woman, came in to our office seeking Invisalign treatment. She was congenitally missing teeth #4 and #13 (the maxillary second bicuspid) and did not like the resultant spaces in her maxillary arch. As **Figure 1** illustrates, teeth #5 and #12 (the maxillary first bicuspid) had erupted into the respective second bicuspid spaces. Additionally, teeth #3 and #5 had erupted into posterior crossbite (**Figure 2**).

Because of the patient's facial structure and familial Class III "strong chin" tendency, I felt this case could best be treated by expanding the maxillary arch to accommodate the mandibular arch and potential further mandibular growth, rather than by removing mandibular teeth and closing maxillary spaces. I therefore planned to close the anterior spaces and to consolidate or create space in the first bicuspid areas to allow for future implant and crown restoration of the missing teeth.

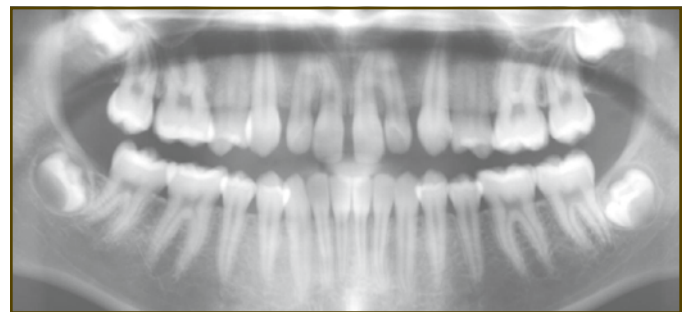
Although intraoral examination showed some space was present between teeth #5 and #6 and between teeth #11 and #12, the initial Panorex radiograph was less promising (**Figure 3**). There appeared to be no space between the roots of the canines and of the first bicuspid. Yet the crowns of the first bicuspid were in the second bicuspid spaces, so opening the second bicuspid spaces was not feasible.



**Figure 1:** pre-treatment, with maxillary first bicuspid in the respective second bicuspid spaces.



**Figure 2:** pre-treatment, showing #3 and #5 in crossbite.



**Figure 3:** pre-treatment Panorex radiograph.



**Figure 4:** after stage 1, about 15 months. The maxillary molars were distalized 2 mm, the posterior right crossbite was corrected, the anterior spaces were closed, and the patient now had 6 mm of space on each side, in order to place implants and crowns in the maxillary first bicuspid regions.

Nonetheless I felt that, given time, Invisalign could move the roots into parallel positions, so as to allow for an implant to be placed in each first bicuspid area. Alexys was 15 years old at the start of treatment but would not have the implants placed until she was closer to 18, so time was on our side.

The initial ClinCheck treatment plan included 33 maxillary and 28 mandibular trays. We had Alexys switch trays every 14 days. During this phase we distalized her maxillary molars 2 mm, corrected the posterior right crossbite, closed the ante-



**Figure 5:** Panorex after stage 1, about 15 months. Note slight converging of the roots of teeth #5 and #11, and note that the interradicular space was still a bit tight for implant placement.



**Figure 6a:** Panorex after refinement, showing room now available for implants.



**Figure 6b:** Panorex after placement of implants.

rior spaces, and created 6 mm of space on each side for teeth in the maxillary first bicuspid region (**Figure 4**). This phase was completed in 15 months.

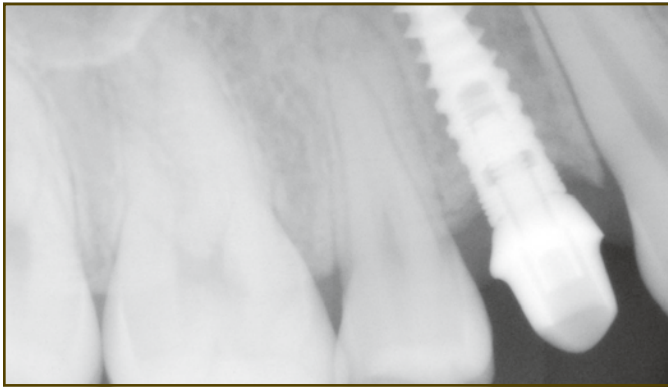
At this stage, we took a new Panorex radiograph. The roots of the canines and bicuspids had moved apart nicely, although we noted slight converging of the roots of teeth #5 and #11 (**Figure 5**). The interradicular space was still a bit tight for implant placement.

We therefore did a refinement to further widen the first bicuspid space, with a special focus on torquing the roots of teeth #5 and #11 to create more room for the dental implants. The refinement included 26 maxillary and 9 mandibular active trays, which Alexys wore for intervals of 10 days. When this was completed, the roots of the canines and first bicuspid were completely parallel, and there was adequate space for dental implants (**Figure 6**).

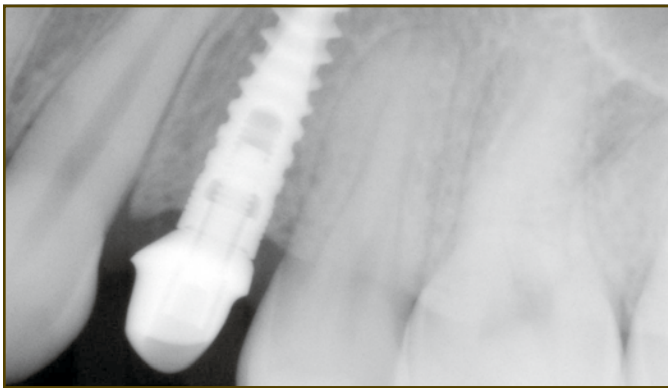
We placed implants (**Figures 7-8**) and issued Alexys passive aligners to wear during bone integration. After 5 months, we performed restoration of the teeth (**Figure 9**). Total treatment

time was under 3 years: 2 years for pre-restorative orthodontics, and the balance for implant placement, healing and final crown restoration.

Upon completion of treatment, Alexys was ecstatic to have all her teeth and no spaces. I was equally pleased to have delivered on my promise to complete treatment and achieve optimal root position for the dental implants with Invisalign Clear Aligner Therapy. ■



**Figure 7:** implant in place in position of tooth #5.



**Figure 8:** implant in place in position of tooth #12.



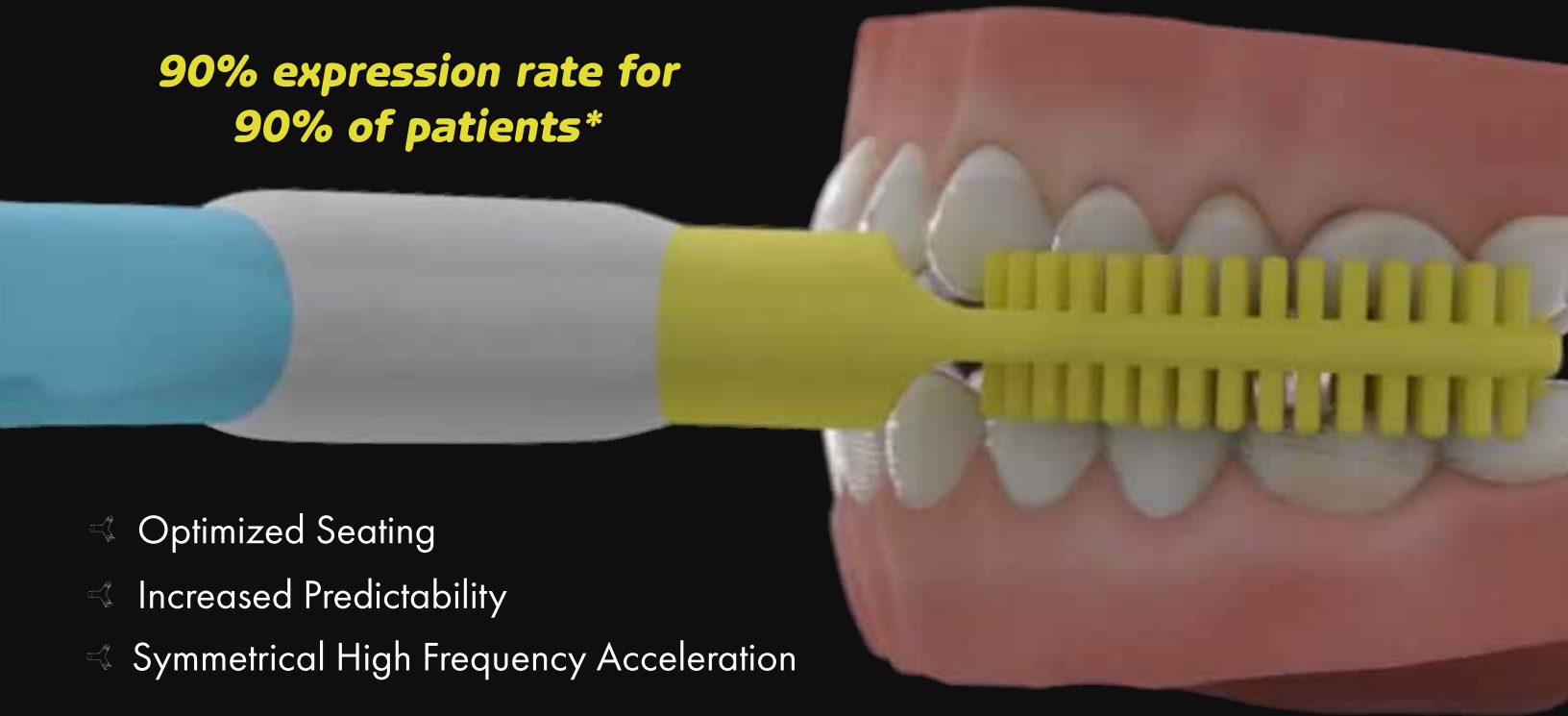
**Figure 9:** restoration of implants.



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# Invisalign for Total Health

by Michael E. Huguet, DDS

## Background

I started my Invisalign journey not knowing where it would take me. Ten years later, I have made some amazing friendships, run an Invisalign-focused study club, and become a Key Opinion Leader and lecturer for AACA. Invisalign has become an integral part of my practice and a key ingredient in the health of my patients. I learned of all the health benefits Invisalign offered my patients by straightening teeth, but it was meeting Dr. Galler, attending GRC, and becoming an active Gallerite that really advanced my game, my confidence, and my success.



Dr. Michael Huguet has been practicing dentistry since 1991 and Invisalign for the past 10 years. He graduated from UC Santa Barbara with honors and received his dental degree from UC San Francisco. In addition, he completed a general practice residency at the Veterans Administration Hospital, in

Martinez and Sacramento, California. He serves on the peer review committee for his dental society and is active in several local study clubs.

Dr. Huguet runs a high-tech, high-service group practice focusing on a team approach to total dental health and comprehensive patient care. He is a Gold Plus level provider, a guest lecturer, and a Key Opinion Leader for AACA, and is passionate about sharing how Invisalign has positively impacted both his practice and the total health and smiles of his patients.

When I first met Laura from a patient referral, she had a host of concerns, but was mainly concerned about her recession and crowding (**Figure 1**). My exam revealed active periodontal disease, advanced recession, and a need for multiple grafts. She had Class I molar malocclusion with advanced crowding, excessive overbite, and lingually inclined occlusal trauma. In addition, she screened as severe for obstructive sleep apnea (OSA).

## Case Report: Laura, age 66

Chief complaint: Recession and crowding

### Exam

- OSA screening: severe
- Type 3 periodontitis with advanced recession
- Class I molar malocclusion with advanced crowding
- Overbite
- Occlusal trauma with anterior and posterior lingual inclination



**Figure 1:** full smile, Mandibular View, and Anterior View (retracted, open), pre-treatment.

- Class V lesions
- Narrow omega-shaped arch
- Good oral hygiene

## High motivation

### Goals

- Achieve pre-grafting alignment and set patient up for long-term oral and general health, with expansion, leveling, and aligning to improve occlusion trauma, hygiene, and airway

## Treatment

### Phase 1

- Periodontal therapy
- Invisalign alignment
  - Full case
  - Aligners: 32 sets
  - No refinement needed
  - Treatment time: 9 months
  - Vivera retention

### Phase 2

- Periodontal reevaluation for periodontal grafts
- OSA follow-up
- Esthetic refinement

## Getting her on board

We scanned Laura with iTero and then showed her a draft ClinCheck with straight teeth. I gave her my “hammer and nail recession talk” and my “you are like a car out of alignment talk,” and showed her before-and-after photos of similar cases. When I told her that aligning her teeth could help improve her periodontal health and graft success by addressing the crowding and occlusal trauma root cause—and make her look amazing, to boot—she was immediately on board.

We put Laura through periodontal scaling and root planing therapy, referred her to an ENT specialist for OSA evaluation, and started her on Invisalign aligners. Our goal was to expand, level, align, and straighten her teeth to improve occlusion, hygiene, and airway. We would defer any grafts until after alignment, in the expectation that addressing occlusal trauma and improving occlusal forces would minimize the need for grafting and improve the success of any grafts. (This is the sequence of treatment my periodontist and I ordinarily prefer.) We would implement any esthetic refinement subsequent to periodontal surgery.

## Invisalign technique

I break all my Invisalign cases into two phases: health first, and esthetics second. I would normally speed up treatment time with the Galler ramp-up technique after a month of good tracking. In this case, considering Laura’s history of recession, we used a slower 2-week change interval. We placed attachments at aligner 3, and performed IPR progressively as the teeth straightened (**Figure 2**). We issued Laura a set of



**Figure 2:** full smile, Mandibular View, and Anterior View (retracted, open) after treatment.

EOCA Munchies and used John Bunkers’s “Munchie madness” technique. My “secret sauce” for success: 5 minutes, 4 or more times a day and upon seating. ■



Keep up to date with the latest ideas and conversations in Clear Aligner Treatment by adding the “AACAA Forum” to your RSS feeds – [www.aacaligners.com](http://www.aacaligners.com)

# Feature Article

## Night Guard or Nightmare?

### The Case of the Poorly Designed Night Guard

by Jeremy Kurtz, DDS



Dr. Jeremy Kurtz is a graduate of the University of Toronto School of Dentistry. He is a general dentist who maintains a unique private practice in Toronto that focuses exclusively on Invisalign and dental implant therapy. Dr. Kurtz is a guest lecturer at various Invisalign and implant study

clubs in Toronto. He is a Diamond Plus (previously called Top 1%) Invisalign GP provider and enjoys making his patients smile with Clear Aligner Therapy.

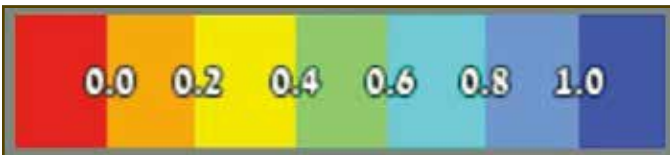
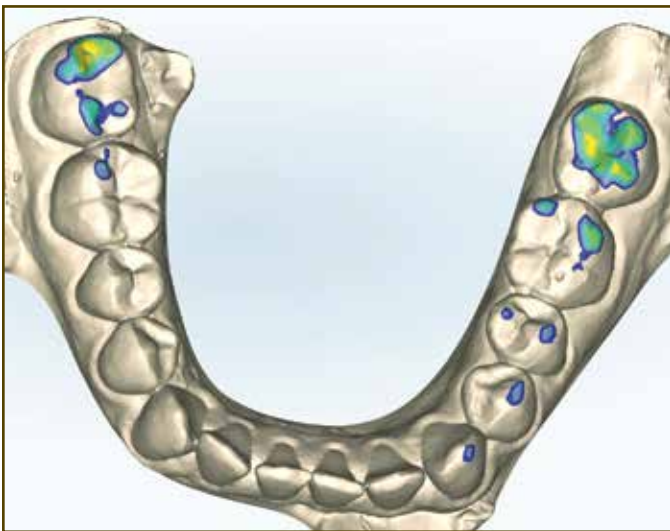
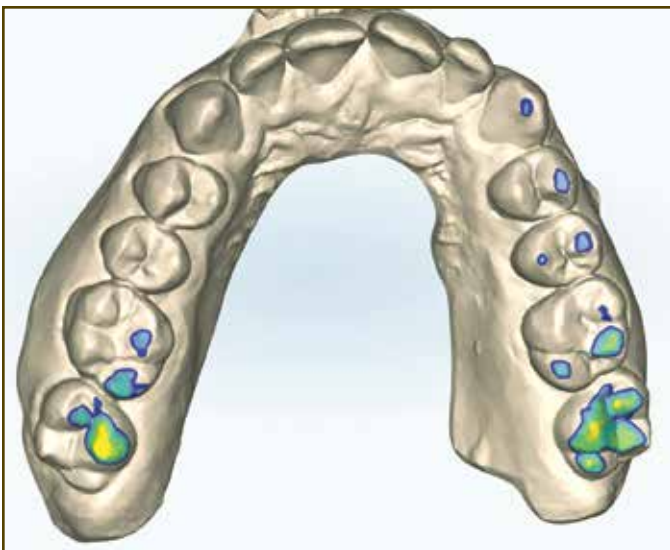
Dental night guards remain one of the most frequently prescribed appliances in a normal dental practice. Their use is now so commonplace, it would be fair to say, that clinicians often prescribe them without putting much thought into selection. There are many designs for these anti-bruxism appliances. Some clinicians prefer maxillary appliances, while others favor mandibular; there are pros and cons for each type.

We know that night guards can have side effects such as increased jaw pain for some patients. But what effect can they have on occlusion? I recently treated an interesting case touching on this question. Although I do not claim to know for sure that the night guard caused the malocclusion in this case, I do believe it to have been a contributing factor. The point of this article is to raise awareness of the potential dramatic changes in occlusion that may result from use of a poorly designed appliance.

A 24-year-old man presented to my office with a significant open bite (**Figure 1**) He said he had always had a bad bite, but felt that over the past year his bite had become worse. He was now having increased jaw pain and difficulty eating. After further probing, he mentioned that he had been having TMJ



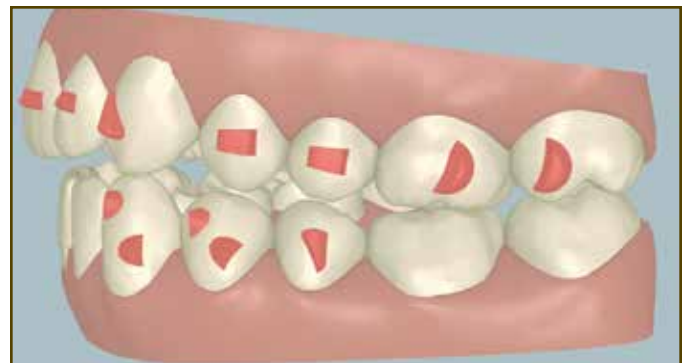
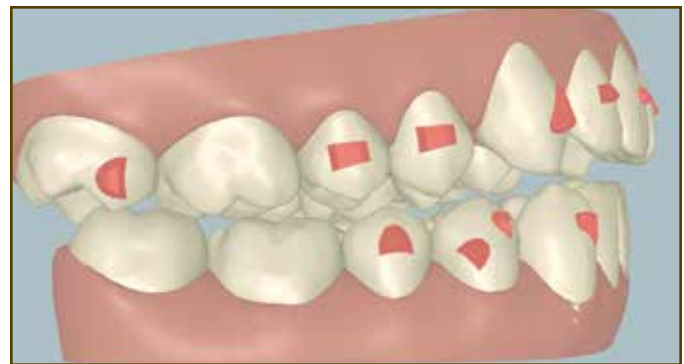
**Figure 1:** pre-treatment: open bite likely influenced by a poorly designed mouth guard.



**Figure 2:** pre-treatment occlusion chart showing occlusion on palatal cusps of molars. These photos utilize the iTero feature that shows the points of occlusion, in color, superimposed over the model, much as articulating paper shows up in the mouth. (This feature is also used to measure interocclusal space when planning for a crown preparation.) The spectrum image is the “legend” to decipher the degree of heavy occlusion. Red means absolute contact and no clearance, while orange, yellow, green, blue, and violet illustrate 0.2 mm, 0.4 mm, 0.6 mm, 0.8 mm, and 1.0 mm of clearance respectively.

issues because of his bite, so about 6 months earlier, his dentist had made him a night guard.

The patient happened to have the night guard with him. It was a maxillary night guard, but only covered his teeth as far back as the second premolars. This left the maxillary molars uncovered, allowing these teeth to passively erupt. When I examined him, the patient was only occluding on the palatal cusps of the maxillary second molars (**Figure 2**).



**Figure 3:** placement of attachments at start of treatment.

This patient might have had an open bite to begin with, but now the open bite was quite exaggerated, and the problem had increased significantly in a relatively short period of time. My first advice to the patient, delivered with all the tact and diplomacy that I could manage, was that even if he didn't start orthodontic treatment in our office, he should immediately stop wearing the night guard, as it “might” be increasing his jaw pain.

Now, with regard to correcting an open bite, Invisalign is ideal owing to its ability to intrude posterior teeth. In general, the rough math is that for every 1 mm of posterior intrusion, 2 mm of open-bite reduction will be achieved. But, as always, the cautious dentist is afraid to overpromise and underdeliver. So, I told the patient that if there was an appliance that could improve his severe open bite, it was Invisalign, but that full open-bite closure might not occur. I added that in the worst-case scenario, I might have to perform some posterior occlusal reduction of the large pointy cusps on teeth #2 and #15.

We set up the ClinCheck to request intrusion of the maxillary second and first molars in addition to anterior extrusion. I placed horizontal rectangular attachments on the maxillary premolars for strong anchorage (**Figure 3**); in addition, I placed rotation attachments on the molars to help relieve the heavy occlusion on the palatal cusps. I prescribed no intrusion for mandibular molars in this case, but only for the maxillary molars, for a number of reasons:

1. The extrusion had occurred on these teeth (because of the design of the night guard);

2. Maxillary posterior bone is softer than the bone of the posterior mandible, making it easier to intrude the maxillary teeth;
3. I expected that some intrusion of the mandibular molars would occur anyway as a result of the patient biting into the trays.

The ClinCheck plan called for wearing a series of 22 aligners, each for 14 days. Much to our surprise and amazement, the patient returned to our office for a monitoring appointment at aligner #7. All I could say was “Wow!”—in a good way (**Figure 4**). I could not believe how much better the patient’s bite was in such a short amount of time.

The patient is still under treatment, and is currently wearing the #12 set of aligners. After his treatment is complete, I do not intend to make another night guard. Instead I will use Vivera retainer trays on the maxilla and mandible, not only for retention, but also to function as a night guard.

We encouraged the patient to not be satisfied with the improvement to date, although dramatic; we wanted him to complete wearing the full 22 sets. He currently is still under treatment, but no posterior occlusal reduction was needed after all.

So, the moral of the story is: when providing a night guard appliance, be careful that it covers all the teeth. But if not—there is always Invisalign! ■



**Figure 4:** corrected bite after 7 sets of aligners.



Do you have an idea, treatment, or review that you feel your peers would benefit from? Contact [editor@aacaligners.com](mailto:editor@aacaligners.com) to find out how to author articles in future issues of the Journal.

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# Clinical Techniques

## Diamond Tips—Orthodontic Diagnostics: Treatment Planning for Complex Cases; Chairside Efficiency Tips

by Randy Kunik, DDS

**Editor's note:** Dr. Randy Kunik, a top 1% Diamond Plus Invisalign provider, shares his ideas, insights, and experiences with AACRA readers in this third of a four-part series of articles.



Dr. Randy Kunik started practicing orthodontics in 1991 and has four offices in Austin, Texas. Kunik Orthodontics is the largest private Invisalign practice in Texas and a top-ranked provider worldwide.

Dr. Kunik has over 20 years of aligner experience, has treated over 4000 cases, and has evolved strategies and systems to minimize the need for attachments and Munchies.

In 2014, he started Kunik Labs, an aligner consulting lab service for general dentists, and started teaching with faculty at the UNLV School of Dental Medicine Orthodontic Clinic.

For more information, see [www.drkunik.com/doctor](http://www.drkunik.com/doctor) or call 512-327-7575.

### First one to say Invisalign wins!

Regardless of who first says the word Invisalign, it is the doctor's role to provide expert guidance to his/her patients. Even if your practice does not offer orthodontic services, it is important to recognize the kinds of malocclusions that lend themselves to orthodontic corrections.

For general dentists looking to augment their services by offering Invisalign, it is important to develop a solid diagnostic evaluation methodology for moving teeth. Conventional handling of tooth movements, as they apply to alignment and occlusion, historically would involve consulting an orthodontic specialist to develop a treatment plan. Invisalign, with its

application of "big data" to tooth movements, now provides dentists with a "starter" ClinCheck from which to develop a specific prescription for their patients.

### Consumer vs. patient (Avoiding Invisalign side effects)

When manufacturers target consumers with products that require prescriptions (i.e., pharmaceuticals), they are typically required to disclose the possible side effects of using the product. Consumers can then research the side effects and prepare themselves for a discussion with their doctor. By the time the consumer agrees to become a patient of the doctor, the consumer has presumably had several opportunities to learn and understand the pros and cons of a suggested treatment plan that includes the particular drug.

When a consumer is targeted by Align Technology, there is only the advertising focusing on success. Consumers have no idea of the possible side effects that can be introduced by moving their teeth with aligners. Align spends millions on direct-to-consumer advertising. Even more alarming, there are companies that market teledentistry, options without adequate diagnostic records and a complete dental work-up. With no mention of a possible downside, it is even more important that a prescribing dentist develop a thorough orthodontic diagnostic methodology and have an intimate understanding of the orthodontic envelope.

### The 20-tray rule

In the last newsletter we talked about how an Invisalign solution of 20 trays or less can be a "sweet spot" for dentists whose clinical processes are not optimized for the midcourse corrections and frequent office visits necessary in more complex cases. Please refer to that discussion for details



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regarding practice benefits of shorter-duration treatments. The exam protocol outlined below incorporates pre-ClinCheck considerations and observations that are part of identifying a complex orthodontic case.

*“Even more alarming, there are companies that market teledentistry, options without adequate diagnostic records and a complete dental work-up. With no mention of a possible downside, it is even more important that a prescribing dentist develop a thorough orthodontic diagnostic methodology and have an intimate understanding of the orthodontic envelope.”*

### The initial orthodontic exam

Once you begin offering orthodontic services, you will want to note your diagnostic observations during the new patient exam or hygiene check. Adding the obvious molar and cuspid classifications, as well as focusing on the depth of bite relative to crowding and crown-to-root ratio, will be greatly helpful in identifying cases that could be problematic. Having these observations recorded will assist with future conversations about possible treatment of alignment.

For shallow bites, you’ll want to note any additional complexities, such as crowding, lip incompetence, and gingival display. The more of each of these that is present, the more likely it is that the case you are about to create may result in trading the patient’s chief complaint (crowding) for an unacceptable bite. The general rule is that the shallower and more protrusive the front teeth are, the more likely with any crowding that this case will result in issues like an open bite, or worse, a case with periodontal complications.

For deep bites, keep an eye out for severe lower crowding, upper spacing, crossbites, periodontal issues, and loss of posterior support teeth. The more of each of these that is present, the more likely the patient is to experience posterior open bite, trapped teeth that won’t move, and teeth becoming loose. (The last is usually caused by the combination of a shorter, lower face with stronger masseters and bruxism of any type.)

Your initial appraisal must include a thorough evaluation and a complete understanding of the orthodontic envelope. The patient’s expectations must be tempered against the boundaries of how far a tooth can or should be moved, and whether surgery or extractions will be required. Your resulting initial clinical impression is the key to recognizing whether the next step for this patient is a ClinCheck—or something completely different.



Figure 1: extraction case.



Figure 2: orthognathic surgery case.

A successful Invisalign patient conversation should be one that ends with a patient having interest enough to allow the creation of detailed dental records and an orthodontic treatment plan. By studying the diagnostic records while setting aside the patient’s motivation for treatment, the clinician can create a comprehensive orthodontic plan, paying special attention to the staging of work that addresses other areas, such as surgical, periodontal, and restorative needs.

## Treatment Planning for Complex Cases

### Recognizing extraction or surgery cases

Before we talk about the role Invisalign may or may not have in the treatment plan, let's talk about what should or can be done, and in what order.

Extraction cases (**Figure 1**) most often include:

1. Shallow bites
2. Moderate to significant crowding
3. Bimaxillary protrusion with lip incompetence

More crowding relative to the shallowness, with any protrusion, increases the likelihood that extractions will be beneficial. More periodontal bone loss with poor crown-to-root ratio, with moderate to severe crowding, lends itself to recommending removal of one or more teeth.

Orthognathic surgery cases (**Figure 2**) can present the following:

1. Open bites
2. Underbites
3. Class II cases with a lot of overjet, lower lip eversion and/or labial crossbites
4. Long faces with gingival display and a shallow or open bite

Recognizing the above subtle complexities will allow you to forgo a difficult or inappropriate application of Invisalign and will most certainly help you to avoid the misdiagnosis of a surgery or extraction case whose improper treatment could introduce undesirable ClinCheck side effects.

Whether you refer out to a specialist or consult with one when encountering a tricky case, it speaks to your desire to provide superior patient care and avoid unnecessary side effects that can be caused by using the default (software-generated) starter ClinCheck.

## Chairside Efficiency Tips

### Attachments

The material you fill the template with for the attachment has not proven to be nearly as important as asserted by Align or others on the lecture circuit. Just use a material that flows easily and has a nice cosmetic look. We use our orthodontic adhesive (Transbond by 3M). The critical factor with attachments is minimizing excess resin or flash, because any flash will hold the important part of the tray away from the tooth, deflecting the desired force needed to move the tooth properly.

Each attachment needs to be polished perfectly without scratching the enamel. Polish around attachments with a rubber wheel (we use a Dedeco green rubber wheel on a mandrel on slow speed). Do not allow flash around the attachments to derail your treatment by holding the tray away from the tooth (**Figure 3**).

### IPR

A clinician may choose to perform IPR upon the initial delivery of trays, or as a patient is progressing through treatment. But in



**Figure 3:** tray set up for attachment placement.



**Figure 4:** performing too much IPR too soon can damage teeth irreparably.



**Figure 5:** buff the tooth with a Lightning strip like polishing a shoe.

fact, teeth can be irreparably damaged (**Figure 4**) if the dentist attempts to do all the IPR at the beginning of treatment using a handpiece.

Not all IPR needs to be done in one stage. If contacts are relieved of pressure, then there is no need to make a large space or create anatomy that will never be natural. Relieving just the contacts around the teeth that will be moving for the next 3 to 4 stages, or until the patient's next scheduled appointment, is the safest way to deliver the prescribed IPR. We mostly use Lightning strips (**Figure 5**). This is the best way to keep the contacts properly oriented for the best flossing and the least amount of food packing.

**Tips to reduce midcourse corrections**

- Patients should know to call the office if a tray doesn't fit perfectly after the suggested length of wear. There should be no gaps. Teach your patients that it's up to them never to move forward if a tray doesn't fit.
- If an attachment is not locking in or a tooth is identified to be lagging, then the attachment should be removed.
- When delivering initial Invisalign trays, you need to provide good instructions for patients to increase consistency. Teaching patients how to insert aligners, starting from the front, will reduce mobility for patients with poor crown-to-root ratios.
- Recommend wear intervals of 2 weeks, starting each new tray at night just before going to sleep.
- See patients regularly to ensure that contacts of moving teeth are loose and the bite doesn't require adjustment.

**Conclusion**

Giving sufficient attention to diagnostic planning efforts can minimize time spent on a ClinCheck for a patient who would benefit from a multidisciplinary approach.

A well-thought-out treatment plan can benefit the outcome in three ways:

1. Identifying a case that could be a liability to you or the patient.
2. Creating an improved ClinCheck based on limitations of the case.
3. Improving your overall communication with Align and your patient to create a much improved Invisalign-designed retainer system. ■



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# Practice Management

## Conducting Chart Audits by Triage

by Jim DuMolin



According to his website, Jim Du Molin "is a leading Internet marketing expert for dentists in North America. He has helped hundreds of doctors make more money in their practices using his proven Internet marketing techniques. He developed **TheWealthyDentist**® email newsletter as a

way to share the 30-plus dental management and marketing strategies he has developed and tested over the last 20 years working with dentists."



This week, I'd like to suggest a **3-phase method of conducting chart audits**.

The first group you want to target is patients whose treatment has been presented but not completed.

Once you've gathered that list, the Scheduling Coordinator will give everyone a call, saying something like this: "Mrs. Jones, this is Sue, and I'm calling from Dr. Smith's office. We were reviewing your chart and realized that you still have a procedure yet to be completed. The dentist has an opening on Tuesday at 9:00, or Thursday at 2:00. Which is best for your schedule?"

Once you're finished with those, you'll move on to the second group. These are people for whom treatment has been diagnosed but not presented.

The Scheduling Coordinator will call these people and say something like, "Mrs. Jones, this is Sue, and I'm calling from

Dr. Smith's office. Dr. Smith was reviewing your chart and found a procedure he would like to discuss with you. He asked me to schedule a brief 10-minute no-charge consultation with you as soon as possible. The dentist has an opening on Tuesday at 9:00, or Thursday at 2:00. Which is best for your schedule?"

After that, you move to the last group of people: overdue patients who have not been in for 6 months or more.

This time, the Scheduling Coordinator will say, "Mrs. Jones, this is Sue, and I'm calling from Dr. Smith's office. We were reviewing your chart and are concerned that you are 6 months overdue for your continuing hygiene care. We have a hygiene opening on Wednesday at 10:00, or Thursday at 4:00. Which is best for your schedule?"

Remember: **there's money in your filing cabinet...** and chart audits are a great way to release some of it! ■



Visit our "Case of the Month" section on the AACA website. Post your comments and read what your peers have to say about each case – [www.aacaligners.com](http://www.aacaligners.com)

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# Industry News

## ADA Contacts Federal Agencies About Plastic Teeth Aligners

**Editor's note:** Many of us have been shocked to learn that SmileDirectClub has treated 600,000 patients, and we worry about the potential for harm to our patients and to our profession. Read this important press release from the American Dental Association.

CHICAGO, July 12, 2019 —The American Dental Association (ADA) sent a complaint letter to the Federal Trade Commission's (FTC) Bureau of Consumer Protection raising concerns over aspects of SmileDirect Club, L.L.C.'s (SDC) marketing and direct-to-consumer sales of plastic teeth aligners. The letter was sent approximately two months after the ADA filed a citizen's petition with the U.S. Food and Drug Administration (FDA) in April stating that SmileDirectClub is placing the public at risk by knowingly evading the FDA's "by prescription only" restriction the agency has placed on teeth aligning materials.

The ADA took these actions out of concern for consumer safety and customer recourse when negative outcomes from this direct to consumer dentistry product occur.

The FDA is responsible for protecting public health by ensuring the safety, efficacy, and security of medical devices, while the FTC Bureau of Consumer Protection is responsible for protecting consumers from unfair and deceptive business practices. Plastic teeth aligners are designated by the FDA as a Class II medical device requiring a prescription.

In lieu of having dentists perform patient exams meeting the applicable standard of care as the basis for prescribing orthodontic treatment, SmileDirectClub requires customers to self-report their dental condition. The ADA argues in its petition to the FDA that self-reporting does not meet the standard care of care because it does not satisfy a dentist's required professional due diligence. Lay people are not expected to be familiar with specialized technical or medical vocabularies. SmileDirectClub and the small number of "SDC-affiliated" dentists have no way of knowing whether what the lay consumer attests to is accurate, informed, or true in any respect.

"Moving teeth without knowing all aspects of a patient's oral condition has the potential to cause the patient harm," states ADA President Jeffrey M. Cole, D.D.S., M.B.A. "Orthodontic treatment, if not done correctly, could lead to potential bone loss, lost teeth, receding gums, bite problems, jaw pain, and other issues."

In addition, SmileDirectClub requires customers to hold the company harmless from any negative consequences, a point that was made in both of the communications the ADA sent to the FDA and the FTC.

In its letter to the FTC, the ADA cited the following practices of SmileDirectClub that it believes to be deceptive under section 5 of the Federal Trade Commission Act:

These include:

- Informing purchasers they have recourse against SmileDirect Club via arbitration when in the same document, SmileDirect Club hides a "small print" provision obligating the customer to waive any and all rights the customer "or any third party" may have against SmileDirect Club.
- Encouraging consumers to become customers by telling them individually and directly that SmileDirect Club aligners will correct their overbite, underbite and crossbite conditions or their "extreme" malocclusion. However, when customers complain, SDC invokes other SDC documents that state its aligners cannot treat bite conditions at all and can only treat mild to moderate teeth misalignment, not "extreme" misalignment.
- Claiming that SDC customers receive the same level of dental/orthodontic care as actual dental patients when actually SDC and its affiliated dentists provide virtually no care and, contrary to its claims, SDC does not use teledentistry.



“The ADA considers it our duty on behalf of the public to make the relevant regulatory agencies aware of what is going on so they can consider whatever actions they deem appropriate,” Dr. Cole said.

The FDA’s MedWatch voluntary reporting form may be used by both consumers and health care professionals to report poor clinical outcomes associated with medical devices, which include plastic teeth aligners. The FTC also offers consumers an online form to report complaints about unfair and deceptive business practices on their website.

For more information about direct to consumer dentistry, visit the ADA’s consumer website MouthHealthy.org.

## Invisalign System® Interoperability With Third-Party Scanners

**Editor’s note:** Confused about which intraoral scanners are accepted by Align Technology for Invisalign cases? Read this important notice.

Dear Doctor,

For over 20 years, Align Technology has helped drive the analog to digital transformation of dental practices. Our goal remains the same: to enable doctors to treat more patients using advanced clear aligner technology and intraoral scanners to scan patients at every visit. We believe the future of dentistry is digital, and we could not be more proud to be partnering with you to bring this vision closer to reality every day.

As you know, Align Technology designs and manufactures the iTero® Element intraoral scanner, which delivers speed, reliability, intuitive operations and outstanding visualization capabilities, all in a compact footprint. iTero Element scans are engineered to work with the Invisalign system and include the exclusive Invisalign Outcome Simulator and Progress Assessment tool.

Following the introduction of new scanners on the market, we have received numerous questions regarding the interoperability of the Invisalign system with such scanners. This is to confirm that Align currently accepts Invisalign case submissions from the following third-party scanners:

**3M True Definition scanner**

**Dentsply Sirona CEREC Omnicam**

**3Shape Trios 2, Trios 3 scanners, incl. Trios 3 Basic (outside of the US, Japan and China)**

Please note that the above list is limitative, and therefore case submissions from other scanners are not qualified.

The Align team is always happy to support you in case of any questions.

Regards,

Brad Jergenson

Vice President & General Manager, US

Align Technology, Inc.

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# Reingage News

## Reingage Study Club News

Compiled by Jack Von Bulow, DDS, Reingage News Co-ordinator



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THREE YEARS IN A ROW!

#1 Gallerite. Most Invisalign in North America for a single office, single dentist, no associates, with less than 32 hours a week, in only five ops, with a full book of traditional general dentistry.

DAMN, that's a lot! Thank you to my family, my parents, my Team at

Dentistry at Suburban Square, the Empire, David and Align. —Michael I. Wollock, Empire President



**ARCH  
MADNESS**

It was an exciting spring for Arch Madness as we all banded together in the chase for the Galler Cup! We recruited 7 new team members in May at the Miami Reingage meeting: Drs. Brianne Lamey, Eric Gabriel, Kyle Whitson, Reena Shah, Megna Sethi, Kelly Bernath-Paxton, and Glenn Belen. These energized new family members helped bring victory to our 4-year-old

team, and we were awarded the Galler Cup for Division V, 2019. We are proud of the service we are providing to our patients and how we work together to achieve our goals. Thank you

to the 18 Arch Madness colleagues who attended GRC 2019 to celebrate this amazing organization!



**BOTEX**

The Botex group had a great time at the latest GRC. It was great for a couple of our "old-timers" to meet up with the newest members of Botex. The courses and vendors were top-notch, and we can't wait to repeat the beach party next year. Future plans

include at least quarterly meetups in the Dallas-Fort Worth area, and we will work with the other Texas groups to bring a Reingage course back to Texas. Pictured from left to right are Adam Gutwein, Tommy Reed, Nick Cobb, Ankoo Raina, Megan Morrison, Whitney Wolff, and Tuan Pham.



It was all a dream... 22 Corkscrewers together in Vegas with their staff and loved ones... networking, learning, teaching, and then celebrating on top of the world with the greatest, most loving and supportive "family" of dentists in this profession, at the dental convention of the year! GRC II was a perfect culmination of an amazing year of growth and success for our team. Dr.

Jill Ombrello wowed the masses with her wit and knowledge on early intervention for airways with HealthyStart, and Dr. Andrea Dernisky taught attendees how to unlock their potential and Dare to Diamond. At the awards banquet, the Corkscrewers finished third overall in the top division of the Galler Cup, and saw Dr. Elaine Chow, Dr. Lovedeep Randhawa, and Dr. Wallace Truong earn bronze medals for case submissions from January through June. Our beloved Dr. Hussien Nsair was awarded a silver medal, and the Corkscrewers' president, Dr. Andrea Dernisky, took home a gold medal as the fourth-highest-submitting dentist of all the Gallerites. Lastly, in the most exciting news of all, we will be adding another Corkscrew to the crew this September, as Dr. Lindsay Flumerfelt and her husband are expecting their first child. Congratulations, team: so much to celebrate!



What an amazing time we all had together in Vegas. There's something electric and palpable that happens when this amazing group comes together. The Capitaligners' reunion in Vegas was nothing short of epic! The learning was top-notch (with a lecture given by our own Dr. Corey Anolik); and while we didn't win the Galler Cup this year, our very own Dr. Ashley Izadi took home one

of the coveted Golden Aligner awards! We now turn our sights to the second half of the year. We have new knowledge and new information to use to upgrade our game and build upon the already life-changing care we deliver to our patients. #Thisisourtime #Family



The Capone Correctors had a **blast** at GRC, in Vegas. We saw many familiar faces and learned a ton. Not only did we learn from Dr. Galler and the breakout sessions; we also gained so much just from having lunch together. We shared strategies and leadership techniques, and also ideas on how to grow and scale our businesses. We learned that each member of the

Capone Corrector family has much to offer from sharing his or her own unique experiences. We are happy to welcome our new members, drafted by Bianca Boji during the May Reingage course in Philadelphia. One of those members, Ian Fessler, made a quick commitment to come to GRC only 3 weeks after finding out about the meeting! We are excited for what's coming after GRC; we're always fired up after the high that comes from hearing Dr. David Galler speak!



Deep Bite has had a great year so far. Last month in Philadelphia, we recruited 9 new members from the latest Reingage course. We're really happy to welcome Dr. Antoinette Tauk, Dr. Craig Miller, Dr. Henry Huang, Dr. Joe DiSano, Dr. Joe Khalil, Dr. Kerik Hockenberry, Dr. Mark Roman, Dr. Richard Bowen, and Dr. Steve Muha into our ranks. We also enjoyed a great reunion at the second annual GRC, in fabulous Las Vegas. Learning is always more fun with friends, and we are looking forward to meeting up again.



Hello to all Gallerites from the Cartel Clan. We are excited that the Cartel was one of the most highly represented teams at the 2019 GRC. Whether it was a business meeting, a scientific course, or even a social event, the Cartel was present and contributing. Once again, Dr. Karla Soto's lecture on DSD was one of the most popular courses at the event.

The Cartel thanks Dr. Galler and all the special committees that helped organize the 2019 GRC and make it such a tremendous and successful event. Looking forward to next year's GRC and the Cartel's taking home that elusive Galler Cup. Let's Go Cartel!



What an incredible few months the Empire Too has had, culminating in a reunion at the second Gallerite Reunion Convention. There, we got to celebrate the successes of our top providers: Drs. Rimma Portman, Ali Modiri and Stephen Peck. We also got to support our very own Dr. Jeffrey Falduto as a top 10 finalist in the Golden Aligners competition. Special congratulations

to Dr. Myriam Feldman on the graduation of her son, Ezequiel Wendichansky, from Montreal University's Dental School. THIS IS OUR TIME!



The last 3 months, Ghosts of POB class has been focused on our big event, the GRC in Las Vegas. Before GRC, we attended the Reingage course in Miami and added 6 more doctors to our group. A special thanks to Dr. Carlos Beltran and Dr. Jessica Tendero for their help in the drafting process, and a big shout-out

to the new members: Dr. Evelyn Aldama, Dr. Angela Gonzalez, Dr. Jian Huang, Dr. Aliuska Garcia, Dr. Gerald Cohen, and Dr. Lindsay Fox. The first 3 docs on the list attended the GRC in Vegas; congratulations to them!

Our attendance at Vegas was phenomenal. All the Ghosts from Puerto Rico were there, and 3 out of our 6 newbies were present; most of our members from last year were there too. Unfortunately, some of our most active, kind, and knowledgeable Ghosts were absent, for personal reasons. They were missed but, hopefully, can join us next year. We had a great time in Vegas, learning and sharing time with the Gallerite family.



GRC was a smashing success! It was amazing seeing everyone. A few people were missing owing to family weddings; we were excited for them but sad that they could not make it. Many of our team members invested in themselves by purchasing multiple iTeros, and they are now more motivated than ever. We came up short

in the race for the Cup, but coming in second is no small feat. Walker Texas Retainers had better watch their back, because we are coming for them. Many of our members received individual medals for their achievements. The addition of our new members has completely revitalized our team, and it was so nice to bring the new and the old together.



More than half of our Hells Aligners team attended GRC this June at the Wynn, including all of our eight new recruits from Costa Mesa this past March...and Jamie Zubrow, who was due to give birth in only a few weeks. The convention was, in fact, a great reunion, allowing us to celebrate our camaraderie, hear lectures on every aspect of Clear Aligner expertise, and get great AACA-inspired deals on many products and services!

Although we did not win the Cup this year, our team's passion makes us winners all year long!



The Hotlanta Stripperz have had a great last couple of months. We onboarded some amazing new doctors from the Philadelphia Reingage course. The newbies are fun and all have great practices; they're doing amazing things in their communities while expanding their practice vision and Gallerite knowledge! The newest Stripperz are so glad to be part of the family.

Many of us got together and had a great time at this year's GRC in Vegas. We enjoyed the CE courses and learning new ways to grow; taking advantage of all the Gallerite deals and benefits; hearing from Dr. Galler in his program and new comedy routine; and just reconnecting and hanging out together again, especially at the Stratosphere party. Thank you to Dr. Galler and the whole Gallerite family for a great week; it's always wonderful hanging out with all the Gallerites. And what better investment than to advance and grow!

Oh, and we shouldn't forget celebrating our second-place finish for this year's Galler Cup. Great work, Stripperz! And congrats to Invisalandia—but watch out for us next year! Have a great rest of the summer from the Hotlanta Stripperz!



GRC 2019 was a huge success, and the Drillerz were so proud to be a part of it. Just like last year, we had a great showing and a great time. We met a celebrity and brought a celebrity of our own! A highlight of the event was seeing our very own Rob Herron pinned as a KOL. This was a well-deserved honor, and we are all grateful for the contributions Rob makes daily to both the Drillerz and Galler Nation. It was good to see old and new friends and family, and we look forward to future AACA events and GRC 2020!



Invisalandia had incredible success at this year's Gallerite Reunion Convention. Nineteen Invisalandians made it to Las Vegas for learning and fun. Most importantly, 19 Invisalandians were able to stand together on stage to take home the highly coveted Galler Cup for submitting 614 cases between January and May! As the new Division III champions, we can truly say that this is our time. Every

individual worked hard to earn the Cup. We stand proud together and will be celebrating all year long. We are also proud of Dr. Geoff Skinner, who lectured on Digitally Designed Direct Composite Restorations and knocked it out of the park. Congratulations to the entire team. THIS IS OUR TIME.



## LOS ALIGNERS

GRC 2019 was everything we thought it would be...and more. There was fun, comedy, and the pool; not to mention the next-level continuing education, presented within a structure that would put Swiss clocks to shame. The speakers were amazing (including our own Terri Pukanich); the level of AACA/Gallerite buying power was sobering (a great asset when in Las Vegas); and the Stratosphere was sobering too...especially if you zipped when you should'a' zaggged and wound up on a ride. We even met Mario Lopez!

Los Aligners originals Juan Eguren, Mike Jones, Sam Lee, Bethany Tant, Rob Andrews, Terri Pukanich (and Mom), Prez Von Bulow, and the worldly Murray Knebel attended. And our March Costa Mesa Reingage recruits Kristine Yoshida, Tran Han, Gerry Middleton, Andrew Yang, and Prashanthi Vadhi attended their first GRC event.

We didn't defend last year's Galler Cup, but we sure did enjoy our reign. Wait until next year.



What an incredible event. GRC 2019 was a big success for all of Galler Nation and, most importantly, for members of Mass Spikes! Winning the much-coveted Division IV Galler Cup took months of hard work—and every member contributed to make this win a reality. Here's to the #1 class in Division IV. Go Mass Spikes!



The Gallerite Reunion Convention was a hit. Everyone loved the courses, camaraderie, and comedy. The Stratosphere party was off the charts! The Metroligners once again were well represented, with three of our members being honored with Top Doctor awards. Congratulations to Mariliza LaCap, Steve Liao, and especially Eric Seidel, who has reached Platinum Plus status. So much knowledge, so much fun—and Mario Lopez too. Couldn't be any better!



The Mile High Munchies made their way to Las Vegas, Nevada, for the second installment of the Gallerite Reunion in June. And let me tell you, we had an **amazing** time! From the incredible diversity of speakers, to the unbelievable deals on the exhibit floor, to (most importantly) the energy recharge we get when we are all together, it is easy to see that GRC 2019 did **not** disappoint.

A big congratulations to Dr. Lindsey Zeboski on being inducted into the Gallerite Key Opinion Leaders. Lindsey is also anxiously awaiting the arrival of her second daughter. Congratulations are also in order to Dr. Katie Coniglio for her Top Docs Bronze Case Award. We were all excited to meet one of the newest MHMs from the Baltimore Reingage class, Laurentis Barnett, in Las Vegas.

There are never enough hours in the day at these conventions, and we cannot wait for the next course to connect with each other again!



The Montreal Wolfpack had an exciting quarter and placed a close second to the Motor City Movers in the Division II Chase for the Cup. Congratulations to Faline Davenport and her crew for pulling out an amazing May to take the Cup!

The Wolfpack's Vitaly Gantman achieved Diamond Status from Align recently and continues to impress and inspire us. Danièle Larose recently completed her AACD Fellowship; very few excel to this level. Congratulations to Danièle and Vitaly—way to represent!

We wanted to make special mention of Vanesa Rodriguez and her family as her daughter continues to recover well from a very devastating illness; our hearts have been with her on her journey. And Dana Colson lost her parents quite close together after 70 years of marriage—a true love story not often seen these days.

Our team looks forward to another race for the Cup—watch out for us!



What a past few months it has been for the Motor City Movers. In May, the Movers drafted 7 fabulous doctors at the Miami Reingage. The newbies have been a great addition and have crushed Invisalign stats since the class.

Motor City took home the Division II Cup in Vegas! We realized it was a tight race and we pushed hard up to the last minute to make sure every ClinCheck was accepted...and victory was ours.

What a night. The party at the Stratosphere was a complete blast. And we're very happy to say there were no drownings or shark attacks reported at the Stratosphere Beach! We look forward to an amazing Q3 and Q4 for 2019. Doctors present in Vegas were: Faline Davenport, Aramesh Darvishian, Dawn Kacy, Ghanem Ghannam, Jennifer Shin, Jim Olsen, Jim Van Eaton, Kristin Horman, Kyle Wassmer, Liz Lewis-Miller, Lora Lazovski, Mitchell Kornhaber, Nick Gravino, Shawdi Assar, and Sulbha Midha.



*Of Mice and Men*, the story read; or in this case, two NWA members, Drs. Kory Wilson and Kevin Shim, with their class president, catching a moment between classes at the second annual GRC at the Las Vegas Wynn. The story symbolizes the coming together of different backgrounds for a commonality or task; coming to one another's aid, and getting to work at the task at hand. Learning as a family from all different backgrounds and walks of life resonates with me like this book. This special group of docs helping docs across the spectrum symbolizes the saga of the AACA and the mission we have created.

When was the last time you answered a question from a colleague or offered advice? You'd be surprised by how much you know, and what a gift to share it ...



The Richmond Re-Aligners had an amazing time at GRC in Las Vegas, Nevada. Many members received individual awards for their achievements. RR was all over the Stratosphere party and all over Las Vegas that night! It was great to see everyone in the group and catch up on their ever-changing lives.



The second quarter has been a busy time of year for the Rockin' Cavaligners. Just a few weeks before GRC, Class President Stephen Denny traveled to Philadelphia to draft our newest 9 members in proper NBA style with draft-day hats and David Galler-autographed basketballs. Joining our group from all over the Northeast, these 9 doctors represent many different stages of life,

practice settings, and career goals, but one thing they all have in common: a desire to use their newly acquired Reingage skills to dominate the competition in true Gallerite style. We can't wait to see what they can accomplish and are thrilled to have them on the team!



In case you haven't already heard, GRC was a huge success. It was great to see so many people from our class there. I was particularly proud of Jason Watts, who gave an amazing lecture!

Can't wait till next year; looking forward to bringing home the Galler Cup with you all.



Shift Happens returned to our original home as a class in Las Vegas. As usual, we came in big numbers. It was a great opportunity for us to learn and share with each other. Almost all of our new members were there, including 2 more Las Vegas locals, Ji Loh and Michelle Farnoush. One of our veterans, Angel Zamora, was a speaker and was in the exhibit hall for her company iDentafy. Palmi Testa proved again to be the Gallerite photographer and produced a video that went viral on

WhatsApp. We missed a few members, such as Tony Bare, who is on a mission trip in Guatemala. We will be back next year to claim our Cup!



There couldn't have been many better ways to celebrate the fifth anniversary of Str8up than being together as a group for GRC 2019. Our newest group members met and mingled with original members. Everyone had a great time, visiting with old friends and meeting new ones!

After missing out on a second Galler Cup this year, team Str8up, with the knowledge and boost from GRC, is looking to be a winner at next year's event.

Congratulations to Maria Kravjanski on her son's graduation from the kinesiology program at Western University; also, best wishes for a speedy recovery from her recent hand surgery.

Congratulations to Sobe Manku and his wife Monica, who are expecting their first baby this fall!



This July, Straight Outta Brackets had an amazing time at GRC II in Vegas. New members from February's Costa Mesa Reingage course met and mingled with the original Straight Outta Brackets members. After a long day of some of the best CE there is, we loved socializing at the beach theme party on top of the Stratosphere. Several of us had the time of our lives riding a few of the roller coasters! Although we didn't win the Cup this year, I'm sure we were close ;) We are already pedal to the metal in the chase for next year's Cup!





SuperCarlsBad members had an awesome time reconnecting and being introduced to new team members at GRC. In total, we had 21 doctors come to Las Vegas! During the banquet, Dr. Mahnaz Baghaei was recognized as the Top Doc of our class for her total number of cases, while Dr. Kristen Ritzau got a (small) taste of the spotlight, being featured in Dr. Galler's latest film production, the "WhatsApp Parody." In all, it was a great time of learning and fellowship with great friends.

Our members are also doing great things personally and for their patients. Drs. Kristin Wade and Uyen Thompson received their Fellowship (FAGD) Awards at the annual AGD meeting in July—congrats, ladies! In June, Dr. Erin Cherry's team hosted a breakfast event for over 200 people. Both Dr. Wade's and Dr. Ritzau's offices held Patient Appreciation events by hosting private movie screenings for their patients at the premieres of *Men in Black* and *The Lion King*, respectively. So much fun! Thank you for sharing the fun ways you go above and beyond in your practices.



June was all about the Gallerite Reingage Convention. The biggest dental convention of 2019 was back, bigger and better than ever. Sweet Caralign had a huge presence in the convention, with a record number of attendees representing the group. At the awards dinner, several Sweet Caraligners were honored for their excellent achievements during the last 6 months, including Drs. Mark Anderson, Luis Camacho, and Clayton Cummings. Sweet Caralign did fall short of the elusive Galler Cup, but the team is ready to make a push for next year's Cup. After a very fun Friday evening in the Stratosphere, a bunch of Sweet Caraligners stayed the weekend to attend the day-long Digital Smile Design App course. Caraligners learned the DSD principles and how to apply them while using the iOS DSD app, as taught by fellow Gallerites Dr. Karla Soto and Dr. Sheena Sood.

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The Toronto Blue Trays' camaraderie rang loud and true at GRC, with an amazing turnout and fun-filled evenings leading up to the unforgettable Stratosphere party. So proud of all the continued love and support Blue Trays show for one another—especially toward our newest members. And, a special shout-out to Joan and Tracy for your ClinCheck reviews and amazing life advice and encouragement. This Is Our Time, Blue Trays... it's our time to shine, especially since we have the NBA Championship behind us! WE THE NORTH!

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Tri State Tippers have many things to celebrate this quarter, including graduations! Dr. Robin Lucas's daughter Fallon graduated eighth grade; Dr. Dori Katz's son Jason graduated high school and is going to Dyson School of Business at Cornell. And Dr. Elisa Nelson's son Jacob graduated from Brooklyn Law School and has a job lined up at Hughes Hubbard & Reed.

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The biggest event of the year was the second Gallerite Reunion Convention. We were very proud of our case numbers and reached Tier I for the Galler Cup; we almost made it! Dr.

Rebecca Koenigsberg and Dr. Michael Gelfand got bronze medals. Also, our very own Louis Giordano crushed it as a speaker! His lecture was "TMJ Phase 2: Case Finishing With Invisalign." Congratulations, and thanks for sharing your expertise with all Gallerites. It's truly a blessing to be part of such a wonderful dental community and family.



The last few months have been a great time for VanWow, with GRC as the highlight. We got to know each other better on our WhatsApp chat. Dr. Sheena Sood's practice qualified as the second Digital Smile Design clinic in Canada. Our Toronto members Dr. Puneet Gill, Dr. Sam Gupta, and Dr. Joseph Radice got to enjoy the glory of the Raptors win in their hometown. Dr. Sipra Gohel was unable to attend GRC as, we are pleased to announce, she is expecting twins! GRC was an amazing, busy time, and it was great for our team to get some face time and focus on the latest trends in dentistry.



One word to describe GRC 2019 for the Walker Texas Retainers is WOW. Just WOW. Members of the WTRs started over 1,000 cases in Q1 and Q2 of 2019. WOW. With more than 20 Walker Texas Retainers present in Las Vegas, we took the stage to claim the Galler Cup/ Division 1. WOW. Several doctors in the group were recognized as 2019 Reingage Top Doctors. Dr. Dave Chiu and Dr. Adam Fienman were bronze medal winners, Dr. Rekha Reddy took home a silver medal, and Dr. Viraj Patel and Dr. Katie Beach were both gold medal winners. WOW.

Everyone in attendance at GRC left feeling reenergized with new information and techniques to implement in their practices immediately. JUST WOW!



Wicked Straight enjoyed some downtime and a chance to reconnect with one another in Las Vegas at GRC 2019! Our class was representing Boston, Texas, and North Carolina, to mention just a few states. And we all heard so many good comments about the quality of the lectures and the accommodation.

We've really become a very close group. I've seen the change in the focus of our class from doing better ClinChecks to what is working: what business systems to use, and so on.

It's my honor to lead a group of sick smart and skilled doctors and friends.



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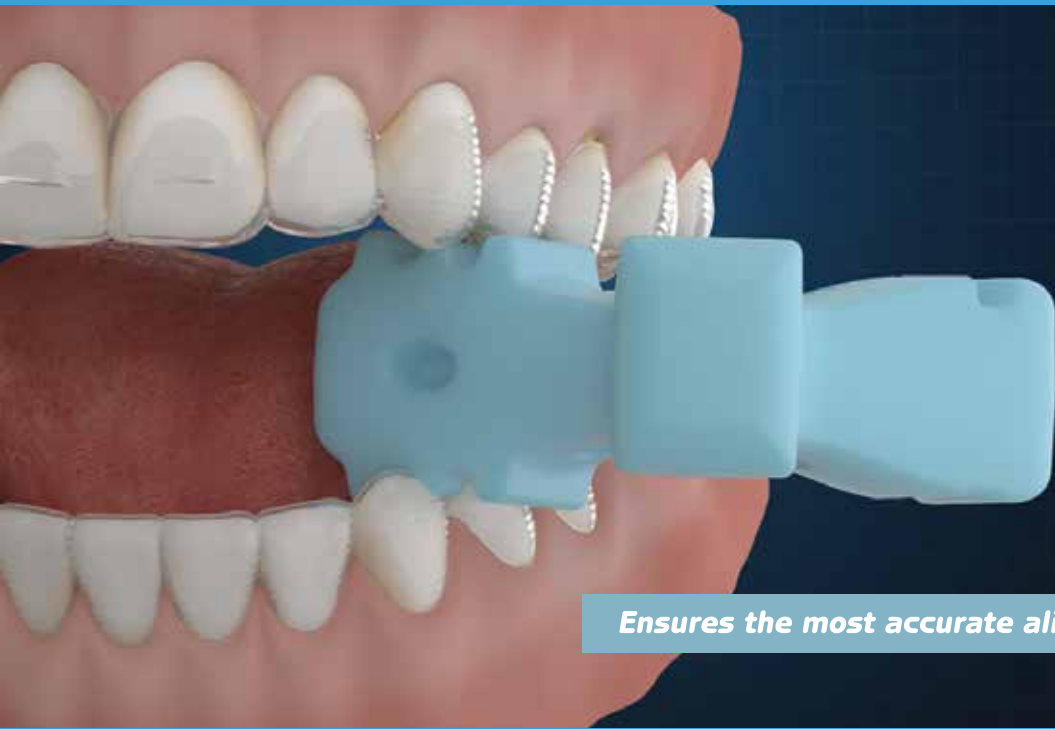
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