

# the Journal

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## Editorial

### Do It Yourself

Sit down with a group of AACA members, and one controversial topic is guaranteed to come up.

Our dentists are upset to learn that SmileDirectClub has treated over 600,000 patients, and they worry about the potential for harm to our patients and to our profession.

There have been over 1200 patient complaints filed with the Better Business Bureau.

Is anyone trying to do anything about the problem?

The Summer 2019 edition of our *Journal* featured the American Dental Association's complaint to the Federal Trade Commission over SmileDirectClub, L.L.C.'s marketing and direct-to-consumer sales of plastic teeth aligners.

In this issue, readers will learn about:

1. The governor's signing of a bill, proposed by the California Dental Association, "protecting patients who undergo direct-to-consumer orthodontic treatment." Could this be the model for other state dental associations to emulate?
2. An investigative report in the *New York Post*, discussing how "At-home invisible teeth aligners could come back to bite you." Will consumers heed these warnings?
3. Financial reports about SmileDirectClub's initial public offering of stock that subsequently plunged 28% on the first day of trading. Is the company's business model actually viable and sustainable?

If any patients report difficulties with SmileDirectClub, you may wish to refer them to attorney Rick Stone: [rstonesq@aol.com](mailto:rstonesq@aol.com).

Dr. Jeffrey Galler  
Editor



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# the Journal

American Academy of Clear Aligners

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Member Publication  
**AADEJ**  
American Association of Dental Editors & Journalists

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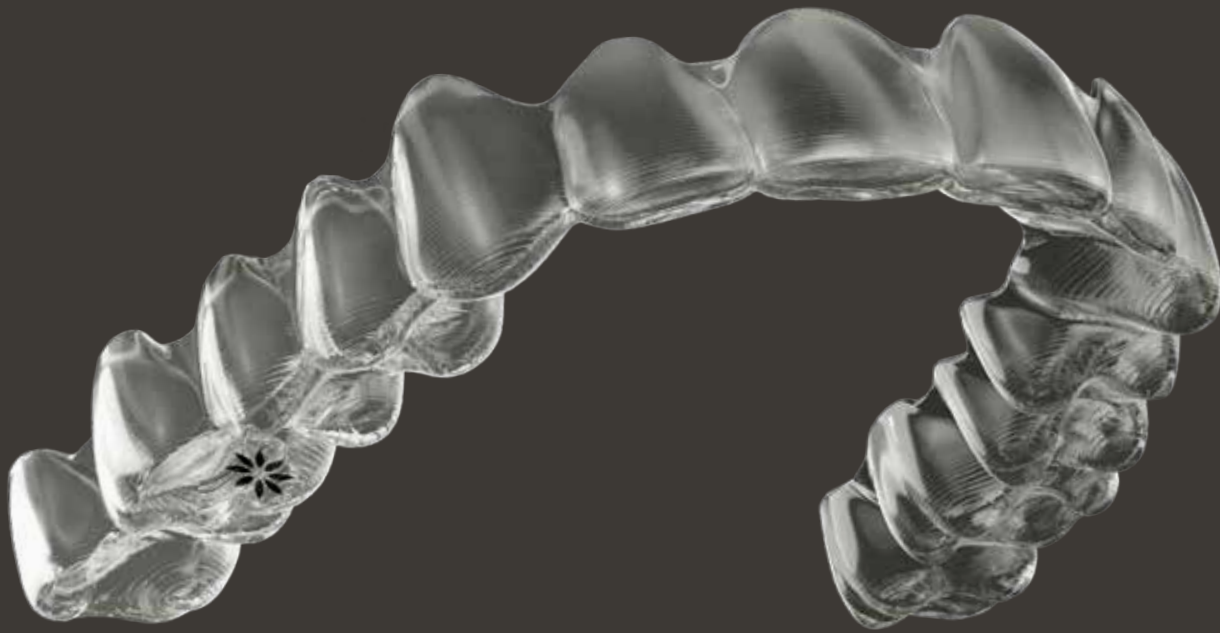
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# AACA Tidbits

## Welcome New AACA Board Members

Dental support organizations are becoming a popular option for dental school graduates and patients. We are excited to announce the addition of 3 amazing, new AACA board members from Aspen Dental, the largest branded dental support organization in the world. Drs. Keen, Losier, and Oakes have become major players in the Invisalign GP landscape in the past 12 months and will add valuable insight and experience to our Academy.



### Dr. Ashley Keen

Born in Philadelphia, Pennsylvania, Dr. Ashley Keen became a Florida girl at the age of 10. She attended the University of Miami, where she met her husband Andrew. She then earned her DDS from the Louisiana State University School of Dentistry. At LSU, she was a member of the Kells Honor Society and was awarded the Allan P. Rappold Award for Excellence in Operative Dentistry, the Pankey Institute Scholarship, and the American Academy of Implant Dentistry Certificate of Recognition.

Dr. Keen moved back to Florida after dental school and joined Aspen Dental in its Sun City location. She quickly became a partner in the practice. She was recognized and credentialed as a Fellow in the

International Congress of Oral Implantologists. In 2017 she was recognized as "Mentor of the Year" for Aspen Dental.

In 2018, she and Andrew welcomed their precious baby girl Paisley. When not at work, Dr. Keen enjoys spending time with her family and friends, going to 'Canes football games, playing soccer, and appreciating the beautiful Florida sunshine.



### Dr. Kurt Losier

After graduating summa cum laude from Ball State University in 2004, Dr. Kurt Losier attended the Indiana University School of Dentistry, and graduated in 2008. He is now the proud owner of 9 Aspen Dental offices in north central and northeastern Indiana, where he is the leading Invisalign provider in the Aspen Dental Nation. His primary focus is on implant and Clear Aligner dentistry. He is a member of the American Dental Association, an active board member in the Isaac Knapp District Dental Society, and an active member in the American Academy of Clear Aligners.

When not working, he loves spending time with his wife, Jennifer, and with his "crazy kiddos, Jaxon and Juliana." He and his wife enjoy competitive ballroom dancing, all things related to Disney World, reality television, and wine collecting.



### Dr. Nathan Oakes

Dr. Oakes is a native of Portland, Maine, and in local dialect is described as "wicked good." After graduating from the University of Maine in 2008, he attended Tufts University School of Dental Medicine. In 2013, Dr. Oakes returned to Portland and began honing his skills in order to help patients get optimum care. Currently, Dr. Oakes and his wife, Dr. Laura Oakes, own and run 3 highly active Aspen Dental offices in southern Maine.

With the birth of their son, Landon, in 2019, they are learning how to balance work, life, and family. The Oakes were awarded with the Aspen Walk the Talk award for their leadership in fostering a positive culture of pride and commitment to education in their offices.

When Dr. Oakes is not working, he is playing golf, snowboarding, or discovering culturally acceptable ways of acting like a child in public by living vicariously through his son's new experiences.

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# Case Reports

## Clear Aligner Treatment Instead of Orthognathic Surgery for a Skeletal Class III

by Jamie Mellert Houck, DDS



Dr. Jamie Mellert Houck is a fourth-generation dentist who practices general dentistry in Torrance, California. She is a graduate of the University of Southern California School of Dentistry, class of 2016, and is on the Board of Directors of the AACA. Outside of dentistry, she loves spending time with her husband and 1-year-old daughter.

### Abstract

Many skeletal Class III patients are reluctant to have orthognathic surgery for the ideal orthodontic finish. In many cases, even without surgery it is nevertheless possible to provide a better functional and esthetic result either with standard brackets and wires or with Clear Aligner orthodontic treatment. Important treatment planning goals include assessing soft-tissue relationships and adaptations in both the lips and face as well as in the gingiva, improving functional occlusion (recognizing that ideal occlusion is not always possible given certain constraints), and preventing injury to the tissue surrounding the TMJ. This case study outlines the orthodontic treatment of a Class III malocclusion patient whose lack of posterior occlusion led to numerous dental and medical issues. Invisalign was used as the orthodontic treatment, with acceleration using EOCA Munchies.

It is commonly recommended that clinicians avoid providing dental treatment to family, but after consulting with several orthodontists who would treat my husband's case only after orthognathic surgery, and knowing that was something he did not want to endure, I decided to take on the challenge of correcting his bite through Invisalign treatment to give him improvement and relief of his symptoms.

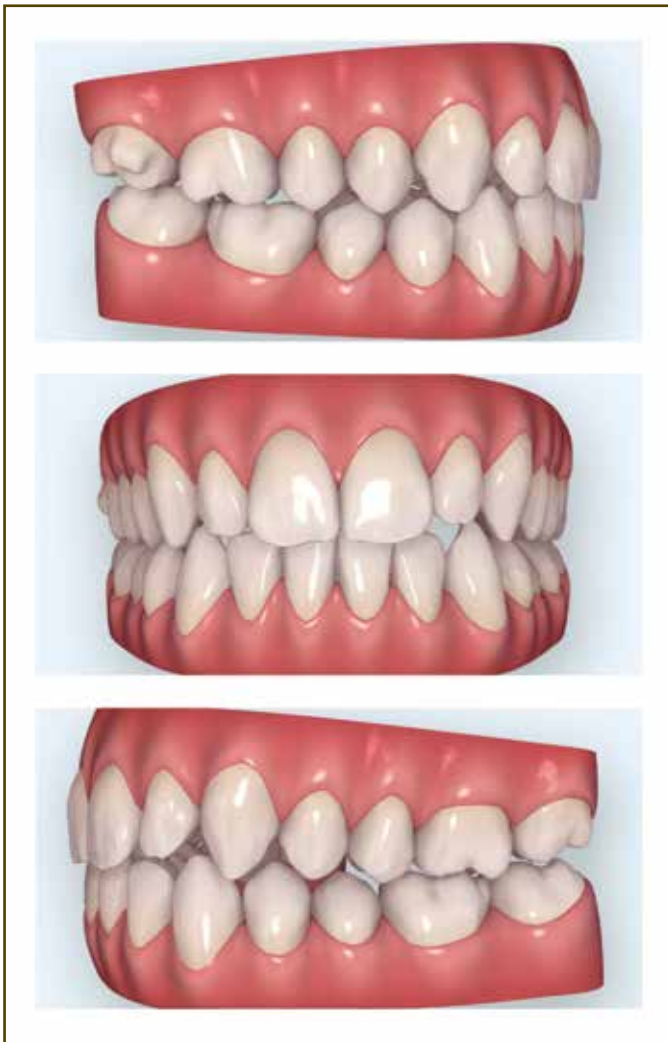


**Figure 1:** patient's initial occlusion showing primary contacts at teeth #8 and #26, with bilateral open bite and Class III relationship.





**Figure 2:** initial ClinCheck showing proposed IPR. Ultimately, 0.2 mm of IPR was completed from canine to canine.



**Figure 3:** mid-treatment scan showing improvement in occlusion and change in molar and canine relationship.

My husband, Tim, had bracket-and-wire orthodontics completed as a young preteen, and like many boys, he hit puberty as a late teen. This left him in his early twenties with straight teeth, but with a Class III malocclusion, complete posterior open bite, and his main contacts on the incisors of

teeth #8 and #26. This lack of occlusion led to problems with gastric reflux, TMD, difficulty chewing, heartburn, recession on upper anteriors, and chipping and wear on his anterior teeth. This lack of occlusion even landed Tim in the E.R. for an emergency procedure in the middle of the night to treat "Steakhouse Syndrome" (a large bolus of food stuck in the lower esophagus) which was a result of his not being able to chew his carne asada taco. As his wife, I was eager to help provide some improvement in his occlusion.

### Treatment goals

The most urgent goal for this dental treatment was to give the patient a better functional occlusion, recognizing that the ideal occlusion is not always possible considering skeletal and dental constraints. I wanted the patient to be able to chew food thoroughly, preventing further gastric issues. As well, I wanted to diminish his TMD symptoms by preventing injury to the tissue surrounding the TMJ.

In addition to providing functional occlusion, another goal was to improve the soft-tissue relationships and adaptations, in both the lips and the face as well as in the gingiva. The patient has a skeletal maxillary insufficiency and mild prognathism. This presented in protrusion of the lower lip and appearance of a long face due to dental interferences preventing him from closing further. He also had gingival recession of the maxillary centrals and canines, most likely due to traumatic occlusion and lack of posterior occlusion.

Lastly, the esthetic goals included improving the significant maxillary cant, broadening the patient's smile in the buccal corridor, decreasing his gummy smile, and giving him proper overjet and overbite. Composite bonding was planned at the end of the treatment to improve the size and shape of the narrow lateral incisors (**Figure 1**).

This patient is a residential realtor and spends much of his time face to face with his clients. For this reason, Invisalign was the ideal treatment modality for him, as it would not affect his professional or social life.

### ClinChecks

The initial ClinCheck (**Figure 2**) for this patient was set up with 0.2 mm of IPR from mandibular canine to canine, with 0.3 mm of space planned distal to the maxillary laterals to allow for cosmetic bonding later. The velocity for each aligner was set to 0.2 mm, and the patient was instructed to change aligners at 7-day intervals. The patient was very compliant through this initial set of aligners, and we achieved mild anterior proclination of the maxillary incisors and uprighting of the maxillary premolars, as well as the initial leveling of the occlusal plane by intruding the upper right posteriors. At 2.5 months, I scanned the patient for a midcourse correction, as we had some unintended intrusion of tooth #23 that I wanted to get back on track.

The next ClinCheck was set up with similar goals to the first, although this time it included Class III elastics to help with some



**Figure 4:** occlusion after Invisalign treatment, including finishing bonding to enhance final shape of upper anteriors.

of the anterior-posterior (A-P) correction. Class III elastics were worn for 4 weeks full time on the left side and for a total of 10 weeks at night bilaterally while sleeping, resulting in significant improvement to the molar and canine relationship, especially on the left side. The patient continued with these aligners for 4 months.

At the beginning of the next refinement (**Figure 3**), the patient presented with Class I relationship and intercuspation on the right side, Class I relationship on the left side with open bite and anterior interference by the canine, 3 mm overbite, 2 mm overjet, and improved leveling of the maxillary cant. We were starting to see great improvement of the patient's occlusion and autorotation of the mandible as the bite was closing up.

Throughout the remainder of aligner therapy, the inclination of both maxillary and mandibular incisors was improved through proclination and torque (with the assistance of power ridges). Box elastics were worn over the aligners from upper left canine and first premolar to lower left second premolar and first molar for a span of 2 weeks, with the goal of closing the unilateral open bite and continuing to improve the A-P relationship.



**Figure 5:** lateral photograph showing changes in upper lip support and appearance of prognathism.



**Figure 6:** before and after smile photos showing correction of maxillary cant and appearance of gummy smile.

After a 9-month hiatus (see Conclusion), a final ClinCheck was created, with goals that included extruding the molars to establish posterior contacts, increasing the root torque on the upper canines to alleviate anterior interferences, and intruding the maxillary anteriors to improve the gummy smile. In this final stage, the posterior occlusion was established, and the maxillary cant was resolved.

### Finishing touches

At the end of treatment, the last aligner was cut distal to the canines, allowing the posterior occlusion to settle for 6 weeks. Treatment was completed and proper occlusion confirmed, with molar occlusion holding mylar and with anteriors dragging

mylar. Proper interproximal contacts were confirmed throughout the mouth with ideal flossing.

After orthodontic treatment was completed, mild enameloplasty was performed on the maxillary canines to improve the shape of the canines, as well as minimal occlusal adjustments to alleviate some remaining anterior interference of the maxillary canine. Composite bonding was then added to repair the incisal chip on the maxillary upper right central and improve the esthetics and shape of the distofacial aspects of the maxillary laterals (**Figure 4**).

### Conclusion

Overall, this treatment was completed in 2.5 years, including a 9-month hiatus during which my husband was gracious enough to let me put his treatment on the back burner when

I needed to focus my limited time on other patients at the end of my pregnancy and the first few months of my newborn daughter's life. Throughout his treatment, most aligners were changed at 7-day intervals, with acceleration through EOCA Munchies during the last half of treatment.

The patient has had resolution of all of his previous dental conditions, including ease of chewing; no TMJ pain; improved esthetics; better maxillary lip support with decrease in the protrusion of the lower lip (**Figure 5**); less gingiva showing at full smile (**Figure 6**); less recession on teeth #8, #9, and #11; resolution of heartburn and gastric issues; and improvement in overall esthetics. Tim is thrilled with his new smile and has an added appreciation for chewing carne asada tacos well. ■

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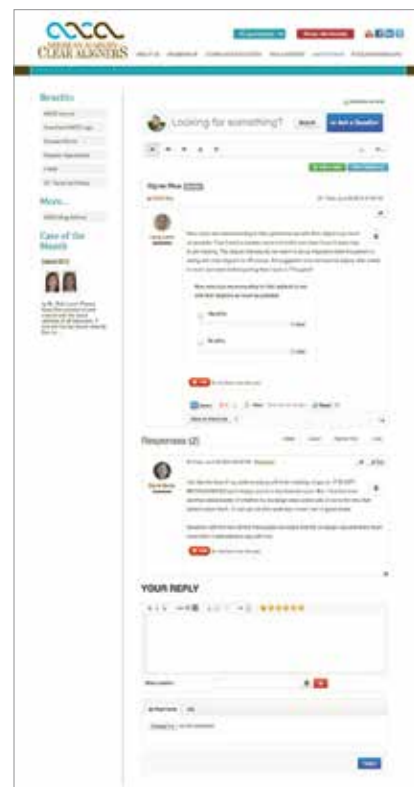
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# Crossbites and Crossroads—Using Clear Aligner Therapy to Correct a Challenging Posterior Crossbite

by Jeremy Kurtz, DDS

Jackie, a 24-year-old woman came to visit my office for Invisalign treatment. She was distraught and nervous, as she had previously been told that her case was too difficult to treat with Clear Aligner Therapy and advised to seek treatment using traditional braces. Of course, the thought of wearing braces at all at this stage of her life, and especially for an extended period of time, was unappealing.



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.

She presented with severe maxillary crowding, a narrow arch, bilateral posterior crossbite (and tooth #10 in crossbite as well), and maxillary canines that were “high” (partially blocked out, and not fully erupted)—especially tooth #6. In addition, the maxillary incisors were just covering the mandibular, creating a shallow overbite. The mandibular teeth were moderately crowded, but the mandibular incisors and tooth #27 were retroclined (**Figure 1**).

This clearly was a challenging case and not for the faint of heart. Generally, bilateral posterior crossbite can be indicative of a skeletal jaw size discrepancy that may warrant surgical intervention. Additionally, extruding teeth is not a strong suit of Clear Aligner Therapy, as the aligners are primarily “pushing” appliances rather than “pulling” appliances. Nevertheless, owing to the shape of the arch and the angle of the lingually tipped posterior teeth, I felt that this was not a skeletal issue. Therefore, I believed, by tipping the posterior teeth to their intended position and angulation (as opposed to actual expansion of the maxillary bone), we could correct the crossbite.

After further probing, I learned that the patient was a mouth breather; that was likely a contributing factor to the maxillary arch form. With regard to the maxillary canines, I advised her that auxiliary buttons and elastics might be needed to aid in extrusion. (In fact, I told her that elastics and buttons might be



**Figure 1:** pre-treatment. The patient presented with severe maxillary crowding, narrowed arch, bilateral posterior crossbite, tooth #10 in crossbite, maxillary canines that were not fully erupted, and a shallow overbite. The mandibular teeth were moderately crowded, but the mandibular incisors and tooth #27 were retroclined.

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**Figure 2:** buccal button and a lingual cutout placed on tooth #6 in order to secure an elastic.

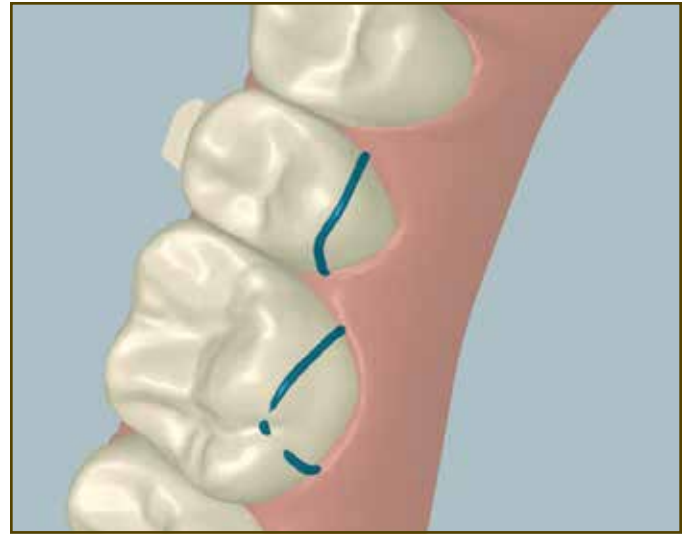
needed to help achieve posterior crossbite correction as well, but ultimately we did not have to use those.)

Even after all the above considerations, I advised the patient that this was still a challenging case and I expected it to take about 30 months, with refinement revisions along the way.

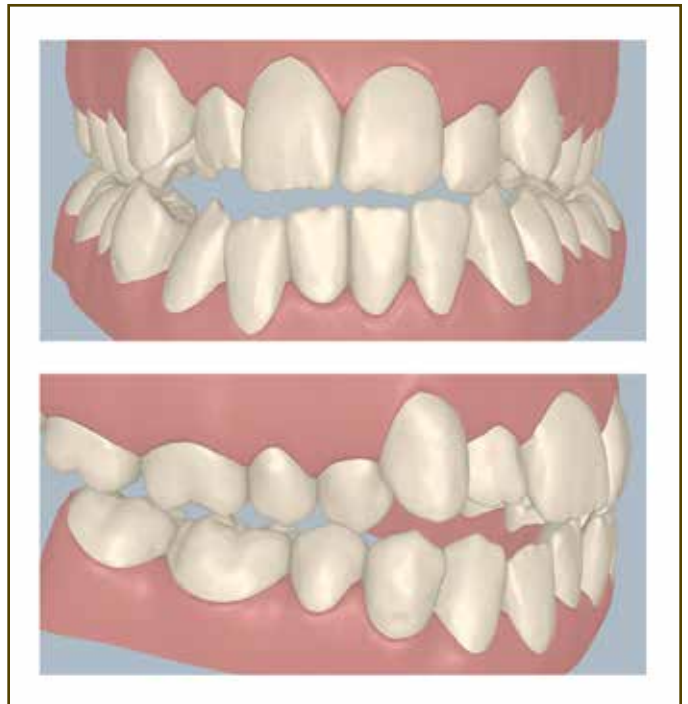
The first round comprised 37 sets of aligners, of which only 23 were used. All aligners were worn for 14 days. Even by tray 17, tooth #6 was not tracking in extrusion movement, and we installed a buccal button and a lingual cutout to secure an elastic (**Figure 2**). [We also programmed palatal cutouts on the maxillary second premolars and first molars and buccal cutouts on teeth #19 and #30, in case elastics should be needed to create additional force for crossbite correction. However, as noted above, these ultimately proved unnecessary (**Figure 3**).]

At this stage, our patient had a temporary anterior open bite, due to crossbite correction and occlusal interference of tooth #5 and the posterior right teeth (**Figure 4**). After a refinement consisting of an additional 16 sets of trays, things were looking more hopeful: the posterior left crossbite was corrected and the right side was on its way (**Figure 5**).

The final 2 refinements were of 9 and 6 sets of trays, and served mainly to extrude or pull posterior segments into tighter occlusion. The one tooth that proved to be most stubborn was the #7 lateral incisor, which did not extrude as much as we wanted. In the end, the patient was amenable to bonding the lateral incisor, which gave it an overall better appearance. (I used the Invisalign tray as a template to bond the tooth to the final position and shape that I had hoped it would reach through the operation of the clear aligners.) (**Figure 6**)



**Figure 3:** palatal cutouts on the maxillary second premolars and first molars that subsequently proved unnecessary.



**Figure 4:** after 23 aligners. The occlusion demonstrated a temporary anterior open bite, because of the crossbite correction, and occlusal interference of tooth #5 and the posterior right teeth.

The overall length of treatment was 27 months, and 54 sets of trays were used in the process. The patient was very happy with the results, as was the dentist (**Figure 7**)! ■



**Figure 5:** after a refinement consisting of an additional 16 sets of trays. The posterior left crossbite was corrected and the right side was improving.



**Figure 6:** after 2 more refinements consisting of 9 and 6 sets of trays. The posterior segments were pulled into tighter occlusion, but the #7 lateral incisor did not extrude sufficiently and was restored with bonding.



**Figure 7:** pre-treatment and post-treatment.

# Feature Article

## Diamond Tips—Managing Your Patient’s Expectations

by Randy Kunik, DDS



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.

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*“I call on my peers to exercise physician autonomy and ensure that you do your patients no harm. Technology and capitalism are no reason to sacrifice patient fidelity, and ignorance of the former is no excuse.”*

### Orthodontic opportunity

*Sizing up the market. The American Association of Orthodontists estimates that 80% of all dental patients would benefit from orthodontics; this means plenty of opportunity for dentists who wish to add this treatment to their tool set.*

With the Invisalign brand taking its place as a household name alongside Kleenex and Band-Aid, it’s now safe to assume your patients have heard about Clear Aligners. In 2017, the orthodontic market saw over \$11 billion in revenue and spent hundreds of millions on advertising pointed squarely at the consumer. With ubiquitous advertising hammering home a nonstop message about healthy, confident smiles, the chief benefits of orthodontics are well known to everyone.

### Battle lines are drawn, but not where you think.

Telemedicine startups backed by billion-dollar companies are working overtime to compete with the local dentist by offering DIY home-based orthodontic treatment. Cloaked in confusing language like “doctor-directed,” companies like SmileDirectClub (SDC) are trying to lure patients away from brick-and-mortar doctors by offering flat-rate bargain-basement pricing for aligner therapies without ever meeting the patient.

When you consider the true cost of a proper diagnosis, a thoughtful treatment plan, and lifetime patient care, it is easy to conclude that telemedicine providers are cutting corners. Some of the most obvious flaws in the SDC service model:

- Leading with a mediocre diagnosis that is likely to miss dental and periodontal disease
- Relying on an artificial intelligence (AI)–generated treatment plan
- Reducing included adjustments in order to flat-rate price the solution
- Underestimating the true cost and value of monitoring the patient and ensuring compliance

They are patients, not consumers! The practice of orthodontics is under assault from all sides. The future will be different from the present. How will your dental practice engage the patient in need of orthodontics? Your answer will definitely affect your practice’s reputation.

The promises of online-no-office-visit orthodontics will affect all brick-and-mortar dentists offering an Invisalign service. Existing orthodontic practices spend inordinate amounts of time explaining why office visits and experienced doctors play an important role in the success of Invisalign. A general dentist will also need to distinguish his or her new offering from DIY orthodontics, but from a much lessened position of strength. The first patient question is always, “How long will it take to straighten my teeth?” The second question is, “How much will it cost?” And the third question is, “How many years have you been doing Invisalign, and how many cases like mine have you treated?”



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**- Dr. David Galler, AACA President**

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## Practice integration

A successful and profitable Invisalign experience for the dentist will depend heavily on how well the service is integrated into the practice. Possibly the most overlooked aspect of introducing orthodontics into existing workflow is the amount of overhead associated with prescribing Invisalign.

The ClinCheck design software requires the practitioner to incorporate a digital workflow process that is outside even a traditional orthodontist's office procedures. To prescribe Invisalign, an orthodontist must not only learn to be proficient in controlling the ClinCheck software design system, but must also gather and share a great deal of patient information, including prescription directives, to Align Technology's lab technicians in Costa Rica.

In addition to the Invisalign dedicated workflow, the general dentist must undertake an even greater modification to office practices in order to accommodate the more frequent visits necessary to dispense treatment to an orthodontic patient.

**Who's responsible for discussing the benefits of orthodontics?** Most dentists agree that a discussion during the hygiene service makes a very effective point of sale. For this to work, the hygienist needs to be familiar with the attributes of an orthodontic opportunity and to take on the role of "Treatment Coordinator" like those found in dedicated orthodontists' offices. In previous newsletters we have discussed how important it is to accurately assess treatment complexity in the initial patient consultation, and provided visual tips to recognizing tricky cases.

There is no excuse for poor diagnostic records. Developing a personalized treatment plan, based on an accurate diagnosis and on the patient's desires, is critical for both parties' success. If your diagnosis is incorrect, or the patient doesn't perceive a significant improvement, the Invisalign experience will be less than satisfactory. Orthodontic experience is critical to accurately classifying the malocclusion. Precise management of patient information and a clear Invisalign role responsibility are key to building a confident diagnosis.

## Patient expectations

We are all familiar with the work practice of "underpromise and overdeliver": Just ask any building contractor to estimate a completion date for a project! Unfortunately for orthodontics, this phenomenon is starting to appear in the work of novice ClinCheck users.

**Invisalign rules of thumb.** Some practitioners have chosen to distill Clear Aligner orthodontics down into a few Invisalign "rules of thumb," allowing them to submit cases while maintaining only a cursory understanding of the ClinCheck design environment. An unfortunate byproduct of this case simplification is an AI-developed treatment plan that is likely overaggressive, or lacking in occlusal considerations necessary for success. The clinician then shares these overly simplified AI-generated treatment plans with the patient, inappropriately

setting expectations and setting both clinician and patient up for an Invisalign fail.

## Actions

**Is your patient's trust warranted?** How confident are you that the new orthodontic addition to your service lineup meets your existing standards of service excellence? Patients extend trust and expect fidelity. Even if unintentional, providing a less than ideal Invisalign treatment plan could impact your overall dental service reputation and risk a poor online review.

**How comprehensive is your service?** By not attending to all the patient's concerns and/or not addressing all the key orthodontic issues, the underpromising doctor suggests a less-than-comprehensive treatment plan. This can lead to more compromises. A patient deserves to know all the options before investing in a treatment and a provider.

For this reason, consider referring a patient to an orthodontist to explore treatments that might be beyond your comfort zone. Will it be too inconvenient for the patient to visit a specialist in another office? Let the patient decide that for him- or herself.

Nothing shows trust and care for a patient more than a referral to make sure the patient knows all his or her options. Offering only what you think you can do without laying out all the options available (like an experienced orthodontist), and trying to manage patient expectations by "selling" a compromised treatment plan, will often lead to buyer's remorse and a patient who is not satisfied with the end result.

**The perfect patient smile.** Invisalign's capabilities increase with the practitioner's experience. While annual meetings



Figure 1: before and after.

and vendor slide shows are full of unicorn cases, I'm here to tell you that with practice and commitment to the process, the before-and-after photos shown on the previous page can be an everyday occurrence. It all starts with a comprehensive diagnostic that includes a stable finish.

### The Only Source of Knowledge is Experience

#### What will your patients think about their experience?

Properly done orthodontics leave a patient with:

- an arch form that fits his/her face and smile while providing the best likelihood for stability, and
- an occlusion that feels good and allows the teeth to tighten back up after being loosened to accomplish the orthodontic goals.

### Acknowledgments

I would like to express my appreciation to the Austin Aligners for their warm welcome and enthusiastic forum, without which it would be considerably more difficult to share Invisalign treatment techniques with my peers.

A great resource focused more on the national audience is the AACCA, which promotes Dr. Galler's treatment methods. I recently attended the first annual AACCA conference and, while you may find the vendor enthusiasm a little overwhelming, Dr. Galler's techniques and training courses are worth investigating if you are new to orthodontics. ■



## Like this Journal?

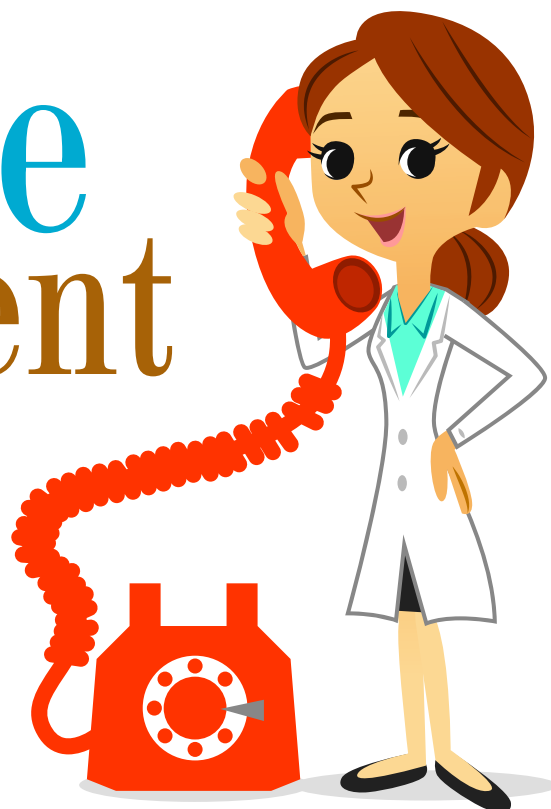
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# Practice Management



## Three Things to Do Before Quoting Fees Over the Phone

by Amy Drewery



As the lead coach for Brady Group, LLC, Amy Drewery has been coaching dentists and their teams since 1999. Amy also teaches many Brady Group events, and is a contributing writer to the Brady Group blog and training materials. The Brady Group provides customized coaching focused

on increasing your net income, and decreasing stress, by incorporating systems and personally training your team to become partners in helping you achieve your vision. Members also learn to work smarter, not harder, allowing them to accomplish much more in less time at the office.

Visit [www.bradygroupllc.com](http://www.bradygroupllc.com) for more information, or you can reach Amy directly at 800.592.7239.

If you'd like to receive Amy's complimentary electronic newsletter, just email her directly at [amy@bradygroupllc.com](mailto:amy@bradygroupllc.com) and she will get you set up!

### 1. Build the relationship.

**Connect on a personal level**—communicate with them by name. Before answering any questions at all, introduce yourself and connect by name. You may even ask for a quick call-back number in the event you lose the call; more importantly, it will make follow-up easy in the event the patient does not schedule.

**Get more information**—"Tell me more about what's going on." "It sounds like you've been told you might need a crown; tell me more about that."

**Show empathy in pain/emergency situations**—"I'm so sorry you're having to deal with this. Dr. Brady is fantastic, and I know he'll be able to make you comfortable."

**What do they know about the procedure they are asking about?**—"It sounds as if you've done your homework. Tell me

what you know about teeth whitening, and more about what you have in mind."

**Ask about the desired end result**—"Tell me what you're wanting to accomplish." "Are you looking for a long-term solution, or something shorter term/a quick fix?"

### 2. Invite them to come in for an appointment.

**Stick with the patient reservation blocks**—"We have some time set aside this week; how about Wednesday at 2 pm?"

**If appropriate, offer a no-charge quick visit to evaluate**—"I'll bet I could even talk Dr. Brady into taking a look at that tooth without charging you. We can then get more information about what you want to accomplish, and come up with a plan to proceed."

### 3. If they aren't receptive and seem intent only on fee shopping...

"Other than the fee, can you tell me what's most important to you?"

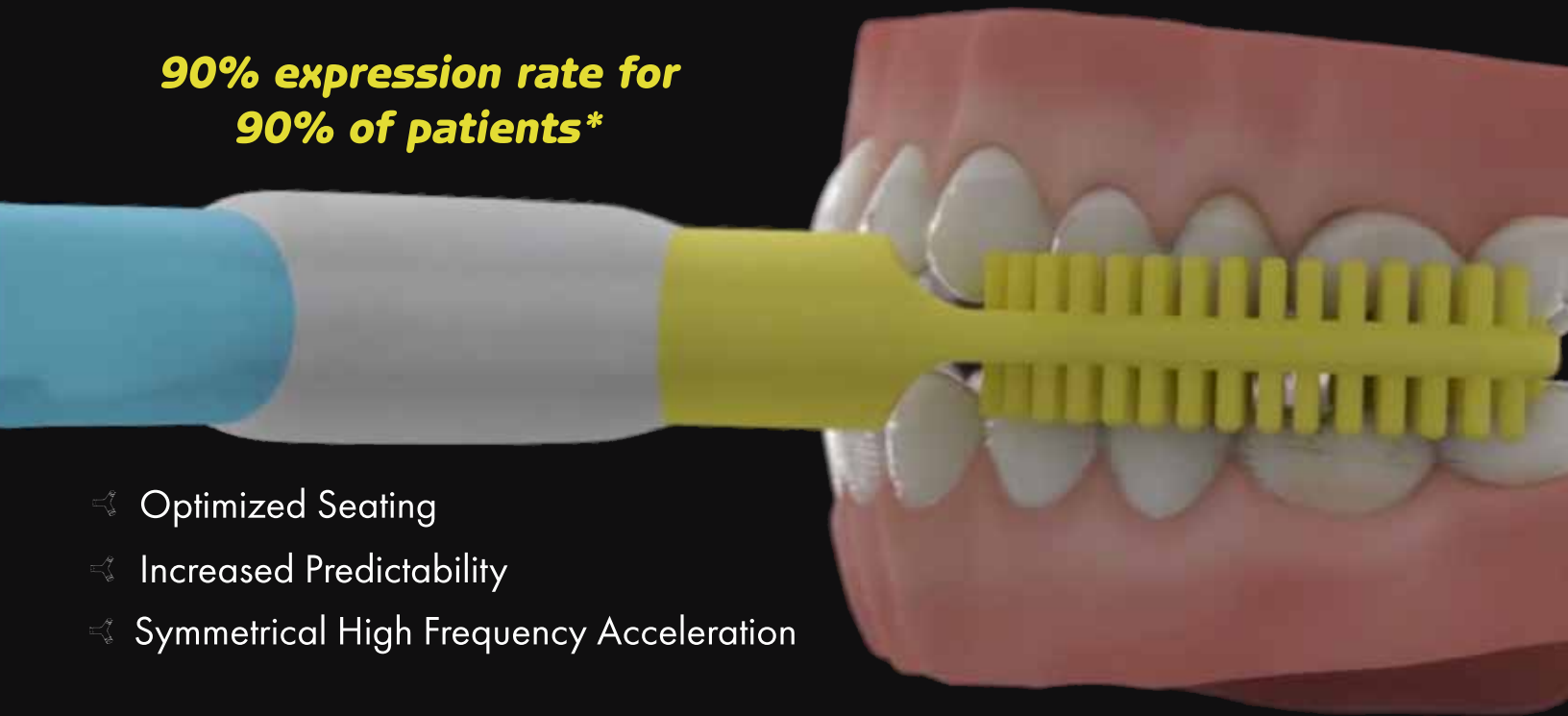
"I would love to be able to give you an accurate fee; it's just tough to do so without more information. It sounds like cost is a major factor for you. We have some great ways to help our patients with their treatment investment; would that be helpful to you?"

Remember, just because patients ask about cost, it doesn't mean they don't have the potential to be great patients in your practice. Cost is the only barometer they have for comparing you to other practices when they call you. Your goal should be to build the relationship in such a way that cost becomes secondary by the end of the call. Put the money on the shelf and focus on the person. ■

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# Industry News

**Editor's note:** The Summer 2019 edition of the *AACA Journal* featured a report on the American Dental Association's complaint to the Federal Trade Commission's (FTC) Bureau of Consumer Protection over aspects of SmileDirectClub, LLC's (SDC) marketing and direct-to-consumer sales of plastic teeth aligners.

In this issue, we present additional, important information from the American Dental Association, a lawyer who has filed a class-action lawsuit against SmileDirectClub, the *Wall Street Journal*, *Fortune*, the *New York Post*, and the *Nashville Business Journal*.

## 1. American Dental Association Press Release—October 17, 2019

[www.ada.org/en/press-room/news-releases/2019-archives/october/new-state-law-provides-telehealth-patient-protections](http://www.ada.org/en/press-room/news-releases/2019-archives/october/new-state-law-provides-telehealth-patient-protections)

### New State Law Provides Telehealth Patient Protections

**CHICAGO (Oct. 17, 2019)** — The American Dental Association (ADA) applauds a new law in California—the first of its kind in the nation—for adopting a number of specific patient-centered standards that dentists must meet when providing care via teledentistry. These standards are part of meeting the law's general requirement that teledentistry care be in parity with the care patients receive in brick and mortar dental offices.

The California law goes into effect in January 2020 and builds on a trend across the country of state laws that protect patients who choose teledentistry for their dental care.

A number of other states are in the process of passing or have passed legislation that promotes parity in the standard of care for teledentistry with in-office care:

- Massachusetts has several pending bills related to telemedicine, including bills that would define and outline the practices and protocols for healthcare providers including an "oral health provider"
- Laws in Arizona, Ohio, Oregon, South Dakota and Tennessee require that the delivery of teledentistry services is consistent with in-person delivery of care or that the teledental services comply with scope of practice laws in the state
- Statutes in Arizona, Ohio and Tennessee establish protection and security of patients' private health information

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## 2. Class-Action Lawsuit Against SmileDirectClub (YouTube video)

[youtu.be/4vHN1o8YgIM](https://youtu.be/4vHN1o8YgIM)

In Dr. Howard Farran's interview of Rick Stone, Esq., the Florida attorney discussed his class-action lawsuit filed against SmileDirectClub. He is working in conjunction with two other law firms, in Alabama and in Tennessee. (See also the item from the *Nashville Business Journal*, below.)

He explained that a class action is litigation that involves a group of people who have suffered a similar injury. This lawsuit involves two groups: dentists who provide orthodontic care, and consumers who have used the SmileDirect aligner system.

According to Mr. Stone, the usual goal of class-action lawsuits is to recover monetary damages to the injured parties and, occasionally, "to cause changes in business practices to cause them to comply with what we believe are applicable regulations and rules."

The attorney explained that the lawsuit is not a case of old-timers trying to "protect the way it always was and stifling creative innovation," and "has nothing to do with defending the status quo or with opposing innovation or challenge. Our case has to do with whether or not SmileDirect is correctly and completely representing the efficacy of their product—and whether or not, by not doing so, they are injuring customers and competitors."

Mr. Stone said that he filed the lawsuit after speaking with dozens of orthodontists, dozens of patients, and many professors in various dental schools, and carefully studying SmileDirect's public documents.

He urged dentists and patients who have information or experiences that might aid him in pursuing the case effectively, to contact him at [rstoneesq@aol.com](mailto:rstoneesq@aol.com).

The Florida-based attorney felt that the complaint that he filed "lays out a strong case with respect to misrepresentations made by SmileDirect, with respect to the description of their product and its efficacy, and with respect to whether or not they have obtained proper FDA approval, not of the product itself, but of their marketing and distribution of their product."

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### **3. *Wall Street Journal*—October 18, 2019**

[www.wsj.com/articles/smiledirectclub-shares-hit-low-after-california-bill-11571087051](http://www.wsj.com/articles/smiledirectclub-shares-hit-low-after-california-bill-11571087051)

#### **SmileDirectClub Shares Hit Low After California Bill**

Legislation includes language threatening to make it tougher for teeth-straightening startup to sell in the state

"Shares of SmileDirectClub Inc. fell nearly 13% Monday and hit their lowest point ever after legislation was signed in California that includes language threatening to make it tougher for the state's residents to buy from the teeth-straightening startup."

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### **4. *Fortune*—October 18, 2019**

[fortune.com/2019/10/18/smiledirectclub-hit-with-costly-dentist-bill-shares-new-low/](http://fortune.com/2019/10/18/smiledirectclub-hit-with-costly-dentist-bill-shares-new-low/)

#### **SmileDirectClub Gets Hit With a Costly Dentist Bill, Shares Tumble to New Low**

"For SmileDirectClub shareholders, there hasn't been much to smile about lately. Last month, the so-called teledentistry company went public, and got its proverbial teeth knocked in. It was one of the worst stock market debuts of the past decade."

The article went on to comment that this setback is "only the most recent financial setback for a company valued at \$8.9 billion."

*Fortune* further reported that since its initial public offering, shares of SmileDirectClub have fallen 59.9%. Shares were offered for \$23, closed down 28% on that first day of trading, and have experienced a steady decline ever since. The most recent stock price was \$9.41.

SDC has the 11th-worst performance of any of the 120 IPOs that have been so far filed in 2019, according to IPOscoop. Wall Street remains high on the stock, despite its performance, with eight analysts issuing buy ratings as recently as the beginning of the month.

The company has yet to turn a profit, with losses exceeding \$52 million in the six months ending in June. That compares to a \$33.8 million loss in the previous year, according to its prospectus.

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### **5. *New York Post*—April 29, 2019**

[nypost.com/2019/04/29/at-home-invisible-teeth-aligners-could-come-back-to-bite-you/](http://nypost.com/2019/04/29/at-home-invisible-teeth-aligners-could-come-back-to-bite-you/)

#### **At-Home Invisible Aligners Could Come Back to Bite You**

The article quoted New York orthodontist Dr. Janet Stoess-Allen: "I've had a lot of patients—particularly millennials—who jumped on board with the do-it-yourself aligners and now are coming to my practice because they aren't happy with the results at all." Similarly, Dr. Brent Larson, director of the orthodontics division at the University of Minnesota in Minneapolis, remarked, "One of the common complaints is, 'Well, my teeth might be a little bit straighter, but I can't bite well anymore.'"

The *Post* article cited assertions by practitioners that without in-person examinations, by-mail Clear Aligner Treatment providers don't capture all the necessary data to fully assess a patient's dentition and move teeth optimally, and hence can't correct for any of a host of problems that can appear during treatment. In response, the article included rebuttals from Jeffrey Sulitzer of SmileDirectClub: "There are doctors involved at every step of the way. Our program is doctor-prescribed and doctor-directed. All this data is identical to the initial review that's performed in a traditional environment." Sulitzer added, "Orthodontists have had it great for a long time. A lot of this is—and I hate to say it—it's about protecting their market. In any disruptive environment, the

establishment pushes back and says, 'It's bad; it's unhealthy; it's dangerous.' I'm a little bit frustrated by the orthodontist community, because they seem to just be very aggressive in disparaging our model when really they don't know enough about it to do that."

#### 6. *Nashville Business Journal*—September 25, 2019

[www.bizjournals.com/nashville/news/2019/09/25/smiledirectclub-faces-lawsuit-filed-by.html](http://www.bizjournals.com/nashville/news/2019/09/25/smiledirectclub-faces-lawsuit-filed-by.html)

#### SmileDirectClub faces lawsuit filed by orthodontists, consumers

The article reported that a group of orthodontists and consumers filed a class-action suit against SmileDirectClub in Middle Tennessee U.S. District Court, accusing SDC of "misrepresentations" and of "fraudulent and deceptive practices related to the sale and marketing." The lawsuit alleges that SDC has misrepresented the range of problems it can treat, how long treatment takes, the satisfaction past customers have reported, and the company's return policy. SDC has not publicly commented on the suit because SEC rules mandate a "quiet period" immediately following an IPO. The company has previously filed and settled lawsuits of its own against groups who published critiques, including the Michigan Dental Association, Gizmodo Media Group, and a group of New York and New Jersey orthodontists who posted a video about SDC on YouTube.

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# Reingage News

## Reingage Study Club News

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



**ALIGNER  
EMPIRE**

Meet Dr. Amelia Chan, principle dentist and owner of Downtown Dentistry located in downtown Toronto. Beyond her many other distinguished accomplishments, she has been an active member of the Empire since its creation in March 2016.

In 2015, the year prior to Reingage (the course that changed everything), she started 6 Invisalign cases. This year alone, she estimates she will start over 130 cases. Earning her Platinum Status and propelling her to one of the top Invisalign GP producers in Toronto.

She attributes her incredible rise to Dr. David Galler, Empire Team support, two Element 2 5D intraoral scanners, attention to process, and her perseverance through each and every obstacle. Her exponential Invisalign growth has contributed to her entire practice restorative production as well as a dramatic increase in patient referrals. She is a true example of what any of us can achieve.

Congratulations to Amelia for her amazing success!

Michael I. Wollock, Empire President

Diamond PLUS 1%er, full general dental practice, 32 hour a week office with 5 chairs one Doctor (me) & NO associates, but an amazing Team.



The most amazing and wonderful news! The Canadian groups formerly known as VanWow and Toronto Blue Trays (as well as some dentists from the Northern Bites) have joined together to form a newer and greater team. And we are building a new relationship and history. Our new name is Align the North. We are spending time getting to know each other and building a new and wonderful logo. Many of our team enjoyed lovely vacations and took advantage of some great CE opportunities. And as our members get to better know one another, we will have more to report. Our logo isn't completely finished, but we're getting close; major thanks go to our very own Dr. Joan Chin as well as Dr. Shane Snider for suggesting the name "We the North" after the great NBA championship win for the Toronto Raptors.



Arch Madness had a very productive summer in 2019! In addition to running her busy dental practice, Dr. Hala Salama coordinated and chaired the first Egyptian Pavilion at Folklorama in Manitoba with a lot of help from her daughters. In August, Dr. Heather Clark participated in the Mission of Mercy volunteer dentistry day in her hometown of St. Joseph, Missouri. Dr. Elizabeth Clary celebrated her 40th birthday and was selected by the *Missourian* and the Washington Area Chamber of Commerce to the 2019 class of Outstanding Young Professionals. We are very

excited for Dr. James Hicks and his wife, Megan, of New Brunswick, Canada, who welcomed baby number 4 this past month. The new little Gallerite's name is Holly Patricia-Leigh Hicks. We are proud and happy to celebrate our friends' accomplishments and family milestones this year.



The Botex group has stayed busy pursuing vacations as well as professional development since GRC.

In Dallas on August 24, Sujata Basawaraj hosted a course aptly named "The Bigger Picture" for the American Society of Cosmetic Dentistry. The hands-on lecture was attended by several Gallerite participants as well as some well-known dental lecturers, such as Arun Garg. "The Bigger Picture" was nothing less than a smashing success. Sujata continued her busy time as the U.S. chair for the European Society of Cosmetic Dentistry at a conference in St. Petersburg, Russia.

Dr. Nick Cobb earned Diplomate status in the International Dental Implant Association in September. Other Botexers enjoyed great relaxing summer trips; Tommy Reed went fishing in Alaska at the Baranof Wilderness Lodge.

As a group, we look forward to more exciting events ahead.



Continuing Education is the backbone of this amazing group. Over the past several months, many of our members have met up at LBV Education's center, and also for a photography course in Bethesda. This group is amazing because of its unifying passion for learning, dentistry, and camaraderie. Learning together helps us all grow as a group as well as individual

practitioners. As dentists, we all know there are stresses, both physical and mental, that we face on a continual basis. Dentistry is not easy. The goal is to make the reward worth all the

effort: being able to help our patients. Another beauty of our profession is the freedom it allows us to have with family. Albert was recently in France with his family, enjoying some time away from the office! As we head into winter, everyone continue to work hard and play hard. Let's finish the year strong!



The last few months since GRC have flown by! The Capone Correctors are growing closer and closer as a family. I can confidently say that anytime a member needs to vent or has a clinical question, we are all there to help within hours.

Our team members have been going through a lot of changes.

Recently, the lovely Allie Kudish from Connecticut welcomed her baby girl, Ettiene Loring Grave. Our president, Bianca Boji, is expecting her second baby girl in January. A few of

our members have purchased their first iTero. Ian has purchased a new practice located much closer to home. Lots of changes and lots of growth all around. In the photo at left, our member Ian's staff is doing some iTero training. Looking forward to the end-of-the-year rush!



Dr. Khalil joined Chicago Style Deep Bite in May 2019; he had witnessed the force of AACA members at the Align GP Summit in Washington, D.C., the year before, and instantly knew he needed to be a part of this group. Dr. Khalil has been an amazing addition to our team, already advising and mentoring younger members with cases and office management. Proving the “magic” of Dr. Galler’s Reingage course, Dr. Khalil has increased his Invisalign case acceptance by 33% since joining CSDB and the AACA.

Dr. Khalil has been practicing in northwest Virginia since 2003, specializing in multidisciplinary cases and overseeing all aspects of care from start to finish.

Dr. Khalil has three beautiful children: Christopher (9), Michael (6), and Elena (4). He also visits family in Lebanon each year. We are so proud to have Dr. Khalil as one of our own!



The summer season for the ClinCheck Cartel family always brings great travel and family fun time.

This summer was no exception. The Cartel members traveled to all parts of the world, including Greece, Turkey, and of course Disney World in Orlando.

In addition to enjoying the sights, the Cartel also obtained some CE benefits, making the experiences even more worthwhile. And wherever the location, there was always family there to join in on the fun and pleasures of travel.

The ClinCheck Cartel hopes that everyone has had a great summer; best wishes for a spectacular fall season!



After a fantastic reunion at GRC, The Empire Too has been working and playing hard this summer. We are excited to have our newest members invigorating our group and adding to our overall passion in providing our patients with the very best care. We’ve had members traveling the country to learn more about Bioclear and mastering ClinChecks as well as all other phases of Invisalign and general dentistry. And we are anxiously anticipating the AACA’s next CE event in Portland, Oregon. We want to wish our very own Dr. Susan Levine a big “congratulations” on the wedding of her son.



Summer was a great time for Ghosts of POB. After GRC in Vegas, our Ghosts focused on their individual educational growth, attending as many CE opportunities as possible. Our Puerto Rico Gallerites led in the training department, using their well-established Study Club to excellent advantage. Two relevant

events happened last month: (1) Dr. Carlos Beltran and Dr. Maria Umpierre held a grand opening for their new state-of-the-art office in Puerto Rico; we wish them the best of luck in their new venture. (2) We celebrated our second Ghosts of POB anniversary. Thank you, Dr. Galler! We not only worked hard during the last months, but we also traveled and enjoyed our vacations. Dr. Valiente and family toured throughout Europe and Morocco; Dr. Luis Camacho and his wife celebrated anniversary #30 with a trip to Turkey. Go Ghosts!



Golden Gate Straight has been really busy since returning from GRC. We've completed many cases and we've implemented much of what we learned from GRC. Several Golden Gate Straights spent the summer traveling to Hawaii, Alaska, Colorado, Washington, D.C., and the Philippines. Some of us are meeting in Portland at the next

AACA event and cannot wait to see one another again. With the temperatures lowering and days getting shorter, it's time for us to buckle down and get ready for the holiday rush while we continue to ring those bells.



After an amazing GRC Convention, Hells Aligners have been working hard all summer and looking forward to this busy fall!

The next big event is an AACA meeting that will take place at our own Scott Methven's family winery in McMinnville, Oregon, the second week in October. Other Hells Aligners in attendance will include John Bunkers, Michael Huguet, Drue Pickens, Glenn

Keryluk, Hema Pombra, and Frances Yankie. I'm happy to report a brief Paul Phillips sighting at the UOP reception at the University of the Pacific during the ADA convention in northern California in early September. I also look forward to catching up with John Nelsen in Chico the first week of October. Happy Fall, Hells Aligners!



The Hotlanta Stripperz ended summer ready to finish 2019 with a bang! Striving for excellence and always improving, we are constantly finding ways to use our knowledge and expertise to change the lives of patients we see every day.

Utilizing the skills we have learned over the years through Reingage and in Vegas at GRC, we are transforming people into better versions of themselves, giving them confidence, happiness, and pride. The proof is in the smiles we see every day. Can you believe that we do some our most impressive work with plastic aligners? How empowering it is to put your knowledge into action!

As always, we Stripperz are constantly looking for ways to expand, grow, and learn with the best opportunities we can find. That's where you'll find us...learning and growing!



It's been a hot hot hot one for the Drillers this summer! While not all of our members are from Texas or even the south, that's where we were formed, and it's been blistering in H-Town and Texas this year. We are totally welcoming the fall, and the cooler weather and change that come with it. As we begin to close out the year, we are able to look back and be very grateful for the growth and additions we have had this year.

We added wonderful new Drillers to our team from Houston Reingage 2.0, and had internal additions as well. Special congratulations to Tom Gent for welcoming Beau into the world,

congrats to Susan Ellison for the new feline additions to her family, and a Happy Birthday shout-out to the one and only Troy Moore for turning the big 5-0. May you have 50 more!



Invisalandia remains connected and inspired following the summer season and the Gallerite Reunion. One of our active members, Dr. Chelsea Mortell Petisme, has been traveling the world with her husband and almost-6-month-old beautiful girl. Dr. Petisme owns 4 dental practices, mentoring and employing many associate dentists. She is not only an active Gallerite, but also an active member of the

Academy of R. V. Tucker Study Club and the highly sought-after Seattle Study Club, and a Spear Institute member. Her favorite part of dentistry is Invisalign, and more recently she

states that mentoring her associate doctors in Invisalign has become the best part of her job. Over the summer she traveled with her family to Italy, where they spent time in Florence, Rome, Sorrento, and the Amalfi Coast. Her 6-month-old has been to more countries than most adults! We love the energy and expertise that Dr. Petisme brings to Invisalandia and are proud to have her as part of our team.



Los Aligners have had some time to come down a little from an amazing GRC2. The past three months have been all about awesome vacations; Mike Jones' beautiful photos of Carmel golf courses that have inspired major Von Bulow jealousy; and yet another imposing hurricane passing through North Carolina, testing Bethany Tant's survival instincts. Bethany also posed the Los Aligners question of the quarter when asking about bonus/incentive systems. Michele Frawley donned cap and gown on being inducted into the American College of Dentists at the ADA meeting. Los Aligners were also caught up in the excitement over transforming lives early with Healthy Start.

Los Aligners were also caught up in the excitement over transforming lives early with Healthy Start.



The summer months were filled with great memories as Mass Spikes celebrated milestones and enjoyed much-needed family time.

Dr. Chrystle Cu and team celebrated reaching Gold Plus from "forever Silver." Many congrats!

Dr. Keith Hollinger shared delicious fried crab claws and great times with 40+ family members at their annual family reunion in Orange Beach, Alabama.

Dr. Terry Codington celebrated a family wedding in beautiful Coeur d'Alene, Idaho.

And last but not least, our send-offs as the little ones go back to school. This is our why, our passion, our lives. Here's to a beautiful fall!



This summer was filled with so many great events for the Metroligners. College graduations: Narpal Jain's son is starting his MD/PhD program at Georgetown.

Drew's daughter got a teaching job right after graduating Penn State. Jerry Matt and his family vacationed in Vietnam, visiting his son who moved there. Mo Selim left his job as an associate and opened his own office with amazing success. The Galler Cup made a tour of our offices from Philadelphia to Connecticut, giving us an excuse to see and enjoy each other. Twelve of us attended the Galler Reunion in Vegas and had an amazing time. Drew

got to fulfill his dream of skiing in July in Chile, and got a birthday surprise of heli-skiing. Jerry Matt and Dave Nowacki had huge changes in their offices and are more successful than ever as a result! We have lived through a summer of great highs and lows and have been there for each other through it all.



The Mile High Munchies had a fabulous summer after getting together at the Gallerite Reingage Convention in June. The Munchies would all like to wish heartfelt congratulations to Dr. Lindsey Zeboski, who had a baby girl, Bria Lynn, on July 19. Congrats, Lindsey, she is beautiful! Both Dr. Steve Truong and Dr. Katie Coniglio braved Walt Disney World with their families in September and lived to tell the tale. They actually had a ton of fun! Dr. Andre Norbert went on a whirlwind tour of Europe, hitting Amsterdam, Croatia, and Paris as well. Sounds like we all better get back to work now. Congratulations also to Dr. Terry Proctor for winning Best Dental Office in Central Texas for the fourth straight year. Killing it, Terry!



It has been a quiet few months for the Motor City Movers group since the excitement of Las Vegas. The original class members from the November 2017 class in Novi, Michigan, have been growing the Invisalign part of their practices and hitting their stride. Our newer doctor

members from Baltimore (October 2018) are taking their practices to the next level, with our very own Dr. Kristin Horman hitting Diamond for the first time ever. You go, girl! And finally, our newest members from Miami Reingage (May 2019) are taking all that they have learned, implementing the new techniques and ideas in their offices, and setting goals to hit new levels, and they are well on their way. It is a fabulous group of ambitious and helpful doctors who have great things in store for their futures!



Happy Oktoberfest from the Northwest! I am excited for the new season and humbled by life and the experiences, sights, smells, and sounds of another summer. As we roll into the seasons of giving and thanks, stop and ask yourself: What have you done? What could you do? Some of my greatest personal rewards in dentistry have come from providing complimentary care to patients. When I see a patient whose life I know I can alter but for the small hurdle in the way of treatment acceptance, I make the choice of removing that hurdle and providing the treatment for nothing. If you aren't in the habit of doing this, boy, you're missing out on the best feeling there is.

The NWA team congratulates Dr. Aaron Tinkle of Portland, Oregon, on opening his new office, Belmont Family Dentistry...and bringing on his first associate, Dr. Dana Yoon. A milestone achievement for Dr. Tinkle and his family!



The summer is for GRC! Richmond Re-aligners had a great time reconnecting with classmates and hearing great talks from fellow Gallerites. The highlight may have been Wes Kandare's aplomb while plummeting hundreds of feet from the top of the Stratosphere in Las Vegas. There were also connections made as

Toussaint Crawford and Rimple Singh-Crawford caught up with Robin Pigeon in his home town of Montreal. Wes and Peter Murchie also caught up at CE closer to home.



Since drafting our newest 9 members at Philadelphia Reingage in May, the Rockin' Cavaligners have been using our regular Family Friday feature on WhatsApp to highlight individual new members. They share their bios, answers to some fun questions, and lots of life photos, enabling us all to know them a little better outside of dentistry as they are welcomed into the Rockin' Cavs and the greater AACA family.

In other big news, Cavs president Stephen Denny took the plunge into practice ownership this quarter by buying a practice in Beaver Creek, Ohio, on July 31. Overall the transition process has been smooth, and Stephen can't thank Dr. Galler enough for giving him a personal and needed push to set him on this path last December in Costa Rica at Reingage Part II. Stephen's advice, if you haven't gone to Part II in CR? Go! It may just change your life.



Where has this year gone? So much has been happening over the summer. Post-GRC energy and motivation have been awesome. Bells have been ringing almost every day! We truly feel blessed to be part of this family; can't wait to see what comes next.

On a funny note, Dr. Brian Rosenthal is now known for only starting Invisalign cases on Fridays and Saturdays!



Shift Happens is still leading the pack. We're a tight-knit group with a lot of Invisalign skill!

After the high of GRC at our home base, Las Vegas, we took that energy by storm. Our WhatsApp has bells ringing daily. Meanwhile, we're all planning to attend the next Gallerite events and leading our own!

Dr. Michele Ranta, Dr. Kylie Parrish, and Dr. Randy Voigt all host Invisalign learning events in their areas.

Our hearts go out to Dr. Angel Zamora and her son, Patrick, who each lost a significant family member. We'll give her a big hug when she joins us in Costa Rica!



With the reorganization of the Canadian-based groups, team Str8up received some new members. We are happy to have the following doctors join our team: Sylvie Beauclair, Fritz Dimitri Joseph, Greg MacKenzie, Nilou Shirzad, Ruby Bhullar, Sophie Lertruchikun, Shaheen Popatia, Lila Nabi, David Babin, Leanne

Doughty, Chuck Galambos, Giulio Spagnuolo, Mark Pasternak. Welcome to team Str8up, and we look forward to the journey together!



Straight Outta Brackets had a summer filled with vacations, family time, and bringing smiles to patients' faces. As a group, we enjoy sharing Invisalign case finishes over our WhatsApp chat. It is an encouragement to hear the stories of patients' lives changed because of the awesome skills of the doctors in our group. Our very own Dr. Maria Saguin shared a case with us recently with a beautiful result. Congrats to Maria and her patient!





The summer quarter was a busy and enjoyable one for many of our SuperCarlsBad members. We've enjoyed sharing photos of summer vacations, while also ushering in the school year with photos of our youngest ones on their first days back to school. Summer also saw two of our Super members, Dr. Uyen Thompson and Dr. Kristin Wade, receive their AGD Fellowships. Dr. Jon Reagan and his team spent a week doing dental mission work while on a trip in Belize. And Dr. Kristen Ritzau's office officially implemented

doing dental health scans on as many patients as possible, which has led to the office's best month of Invisalign starts ever in September. Thank you, Dr. Galler, for inspiring us to do more for our patients and our communities!



What separates the AACA from other organizations is that we truly are family. We share fragments of each other's lives via our WhatsApp chats, from Dr. Daniel Stockburger spending a day at the ballpark with his son, to Dr. Meenal Patel announcing her engagement to fellow Gallerite Dr. Sunil Kashyap. Most recently,

founding Sweet Caralign president Dr. Luis Camacho and his wife Marisel celebrated their 30th anniversary by touring all of Turkey, and bringing us along with countless photos of their experiences and the beautiful scenery. We all learn together through CE, but we also

grow together. If you are a Sweet Caraligner, feel free to email [emurias24@yahoo.com](mailto:emurias24@yahoo.com) for details on how to be a part of the journey via WhatsApp. If WhatsApp isn't your thing, these quarterly articles in each journal will highlight key events in the lives of your fellow Caraligners and Galler Nation as a whole.



The past quarter has been a great one, coming down from all the excitement of GRC 2019 and enjoying the summer.

Our team had a chance to learn from Dr. Nadim Kodsí and his protocols to implement iTero scanning in his practice;

this, after Align recognized his office for having the highest utilization rate for the iTero platform in the country. Go Nadim!

Also, Dr. Clarissa Moore attended a Bioclear and ClinCheck boot camp class in Tacoma, Washington. While attending, Clarissa got great training and a chance to see her fellow Gallerites and presidents.

Tri State Tippers are excited to welcome two babies on the way! Dr. Nadim Kodsí and his wife are expecting their second child in October, and Dr. Eliana Cuellar will welcome her fourth child in December.



On March 29, 2019, in Houston, Texas, the Walker Texas Retainers chapter of Reingage was expanded by 9 members. The 2019 members have been a wonderful addition to an already outstanding group. The new additions are enthusiastic and cutting-edge dentists, who do a lot of bell ringing in the WhatsApp Chat!

We would like to formally introduce the new members of the Walker Texas Retainers, pictured from top left: Dr. Walter Thames, Dr.

Stephanie Parke, Dr. Winston Faltine, Dr. Matt Hicks, Dr. Viraj Desai (Reingage 2018), Dr. Arnaud De Buyl (2018), Dr. Ashley Price, Dr. Asha Abraham, Dr. Valerie Doyle, Dr. Dave Chiu, Dr. Smita Rewari, Dr. Katie Beach (2018), Dr. Rebecca Charpentier (2018), and our fearless leader Dr. David Galler.



It's been a busy summer for Wicked Straight. Dr. Anna Berik spent the summer expanding/renovating her Newton, Massachusetts, office and adding a surgical suite.

Dr. Pless and team outlasted yet another hurricane; they also welcomed a new associate who had been a Doc Pless patient since 14 years of age.

Dr. Chang is featured celebrating Invisalign Platinum Provider success with her office. And that's Dr. Doherty showing off New England beaches and her summer reading!

And, last but not least, our own Dr. Many is "doing whatever it takes" and cheering on the Pats with her new grandchild. Congratulations to our amazing doctors and a shout-out from our Wicked Nation!



Things keep on getting BIGGER and better for our team at Wolf Nation. With a recent shake-up to the Canadian-based Gallerite groups, our family just grew in size by 34! As our blended team of former Corkscrewers, Northern Bites, Montreal Wolfpack, and Toronto Blue Trays members grows into its new identity, the incredibly diverse areas of expertise and talent these new members bring have added a new dimension of learning and fun to the mix. Dr. Chelsea Mansfield and Dr. Lindsay Flumerfelt

also contributed to our "expansion," each having given birth to her first son over the summer. Teddy Mansfield Schimmel was born July 4 and Conor Augustus Payette on August 29. Welcome to the world, little ones, and congratulations to these beautiful, hardworking, amazing mothers!

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