

Talking Cosmetics

By **Susan Elliott-Smith**, from interviews conducted by **Christine A. Hovliaras Delozier, RDH, BS, MBA**

More than just a striking smile, the latest trends in aesthetic dentistry offer patients a life-changing experience.

A doctor of divinity walked into a cosmetic dental practice. In spite of this man's great education and spiritual acumen, he was afraid to smile when he was in front of his congregation because of the gaps in his teeth. A search on the Internet revealed a practice close enough for him to consider.

He saved his money and decided to get cosmetic treatment. Eight helpful veneers on his upper and lower teeth later, the gaps closed in the man's smile. His confidence soared.

"When I put the temporaries on, and he walked into my reception area, I heard shrieks of joy and laughter – and tears – from his wife and daughter," said Mickey Bernstein, DDS. "He came back for his permanents and told me how proud he was to stand before his congregation and smile for the first time." Bernstein, the 2008-09 president of the American Academy of Cosmetic Dentistry (AACD), has many stories of this kind. The moral of each story is that cosmetic dentistry is more than aesthetic. It's life changing.

Cosmetic dentistry is not limited to a handful of specialists. According to David A. Little, DDS, "If a dentist is doing composite restorations, he is doing aesthetic dentistry." Little stated that what the dentist is not doing is demonstrating the value of restorations as an aesthetic treatment. In his opinion, dentists should show patients before-and-after photos and emphasize why procedures hold value beyond being simply aesthetic.

Many dentists, such as Larry Rosenthal, DDS, PC, found their general dentistry practices developing a cosmetic focus years before it became a trend. He knew he could do something more to make people look better.

"When we started doing porcelain veneers, we moved from bonding to a more permanent restoration," explained Rosenthal. "[At that time] patients weren't as enlightened. We had to educate every single patient about the pros and cons and long-term successes that can be done in the mouth."

Bernstein, who began a general dentistry practice 33 years ago, shared a similar point of view as Rosenthal.

"After four years of practice, I felt there was a better way to do this," he commented. After some research, Bernstein located the L.D. Pankey Institute in Miami, Fla., and borrowed

money to attend the advanced cosmetic dentistry program. "It totally changed the focus of my practice and how I approach dentistry," he commented. Cosmetic dentistry became his focus for the next 20 years, after he began a more restorative, reconstructive practice with a philosophy of master planning each case to save teeth and understand the patient's need. He later joined the AACD and was accredited in 2000.

It was an important step. Once manufacturers began the marketing campaigns for brighter smiles, every dentist had to be prepared for patient requests. According to Michael Apa, DDS, who has been in practice with Rosenthal for five years, this consumer message "has helped 100 percent with everyone's practice. It brings up awareness of dentistry. It's not about a painful experience."

Rosenthal said that most of consumer messages show dentistry's possibilities, though some over-promise on the results. "Some of these products are more apt to be sold to the consumer as a possible panacea," he commented. "They really don't work to the efficacy that the manufacturer in consumer products says they do." However, he noted that there are fewer negatives all the time, and that some products work better for one person than another.

The bottom line, said Rosenthal: "When you look better, you feel better. Patients spread that positive energy."

The Role of the Dental Hygienist

The dentists interviewed for this article all proclaimed the consultative authority of the dental hygienist. While the dental hygienist's role in performing cosmetic procedures may be limited, his or her power to recommend those treatments sometimes supersedes the dentist's.

"Patients will ask the dental hygienist more questions than the dentist," Little said. "I have enough confidence in the dental hygienists to have them initially see the patient and gather information. They are good at finding out what the patient is really interested in and building that rapport."

Carla Green, RDH, in practice with Little, investigates the level of needs even for established patients.

"The patient may not be interested right then, but by the next re-care visit, the patient may open the door [to that treatment]," she said, noting that sometimes what the patient wants and what his or her oral health needs are may not match up. It is easier to edu-



Carla Green, RDH, with a patient in the office of David A. Little, DDS

cate a patient with whom you already have a rapport.

Kathy Danko, RDH, who also works in Little's practice, added, "It is not what we want, it's what they want. [We] help them see something that they didn't know about as an option."

Rosenthal and Apa view the role of the dental hygienist in their practice, Barbara Zangrilli, RDH, as "that of another major practitioner in the practice," Rosenthal said. Zangrilli, who examines patients for everything from oral lesions or cancer to inflammation and bone loss, also gathers patient comments.

"She is the best ambassador in our practice – the patients respect her," Rosenthal continued. "We lean on her for guidance when people come in with restorations that need to be redone or potential problems. She is what I would call a dentist-dental hygienist in terms of her diagnosis."

"We are extremely fortunate to have built a practice that is known worldwide," commented Zangrilli, who has been with the practice for 15 years.

"Patients who come here basically know what they want. If a patient comes for a dental hygiene visit, I immediately establish a relationship with that patient through conversation. After reviewing x-rays with the doctors, I talk to them about what I see and how they can look better if they have cosmetic dentistry performed in this office." Rather than use traditional brochures, she uses her own experience and expertise to educate the patient about the possibilities of a healthier, more beautiful smile.

"I think it's important to build rapport with patients," Zangrilli said. Whether or not she needs the time to clean teeth, she will take that hour to build a relationship with the patient. "Then everything falls into place."

The next step is to make cosmetic services a team effort. It is not something just the dentist and the dental hygienist need to understand.

"First of all, other practices have to understand that the entire team has to be on board," advised Rosenthal. "They have to get involved. Everyone from the front desk to the patient coordinator to the dental hygienist play a major role in understanding that what we're doing is in the best interest of the patient."

Apa agreed. "A lot of our colleagues will do [a cosmetic treatment to] staff members' teeth to begin, so that the



Kathy Danko with a patient in Dr. Little's office.



Barbara Zangrilli, RDH and Larry Rosenthal, DDS, PC, with a patient

staff is excited [about the results]," he said. "It has to start internally."

Danko also emphasized the importance of staff knowledge. Staff meetings can turn into a powerful marketing tool when everyone learns about options and can present those in even a casual conversation; perhaps while setting an appointment. Staff must be able to talk intelligently about a procedure, or the patient won't consult anyone but the dentist.

"It puts us all on the same page," Danko concluded. This allows the practice to get a greater value out of the operatory, Little's team asserted. You can offer the patient a prophylaxis or a \$1,000 treatment plan that will get the patient excited about their appearance and motivate them to take the proper care of a new, great smile.

"The business office team also needs to be educated on what's going on in dentistry," said Little. "Case acceptance starts with the very

first phone call. If we don't have a great answer, we won't be able to continue the message all the way through [the practice]. Know exactly what is going on. Have everyone on your team watch a complete procedure so they understand the process and the value."

Connecting with Your Patient

How do you begin that cosmetic conversation with a patient? The dental hygienists in practice with Little use a helpful questionnaire they call The Smile Analysis, which pinpoints specific information about what patients do or don't like about their smiles.

"[It covers] whether they have ever thought about having something done," Danko explained. "It reminds them that this is the place and time to ask those questions. It starts the conversation."

Green concurred. "When the doctor comes in, the patient doesn't know what to ask or is embarrassed to ask about cosmetics or improving their looks." The smile analysis questionnaire helps the patient remember to ask.

"When asking questions, really listen to the patient," advised Green. "See where they are coming from and direct them to where they want to be."

In a general practice, these open-ended questions are key whether the first-line communicator is the dentist or the dental hygienist. Apa recommended asking patients

■ What's New in Products and Procedures?

While a sparkling white smile is the hallmark of cosmetic dentistry, it is the behind-the-scenes products and procedures that achieve that work of art. What's new in cosmetic dentistry?

Veneers: One of the hotter topics is "prepress" veneers that require little or no tooth reduction. Mickey Bernstein, DDS, noted that when veneers first emerged in the early '80s, they were designed for minimum tooth reduction. "Then we got to where there was more and more tooth reduction," he shared. "Now we have gone back to where we can make veneers look very natural with often no tooth reduction."

Digital Impressions: Digital impressions in conjunction with CAD/CAM technology have replaced, in some cases, the sticky molds everyone hates. Michael Apa, DDS, and Larry Rosenthal, DDS, use the Cadent iTero™ digital impression system, which takes a highly accurate digital impression of, for example, crown or bridge areas, eliminating the uncomfortable tray and putty impression. A scan is sent to the lab along with digital photos of what the dentists want to achieve with the patient's mouth both optically and digitally, via computer. A few days later, a corresponding restoration comes back to the office.

Waterlase: Also new is The Waterlase, a combination of laser energy and water-spray that performs a variety of dental procedures, including cavity preparation, dental caries illumination, tooth etching and a wide range of soft tissue procedures without the need to numb the patient.

Zirconium crowns: While not new, this state-of-the-art technology has come into wider usage, making it a rare occasion when metal is used in crowns and bridges.

Specialty points for safer polishing: David A. Little, DDS, utilizes specialty polishing tools on implants such as plastic or titanium tipped scalers. "We now have the rubber-tipped Cavitron instruments," he commented, adding that the dental hygiene team in his practice also use Shimmer nonabrasive polishing paste on esthetic restorations.

Less is more: While whitening has been and will continue to be a priority treatment among patients, according to Bernstein, the days of "Hollywood white" are fast retreating, as dentists steer patients to a more natural look.

Apa encourages patients and dental professionals to work with what looks best on the patient. "Everyone has to take a little more concern with their aesthetics. We have to keep it more natural," said Apa. He is against smiles with one golden proportion for all mouths and off-the-charts shades of white. He encourages practitioners to "think of every patient as a family member. Do you really want them to look like that, even if they are asking for that look?"

This "less-is-more" philosophy extends not just to end results, but also to how the procedures are performed.

"The whole key to everything we're doing is to be less invasive," said Rosenthal. "We tell [the patient] what is in their best interest. Sometimes no treatment or limited treatment is the best solution." His goal is to create long-term success with limited dentistry. "A lot of people are seeking huge solutions to problems that risk things in their mouth," Rosenthal said.

how they feel about the way their teeth look. What do they want?

Bernstein advised dental professionals to ask about specific situations they see in the patient's mouth, such as gaps between the teeth, then present options and before-and-after pictures.

"A simple statement that begins, 'have you ever thought about...?' opens the door," Bernstein said. "I think in the last year to 18 months, dentistry as a whole has become more educated as to guiding patients to the right decision."

Full-Service Practices

Patients who commit to thousands of dollars of cosmetic treatment may face months of procedures to achieve success. Many practices with a focus on aesthetics ease this burden by offering convenient care: "one-stop shopping" is a great catchphrase.

"People come to us who need everything from implants to orthodontics to surgery to periodontics," said Rosenthal of his Manhattan-based practice. "As the restorative dentists, we are the ones most responsible." Because everything on the island is close by, his team has developed close relationships with specialists. Frequently, a patient in Rosenthal and Apa's practice can have all their consultations set up for the same day.

When Little launched his San Antonio-based practice 25 years ago, there were no specialists in the area. So he built a complete specialty wing attached to his practice to offer those practitioners space to work.

"I brought the specialists to us," he said. "We offer oral surgery, endodontics, periodontics, orthodontics; every specialty of dentistry rotates through our office. We do a combined interdisciplinary care." An in-house lab technician is also available under Little's roof.

Bernstein also offers full-service aesthetic dentistry in his offices in Germantown, Tenn., near Memphis. Because his practice serves a broad population, including Arkansas, Mississippi, and all throughout Tennessee, his out-of-town patients can even make travel reservations through his Web site.

"Ninety percent of my patients come in from the Internet, and half of those come from two to three hours away," commented Bernstein. He explained that these patients look up the before-and-after photos on the Web site, and know quite a bit about the options available to improve their smile before they set foot in his offices.

Visualizing the End Results

Having a great eye and communicating your vision to manage patient perceptions are crucial to the cosmetic practice's success.

Bernstein takes patients through a four-step, smile-building process. The first time, he builds a patient's smile in his mind. He uses conversations and sketches to construct a mental image of the finished effect. The second time, he takes impressions and builds the patient's



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Two aesthetic dentistry patients in the practice of Drs. Apa and Rosenthal

tion from their patients as possible to ensure positive outcomes. They collect records from other dentists, talk with and listen to patients' expectations and objectives, take photos intra- and extra-orally, and then take impressions. Rosenthal referred to this part of the process as reviewing the "smile stage."

"The curtains are the lips, the scenery is the gums or the gingiva, and the actors are the teeth," he explained. In this analysis, he and Apa look for proportion – or where it

ideal smile out of wax. The third time, he prepares the patient's teeth, takes a template from the wax build-up and has the patient approve the provisionals (temporaries) in the mirror.

"I reshape this version until the patient is happy and I'm happy. We check the phonetics and the bite. Once we're both happy with them, we take an impression of that and send it to the lab," Bernstein explained. The fourth and final build is the fitting of the porcelain permanents that the patient will test and approve.

"That's how we ensure happy customers. That's how we bridge the gap between the patient, the ceramist and the actual outcome," Bernstein said.



Polishing laminates

Even a practice known for cosmetic procedures spends a good deal of time educating patients as to what will occur during cosmetic treatments and what outcomes to expect.

"They don't really know what's involved to get to where they want to go," Apa stated.

Rosenthal and Apa gather as much informa-



Probing around veneers

is lacking. This includes "gummy" smiles or disproportionate smile lines, where the teeth are slightly in the wrong position resulting from misaligned tissue.

"I believe the teeth are the key component to not only anti-aging but to facial aesthetics," continued Rosenthal. He will use lasers to whiten teeth or reshape the gumline. He will create mock-up composites to show the patient what he wants the tooth to look like.

The Little-Danko-Green team frequently uses the Guru patient education software from Henry Schein, which features more than 200 animations and printouts that can be sent home with the patient. Little also uses Internet and other software programs, as well as before-and-after photos of his own patients.

"We have a lot of different tools. The consultation and what we show the patient depend on that person's personality," Little commented.

Maintenance and Take-Home Care for the Cosmetic Patient

All dental practices, whether or not they offer aesthetic treatments, may be responsible for maintaining those treatments. "Handle with care" is the guiding philosophy.

"The dental hygienist, especially in an aesthetic practice, needs to know how to maintain implants and aesthetic restorations because if you use the wrong instruments or materials, you can harm the aesthetic dentistry that has been done," Little said.

Most of Rosenthal's work is porcelain, and he resists using traditional burs to shape the porcelain veneers, relying instead on silicon or non-abrasive points. Zangrilli likewise uses 15-30 micron porcelain polishing points at low

■ AACD at a Glance

Celebrating its 25th anniversary in 2008, the American Academy of Cosmetic Dentistry (AACD) is the world's largest organization for cosmetic dental professionals.

"The philosophy of the academy is that we all want to do what is in the best interest of the patients first and foremost," stated 2008-2009 President Mickey Bernstein, DDS. "It has been a misconception of the public that cosmetic dentists only want to fix teeth and make them pretty," he continued. "It is very important to the AACD that we train dentists to prepare teeth and insert restorations that are healthy to tissue, bone and proper function with the supporting structures."

What started with 60 dentists in 1984 matured to include 8,000 practitioners, educators, researchers and laboratory technicians from 70 countries worldwide. This global perspective allows AACD members to gather information from the international field of cosmetic dentistry.

"The goal is to make a global expansion this year," Bernstein commented. While the organization does not intend to become a global entity, it does want to take its brand of cosmetic dentistry to the world. Bernstein anticipated that the AACD Scientific Session to be held April 27-May 1, 2008, in Honolulu, Hawaii, would be a good platform to continue this initiative as increased attendance is expected from the countries of the Pacific Rim.

Another academy goal this year has been to offer educational opportunities online. "The way people get educated has changed," Bernstein explained. "We anticipate people will not be traveling as much in the coming year. They are going online for education."

The academy has completed two projects as a result of this. The first was to launch an e-learning program complete with a number of seminars available for credit throughout 2008 and 2009. In addition, the academy is rolling out regional meetings, the first of which will be the Two-Day AACD Scientific Session to be held this Nov. 14-15, in Knoxville, Tenn. This meeting, which will be held jointly between AACD and the regional affiliates from Tennessee, Georgia, Mississippi and Kentucky, offers a smaller meeting to which participants may drive, saving both time and money. Next year, the academy plans to host a similar regional event in California and three the following year. Eventually, the academy will launch regional meetings in Europe and Asia.

How does AACD plan to educate dental hygienists? Through future online programs similar to those already available, said Bernstein. He noted that when the academy was founded in 1984, anyone in the dental profession could be member, and it remains an equal-opportunity organization for dental professionals interested in cosmetic dentistry.

"I invite them to participate," Bernstein said. As of this year, the academy started a team advisory council, among other committees, that has a number of dental hygienists on it.

"The main reason for this is to provide data to our board of directors," said Bernstein, who wants the full picture of the dental profession without the filters that might hinder developmental planning.

A final goal that Bernstein mentioned is the expansion of the AACD Charitable Foundation (AACDCF), which supports the health, growth and development of society through the various programs administered within the organization. A continuing goal of the AACDCF is to restore the lives of domestic abuse survivors by providing dental care at no cost to the survivor through the Give Back a Smile program.

At the time of Bernstein's interview, Hurricane Ike had made landfall in Galveston and Houston, Texas. He said that the foundation, which typically helps members in the wake of natural disasters, will offer its assistance to AACD members whose practices were damaged or destroyed by the storm.

For more information on AACD, AACDCF or the Give Back a Smile program, visit the AACD Web site at www.aacd.com.

speed to go over restorations at every recall visit.

"Most of our patients have veneers or crowns," said Zangrilli, whose patients are on a three-month recall. "It's fairly standard with everybody. After they have made an investment, they want to maintain that investment." During recall visits, she uses an Enhance® cup and Luminescence® polish to bring out the luster in veneers.

"I see a difference, and the patient does as well," stated Zangrilli, who would like to see a whitening toothpaste developed specifically for veneers. Alternately for those with natural teeth, the practice offers laser whitening in the office and a tray to take home if the patient needs "sprucing up," Zangrilli continued.

"We believe that this whole thing is a partnership," Rosenthal said. "Whatever we restore, half the battle in protecting their investment is good home-care."

Danko agreed. "The patient's next question is not always about the investment, but how long is it going to last?" She teaches that maintaining cosmetic procedures is like changing the oil in your car. Simple maintenance adds up to an extended lifespan for the treatment.

Conclusion

As Little pointed out, even general dentists already offer certain cosmetic treatments. Where they fall short is in promoting the services to the patient. The dentist who fails to do this might find a regular patient turning elsewhere simply because he or she doesn't know that those services are available. Do not underestimate what the patients may want, he warned. Even denture patients want aesthetic dentistry.

"That's a whole missed area of aesthetic dentistry. You can whiten a denture patient's teeth by changing the teeth. We have better-looking teeth now. You can change that patient's life by giving them implants that give them better function," Little continued.

It is the concept of life change that keeps Bernstein excited about cosmetic dentistry. "It's not just me and my office. It's all of our AACD members across this country and in other countries. It's the media spreading the word about what cosmetic dentistry can do. People are seeing these stories and they are saying 'I didn't know this could be done.' They get

Inside Cosmetic Training: The Larry Rosenthal Institute for Aesthetic Dentistry

Where do dentists go for continuing education in cosmetics? One destination is the Larry Rosenthal Institute for Aesthetic Dentistry. Opened in November 2002, New York University (NYU) officially dedicated the Institute as a state-of-the-art training facility for practicing dentists. It was named in recognition of Larry Rosenthal, DDS, NYU class of 1972.

The institute offers continuing education in contemporary dentistry, research and patient care in current and emerging techniques in aesthetic dentistry, according to Tara J. Freese, director, Linhart Continuing Dental Education Program at New York University College of Dentistry.

"We have clinical courses every day," Freese said, adding that these courses, attended primarily by dentists in the tri-state area [New York, New Jersey and Connecticut], focus on implant dentistry, aesthetics and full-mouth reconstruction. The 8,500-square-foot institute features 16 state-of-the-art patient treatment areas, a corporate-style executive board room, a modern porcelain laboratory and a 52-seat amphitheater with global video-conferencing reach. It also includes an "operatory under glass," outfitted with multiple cameras to permit live interactive clinical demonstrations around the world.

Participants get a much better background on the role of aesthetic dentistry in total patient care, according to Rosenthal. Not only do they learn material science, techniques, procedures and diagnosis, they also develop an understanding that you can't discount aesthetics in doing traditional dentistry.

"Cosmetic dentistry is traditional dentistry. It is just raising it to a level where the patient cares what they look like," said Rosenthal. "All these levels...offer the best platform for dentists to embark upon dealing with the patient today with positive impact. Today, people seek out elective dentistry."

One clinical course in veneers draws dentists, and their specific patients, from all over the U.S., and from international countries as well, Freese reported. The program also embraces dental hygiene faculty and students who have a rotation in the clinic as part of their course studies.

In addition, the Institute provides services to the New York City patient population by providing services to those who otherwise may not be able to afford it.

"We treat on average 250 patients weekly," Freese commented. These patients receive a variety of procedures including aesthetics.

With the atmosphere of a Manhattan private dental practice, "patients...cannot believe they are walking into a dental school," concluded Rosenthal.

For more information about the institute, call 212.998.9757.

Tara Freese is the Director of the Linhart Continuing Dental Education Program at New York University College of Dentistry. She has been with NYU College of Dentistry since the inception of the Rosenthal Institute for Aesthetic Dentistry in 2002.



educated because of the media. We've evolved as a profession. It's no longer about pretty girls getting prettier but about the many stories of lives being changed," Bernstein commented.

He tells of a woman who got help from the "Give Back a Smile" program through the AACD Charitable Foundation (for more information about this program, see the AACD sidebar on page 26). This woman had endured years of physical abuse that resulted in a lot of tooth loss. Eventually, she got the courage to take her children to a shelter, which referred her to the program. Now, with a restored smile, she is a spokesperson to help others to get out of abusive relationships.

"It has changed her life," Bernstein concluded. "She can smile and stand in front of people, and she can get a better job."

Rosenthal mused that going into the dental profession in 1974, "was really viewed as probably one of the top 10 worst things you'd like to do with your life!" He laughed and then described how new technology, positive financial support, the intuitiveness and inventiveness of dentists and the desire of universities to make a major addition to the dental curriculum changed this perception into a something positive.

"And I believe that the public benefits the most from this," he concluded: "In this country, we are still the leaders out there, and we've done an amazing job with our profession. I am proud to be a dentist."

Over the past 15 years, I have seen an incredible transformation towards aesthetics in the dental industry - which goes hand-in-hand with the increased desire for aesthetics in the general public," added Zangrilli. "Due to this heightened awareness, my patients are more apt to visit our office on a regular basis. This not only benefits the patient, but our industry as well."

Danko agreed. "I feel that it's a great time to be in dentistry," she said. "We use the gift of time our patient gives us to listen and then educate. Not only are our patients being educated through us, but also by all the marketing and public awareness made available through the mass marketing of the manufacturer. From whitening toothpaste to dental implants, marketing is helping us to educate our patients about all the options that are becoming available.

"Patients of all ages are seeking treatment," Danko continued. "Whitening is not only for the young but also the young at heart 70-year-old. They are looking for something that will change their appearance, function, their self-esteem and improve their quality of life. Because of all the new technology and great advances in materials, it's just a great time to be in dentistry. We have so much more to offer our patients, and I get the privilege daily to make a difference and to change someone's life. They, in turn, can pass it on and educate someone else about the benefit of good oral health."



Michael Apa, DDS, founded New York University's (NYU) Aesthetic Dental Society in association with the American Academy of Cosmetic Dentistry (AACD) in 2000. He also completed a one-year honors program in aesthetic dentistry. He was recipient of the American Academy of Esthetic Dentistry Award and the American Association of Oral and Maxillofacial Surgeons Dental Implant Award. Apa is currently an instructor at NYU College of Dentistry for Aesthetic Advantage and teaches his technique of Facial Aesthetic Design nationally. He has been invited to lecture at the Greater New York Dental Meeting and the AACD. His other points of career distinction include being the official dentist of record for the Elite modeling agency, and he has been featured in national publications such as *W*, *Men's Vogue*, *Oprah*, *Marie Claire*, *Glamour*, *In Style*, *Redbook*, *Forbes* and the *New York Post*. He has also been featured on *Inside Edition*, *MSNBC*, *Fox 5*, *VH1* and *Extra*. Apa is a member of the American Academy of Cosmetic Dentistry, American Dental Association and Academy of General Dentistry.



Larry Rosenthal, DDS, PC, is one of the world's foremost cosmetic dentistry specialists. He received his doctorate in dental science at New York University (NYU). In 1981, he helped create the porcelain veneer and has placed over 40,000 veneer cases during his remarkable career. Those seeking smile enhancement travel from every corner of the world for Rosenthal's famous Cosmetic Smile Lift. In 2002, Rosenthal opened the Rosenthal Institute at the NYU College of Dentistry, naming his course offerings Aesthetic Advantage because of his strenuous focus on teaching postdoctoral continuing education courses dedicated to the art and science of cosmetic dentistry. In addition, Rosenthal is founder and clinical director for the Rosenthal Institute, Aesthetic Advantage and Aesthetic Advantage Continuum; the first dentist in the world presented with the Five-Star Diamond Award by the American Academy of Hospitality Sciences; an accredited member of the American Academy of Cosmetic Dentistry; board member and advisor to numerous companies and professional organizations; an international aesthetic dentistry lecturer; and contributor to numerous academic journals and mainstream publications.



Barbara Zangrilli, RDH, completed her education at New York University School of Dental Hygiene in 1993. Since then, she has been employed by the prestigious Larry Rosenthal, DDS, PC, whose practice is now widely known as The Rosenthal-Apa Group, where she is the director of dental hygiene, handling approximately 35 patients per week. Her knowledge of dentistry and patient communication is highly regarded in the practice, as shown in patient response to both aesthetic and functional treatment plans. Zangrilli also works closely with Rosenthal through his company Aesthetic Advantage, which educates dentists and their staff through hands-on courses and seminars through out the country and the world.



Mickey Bernstein, DDS, has practiced cosmetic dentistry in Germantown, Tenn., for more than years. A graduate of the University of Tennessee College of Dentistry, Bernstein has been awarded accredited member status in the American Academy of Cosmetic Dentistry (AACD) and is the 2008-09 president of the organization. In addition, he is a fellow of the Academy of General Dentistry (AGD) and is an alumnus of the L.D. Pankey Institute of Advanced Dental Education. Bernstein is also a

cofounder and past president of the Tennessee Academy of Cosmetic Dentistry, a past president of the Memphis Dental Study30 Group, and a member of the Memphis Dental Society, the Tennessee Dental Association, and the American Dental Association. He lectures to dental groups nationally on cosmetic design and understanding patients' needs.



David A. Little, DDS, graduated in 1984 from the University of Texas Health Science Center at San Antonio Dental School. In 1998, he began sharing his extensive experience and passion for advanced dental techniques with his professional colleagues, and since that time, has educated thousands of dentists around the world on advanced dental procedures and techniques through dental education workshops and clinical seminars.



Kathy Danko, RDH, graduated from the dental hygiene program at University of Texas Health Science Center at San Antonio in 1981. She has been with David Little, DDS, and his team at Professionals in Dentistry since 1989, upholding the practice's commitment to embracing new technology and methodology to improve patient oral health.



Carla Green, RDH, was among the first graduating class of hygiene students in 1978 from the University of Texas Health Science Center at San Antonio. She has been with David Little, DDS, and his team at Professionals in Dentistry since 1999, supporting the team's passion for sharing technological advances with patients to provide them with the smile they have always wanted.