The Consumer's Guide To
COSMETIC DENTISTRY

BOHLE FAMILY DENTISTRY

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Welcome to Bohle Family Dental,

A smile make-over can be life-changing. It can renew confidence and raise self-esteem. Improving your smile can enhance others’ opinion of you, help start relationships and even increase earning capacity.

While most dentists are skilled at restoring function, cosmetic excellence requires a gifted dental-artist. The term “Smile Makeover” refers to one or more cosmetic, dental or face-feature changing procedures improving the aesthetics of your smile and face.

I am pleased to provide this booklet making you aware of today's best practice standards in cosmetic dental arts. If you are unhappy with any aspect of your smile, I invite you to call my practice today to schedule a smile consultation.

Yours for a Great Smile,

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**Definition.**  
Dental bonding is a single-visit cosmetic procedure in which a tooth-colored, moldable material called composite is skillfully applied to one or more teeth, artfully sculpted and cured to improve your smile.

Composite material is made from durable acrylic resin — which after being applied, shaped and polished — can look identical to your natural teeth.

**Causes.**  
Dentists use composites to achieve results in many cosmetic procedures:

- Fill cavities
- Replace unsightly amalgam/silver fillings
- Repair chipped or broken teeth
- Reduce discoloration
- Reduce gaps (diastemas) between teeth
- Improve the shape of teeth

**Treatment Options.**
Porcelain veneers, bridges and crowns may be alternatives to cosmetic bonding. Bonding may be a solution for patients when finances are the major concern. It is important to select a dental professional who is willing to discuss alternative solutions and who has experience in cosmetic bonding. See sections on Porcelain Veneers, Bridges and Crowns for more information.

Cosmetic bonding is often less expensive than crowns or veneers and requires less chair time with the dentist. Many dentists prefer using bonding procedures for small cosmetic changes or temporary corrections. For teeth requiring more strength, bonding may not be the best solution and the dentist may recommend inlays, onlays, crowns or veneers. Composite is not as durable as porcelain veneers or crowns and is also more porous, so staining can be an issue.

The finesse required to achieve excellent bonding results is a skill requiring practice and experience. If you are considering cosmetic bonding, we invite you to call our office to view our patient portfolio.

**Procedure.**
Teeth will first be thoroughly cleaned. If your teeth have not been bleached, this should be done before moving forward. If you prefer your teeth to be whiter the dentist will choose the correct shade of composite material to match surrounding teeth and take steps to keep the area dry using cotton balls or a latex sheet. If necessary, a mild conditioning solution will be applied to the teeth adjusting the tooth’s enamel. The surface this creates allows the composite to bond securely to the tooth. The bonding material is applied to the tooth in several layers. Each layer is hardened with a high-intensity ultraviolet curing light. After the last layer has been added, the dentist will use polishing disks, stones and burrs to shape and polish the tooth. Depending on the number of teeth and surfaces being bonded, this procedure takes from 30 to 60 minutes.

**Benefits.**
- Improves self-esteem and confidence
- Great results in a short amount of time
- Relatively inexpensive

Bonded teeth do not require any special care, however, the bonding material can chip. You should avoid habits like biting fingernails or chewing on ice or other hard objects. After the procedure, your biting alignment or the edge of the bonded tooth may need minor adjustment. This is normal and quickly remedied in a follow-up visit.

The lifespan of bonding is three to 10 years, depending on several factors: oral hygiene, the surface area that was bonded and bite stress.

**Thanks to patient referrals, our practice continues to grow.**
Cosmetic Gum Reshaping

**Definition.**
Gum reshaping (gum lift or gingival re-contouring) is the sculpting of excess gum tissue to elongate small teeth and/or to create a more symmetrical gum line.

**Causes.**
Cosmetic gum reshaping provides solutions for:
- Naturally uneven gum lines
- “Gummy” smiles
- Short teeth

**Treatment Options.**
Gum reshaping procedures require the use of an electrosurge or laser to sculpt or reshape gum tissue. Wire electrodes and lasers cauterize as they cut, eliminating pain and bleeding associated with scalpels and drastically reducing the chance of infection.

A soft tissue laser (dental diode laser) uses a concentrated beam of light to vaporize high water-content tissues, such as the gums. Lasers stop bleeding and evaporate bacteria instantly. Several types of diode lasers are available including PICASSO, ezLase, DioDent Micro, Odyssey 2.4 G, GENTLERay 980 and SIROLaser.

Crown lengthening is a procedure that may be suggested as an alternative to gum reshaping. Crown lengthening exposes more natural tooth through the removal of excess gum tissue and/or bone. Crown lengthening corrects “gummy” smiles and/or exposes damaged teeth needing treatment.

Gum reshaping may be used in combination with cosmetic dental bonding, crowns or veneers as part of a “smile makeover.”

**Procedure.**
Gum reshaping is completed in one brief visit. The area of your gums to be sculpted will be marked with a special pen. The dentist will use a soft tissue laser to skillfully and precisely remove excess gum tissue, revealing more tooth surface.

Gum reshaping is a non-invasive procedure. Expect minimal discomfort and a quick recovery. Gums may be swollen for a short time, but speech, eating and drinking are not affected. The dentist may prescribe a regimen of rinsing with antibacterial mouthwash.

**Benefits.**
- Pretty gums
- A more symmetrical, appealing smile
- Improves self-esteem and confidence
- Allows your personality to reach full potential

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Quality standards of excellence are met, from reception through every aspect of patient care.
Crowns

Definition.
A crown is used to cap or completely cover damaged or decayed teeth. Crowns cover the entire visible portion of the tooth, restoring both function and appearance.

Crowns can be brushed and flossed like natural teeth. They are used to restore damaged teeth that other methods, like bonding, are unable to correct. Crowns may be used to anchor a bridge. They may also be used in conjunction with a dental implant. See sections on Cosmetic Bonding and Dental Implants for more information.

Causes.
Crowns may be used to:
- Repair a significantly decayed or damaged tooth
- Repair a fracture
- Protect a large filling or inlay
- Strengthen a tooth subjected to a root canal
- Cover a dental implant
- Improve the aesthetics of a smile

Treatment Options.
- **Metal crowns** are made from gold alloy, palladium, nickel alloy, chromium alloy or a combination of metals. Metal crowns are the strongest and most durable type of crown available. Since metal crowns are not tooth-colored, they are recommended for the back teeth.
- **All-porcelain (all-ceramic) crowns** can provide the best match to natural tooth color and are usually placed in the front of the mouth. All-porcelain and all-ceramic crowns are the most expensive type of crown because they require more skill to design and more time to place.
- **Metal fused to porcelain or ceramic crowns** are more common than all-porcelain and all-ceramic crowns and can be matched to adjacent teeth. The metal underneath the porcelain may distort the natural coloring of the teeth and cause a thin metal band to appear along the gumline over time.

Permanent crowns are usually constructed in a dental laboratory, however, temporary crowns made from acrylic, stainless steel or resin can be made in a dentist's office and used until the permanent crown is available.

Procedure.
Crowns usually require at least two trips to the dentist's office. If the tooth being treated has extensive damage or decay, the dentist may have to use a special filling material to build up the tooth in order to support the crown. A mold of the prepared tooth, as well as the teeth above or below it, will be taken to ensure a proper bite once the crown is installed. A temporary crown will be placed while the permanent crown is made.

During another visit, the dentist will remove the temporary crown, check for proper fit and bite, and install the permanent crown.

Any discomfort following the procedure should be temporary and minimal. If you experience sensitivity to hot and cold stimuli, the dentist may recommend a specially formulated toothpaste for sensitive teeth.

The lifespan of a crown depends largely on oral hygiene, the amount of wear and type of crown installed. Crowns last between five and 15 years with proper care.

Benefits.
- Permanent solution to tooth loss
- Improves chewing and tooth function
- Natural-looking tooth substitute
- Improves self-esteem and confidence

In preparation for a crown, the dentist shaves down the chewing surface and sides of the tooth.

Next, an impression of the arch is taken and sent to the dental lab.

A temporary protective crown is fitted and worn until the permanent crown is ready.

The new permanent crown has the strength and appearance of healthy natural teeth.

Our state-of-the-art facility assures you of the most advanced technology available today.
Dental Bridges

Definition.
Dental bridges are removable or permanent appliances used to replace missing teeth. Bridges comprise one to three artificial teeth called pontics placed between or next to crowns, implants or natural teeth. A well-done bridge gives the look, feel and function of natural teeth.

Causes.
Dental bridges are a solution for tooth loss as a result of:
- Tooth decay
- Root canal failure
- Periodontitis (gum disease)
- Excessive wear and tear
- Congenital defects
- Injury or trauma

Treatment Options.
Bridges can be made of porcelain, porcelain bonded to precious metal, or metal alone. Some parts of a bridge, especially the pontic, may be made of plastic or ceramic materials.

A bridge is permanent and is attached to one or more of the adjacent teeth.

Three main types of bridges are available. You and your dentist will determine the type of bridge that is best for you.
- **Traditional, fixed bridges** require crowns to be cemented on adjacent teeth. The job of a bridge is to fully support artificial replacement teeth. Traditional fixed bridges may also be placed between crowns anchored by dental implants.
- **Cantilever bridges** are used when the missing tooth has adjacent teeth only on one side. An anchor is bonded to one or more teeth on one side of the open space. Cantilever bridges are only an option in areas with lower bite strength and are comparable to traditional bridges in cost.
- **Resin-bonded bridges** (Maryland bonded bridges) have a metal framework attached to the back of the artificial tooth that is bonded directly to the healthy adjacent teeth. Resin-bonded bridges are best suited for front teeth where bite strength is lower. Resin-bonded bridges are the least expensive type of bridge. Dental implants and partial dentures are superior alternatives to dental bridges. Dental bridges are usually less costly than implants or partial dentures and the procedure requires less time to complete. See sections on Dental Implants and Dentures for more information.

Procedure.
A dental bridge requires at least two visits to the dentist’s office.

On your first visit, the dentist will smooth the adjacent teeth in preparation for crowns. A mold of your teeth is made and sent to the dental lab where the bridge will be created. The dentist will install a temporary bridge to protect the surrounding teeth and gums. See section on Crowns for more information.

On the second visit, your temporary bridge will be removed, and the custom appliance will be installed. Any bite discrepancies will be adjusted. To ensure proper fit, you may be asked to wear a fixed bridge for several weeks prior to permanent installation.

For a few weeks after the procedure, you may experience sensitivity to hot or cold foods. Eat only soft foods cut into small pieces until you are accustomed to the new bridge. While the bridge will aid in speaking, there may be a period of adjustment as your tongue adapts to the teeth.

It is important to properly care for teeth and gums to extend the life of the bridge. Regular dental appointments are needed to monitor the health of adjacent teeth. The lifespan of bridges depends largely on oral hygiene and biting habits. A bridge can last five to 15 years.

Benefits.
- Restores smile
- Improves tooth function
- Improves speech
- Improves self-esteem and confidence

A missing tooth with healthy adjacent teeth is a candidate for a bridge.

Your dentist will smooth the adjacent teeth in preparation for crowns.

A mold of your teeth is made and sent to the dental lab where the bridge will be created.

A temporary bridge will be worn until the new bridge returns from the dental lab.

On a follow-up visit, the temporary bridge will be replaced with a custom appliance, restoring smile and function.
Dental Implants

Definition.
Dental implants are a permanent and effective solution for people missing one or more teeth. A dental implant is a titanium root substitute placed under the gums to anchor a single tooth, a bridge or full or partial dentures. Implants appear lifelike and function like natural teeth.

When used to replace a single tooth, the implant is topped with an abutment that allows for the attachment of a crown. Dental implants are made of titanium, a metal known for its ability to “osseointegrate,” the process by which bone fuses naturally to the implant to create a permanent, stable support for the new tooth.

Causes.
You may be a candidate for dental implants if you experience difficulty with daily function of teeth, are self-conscious about missing or damaged teeth or wear dentures. Implants are a solution to tooth loss as a result of:

- Tooth decay
- Root canal failure
- Periodontitis (gum disease)
- Excessive wear and tear
- Congenital defects
- Injury or trauma

Treatment Options.
Your dentist, working closely with the oral surgeon, will select the dental implant procedure that best meets your needs.

- Root-form titanium implants (endosteal implants) are similar in appearance to a screw and are placed directly in the bone. Root-form implants are available in varying widths and heights and are the most common type of implant.

- Sub-periosteal implants are used in patients lacking jawbone and are placed on top of the jawbone underneath the gum tissue.

- Plate-form implants (blade form implants) use thin plates as anchors rather than posts and are suitable for patients with narrow bone width. The artificial tooth or teeth are affixed in a way similar to root-form implants.

- Ramus-frame implants are only used to secure bridges or dentures for patients with severe atrophy of the bone. Ramus frame implants are surgically implanted in the back of the mouth and secure a thin metal bar that holds a bridge or full or partial dentures in place. Additional surgery is usually required to rebuild and reinforce the jaw bone.

- Teeth in an Hour™ by Nobel Biocare® is a special implant procedure that allows patients to receive implants in one visit. CT scans are used to design the prosthesis before the appointment. During the procedure, computer software helps guide the implant into the bone without making an incision. Teeth in an Hour™ shortens recovery time and provides immediate results.

- Many brands of dental implants are available. The surgeon and dentist will be equipped with brand-specific instruments and will work as a team to restore teeth. Some of the major implant manufacturers are Astra-Tech, Bicon, BioHorizons, Biomet 3i, IMTECH, Impladent, Nobel Biocare®, OCO Biomedical, Osstem, Straumann and Zimmer.

Procedure.
The surgeon or dentist will take a series of X-rays or CT scans to assess bone structure and design a treatment plan. If you are receiving a full arch restoration, a custom template will be molded to guide the exact angle and location of each implant.

During the procedure you will be sedated and comfortable. Titanium implants will be placed as a root substitute for one or more teeth. If insufficient bone structure exists, a bone graft may be required. A temporary crown, bridge or denture is worn for a week or two until the final visit when your permanent prosthesis will be placed by the dentist.

After surgery, you should eat soft foods for several days according to your surgeon’s instructions. Implant patients should practice good oral hygiene, see the dentist regularly and avoid habits like chewing ice, hard candy or fingernails. Tobacco products and staining food and beverages should be avoided.

Benefits.
- Restores teeth function
- Won’t move around when talking
- Does not need to be taken out at night
- Solid enough to eat any food
- Improves self-esteem and confidence
- Results noticeable to others
- Long-lasting results
- Bone recession stopped
- Can be used to “lock-in” dentures

Osseointegration is the direct structural and functional connection between living bone and the surface of an artificial root substitute.

Illustration courtesy of Nobel Biocare®.
Dental implants fuse with bone

A dental implant is a root substitute usually made of titanium, a unique metal that is welcomed by living bone. Through a process called osseointegration, bone will grow into the pores of the titanium implant. This integration creates an anchor, which will make your new tooth permanent and reliable.

Appearance

Dental Implants support a natural-looking replacement tooth. After implants are placed, the dentist will form a porcelain or acrylic resin copy of your old tooth. The copy is secured on top of the implant and resembles surrounding teeth. The implant is indiscernible from your natural teeth.

Brush, floss, eat, repeat

Dental implants can be treated just like natural teeth. They are maintained with regular brushing and flossing. You can enjoy the foods you normally would eat: apples, steak, etc. Implants perform like natural teeth because osseointegration creates a firm foundation for the replacement tooth.

Better than dentures: no replacement, no gunk, no embarrassment

Dentures must be removed nightly, then replaced with adhesives to be worn. Anyone who has lived with dentures for a length of time has experienced embarrassing moments. Also, after years of use, bone recession causes dentures to not fit properly and become uncomfortable. Dental implants eliminate these problems because they are permanent.

Proven procedure, lasting results

In 1965 at the department of plastic surgery in Gothenburg, Sweden, titanium implants were first used to anchor a bridge in the lower jaw of an adult male. By the late '60s orthopaedic surgeons had begun studying the use of titanium for hip joint prostheses. Long-term clinical studies began, and in 1982 at an international medical conference, osseointegration’s biology, mechanics and applicability were presented and accepted by the scientific and medical world.

One visit placement

Dental implants are placed on a single visit. Dental implants do not destroy surrounding teeth. By replacing the root, implants stop bone recession and become a strong, permanent, healthy foundation to restore the original tooth with fully functioning replacement teeth.

They’re safe

Dental implants are a reliable choice to replace one or more missing teeth. Success rates for implant procedures are over 90 percent for the upper jaw and 95 percent for the lower jaw. Experienced dental surgeons have an even higher success rate (Hemmings, 2000).

Bone recession stopped

Dentures accelerate bone loss because they sit on the surface of the gum, causing the bone to resorb or shrink. As chewing and natural use of dentures increase the functional load on the surface of jaw bone, bone resorbs even faster. Denture wearers experience bone recession at a rate of two to three percent per year. Over time, this bone shrinkage not only affects the fit of dentures but also the structure and beauty of the lower third of the face. Dental implants stop bone loss, because functional load is supported by root substitutes within the bone.
Porcelain Veneers

Definition.
Dental veneers are used by specially-skilled dentists to perform smile makeovers. Veneers are wafer-thin shells made from porcelain or composite resin, bonded to the front side of teeth to create a spectacular smile.

Causes.
Anyone who is self-conscious about their smile or seeking added strength and protection for their teeth may be a candidate for veneers. Dental veneers can remarkably transform teeth that are:

- Discolored
- Worn or chipped
- Malaligned
- Badly spaced
- Inappropriately sized

Treatment Options.
- **Composite veneers** are the least expensive choice when considering veneers. They are molded and sculpted from composite resins by the dentist on a single visit and do not require the services of a dental lab. Many times they are used as temporaries. The lifespan of composite veneers is three to 10 years.
- **Porcelain veneers** (ceramic veneers) are the recognized standard of excellence for smile enhancement. Porcelain veneers are created by a partnership of your dentist and a master ceramist. The process requires two or three visits to the dentist. Porcelain veneers are strong, durable and stain resistant and are able to maintain a translucent, tooth-like quality. You will find many excellent local and national dental labs specializing in veneers. Some of them (e.g., Lumineers, daVinci Veneers, MAC Veneers and others) have worked hard to establish themselves as brands.
- **Lumineers®** (Den-Mat Holdings, LLC, Santa Maria, CA) are made of contact-lens thin porcelain, which does not require numbing or removal of sensitive tooth structure when placed. Expect little or no discomfort, and the procedure is reversible.
- **daVinci™ Veneers** (DaVinci Dental Studios, West Hills, CA) are wafer-thin porcelain veneers made popular on ABC’s “Extreme Makeover” and FOX’s “The Swan.” In preparation, your teeth are lightly buffed to allow for the small, added thickness of the veneer. Usually, about a half a millimeter of the tooth is removed, which may require a local anesthetic.

- **MAC Veneers** (Micro Advanced Cosmetics, Dublin, CA) are unique, because they are cast from molten-pressed ceramic porcelain as opposed to feldspathic porcelain. Molten-pressed ceramic porcelain veneers are two times stronger than feldspathic porcelain and are stain resistant.
- **CEREC** (Sirona Dental Systems LLC, Charlotte, NC). CEREC is an acronym for Chairside Economical Restoration of Esthetic Ceramics. This revolutionary technology employs CAD/CAM (computer-aided design/computer-aided manufacture) technology. Digital impressions are taken, and veneers are designed, milled and fit in the dentist’s office in a single visit, a procedure that would normally take several weeks.

Procedure.
Both composite and porcelain veneers come in many colors and can be made to match surrounding teeth. Because the color of veneers is permanent, your dentist may recommend that the adjacent teeth be whitened and/or aggressively cleaned prior to the procedure. The procedure takes several hours. Composite veneers only require one visit for application. Porcelain veneers typically take two or three visits, though some dentists may employ CEREC CAD/CAM technology to create your veneers on site in one visit.

After applying a local anesthetic, the dentist will sculpt the front surfaces of the teeth, shaving a layer of tooth equal to the thickness of the veneer. The dentist will then take a mold of your teeth, which the dental lab will use to create custom veneers. Some dentists may place temporary veneers to protect prepared teeth until your custom porcelain veneers return from the dental lab.

Lumineers, however, do not require use of anesthesia or removal of healthy tooth structure, and therefore, there is no need for temporary veneers. The dentist takes a mold of your teeth and Lumineers are custom-made for each patient according to the color and shape of teeth they desire. During a following appointment, the dentist may first place the veneers to your teeth without cementing them to preview your smile. If necessary, the dentist will trim or adjust veneers to perfection. After thoroughly cleaning the teeth and using a special gel to condition the surface to allow a permanent bond, the veneers are cemented into place using dental cement and a special curing light. Any excess cement is polished away.

Benefits.
- Long-lasting and natural-looking
- Improves bite
- Protection for teeth
- Porcelain is stain-resistant
- Improves self-esteem and confidence
- Allows your personality to reach its full potential
- Results noticeable to others
- No additional maintenance required

- Protection for their teeth may be a candidate for veneers. Dental veneers can remarkably transform teeth that are:

- Discolored
- Worn or chipped
- Malaligned
- Badly spaced
- Inappropriately sized
Dentures

Definition.
Dentures are a removable replacement for missing teeth and are made of acrylic resin. A complete set of dentures is used to assist people with no remaining teeth, while partial dentures are a solution for people missing several teeth.

Tooth loss can make it difficult to chew food and can also have a negative impact on self-confidence. Additionally, tooth loss can lead to other issues because teeth provide structure and support to the face. Dentures are a durable solution to tooth loss and are designed to look, feel and function like natural teeth.

Causes.
Partial or full dentures are a solution for tooth loss as a result of:

- Tooth decay
- Periodontal (gum) disease
- Trauma

Dentures are also a solution for patients who have lost too many teeth and are no longer a candidate for bridges.

Treatment Options.
Several types of denture constructions are available.

- Standard full dentures are the most common type and are recommended for patients missing all of their teeth. In cases where teeth must be removed to accommodate full dentures, immediate or temporary dentures are placed in the mouth during the healing period. The new full denture will be fitted and ready to wear in six to 12 months.
- Traditional partial dentures (removable bridges) replace some missing teeth. Traditional partial dentures are held in place by metal or plastic clasps, which wrap around existing teeth or gums.
- Precision partial dentures are kept in place by interlocking components attached to existing teeth and the denture device. Precision partial dentures have improved function over traditional partial dentures but are more expensive.
- Over-dentures are a form of partial dentures that rest on natural teeth and / or dental implants. When used with dental implants a custom bar is fabricated to support the over-denture (see section on Dental Implants for more information).
- Flexible or soft dentures have a special resin lining that coats the inner most layer between gums and the denture. This buffer allows the dentures to better accommodate chewing, as well as any changes that occur in the shape of your mouth over time.

Procedure.
Dentures may require several appointments depending on your treatment plan. During a preliminary examination, the dentist will perform a full evaluation of the gums and existing bone structure.

Some patients require oral surgery, teeth extractions or implants to prepare for dentures. In these cases, the dentist may fit you with immediate dentures.

After any necessary procedures, the dentist will take a series of molds to determine the best shape, size and color for your new natural-looking teeth. This information is sent to the dental lab where the prosthesis is constructed. There may be one or more fitting appointments where you will try on samples of your new teeth while they are coated with wax base so the dentist can make adjustments prior to ordering the permanent denture. This allows you the opportunity to feel and test the dentures according to your liking.

During the final appointment, the dentist will fit the permanent dentures and make any minor adjustments to help you achieve the strongest bond between the dentures and underlying tissue.

For the first few weeks, dentures may feel strange or loose. The muscles in your mouth and tongue will grow accustomed to holding and can be trained to hold your new dentures in place. You should be cautious of hot, hard or sharp-edged foods and avoid foods that are extremely hard or sticky. If you experience persistent discomfort or trouble speaking, contact your dentist for an adjustment.

Dentures must be cleaned daily. When taken care of properly, the dentures can last up to six to seven years.

Benefits.
- Improves ability to chew
- Improves speech
- Improves self-esteem and confidence
- Allows your personality to reach its full potential
- Aesthetically appealing, healthy smile
- Creates a youthful appearance

An evaluation of the gums and existing bone structure will be taken by the dentist.

Impressions will be taken and sent to the dental lab for creation of custom dentures.

Adjustments will be made to ensure a comfortable fit. Several follow-up visits are normal for fine tuning.

Dentures are an inexpensive solution, providing an aesthetically appealing, healthy smile.
Teeth Straightening

Definition.
Teeth straightening allows people with crooked or misaligned teeth to achieve straight, symmetrical smiles and a properly functioning bite. Orthodontics is the dental specialty that corrects malocclusion, the condition of crooked or crowded teeth. While cosmetic bonding and dental veneers use additional material to create straight-looking teeth, orthodontics move natural teeth and their roots, bringing the lips and jaw into alignment and improving the aesthetics of the lower third of the face.

An orthodontist or dentist may perform teeth straightening. A variety of treatment methods allows you to have a customized plan for effective and efficient results.

Causes.
Teeth straightening can correct misaligned teeth as a result of:
• Heredity
• An under or over-bite
• Aging
• Tooth loss
• Jaw-jolting accidents
• Habits such as tongue thrusting and thumb sucking

Treatment Options.
Children and teenagers are not the only age groups who can benefit from teeth straightening. Adults may also benefit from both traditional orthodontics and other forms of treatment. The dentist or orthodontist will recommend a method depending on the extent of misalignment, your budget and goals. Teeth straightening methods include:
• Fixed orthodontic braces
• Lingual braces
• Invisalign®
• Inman Aligners™
• Damon® System braces
• Six-Month Smile®

Procedure.
The specific procedure will depend on the treatment option. For all treatments, the dentist or orthodontist will complete a thorough examination and take preliminary photographs and X-rays of your teeth.
• Fixed orthodontic braces are the traditional straightening method. Metal or tooth-colored brackets are cemented to the front of the teeth. A thin wire is adjusted over time to move teeth and roots into position in the jaw. The treatment time for fixed orthodontic braces is usually one to three years.
• Lingual braces are invisible to others and comprise metal brackets and a wire affixed to the back-side of the teeth. Lingual braces may cause tongue discomfort and effect speech. Treatment usually takes longer and costs more than traditional braces.
• Invisalign® is a straightening system that uses series of clear, plastic aligners created by computer from a mold of your teeth. The aligners are changed every two weeks, gradually moving teeth into the desired position. Aligners are worn at least 20 hours a day but may be removed for meals. The cost of Invisalign is similar to traditional braces and the average treatment time for adults is just under one year.
• Inman Aligners™ use a coil spring and bar system to squeeze teeth into alignment. Inman aligners look similar to removable retainers with a wire that crosses the front of the teeth. Inman aligners usually cost less than Invisalign or traditional braces and are worn for six to 16 weeks.
• Damon® System braces are traditional metal braces with specially designed brackets requiring no ties. This system is more discrete in appearance and causes less irritation. The cost is comparable to traditional braces, and the treatment time may be less.
• Six-Month Smile® is a system comprising tooth-colored brackets and wires designed to only move teeth in the esthetic zone, the visible portion of the smile. This treatment is best suited for adults and is a less expensive than convention braces or Invisalign. The treatment time is usually four to nine months.

Expect temporary discomfort associated with any straightening. It is important to maintain good oral hygiene and to clean all dental devices regularly during treatment. At the conclusion of treatment, you may be required to wear a retainer for several months or every night for a lifetime. Retainers preserve the results and prevent the teeth from shifting back into a misaligned position.

Porcelain Veneers, cosmetic bonding and tooth reshaping are options that can create the appearance of straight teeth in the esthetic zone. See sections on Porcelain Veneers, Cosmetic Bonding and Tooth Reshaping for more information.

Benefits.
• Permanent results
• Improves self-esteem and confidence
• Improves speech
• Improves tooth function
• Helps prevent tooth decay and other dental problems
• Can help with TMJ disorders
• Can improve malocclusion

Teeth straightening allows for correction of crooked or misaligned teeth. Various correctional methods based on the extent of misalignment.
Teeth Whitening

Definition.
Teeth whitening is the process by which discoloration and stains are removed from teeth, resulting in a whiter, more luminous smile. Teeth whitening is the most popular procedure in cosmetic dentistry. Teeth may be cleaned with active ingredients to brighten teeth beyond their natural color. A variety of teeth whitening products and services allow you to select a whitening method that best fits your dental needs, budget and time frame. No teeth whitening procedure provides a permanent solution. Touch-ups are needed to ensure a bright smile.

Causes.
Teeth naturally darken over time. Bleach-based products with varying levels of hydrogen peroxide may be required to treat different varieties and degrees of teeth darkening. Tooth color is affected by:

- Starting color of teeth
- Translucency and thinness of teeth enamel
- Water supply containing minerals
- Consumption of certain medications, chemicals or foods/beverages
- Wearing down of enamel due to aging

Anyone suffering from teeth darkening who wants to turn their smile into an asset is a candidate for teeth whitening. You should consult your dentist before starting any whitening regimen.

Treatment Options.
- One-hour in-office whitening procedures
- Dentist provided at-home whitening systems
- Over-the-counter whitening systems

Procedure.
In-office whitening procedures give fast results. Chair-side whitening bleaches teeth by using gels and solutions that contain a 10-50% concentration of the oxidizing agent hydrogen peroxide. High concentrations of hydrogen peroxide lead to faster bleaching but can cause irritation if administered improperly. Gels can be used with a light or laser to accelerate the process. In-office procedures take about an hour, cost more and provide excellent results.

- In-office whitening brands
  - BriteSmile® utilizes a special blue light with a 15% hydrogen peroxide whitening gel during a one-hour procedure.
  - Opalescence Boost® is designed to reduce sensitivity and contains a 38% hydrogen peroxide bleaching gel.
  - Sapphire is designed to be gentle on teeth and gums and utilizes a plasma arc light with a 35% hydrogen peroxide gel during a one-hour procedure.
  - Zoom!® utilizes a lamp and a 25% hydrogen peroxide gel applied three times during a 45 minute procedure.

During or following any in-office whitening treatment, you may experience some tooth and/or gum sensitivity. The dentist can prescribe a special gel to reduce any discomfort, which will subside over time.

- Dentist provided at-home whitening is considered by some dental professionals to be the most effective and safest whitening technique. At-home whitening systems such as Enlighten, Opalescence or Sapphire contain either carbamide peroxide, which is one-third the strength of hydrogen peroxide, or lower concentrations of hydrogen peroxide. This makes it less sensitive and reduces the risk of causing further staining.

Benefits.
- Brightened smile
- Improves self-esteem and confidence
- Results noticeable to others
- Little or no pain or discomfort

Overnight for several weeks depending on the dentist’s instruction. You will return to the dentist at the end of the treatment for a follow-up.

- Over-the-counter (OTC) at-home whitening systems, with time, can be effective. OTC whitening systems usually contain 10% or lower peroxide formula. These trays and strips cost less, however one-size fits-all products may lack adequate coverage and allow saliva to dilute the bleaching solution. Brush-on solutions and gels applied daily counteract stains and are most effective when used with other teeth whitening methods.

Whitening toothpastes with peroxide may take several months to lighten one-to-three shades, but can be an effective way to maintain a smile already whitened using other whitening methods.

In-office whitening takes about an hour; the dentist begins by protecting your gums and soft tissues with a gel.
Tooth Reshaping

Definition.
Tooth reshaping (dental contouring) is a simple and quick way to improve the look of a smile. In just one visit, a dentist can manipulate the length, shape and/or position of teeth to create a uniform appearance. Tooth reshaping may even serve as an alternative to braces, correcting minor overlaps and crowding to align bite and bring teeth into proportion with the jaw and face.

Reshaping involves the strategic continuing and reshaping of teeth or even a single tooth. Chips, fractures or deep grooves in teeth are smoothed. Angles or edges of teeth may be rounded or squared to create a more masculine or feminine smile. Because removing too much enamel can weaken teeth, the procedure is used for minor corrections and may be combined with dental veneers or cosmetic bonding.

Causes.
Tooth reshaping is used to repair:
• Crowded teeth
• Crooked teeth
• Irregularly shaped teeth
• Chips and fractures
• Overlaps
• Pits or grooves in tooth enamel

Treatment Options.
Tooth reshaping may be used in conjunction with or as an alternative to porcelain veneers and cosmetic bonding.

• Porcelain veneers are wafer-thin, porcelain shells cemented to the front side of teeth. They are typically used to correct more dramatic imperfections. Veneers require two to three trips to the dentist and are the premium choice. After dental veneers have been applied, contouring may be used to sculpt the smile. See section on Porcelain Veneers for more information.

• Cosmetic bonding involves a tooth-colored, moldable material applied to or sculpted over teeth. Bonding is generally used to correct imperfections that do not need dental veneers (See section on Cosmetic Bonding for more information).

Procedure.
The majority of tooth reshaping procedures are completed in a single visit, which takes less than an hour. The exact method of reshaping will depend on your treatment plan. Tooth reshaping is painless and does not require an anesthetic.

The dentist may begin by taking pictures and X-rays of your teeth that serve as a baseline for corrections. Some dentists use computer imaging to illustrate how your smile will look after the procedure. Teeth may be marked with a pencil to aid the dentist during the sculpting process. The results are a smooth, evenly spaced smile.

Tooth reshaping rarely causes discomfort. Most patients return to normal eating and drinking habits immediately after the procedure. Some patients may experience minor sensitivity to hot or cold foods and beverages. You should continue to practice good oral hygiene to maintain achieved results.

Benefits.
• Teeth are easier to clean
• Corrects bite problems
• Instant results
• Improves self-esteem and confidence
• Cost is usually less than porcelain veneers or bonding.
• Creates an aesthetically pleasing, uniform smile

Chipped or fractured teeth can usually be corrected in a single visit. Symmetry and balance can be restored by a dentist skilled in cosmetic techniques.

Angles or edges of the teeth may be rounded or squared to create a more masculine or feminine smile.

The results are a smooth, evenly spaced smile.

Delicate improvements in teeth shape can make a big difference in the beauty of a smile. Teeth reshaping is usually a one visit procedure.
TMJ Disorders

Definition.
TMJ, short for temporomandibular joint and muscle disorders, results from a set of conditions that cause pain and dysfunction in the jaw joint and muscles that control jaw movement. The temporomandibular joint joins the mandible and maxillae to form the jaw, with the mandible forming the lower movable part, and the maxillae forming the upper fixed part. This joint can be felt by simply placing a finger in front of the ears and opening the mouth. This joint rests within a reinforcing capsule, allowing the jaw to move smoothly up and down and side to side. This movement enables talking, chewing and even yawning by way of muscles attached to and surrounding the jaw joint.

TMJ can be subdivided into three general categories: (1) Myofascial pain, which is the most common disorder relating to pain or discomfort in the muscles that control jaw function, (2) Internal derangement of the joint, which includes a displaced disc, dislocated jaw, or injury to the condyle, or (3) Degenerative arthritis, which are degenerative/inflammatory joint disorders. A patient may have one or more of these types, and there can be other health problems that co-exist with TMJ disorders.

Symptoms.
• Pain in the face, jaw or neck
• Jaw muscle stiffness
• Limited movement or locking of the jaw
• Painful clicking, popping or grinding in the jaw joint when opening or closing the mouth
• A change in the bite between upper and lower teeth

Consult your dentist and physician to rule out any other causes of pain such as sinus, disease, ear infections, various types of headaches, or nerve-related facial pain.

Causes.
• Incorrect bite
• Habitual grinding of teeth
• Trauma to the jaw or temporomandibular joint
• Rheumatoid arthritis
• Birth defects
• Upper and lower jaw malalignment
• Asymmetrical mandible bone growth

Treatment Options.
A splint or night guard is the most common recommended treatment. Splints and night guards are custom made plastic mouthpieces that fit over the upper and/or lower teeth. They prevent the upper and lower teeth from coming together, lessening the effects of teeth grinding or clenching. Night guards also help reposition bite by allowing the lower jaw to settle into a more correct and comfortable position. The main difference between splints and night guards is night guards are simply worn at night and splints are worn 24 hours a day. Your dentist will discuss with you what type of mouth guard is best for you.

Dental treatments, such as replacing missing teeth or correcting uneven teeth by use of crowns, bridges or braces to balance the biting surfaces of your teeth, can reduce or often eliminate pain. Your dentist may consult with specialists to assist in your treatment.

Procedure.
The practice specializing with TMJ is equipped with advanced evaluation technology and experienced clinicians. Many times what patients believe to be TMJ disorders actually are not. This is why evaluation by an experienced TMJ dentist is important.

Evaluation.
Extensive dental records (including head and skull radiographs and diagnostic casts) may be required to evaluate TMJ disorders. A neuromuscular evaluation may also be necessary to identify the area or areas involved in the TMJ disorder. This is a painless procedure and usually takes one to two hours to complete.

Benefits.
• Better jaw mobility
• Freedom from pain or discomfort
• Improvement of your bite and chewing
• Improves outlook on your life.

For our community, we have established a specialized facility dedicated to best practices in TMJ treatment.
Glossary

Abutment – (1) the tooth or teeth on either side of a bridge. (2) the post that connects a crown and a dental implant.

Arch – the alignment of the upper and lower teeth.

Bite (Occlusion) – the fit of the top and bottom teeth when the mouth is closed.

Bleaching – whitening teeth with active ingredients to brighten beyond their natural color.

Bonding – the process by which a tooth-colored, moldable material called dental composite is applied to one or more teeth to correct broken or damaged areas.

Bone Graft – a surgical procedure by which bone is replaced or supplemented using material from a patient’s body or an alternative material.

Braces – a teeth straightening method that uses metal or tooth-colored brackets cemented to the front of the teeth and a thin wire adjusted over time to move teeth and roots into position in the jaw.

Bridge – a removable or permanent appliance that contains one to three artificial teeth called pontics placed next to crowns, implants or natural teeth.

Bronte Smile – an in-office whitening treatment that utilizes a special blue light and a hydrogen peroxide whitening gel.

Bridge Lengthening – a procedure that exposes natural tooth through the removal of excess gum tissue and/or bone to correct "gummy" smiles and/or expose damaged teeth that need treatment.

CAD-CAM Dentistry (Computer-aided Design/Computer-aided Manufacture) – a system used to fabricate all-ceramic inlays, onlays, crowns and veneers in dental offices and laboratories that speeds the manufacture of prostheses and allows restorations to be affixed in fewer visits.

Canine Bite – the fit of the top and bottom teeth when the mouth is closed.

Cantilever Bridge – a type of bridge used when the missing tooth has adjacent teeth only on one side.

Cap (Crowns) – a cover for damaged or decayed teeth that fits over the visible portion of the tooth and is made of metal, ceramic or a combination of metal and ceramic.

Cavity (Dental Caries) – tooth decay or a pitted area within a tooth caused by the growth of acidic bacteria that chemically reacts to sugars.

Cleaning – the physical removal of debris on the surface layer of teeth.

Composite Veneers – wafer-thin, replacement teeth molded and sculpted from composite resin that can be created in dental offices or labs; sometimes used as temporaries.

Cosmetic (Aesthetic) Dentistry – a branch of dentistry concerned with improvement of tooth, jaw and gum aesthetics.

Cosmetic Bonding – see Bonding.

Cosmetic Contouring – see Tooth Reshaping.

Crown – (1) the visible portion of the tooth above the gumline. (2) see Cap.

Crown Lengthening – a procedure that exposes natural tooth through the removal of excess gum tissue and/or bone to correct "gummy" smiles and/or expose damaged teeth that need treatment.

CT Scan – an X-ray machine and computer that takes multiple images of the inside of the body to help diagnose and treat medical conditions.

Curing Light – a special light that may be used to speed the active ingredients in whitening solutions or to activate bonding material.

Damon Braces – traditional metal braces with specially designed brackets that do not require ties.

DaVinci Veneers – the wafer-thin porcelain veneers made popular on ABC’s “Extreme Makeover” and FOX’s “The Swan.”

DDS – Doctor of Dental Surgery and the equivalent of DMD (Doctor of Medical Dentistry).

Decay – the loss of tooth and bone as a result of bacteria growth.

Dental Composite – a type of synthetic resin used in dental restorations or used as an adhesive.

Dental contouring – see Tooth Reshaping.

Dental Diode Laser (Soft Tissue Laser) – a concentrated beam of light used to vaporize high water-content tissues, such as the gums, while minimizing bleeding and evaporating bacteria.

Dental Implant – a titanium root substitute inserted into the jawbone to replace one or more missing teeth, to anchor a bridge, or to anchor full or partial dentures.

Dentist – an individual who has attended dental school and is able to perform procedures in all areas of dentistry, manager of the dental team and responsible for the diagnosis and treatment plan.

Dentures – a partial or complete removable replacement for missing teeth made of acrylic resin.

DMD – Doctor of Dental Medicine and the equivalent of DDS (Doctor of Dental Surgery).

Diode Laser – see Tooth Reshaping.

Dental Laser – the removal of excess gum tissue with a laser or electrode wire to elongate small teeth and/or to create a more symmetrical gum line.

Dental Perio – a method of teeth straightening that uses a coil spring and bar to squeeze teeth into alignment.

Dental Orthodontics – see Braces.

Dental Orthodontic Braces – see Braces.

Flexible Dentures – a type of denture with a special resin lining that coats the inner most layer between gums and the denture allowing the dentures to accommodate chewing and changes in the mouth shape.

Full Denture – the most common type of denture, includes a removable full set of false top and/or bottom teeth.

General Dentist – see Dentist.

Gingiva – gum tissue.

Gingival Re-contouring (Gum Reshaping) - the removal of excess gum tissue with a laser or electrode wire to elongate small teeth and/or to create a more symmetrical gum line.

Gum Lift (Gum Reshaping) – see Gingival Recontouring.

Gum Reshaping – see Gingival Re-contouring.

Hydrogen Peroxide – an active ingredient used in dentistry as a disinfectant or as a bleaching agent.

Impression – a mold of the teeth and gums made from wax or plaster.

Inlay – a filling made of porcelain (ceramic) material or gold bonded to the tooth for additional chewing support.

Inman Aligners – a method of teeth straightening that uses a coil spring and bar to squeeze teeth into alignment.

Invisalign – a method of teeth straightening that uses series of clear, plastic aligners changed every two weeks to gradually move teeth into alignment.

Lingual braces – a teeth straightening method that comprise metal brackets and a wire affixed to the back-side of the teeth.

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Lingual braces – a teeth straightening method that comprise metal brackets and a wire affixed to the back-side of the teeth.
Local anesthesia – a controlled state of partial drug-induced loss of sensation administered through an injection that numbs the surrounding area.

Lumineers – a type of thin porcelain veneer that does not require numbness or removal of sensitive tooth structure when placed.

MAC veneers – a type of veneer cast from molten-pressed ceramic porcelain making them stronger and more stain resistant than traditional ceramic veneers.

Malocclusion – the condition of improper bite or misalignment of teeth.

Mandible – the lower jaw.

Maryland Bridge (Resin-bonded Bridge) – a bridge with a metal framework attached to the back of artificial teeth and bonded directly to adjacent teeth.

Night Guard – a removable acrylic mouth piece used to protect the teeth from grinding, bruxism and TMD.

Occlusion – see Bite.

Onlay – a porcelain (ceramic) or gold filling usually made in a dental laboratory and placed on the cusps of teeth to protect the chewing surface.

Opalescence – a brand of teeth whitening products that includes in-office and at-home treatments that use hydrogen peroxide gels.

Oral and Maxillofacial Surgery – procedures of the mouth including removal of teeth, the placement of implants and the correction of jaw deformities. Oral and Maxillofacial Surgeon.

Orthodontics – the dental specialty that corrects malocclusion, the condition of crooked or crowded teeth, by moving natural teeth and their roots into proper position and aligning the lips and jaw. Orthodontist.

Osseointegration – the process by which bone fuses to dental implants to create a stable support in the jawbone for the artificial tooth.

Overdenture – the type of partial denture that rests over natural teeth or dental implants with a custom support bar.

Partial Denture (Removable Bridge) – removable or permanent dentures used to replace some missing teeth that are held in place by metal or plastic clasps that wrap around existing teeth or gums.

Periodontics – the dental specialty that focuses on the treatment of gums and the other soft tissues of the mouth. Periodontist.

Permanent Teeth – the thirty-two adult teeth that replace the “baby teeth” or “primary teeth.”

Plate form implant – a form of dental implant that uses thin plates as anchors and is suitable for patients with narrow bone width.

Pontic – the artificial tooth or teeth in a bridge.

Porcelain – a type of tooth-colored, durable, ceramic material used to strengthen and/or replace tooth structures; used in fillings, crowns, onlays, inlays and veneers.

Precision Dentures – partial dentures kept in place by interlocking components attached to the existing teeth and the denture device.

Prosthesis – an appliance that serves as a substitute for missing teeth.

Ramus Frame Implant – implants that are surgically implanted in the back of the mouth and secure a thin metal bar that holds a bridge or full or partial denture in place; used in patients lacking jawbone.

Resin-Bonded Bridge – see Maryland Bridge.

Restoration – the replaced portion of broken or damaged teeth.

Root – the part of the tooth that connects to the jawbone.

Root-Form Implant – the most common type of dental implant consisting of a screw placed directly in the jawbone.

Sapphire – a brand of teeth whitening products that includes in-office and at-home treatments that use hydrogen peroxide gels.

Soft Dentures – see Flexible Dentures.

Soft Tissue Laser – see Dental Diode Laser.

Splint – a plastic mouthpiece that fits over the upper and lower teeth, preventing teeth from coming together and lessening the effects from grinding and clenching.

Sub-periosteal Implant – a type of dental implant placed on the top of the jawbone, under gum tissue and used in patients lacking jawbone.

Teeth in An Hour™ – a dental implant system by Nobel Biocare® that uses a CT scan to design a prosthesis and computer software to guide the implant into the bone during one visit.

Teeth Whitening – the process by which discoloration and stains are removed from teeth either through professional cleaning at a dentist’s office or using bleach containing active ingredients to brighten teeth beyond their natural color.

TMD or TMJ Disorder (Temporomandibular Disorder) – a condition that involves pain and restriction of movement in the jaw.

Tooth Reshaping (Dental Contouring) – a procedure during which a high-speed instrument removes small amounts of teeth in order to manipulate their length, shape and/or position.

Trauma – an injury caused by an external force.

Veneer – a wafer-thin shell made from porcelain or composite resin and cemented to the front side of teeth to correct damage or misaligned teeth.

Wire Electrode – a heat-generating electrical instrument with a tiny precision wire that burns or vaporizes soft tissue in order to remove it.

X-Rays – pictures that show the inner structure of bone and teeth not visible from the outside; usually taken during regular dental checkups.

Zoom! – the in-office whitening system made popular on ABC’s “Extreme Makeover” that utilizes a lamp and a hydrogen peroxide gel.