

Results in Review

Newsletter for referring dental professionals

Winter/Spring 2008

Why Partnering Benefits Your Patients: The Advantages of Collaboration for Complex Patient Dental Conditions

By now, most of you know that The Blende Dental Group has treated patients with severe phobias, disabilities, or those who are medically compromised (ASA class II, III, and IV) for 20 years. We would like to take this opportunity to thank you and your colleagues for partnering with us to create a safety net for these at-risk patients.

Some of you have asked when to refer. Simply put, a referral is appropriate when a patient has needs that fall outside the scope of your practice. For example, you may have a practice that utilizes oral conscious sedation, but may encounter a patient who is too medically compromised. Or perhaps you may receive a call from someone who is seeking treatment for his mother who is suffering from Alzheimer's dementia and is uncooperative.

Our NEW WEBSITE features content that will be valuable to you and any patients you would like to refer, and includes

information for Referring Professionals and about our One-Sleep-Visit™ Total Dentistry Method. Check it out at www.drblende.com.

Our collaborative team approach:

- Full Spectrum of Sedation Options – Nitrous, Oral Meds, I.V. Sedation with Anesthesiologist and General Anesthesia in Hospital
- Team of Specialists – including Endodontists, Periodontists, Oral Surgeons, Pediatric Dentists and Anesthesiologists
- Complete Definitive Full-Mouth Rehabilitation in as Few as 4 Days!
- Return of Patient to Referring Dentist for routine care

Partnering with you to support a patient who requires that occasional visit for treatment utilizing I.V. Sedation or General Anesthesia gives the patient a practical and predicable result. If you are not certain about the referral, please feel free to simply call us for a consult.



Carla Caramat, Sedation Care Manager
with patient, Sharon Levan

"I checked with my New York City periodontist, who said 'he would do anything [the Blende] team suggested.'

I am beyond grateful for a second chance to have a normal mouth and teeth. I have lifelong friends at the Blende Dental Group. Everyone was so calming, encouraging and caring - like family."

- Sharon Levan, Patient

› Read the case study on other side.

Think our office is too far away?

Last year, patients traveled from 24 states and 16 countries to our office, where we perform more definitive full-mouth rehabilitation under general anesthesia than any other practice in the United States.

Just launched!

We just launched a new version of our Website. Take a look at the new content and fresh look of www.DrBlende.com.

Case Study:

An Interdisciplinary Approach to Definitive Full Mouth Rehabilitation Utilizing Grafts, RHBMP-2 and Implants



Sharon Levan was referred to us by a patient who had received her dental treatment in our office utilizing General Anesthesia. Sharon traveled to our office from her home in Manhattan after her periodontist told her that nothing else could be done to treat the defect that resulted from a failed sinus graft and implants in her upper left quadrant.

Sharon completed an in-patient smoking cessation program prior to receiving treatment from our office in order to increase the chance of success. We collaborated with our team of specialists to ensure a predictable and esthetic result.

Sharon's full-mouth reconstruction was completed in five phases. Her first surgery utilized general anesthesia at the California Pacific Medical Center hospital in San Francisco. She then had limited orthodontic treatment in New York to prepare for the final restoration of her lower anterior teeth. Sharon's subsequent appointments were completed in-office utilizing oral conscious sedation and I. V. sedation.

Her chief complaints were her inability to masticate and difficulty functioning with her removable prosthesis. She presented with a severe left sinus graft defect, significant mobility of her teeth on the right side, generalized gingival recession and no attached gingiva on teeth #s 6, 7, 11, & 23 - 26. Her periodontal condition was a result of years of heavy smoking, and generalized severe bone loss.

Pre-Treatment



Post-Treatment



The Treatment Plan:

- Extractions: 2, 3, 4, 10, 18
- Provisional bridge: 4-13
- PLM Crowns: 6, 7, 8, 19, 20, 29, 30
- PLM Bridges: 9-11
- Porcelain Veneers: 22, 23, 24, 25, 26, 27
- Implants with Crowns: 3, 4, 5, 12, 13, 15
- Bilateral sinus graft with recombinant bone morphogenetic protein-2 (RHBMP-2) to stimulate "true" bone growth in the sinuses
- Connective tissue grafts: 6, 11
- Laterally positioned flap: 22, 23, 24, 25, 26
- Subepithelial connective tissue graft: 7
- Orthodontia: 22-27
- Implant 13-15 scheduled for loading in 2008

Clinical Interdisciplinary Team

- Dr. David Blende (prosthetics)
- Dr. Martin Chin (oral surgery)
- Dr. Kirk Pasquinelli (periodontics)
- Dr. David Wemer (orthodontics in New York)
- Prestige Dental Arts, Silke Finis, CDT