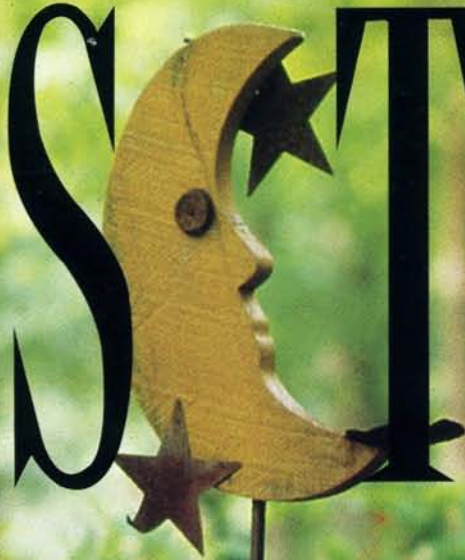


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June/July 1995

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Smile doctors

If you're not happy with your smile, or if age is beginning to take its toll in your mouth, don't sit and suffer. Cosmetic dentistry is no longer just for the high profile personality. By Ann Perkins Delatte

People of all ages, occupations and life-styles are looking to improve themselves, causing cosmetic - or aesthetic - dentistry to become a booming field. New dental materials and techniques, discretionary money in family budgets, awareness of options and greater preparation by dentists themselves are all factors fueling this growth. The American Dental Association (ADA) estimated that US dentists performed about 60 million cosmetic procedures in 1990. Their records show that number has climbed steadily over the past five years.

No longer is cosmetic dentistry just for entertainers, beauty contestants, and the rich and famous. One 51-year-old woman chooses to close the Lauren Hutton gap between her front teeth, a 30-year-old man elects to have his grey teeth whitened and another woman decides to correct a bad bite that gives her a recessed cheek line and creases above the lips.

In 1994 The Washington Post referred to an aesthetic - dentist as a "smile designer." But an expert in cosmetic dentistry does more than fix a smile. And most candidates desire more than just cosmetic changes; they want sound dental health as well.

Atlanta dentist, Dr. Thomas W. Kauffman, says that dentistry should be comprehensive. "A good dentist looks at function first and cosmetics later. Cosmetics should be part of an overall dental plan for the patient."

To develop that plan, the dentist and pa-



Dr. Ronald Goldstein, author of "Change Your Smile," a cosmetic dentistry guidebook, uses computer imaging to help patients visualize procedures.

tient must discuss specific desires, time, budget, health profile, and psychological expectations. Underlying a poor smile may be other problems; e.g., asymmetry of facial muscles might require a plastic surgeon or maxillofacial (oral) surgery.

David A. Garber, D.M.D., and Ronald E. Goldstein, D.D.S, Atlanta dental partners renowned in the field of aesthetic dentistry,

stress the need for the patient to be co-diagnostician with the dentist. They use high technology in diagnosis and therapeutic efforts to educate the patient about options and potential results.

Part of that "high tech" system involves computer imaging, which pictures the cosmetic changes before treatment begins and assists with fine-tuning the results. Overhead extraoral cameras record the patient's full-face while he or she is speaking and smiling. Intraoral cameras show a close-up view of the teeth to reveal details like hair-line cracks.

Not all offices are equipped that completely, but even a small private practice should provide specific information, projections, illustrations, and linkage to any dental specialists needed.

More dental practices are now providing that interdisciplinary access under one umbrella. One such group is DentFirst. Managed by Dr. Marshall Abes, this group practice of 36 dentists and special-

ists in seven offices treats both functional and esthetic needs of patients. Dr. Abes finds that the newest techniques have positively changed their patients' expectations and cosmetic results.

Before treatment, patients need to ask about procedures, maintenance, longevity, guarantees, fees, and payment methods.

If questions aren't answered, look for another dentist. Take your time. Read all you can. Libraries, your dentist, and dental associations can provide resource information.

Common Procedures

Bleaching, or whitening, is a popular way to reduce tooth stains caused by food or aging and sometimes by antibiotics or injury. Dentists use two bleaching systems, singly or in combination: in-office applications of a bleaching solution and an at-home bleaching kit with a custom-made appliance that fits over the teeth. Dental supervision is necessary for the home process which takes a few weeks to a few months and can start as low as \$100 for lower teeth and \$125 for upper teeth. In-office applications usually require 30 minutes per tooth and several teeth can be bleached per visit.

Bleaching is safe and painless, but tooth whitening is not for everyone. The cause of the discoloration and the strength and condition of the teeth and gums must be considered. Also, bleached teeth are still vulnerable to stain and patients may wish to repeat the process in the future.

Cosmetic contouring, or resculpting, is a conservative choice for reshaping minor flaws to change the shape, proportion, and alignment of teeth. The dentist might smooth chipped edges, for example, being careful not to remove too much enamel.

According to the American Academy of Cosmetic Dentistry (AACD), the cost of contouring can be as low as \$50 to \$75 per tooth and requires just one visit. But it cannot solve many of the problems orthodontics can.

Orthodontics includes a variety of processes to straighten and reposition teeth. "Invisible braces" made of clear acrylic can now be attached to the fronts or backs of teeth. Adults are increasingly using these devices or "removable" retainer-like braces. These will move teeth and correct asymmetry that is sometimes caused by age and the resulting uneven wear on teeth. Correction may take months or years.

Bonding is referred to, by The AACD, as "the flagship procedure of Cosmetic Den-

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Good Style Is Timeless.



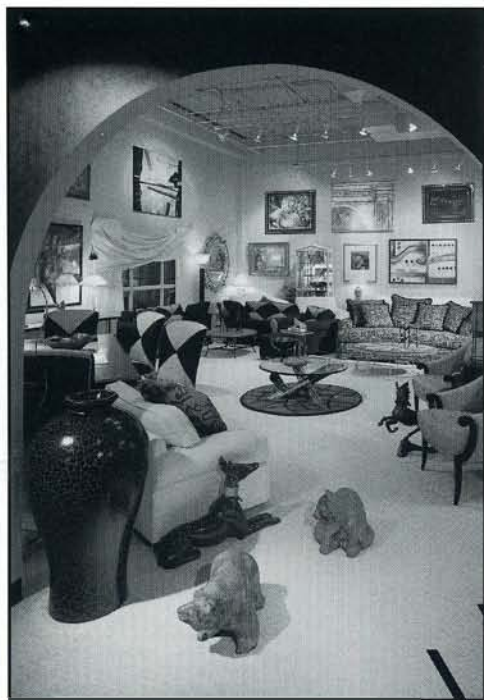
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Smile

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Practitioner Pointers

In selecting a dentist for aesthetic (cosmetic) procedures:

- Get suggestions from dental associations like the American Academy of Esthetic Dentistry (1-800-993-2626) or the American Academy of Cosmetic Dentistry (1-800-543-9220).
- Consider reputation and achievements.
- Look at photographs, models, and samples of treatment done on his or her actual patients. In short, a history of their work.
- Question advanced training and courses of instruction.
- Contact patients who received treatment like that planned for you. Learn of the outcome and any caveats.
- Comparison shop. Consider price, procedure, your ability to communicate, the respect and trust between you.
- Ask questions. If you are not comfortable with the answers — or if you think you are getting a hard sell — go to someone else.

tristry.” The process applies an enamel-colored composite resin to a tooth. After the resin hardens, it is shaped and polished to fit with surrounding teeth. Bonding can close gaps, repair chipped teeth, and cover severe stains without the tooth reduction required for crowns (or caps).

The procedure takes one or two office visits. Prices quoted by several Atlanta dentists varied; the average was \$250 to \$600 per tooth. The latest bonding materials have a life expectancy of five to ten years.

Veneers are thin laminates shaped into tooth-size shells or jackets and permanently bonded to the fronts of the teeth. The veneer of choice is a translucent porcelain that looks realistic, but your dentist may choose other less expensive materials.

Porcelain veneers can help to correct discolored teeth, replace missing parts of teeth (as in fractures), close spaces between teeth, and create the illusion of straight teeth for some patients who don't want orthodontics.

Veneering usually requires one office visit to prepare the teeth and take an impression for making the laminates and a second visit to place the laminates on the teeth. A porcelain veneer averages from \$500 to \$700 per tooth. Veneers are somewhat stronger

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Smile

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than bonds, but vigilant care and frequent dental check-ups are advised.

Crowns, Bridges, Dentures, and Implants are used to correct major structural and functional problems like missing, decayed, or broken teeth. So, they are often reconstructive as well as cosmetic. Economics and health of the patient play a big role in selection of these options. Prosthodontists are specialists in their use.

Crowns (or caps) cover the whole tooth and typically last ten years. A new computer-assisted device is being refined to design and manufacture crowns right in the office.

Dentures are now more natural looking. Bridges and implants are used to replace teeth, reconstruct and maintain fullness of the cheeks, and create an illusion of naturalness.

Dr. Maurice Fagan, Jr., who has been practicing cosmetic dentistry since 1947, is an expert in Implant Dentistry. Certified by the American Board of Oral Implantology, he sees tooth replacement implants as an "incredible advance in modern dentistry." The implant procedure surgically places artificial teeth into the jaw. It can be used for adults who have jawbone loss or teeth too weak to hold a partial denture, or for those who want a natural look without dentures. Implants range from \$1000 to \$1500 per tooth.

Oral and Maxillofacial Surgery deals with straightening the jaws and remodeling facial structure. For example, the lower jaw may be surgically moved forward, backward, right or left in relation to the upper jaw, and wired internally until the parts fuse into their new positions. This can result in a better "bite" and a more attractive chin line. Bones may be built up or cut down. Incisions are done from inside the mouth so there are usually no outside scars. Oral and maxillofacial surgery is normally performed in the hospital under anesthesia.

Wide ranging fees

Because standardization is difficult for these services, fees may vary widely. The AACD cites these factors:

- the extent and complexity of the work needed;
- the type of procedure performed;
- the skill and experience of the dentist
- the length of treatment necessary.

A rule of thumb: investigate and negotiate. □

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