

“It all started with my wife Sarah,” reflects Titusville resident Dempsey Brooks. “And Sarah certainly did her research.”

“I was having problems with my mouth,” confides Sarah, “so I began researching dentists in the extended area. I looked up who they were, what they had done, where they had studied, and what their credentials looked like. Additionally, I asked a lot of friends for recommendations, and everyone pointed me to Dr. Brown.”

Clark F. Brown, Jr., DDS, is a comprehensively trained and experienced dentist who has practiced implant, cosmetic, and general dentistry in Melbourne for more than 28 years. It was approximately three years ago when Sarah scheduled her first consultation with Dr. Brown.

The Consultation

“During my first consultation with a new patient, I carefully review the medical history,” describes Dr. Brown. “Then we go over the types of problems the patient may be having and the goals she or he wants to achieve.”

“Of course we take x-rays, which enables me to see the condition of the teeth and how much bone a patient has, and then we sit down together and discuss how we can reach his or her goals. We discuss all options available to achieve the desired results, and the cost and time involved.”

Dr. Brown spends enough time with his patients so that they can make educated decisions.

“When Sarah first came to us, she was unhappy with the appearance of her smile and was looking for a full mouth restoration,” recounts Dr. Brown. “She was suffering from severe bone loss around her existing teeth and didn’t have enough stability to build bridges on her teeth.”

“That meant that Sarah was left with two reliable options. One was a denture that would have required removal for cleaning. The other was an implant-supported bridge, which is more comfortable and stable than something that is removable. The use of implants was as close as we could come to replacing her own teeth.”

Implants look, chew, and feel like natural teeth as well as stimulate the bone, causing it to strengthen and grow.

“The implant-supported fixed bridge has several advantages over a denture,” informs Dr. Brown. “Whereas a denture feels like there is something foreign in your mouth, the fixed bridge feels like your own natural teeth.”

“Second, even a well-fitting denture can still move because it is sitting on the gum tissue, which is soft and moves a little bit. Implant-supported teeth are not going to move at all.”

“Third, taste buds are found not only on the tongue but also on the roof of the mouth. Because a denture covers those nerve endings on the roof of the mouth, it affects not only the sense of taste but also of food temperature and texture, which plays into your whole eating experience.”

“My teeth were falling out,” says Sarah, “and I didn’t want to wear dentures; I wanted something more permanent.”

Dr. Brown designed a treatment plan for Sarah, and she decided to have full fixed bridges. The bridges would be secured by six implants in the maxilla, or upper jaw, and six implants in the mandible, or lower jaw.

IV Conscious Sedation

Dr. Brown also offered Sarah the option of having IV conscious sedation during the placement of her implants. This level of sedation is often referred to as *twilight sleep*. It allows the patient to be relaxed and comfortable throughout treatment, and usually results in no memories of the dental procedures. Sarah chose to have the sedation. “I was very comfortable being able to sleep throughout the procedure,” she remembers. “I was confident Dr. Brown and his staff would take very good care of me.”

Dental Implants

A dental implant is an artificial replacement for the root of a tooth. The implant provides a foundation on which permanent teeth or removable teeth can be securely attached.

“The first stage is to place the implants,” educates Dr. Brown. “These implants are made of titanium, which is an extremely biocompatible material. It is a strong substance that has the ability to actually bond to the bone.”

This process is called *osseointegration*.

“At times we can place an implant and immediately place a tooth over it. The success rate of that procedure is less than if we let the implant heal first, especially if the tooth is in the back where it will be subjected to a lot of pressure,” informs the doctor.

During the placement of implants, the tissue over the implant site is opened to expose the bone. A recipient space is created in the bone to the exact shape of the implant, and the implant is then placed into the bone. The tissue is repositioned and secured with sutures.

Once the implant and bone have fused, which takes approximately four months, the top of the implant is uncovered, and replacement teeth are attached to the implants.

Implant-Supported Fixed Bridges

Dr. Brown determines the number, position, and direction in which to lay the foundation of dental implants to maximize success. He also works carefully with each patient to achieve the desired design and aesthetics of the replacement teeth. Because Dr. Brown performs both the surgical placement of implants and the design of the restorations, the possibility of miscommunication between the implant surgeon and the restorative dentist is eliminated. He knows exactly how the placement of each implant was performed and how to best utilize the implant for the final crown or bridge.

“There are many shapes, styles and colors of teeth that patients can choose from,” acknowledges Dr. Brown. “It is interesting, though, that teeth usually conform to the shape of the person’s face, whether it is round, oval or square.”

“Although the denture I wore (during healing) was very good and certainly looked natural, there is no comparison between a denture and an implant-supported bridge,” emphasizes Sarah.

“I love my new teeth, and unless I tell someone, no one knows that they’re implants. I don’t even think of them as implants; they’re my teeth and they are permanent. I treat them just like my own teeth: I brush, floss, and gargle. I’m so grateful they have the technology to do this.”

“In fact, they are so beautiful and natural looking that they inspired my husband to go to Dr. Brown.

Double

Mr. Brooks was so impressed by his full mouth restoration that he wanted his teeth done too! The new technology, it’s new and sparkling smile

CLARK F. BROWN, JR., DDS, P.A.

PHOTO BY DENNIS BRANDS



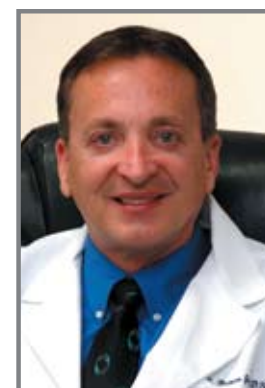
Sarah and Dempsey both r

“Dempsey has never really liked going to dentists, but he was so impressed with Dr. Brown and how he took care of me that he scheduled an appointment for himself.”

Porcelain Bridges

“Dr. Brown and his staff are courteous and very patient-friendly,” observes Dempsey. “They made every effort to accommodate us, and they did such a fine job for Sarah that I decided to have some work done myself.”

“Dempsey was concerned with his diastima, which is a gap between two adjacent teeth,” describes Dr. Brown. “Dempsey’s space was between his two



Clark F. Brown, Jr., is a member of the American Board of Oral and Maxillofacial Surgery. He is a graduate of the University of Florida and a board certified doctor of dental surgery from the University of Florida. Dr. Brown served in the Air Force from 1978 to 1982. He is a member of the American Board of Oral and Maxillofacial Surgery, the American Society of Osseointegration, and is a fellow of the American Society of Oral and Maxillofacial Surgeons and the International Congress of Oral Implants.

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mediate brilliant, happy smiles.

Jr., DDS, is board certified by the Board of Oral Implantology/Implant. He earned his undergraduate degree from the University of California, San Diego, and his dental surgery degree from Georgetown University. He served as a dentist in the U.S. Army from 1968 to 1981. He has been in private practice since 1981. He is a diplomate of the Board of Oral Implantology/Implant and a member of the International Congress of Oral Implantologists, the American Academy of Implant Dentistry, and the American College of Implantologists.

front teeth, and because he also had spaces on his upper right and upper left where teeth had been extracted, his teeth were shifting, causing the gap to widen."

Dr. Brown created a treatment plan for Dempsey, which included a large, fixed bridge on the upper right and across the front that filled in all the spaces and diastemas. To fill in remaining space in the upper left area, a single implant would be used to support a CEREC porcelain crown.

CEREC 3-D dentistry

Traditionally, those in need of a crown could expect to visit the dentist twice:

A MESSAGE FROM DR. BROWN:

First impressions are strong and lasting, and most people interpret your smile as a reflection of your personality. A pleasing smile makes a very positive first impression on people, where a poor smile is often greeted with reservation and caution. Only if a relationship develops do we really get to know the person behind the smile.

A 2004 scientific survey conducted at the Medical College of Wisconsin found that 99.7% of the respondents believe a smile is an important social asset. The same survey found that 96% of adults believe an attractive smile makes a person more appealing to the opposite sex, and 74% felt that an unattractive smile could hurt a person's chances for career success. It was determined that the characteristics people are most likely to notice first about someone's smile include straightness, whiteness and color of teeth, any missing teeth, the sparkle of the smile, and sincerity of the smile.

In my office, I use the most advanced techniques and materials available to create an attractive, positive smile. I look at the patient, listen to what they want to achieve, and together we plan the end result. This is the most important and most difficult aspect of treatment. Several people, both in the forefront and behind the scenes, are often involved in creating the desired appearance. In the forefront are the dental hygienists, dental assistants, treatment coordinator, and me, who all work directly with the patient. Behind the scenes are the laboratory technicians who create custom restorations to perfectly suit the needs of each patient.

We all work together, ensuring a winning smile for the patient.

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FELT THAT AN UNATTRACTIVE SMILE COULD HURT A PERSON'S CHANCES FOR CAREER SUCCESS

For more information, please visit www.drimplant.com.

Here for you

Dr. Brown looks forward to meeting the readers of *Brevard Health Care News*. For additional information or to schedule an appointment, please call **(321) 259-9429**. The office is located at **2113 Sarno Rd.** in Melbourne.

once to have impressions made and a temporary crown created and again to have the newly-fabricated permanent crown placed. The time between visits — usually two to three weeks — allowed dental impressions to be sent to a dental laboratory, where they would be used to make the permanent crown.

"CEREC 3-D's CAD/CAM dentistry eliminates many of the steps involved in making crowns," informs Dr. Brown, "limiting the time needed to a single appointment for the patient."

The process of creating a CEREC crown or a tooth-conserving CEREC restoration is relatively simple.

With the CEREC 3-D, Dr. Brown takes digital images instead of impressions and creates a virtual model of the tooth. He is able to see every integral part of the tooth in three dimensions. "I can shape and form every fraction of each crown and restoration with this 3-D software. Once I complete the computer-generated design, the crown is milled here, in my office, from a solid block of porcelain. It is then finished, stained and glazed, and cemented onto the tooth or implant at the same visit.

"The entire process takes approximately one and a half hours."

In addition to fashioning full-porcelain crowns, CEREC has the ability to design and contour all types of porcelain restorations, including onlays, inlays, and veneers. An *onlay* replaces part of a tooth, including one or more points or cusps of the tooth. An *inlay* is a custom-made filling, and a *veneer* is a thin layer of porcelain that fits over the front of the tooth.

Dr. Brown points out that the material used to create CEREC crowns is the closest thing in dentistry to human enamel. The natural-looking material is anti-abrasive and plaque-resistant, making the crowns reliable and long-lasting.

"There are no metals involved," assures Dr. Brown. "The material is the most biocompatible available."

"It's worked out beautifully for me," observes Dempsey.

"He looks ten to fifteen years younger," adds Sarah. "It's made such a big difference."

"I even enjoyed the process," admits Dempsey. "You don't mind going to a dentist who doesn't hurt you, even when you're having extensive work done."

"Dempsey and I are both so happy," concludes Sarah, "Dr. Brown is now our general dentist." **FHCN—Kris Kline**