

MONTAGAGE

FALL
2010



The 2010/2011 MDHA Executive and Board

Back Row(L-R) Tara-Lee Swanston, Cindy Niziol, Lorraine Roberts, Deanna Mackay, Roxie Trembath, Ashley Fehr, Karen Kiazyk Kaatz

Middle Row (L-R) Kathy Griffiths, Tara Kinchen, Cynthia Wiebe, Jennifer Seeman, Kim Dewar, Kaleigh Warden, Shauna McGregor, Mary Bertone

Front Row (L-R) Andrea Fruehm, Cara Charlton, Melanie Peters, Danielle Duprat, Jaime Sommers

Missing: Signe Jewett, Diane Girardin, Rolanda Pelltier, and Erin Mirecki

With a good bye, there is always a hello!

The MDHA is excited to welcome the Executive Board and all MDHA Committee Members, Appointed Officers and Official Representatives for the 2010 - 2011 membership year! Thank you for volunteering your time and giving back to your association and profession!

The MDHA would like to thank Leanne Enns, Shora Niaboli, Trish Wittmeier, Myra

Gregory, John Babick, Amy Sonnenberg, Maria Borges & Tammy Delrado who have stepped down from the MDHA this past year. Your time and effort with the MDHA has not gone unnoticed and we would like to express our gratitude for your commitment to your profession and your association.

If any member is interested in volunteering their time with the

MDHA in any capacity, we would love to hear from you! Please email us at info@mdha.ca or call us at 981-7327.

Continued on page 9.

Inside this issue:

Employment Opportunity	2
Professional Development Calendar	7
MDHA Executive and Board	9
MDHA's New Partnership	17



MDHA VISION

To be the collective voice of Manitoba Dental Hygienists in promoting the profession; cultivating partnerships with member-owners and other stakeholders and empowering our member-owners for the good of the profession and the public

MISSION STATEMENT

To advocate and promote the profession of Dental Hygiene; represent our member-owners, encourage lifelong learning and evidence based practice; and provide education & health promotion to the public. This includes:

- Acting as the collective voice, resource and advocacy body for Dental Hygienists
- Providing professional development and social networking opportunities
- Encouraging continued growth and development of the profession
- Creating public awareness of the profession of Dental Hygiene
- Providing opportunities for health promotion, education and community outreach

President's Message

It's that time of year again where we start to see the days getting shorter, the leaves changing colour, students heading back to school and the MDHA back at it for another year!

Over the summer the MDHA was busy tapping people on the shoulder and gently nudging and encouraging members to step up to the plate and I am very happy to report that we have a great group of MDHA members making up this year's Executive Board, Standing Committees, Appointed Officers and Official Representatives!

I would like to take this time to THANK those individuals who have put their names forward and have become actively involved in our association. We have a busy, yet exciting year ahead of us filled with outreach events, National Dental Hygienists Week, an awesome Professional Development calendar with great courses being offered throughout the year, establishing working relationships with other health professions and health groups and the list goes on and on! With the strong and dedicated group we have working together, the MDHA is bound for a successful year!

The MDHA is YOU and without YOU we would have no association. We need feedback from our members and we need YOU to tell us what you want your association to do for YOU. At any time this year, please feel free to contact myself (kgriff@mts.net) and share with me your vision for the MDHA or any questions or comments that you have. My door is always open, my ears are always ready to listen and I'm always up for a cup of coffee! I look forward to meeting more members this year and hearing what members want.

Don't forget that the CDHA/MDHA renewal time is NOW so please visit the CDHA website (www.cdha.ca) to renew your membership online anytime now!

Kathy Griffiths, BSc, RDH
MDHA President

Employment Opportunity!

Beausejour Dental Centre is looking for a part time hygienist to work two full days per week starting in January 2011. If interested please call Dr. Griffin Norris or Dr. Chris Kiazzyk at
(204) 268-1782

Read & Win!

Once again we have had another successful session of our Read & Win contest.

Answers to the last Read & Win questions are:

- 1) Healthy Smile, Healthy Child Project (HSHC)
- 2) The 2010 Alumni of Distinction & Awards Banquet
- 3) Osbourne House and Prince Edward Elementary School

First person that correctly answered the questions was:

Karen Sigurdson

The following two MDHA members were randomly drawn from those who entered:

Tara Kinchen
Harriet Rosenbaum

Congratulations you all have won a \$10 gift certificate to Tim Horton's.

See page 19 for this issue's Read & Win questions!

Employment

Members, if you are looking for employment do not forget to check our website for job postings which are regularly updated. Just visit us at mdha.ca and click on *Employment Opportunities*. Also contact us if your office needs to place a job posting at: employment@mdha.ca.

President Elect's Message

Let's start with a dental fun fact - Did you know: An elephant's tooth can weigh three kilograms? That's heavier than a 4L jug of milk!

Hello! My name is Kaleigh Warden and I am your new MDHA President Elect for the 2010/11 term. I am thrilled to accept this position and look forward to the opportunities and challenges that lie ahead.

For those of you who don't know me, let me introduce myself. I graduated from the University of Manitoba, School of Dental Hygiene program in May 2009. I currently work full time at a general dental practice in the south-end of Winnipeg. I also work one day a week at a Prosthodontic office in downtown Winnipeg. This combination of work environments keeps me continuously learning and expanding my Dental Hygiene skills. I spend most of my free time enjoying time with friends, running, reading, and watching endless hours of HGTV (the Home and Garden channel) as I am in the process of building my first home. We are scheduled to move in at the end of October and can't wait!

Shortly after graduation, I decided to join the MDHA Board. I began as a Board Member, and for the last several months I have been working hard on the Mentorship Committee. The Mentorship Program proves to be very exciting both for the student - who will benefit greatly from our knowledge and first-hand experience, and for us - who will have the satisfaction of helping someone, as well as a mechanism for staying involved and in touch with the School of Dental Hygiene and current research and literature. It is an exciting and rewarding program that I am excited to be involved in.

In the year that I have been on the Board, I continually see, and am often amazed by our Association and the work it does for its member-owners and the community as a whole. I consider myself lucky to work with such a devoted and committed group of professionals. It is inspiring and has motivated me to do as much as I can for the benefit of our profession. This is such an exciting time to be a Dental Hygienist. The profession continues to grow and evolve, and offer new opportunities for us to expand our knowledge and skill set.

I hope to see you at the next MDHA event. Come out and get involved. If you would like to contact me with a comment, idea, or issue - I'd love to hear from you! I can be reached at kwarden@mdha.ca.

"Do not follow where the path may lead. Go instead where there is no path and leave a trail." - Harold R. McAlindon

Sincerely,
Kaleigh Warden, RDH

Andrea Moore O'Connor, BHE
Product Specialist
Cell: (204) 793-3866

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Executive Director Report

Fall has always been my favourite time of the year. The hot, sunny days of summer have given way to the cool, crisp mornings when I can see my breath, the changing colours of the season, and the slight chill in the air on those sunny afternoons that is so invigorating to me. My overall pace begins to pick up again - work gets back into the normal post-holiday rhythms, school is back in session....for me, fall is always a time to refocus my energy. A time to reflect on the summer I had, but more importantly to look at where I'd like to go in the next few months before winter truly sets in.

In early summer, the executive board presented a new vision and mission statement. The summer has provided a chance for everyone to pass on comments, to tell us if it reflects your desired goals and the direction you would like your association to move in. The feedback we've received so far has been positive and I'm looking forward to helping make our new objectives become reality. This is an exciting time for MDHA - change is in the air! I encourage everyone to be open to change - because through change, we can make the association better. This is an opportunity to really make the association your own. Take time to volunteer at an MDHA event, reach out into your community either with a group or on your own, share your profession as a Dental Hygienist with others - the possibilities are endless. The executive board is working to put together a year full of opportunities for development, enrichment, networking, and promoting your profession. If you have an idea, let us know - we're open to suggestions and we'd also be happy to help you with opportunities that you identify in the community.

The Dental Hygiene profession will continue its evolution this year, as it has every year prior to this and will continue to in the future. Take some time to refocus on why you're a dental hygienist and what you hope to both give to, and receive from, your profession. Use this time to also think about where you'd like your association to be in three months, six months, twelve months; and think of how you can get involved to make this a reality. Then share your thoughts with us so that together, we can do this! MDHA is as strong as its members - collectively, we have a voice and can contribute to the evolution and promotion of Dental Hygiene.

Enjoy these lovely autumn days and the beauty of the changing season!

Cynthia Wiebe

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Dental Hygiene Professional Development Calendar 2010/2011

November

15th

Manitoba Dental Hygienist Lecture Series

“The Bug Lady” Back by popular demand!

Ms. Monique Liarakos, BA, RN, BN
Faculty of Dentistry,
Room: Schwartz Theatre
7:00pm–9:00pm

27th

How to search for the answers

Ms. Lola Wong, BSc, MLIS
Faculty of Dentistry,
Room: Schwartz Theatre
9am - 1pm (Half day)

January

28th

MDA 126th Annual Mid-Winter Convention

Back by popular demand!

Topic TBA
Ms. Betsy Reynolds,
RDH, MS
9:30am - 4:30pm

February

28th

Manitoba Dental Hygienist Lecture Series

Tools of the Trade!
Hu-Friedy Regional Account Manager
Linda MacEachern
Faculty of Dentistry,
Room: Schwartz Theatre
7:00pm–9:00pm

March

12th

Fluoride Update & Tobacco Cessation for your Client

Dr. Doug Brothwell, DMD, BEd, DDPH, MSc
Faculty of Dentistry,
Room: Schwartz Theatre
9am - 1pm (Half day)

April

4th

Manitoba Dental Hygienist Lecture Series

Topic and Speaker TBA (Chosen by you)
Faculty of Dentistry,
Room: Schwartz Theatre
7:00pm–9:00pm

Please make a note of Dr. Brothwell's course time is 9am-1pm

NOT 7-9 pm

MDHA Lecture Series: MDHA Members ONLY. Cost for complete series \$120

MDHA Half Day Sessions: MDHA Members \$60, Non-members \$100

Interested/Questions call us at: 981-7327 or send an email to info@mdha.ca

THE IMPACT OF ATTENDING THE ISDH IN GLASGOW, SCOTLAND

Lorraine Roberts BSc, RDH, and Kyle Conrad BSc, RDH

This past July we both had the great opportunity to experience the International Symposium on Dental Hygiene (ISDH) in Glasgow, Scotland. We were thrilled when our abstract "A WISH for Access to Care: The Winnipeg Interprofessional Student-run Health Clinic" was accepted for a fifteen-minute oral presentation since there were only 20 oral presentations offered world wide. All-in-all, Manitoba had very good student representation. Michael Alvermere, a classmate of ours, also had his poster presentation "From the Congo to Canada - Bringing Along A Smile" accepted for the conference.



Lorraine Roberts, Kyle Conrad, Michael Alvermere

Our Presentation

Our road to Scotland did not start when we boarded a plane to cross the Atlantic Ocean. We first had to take care of logistics such as securing funds, booking rooms and registration details. We all worked together and were fortunate to find we had overwhelming support from both corporate and Dental Hygiene organizational groups.

We then designed and prepared our presentation. We practiced for hours and knew our material inside and out, and were relieved when our presentation went over very well. We spoke about getting the WISH Dental Hygiene Clinic up and running. We were able to address the four main goals of this unique clinic: access to care and legislative influences, sustainability, the role of dental hygiene in holistic care, and the promotion of our profession to the public as well as other professions. It was very gratifying to receive overwhelmingly positive feedback. It was also exciting to hear that some of the audience members would love an update on how the operational clinic is doing at the next ISDH in South Africa in 2013.

It was also interesting to take in some of the other oral presentations from our colleagues from all over different parts of the world. Not only was their work inspiring, but some spoke in front of large crowds in English, their second language. This is amazing considering it would be equivocal to one of us going to China and giving the presentation in Mandarin for them! Truly, we have some incredible people in dental hygiene and it was an honour to meet them. Following all oral presentations, there were to be prizes given for the top three. The committee deemed it was just not possible to pick top presentations, and drew from a hat instead. This gave further credence to the quality of work being done by dental hygienists around the world.

The Conference and Scotland

It was exciting to be able to speak to dental hygienists from different parts of the world. We personally spoke with some from the U.S. and London, and even met two recent grads from Alberta, with whom we ended up hanging out with outside the Conference! We also liked that some dental hygienists wore the traditional garb of their

Continued on page 15



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2010 CPR for MDHA Courses

Thursday - Aug 19 / 6-9 pm
Thursday - Sept 16 / 6-9 pm
Tuesday - Sept 28 / 6-9 pm
Saturday - Oct 16 / 9:30 - 12:30
Saturday - Nov 6 / 9:30 - 12:30
Wednesday - Nov 17 / 6-9 pm
Saturday - Nov 27 / 2-5 pm

Saturday - Aug 28 / 9:30-12:30
Saturday - Sept 25 / 9:30 - 12:30
Wednesday - Oct 6 / 6-9 pm
Thursday - Oct 28 / 6-9 pm
Tuesday - Nov 9 / 6-9 pm
Thursday - Nov 25 / 6-9 pm

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Executive Board

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President – Kathy Griffiths

President-Elect – Kaleigh Warden

Past-President – Deanna Mackay

Secretary – Danielle Duprat

Treasurer – Roxie Trembath

CDHA Representative – Mary Bertone

Membership Committee Chair – Andrea Fruehm

Sponsorship Committee Chair – Kim Dewar

PD Chair(s) – Lorraine Roberts & Jennifer Seeman (with mentorship from Mary Bertone)

Rural Representative – Karen Kiazzyk Kaatz

Board Members – Cara Charlton & Ashley Fehr

Student Representatives - 2nd year: Shauna McGregor & 1st year: Tara-Lee Swanston

Standing Committees

Mentorship Committee: Chair - Deanna Mackay;

Committee Members – Erin Mirecki & Kaleigh Warden

Westman Rep – Melanie Peters

Eastman Rep – Rolanda Pelltier

Promotions & Fundraising – Tara Kinchen

Appointed Officers

Job Placement – Cindy Niziol

Archivist/Historian – Signe Jewett

Montage Editor – Deanna Mackay

Official Representatives

Provincial Council of Women of Manitoba (PCWM) – Jaime Sommers

U of M Dental Faculty Council – Diane Girardin

U of M Endowment Fund Advisory Committee – Mary Bertone

Oral Health Team – Angela Rosales

Student Liaison – Mary Bertone

Red River College Dental Assisting Advisory Committee – Cindy Niziol

oraqix®

(lidocaine and prilocaine
periodontal gel) 2.5% / 2.5%



Prescribing Summary



Patient Selection Criteria

Product monograph PART I: Health Professional Information SUMMARY PRODUCT INFORMATION

Route of Administration	Dosage Form / Strength	All Non-medicinal Ingredients
Topical Periodontal Administration	Gel / Lidocaine 25 mg/mL; Prilocaine 25 mg/mL	Hydrochloric Acid, NF, Ph Eur Poloxamer 188, purified Poloxamer 407, purified Purified Water, USP, Ph Eur
DO NOT INJECT		

INDICATIONS AND CLINICAL USE

Adults

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is indicated for topical application in periodontal pockets for moderate pain during scaling and/or root planning.

ORAQIX® should NOT be injected.

Geriatrics (> 65 years of age): There are limited data available on the use of ORAQIX® in the elderly. Greater sensitivity of some older individuals cannot be ruled out. Caution is advised in dose selection for the elderly (see WARNINGS and PRECAUTIONS, Special Populations, Geriatrics).

Pediatrics (< 18 years of age): ORAQIX® is not recommended to be used in children (see WARNINGS and PRECAUTIONS, Special Populations, Pediatrics).

CONTRAINDICATIONS

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is contraindicated:

- in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product;
- in patients with congenital or idiopathic methemoglobinemia



Safety Information

WARNINGS AND PRECAUTIONS

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) must not be injected.

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) should not be used with standard dental syringes.

General

Allergy: Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock. If these reactions occur they should be managed according to standard clinical practice.

Methemoglobinemia: Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin inducing agents. Methemoglobinemia has also been associated with amino- or nitro-derivatives of benzene e.g. aniline, dapsone and lidocaine although reports on the link between lidocaine treatment and methemoglobinemia are limited. Methemoglobinemia is well documented in relation to prilocaine and lidocaine combination treatment and correlated with exposure to prilocaine and the plasma levels of its metabolite *o*-toluidine.

Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) should not be used in those patients with congenital or idiopathic methemoglobinemia.

Patients taking drugs associated with drug-induced methemoglobinemia are also at greater risk for developing methemoglobinemia. Treatment with ORAQIX® should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment (see DRUG INTERACTIONS, Methemoglobinemia).

The development of methemoglobinemia is generally dose-related. Levels of methemoglobin observed after application of the ORAQIX® in clinical trials did not exceed normal values (i.e. <2% of the individual patient's total hemoglobin). The individual maximum level of methemoglobin in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g ORAQIX® (see OVERDOSAGE, Methemoglobinemia).

Cardiovascular

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) should be used with caution in patients with severe impairment of impulse initiation and conduction in the heart (e.g. grade II and III AV block, pronounced bradycardia) since these subjects may be particularly sensitive to local anesthetics and potential cardiac depression (see also DRUG INTERACTIONS – Antiarrhythmics)

Ear/Nose/Throat

ORAQIX® should not be used in clinical situations where it can penetrate or migrate into the middle ear. Tests on laboratory animals (guinea pigs) have shown that a cream formulation containing lidocaine and prilocaine has an ototoxic effect.

When the same animals were exposed to the cream formulation in the external auditory canal, no abnormalities were observed. Minor structural damage to the tympanic membrane in guinea pigs was observed when a lidocaine-prilocaine cream formulation was applied directly to the membrane.

Care should be taken to avoid excess ORAQIX® from spreading to the oropharyngeal mucosa.

Special Populations

Pregnant Women: ORAQIX® should be used during pregnancy only if the benefits outweigh the risks. There are no adequate and well-controlled studies to evaluate ORAQIX® during pregnancy. Animal reproduction studies are not always predictive of human response.

Lidocaine and prilocaine cross the placental barrier and may be absorbed by the fetal tissues. It is reasonable to assume that lidocaine and prilocaine have been used in a large number of pregnant women and women of child-bearing age. No specific disturbances to the reproductive process have so far been reported, e.g., an increased incidence of malformations or other directly or indirectly harmful effects on the fetus. However, care should be given during early pregnancy when maximum organogenesis takes place.

Nursing Women: Lidocaine and, possibly, prilocaine are excreted in breast milk, but in such small quantities that there is generally no risk to the infant being affected at therapeutic dose levels due to low systemic absorption.

Pediatrics (<18 years of age)

Safety and effectiveness in pediatric patients have not been studied. Very young children are more susceptible to methemoglobinemia associated with prilocaine treatment and this is related to the development of the enzyme methemoglobin reductase which converts methemoglobin back to hemoglobin. Methemoglobin reductase reaches adult levels at between 3 and 6 months.

Geriatrics (> 65 years of age): Of the total number of subjects in clinical studies of ORAQIX®, 7% were aged 65 and over, while 1% were aged 75 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects. Other reported clinical experience has not identified differences in responses between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS

Adverse Drug Reaction Overview

The clinical safety database included 559 subjects, 391 of whom were exposed to ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) and 168 to placebo gel. In a crossover study, 170 patients exposed to ORAQIX® also received an injection of 2% lidocaine with epinephrine.

The most frequent adverse reactions in clinical trials were local reactions in the oral cavity. The frequency and type of reactions were similar for ORAQIX® and placebo-treatment patients.

The treatment-emergent adverse events observed in three placebo-controlled parallel studies (B1 – B3) are summarized in Table 1.

Table 1: Treatment-Emergent Adverse Events for ORAQIX® in placebo controlled parallel studies (B1 – B3) (≥ 1% and more frequent than placebo)

Adverse Event	ORAQIX® n = 169 (case, %)	Placebo n = 168 (case, %)
Application Site Reaction	25 (15)	20 (12)
Headache	4 (2)	3 (2)
Taste Perversion	4 (2)	1 (1)
Accident and/or Injury	2 (1)	2 (1)
Application Site Edema	2 (1)	1 (1)
Respiratory Infection	2 (1)	0 (0)

Allergic Reactions: In rare cases, local anesthetics have been associated with allergic reactions and in the most severe instances, anaphylactic shock (see WARNINGS AND PRECAUTIONS, Sensitivity, Allergy) Allergic reactions were not reported during clinical studies with ORAQIX®. Very rare cases of anaphylactic or anaphylactoid reactions associated with the use of ORAQIX® have been reported.

For more details on adverse events reported during clinical trials, see ADVERSE REACTIONS in the Supplemental Product Information.

To report a suspected adverse reaction, please contact DENTSPLY Canada Inc. by:

Toll-Free Number: (800) 263-1437

Fax: (905) 851-9809

By regular mail: DENTSPLY Canada Inc.: 161 Vinyl Court, Woodbridge, ON L4L 4A3



Administration

DOSE AND ADMINISTRATION

Dosing Considerations

ORAQIX® is for TOPICAL USE ONLY. DO NOT INJECT. ORAQIX® should not be used with standard dental anesthetic syringes. Only use this product with the ORAQIX® Dispenser, which is available from DENTSPLY Canada.

Conditions where dosing may require adjustment:

- In patients who are administered other local anesthetics or amide type local anesthetics (see DRUG INTERACTIONS).
- In elderly patients or those with impaired elimination, dose selection should be cautious, usually starting at the low end of the dosing range to avoid toxicity due to increased blood levels of lidocaine and prilocaine.

Recommended Dose

Typically, one cartridge (1.7 g) or less of ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) will be sufficient for one quadrant of the dentition. The maximum recommended dose of ORAQIX® at one treatment session is five cartridges, i.e. 8.5 g gel containing 212.5 mg lidocaine base and 212.5 mg prilocaine base.

If additional local anesthesia is needed in combination with ORAQIX®, please refer to the product monograph of each adjunctive anesthetic. Because the systemic toxic effects of local anesthetics are additive, it is not recommended to give any further local anesthetics during the same treatment session, if the amount of ORAQIX® administered corresponds to the maximum recommended dose of five cartridges.

The use of ORAQIX® in children and adolescents has not been assessed and therefore its use is not recommended in patients less than 18 years old.

Administration

Apply ORAQIX® on the gingival margin around the selected teeth using the blunt-tipped applicator included in the package, then fill the periodontal pockets with ORAQIX® using the blunt-tipped applicator until the gel becomes visible at the gingival margin. Wait for 30 seconds before starting treatment. A longer waiting time does not enhance the anesthesia. Anesthetic effect, as assessed by probing of pocket depths, has a duration of approximately 20 minutes (individual overall range 14 - 27 minutes). If the anesthesia starts to wear off, ORAQIX® may be re-applied if needed.

At room temperature ORAQIX® stays liquid; it turns into an elastic gel at body temperature. If it becomes excessively viscous in the cartridge, the cartridge should be placed in a refrigerator until it becomes a liquid again. When in the liquid state, the air bubble visible in the cartridge will move if the cartridge is tilted.

Instructions for application of ORAQIX® using the ORAQIX® Dispenser are provided in the package insert supplied with the ORAQIX® Dispenser.

OVERDOSAGE

For management of a suspected drug overdose, contact your regional Poison Control Centre.

STORAGE AND STABILITY

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is a liquid at room temperature and transforms to an elastic gel at body temperature in the periodontal pockets.

Store at room temperature 15° - 30°C.

SPECIAL HANDLING INSTRUCTIONS

DO NOT FREEZE. Some components of ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) may precipitate if cartridges are frozen. Cartridges should not be used if they contain a precipitate.

Do not use dental cartridge warmers with ORAQIX®. The heat will cause the product to gel.

DOSE FORMS, COMPOSITION AND PACKAGING

ORAQIX® (Lidocaine and Prilocaine Periodontal Gel) is a microemulsion in which the oil phase is a eutectic mixture of lidocaine and prilocaine base in a ratio of 1:1 by weight. This eutectic mixture has a melting point below room temperature, therefore both local anesthetics exist as liquid oils rather than as crystals. ORAQIX® contains poloxamer excipients, which show reversible temperature-dependent gelation. Together with the lidocaine-prilocaine 1:1 mixture, the poloxamers form a low-viscosity fluid system at room temperature and an elastic gel in the periodontal pocket. ORAQIX® is administered into periodontal pockets, by means of the supplied special applicator. Gelation occurs at body temperature, followed by release of the local anesthetics, lidocaine and prilocaine.

ORAQIX® is supplied in single-use glass dental cartridges that provide 1.7 g gel (42.5 mg of lidocaine and 42.5 mg of prilocaine). Each gram of ORAQIX® contains 25 mg lidocaine base and 25 mg prilocaine base. The gel also contains poloxamer 188 purified, poloxamer 407 purified, hydrochloric acid, and purified water. The pH of ORAQIX® is 7.5-8.0.

Individually blister-packaged cartridges of ORAQIX® are distributed in a carton of 20. Each individual blister package also contains a sterile blunt-tipped applicator. The applicator has a blunt-tip end for ORAQIX® application and a sharp-tip end for piercing the rubber top of the ORAQIX® cartridge. Each blunt-tipped applicator is for single use only. Any unused periodontal gel should be discarded.

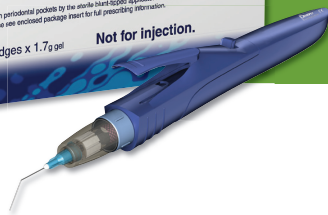
Product Monograph is available on request:
DENTSPLY Canada Inc.: 161 Vinyl Court, Woodbridge, ON L4L 4A3

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Oraqix[®] provides a needle-free, blunt-tipped application that can be conveniently administered by a Registered Dental Hygienist.

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Oraqix[®] is not for injection or use with standard dental syringes. Oraqix[®] (lidocaine and prilocaine periodontal gel) 2.5%/2.5%. Indications and Usage: Oraqix[®] is indicated for topical application in periodontal pockets for moderate pain during scaling and/or root planing. Safety and effectiveness in pediatric patients under 18 have not been studied. Product Characteristics: A subgingival locally applied anesthetic gel consisting of a eutectic mixture of lidocaine and prilocaine in a new thermosetting system, Oraqix[®] dispenses as a liquid, then sets as a gel in the periodontal pocket. Contraindications: Oraqix[®] is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product; and/or in patients with congenital or idiopathic methemoglobinemia. Adverse Reactions: The most common adverse reactions in clinical studies were application site reactions 15%, headaches 2%, and taste perversion 2%.

Reference: 1. Oraqix[®] Product Monograph, DENTSPLY Canada Limited 2009.

DENTSPLY CANADA, 161 Vinyl Court, Woodbridge, ON L4L 4A3



See prescribing summary on page 10

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Q: What does Haggis, Heather and Hygienists have in common?

A: Scotland!

Glasgow, Scotland was host to the International Symposium of Dental Hygiene, Oral Health: New Concepts for the New Millennium this past July 1st to 3rd. I had the privilege of attending the conference to co-present a poster summarizing a year of research into the effectiveness of a suction toothbrush conducted by the University of Manitoba and Deer Lodge Centre. The venue, speakers and hospitality was as amazing as it was memorable. How inspiring it was to see what dental hygienists around the world are doing in research, education, policy, and advocacy. Presenting with me was my friend, colleague and former MDHA member Carol Yakiwchuk. Thank you MDHA for your support! It was my absolute privilege to represent Manitoba Dental Hygienists in this global setting. Please take a look at our submitted abstract...

Respectfully submitted by Mary Bertone

Title: Evaluating a novel suction toothbrush for care-dependent adults with dysphagia

Yakiwchuk CP.^{1*}, Bertone M.^{2*}, Brothwell, DJ.², Ghiabi E.³, Brown S.⁴, Liarakos M.⁴


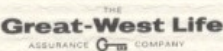
^{*1} Vancouver Community College, Dental Hygiene Department, Canada; ^{*2} University of Manitoba, Centre for Community Oral Health, Faculty of Dentistry, Canada; ³Dalhousie University, Faculty of Dentistry, Canada; ⁴Deer Lodge Centre, Winnipeg, Canada

Aims: The aim of this study was to evaluate the effectiveness of a reusable suction toothbrush compared with a manual soft toothbrush and to obtain caregiver feedback on mouthcare training and toothbrushes used.

Methods: A sample of 30 residents meeting inclusion criteria at 1 facility were invited to participate. The study was approved by the University of Manitoba Biomedical Research Ethics Board. In April, 2007; 125 caregivers received mouthcare training, including a presentation, video, and hands-on practice. Subjects' oral health data was collected at baseline; specifically probing depths; and plaque, calculus, and gingival indices. Following a single session of professional debridement, individuals were randomly assigned to the suction (11) or manual toothbrush group (11) and timed daily mouthcare was started. A follow-up exam and voluntary caregiver questionnaire took place at 1-month.

Results: Consent was obtained from 22 residents (22/30 = 73%) ranging in age from 37-82 years (mean 54.3, SD 14.7), with near equal representation of both sexes (12 females and 10 males). Individuals received a mean of 3.2 (SD 0.9) units of scaling. Findings after one-month revealed improved oral health for all subjects with the following statistically significant improvements ($p < 0.05$) from baseline: Plaque Index 2.9 to 1.0, Calculus Index 1.1 to 0.2, Pocket Bleeding Index 5.9 to 1.7, Gingival Index 1.7 to 0.9 and Probing Depth 3.3mm to 2.6mm. There was no statistically significant difference between the toothbrushes. Sixty of the 125 caregivers (48%) completed the follow-up questionnaire. Feedback was supportive of training, with many preferring the suction toothbrush as an easier, more comfortable and less time consuming method.

Conclusions: Caregiver training and a new mouthcare protocol improved the oral health of adults with dysphagia. The suction toothbrush improved oral health parameters as well as a manual toothbrush, allowing the study to continue to assess pneumonia outcomes for 1-year.



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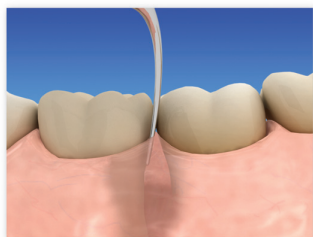
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CDHM Annual General Meeting—October 23, 2010



PLAN TO ATTEND THE AGM

All members on the practising, non-practising and student registers are invited to attend the Annual General Meeting. Here is your chance to learn about the activities of the College in the past year as well as meet our new Registrar/Executive Director, Stephanie Gordon.

Date: Saturday, October 23, 2010

Time: 9:00 am-12:00 pm

Registration starts at 8:30 am-meeting will **start promptly at 9:00**
A light Continental breakfast will be served

Location: Canad Inns Destination Centre, Fort Garry
1824 Pembina Highway, Winnipeg
P: 204-261-7450
F: 204-275-2187

If you require overnight accommodations, please contact the hotel directly and mention College of Dental Hygienists of Manitoba (CDHM) for your special reserved rate.

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- Shopping, hotels, restaurants and breath-taking Stanley Park are all within blocks of the new spacious Vancouver Convention Centre
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Online registration begins October 15th, 2010

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www.pdconf.com

homelands - particularly, the petite Japanese dental hygienists in their kimonos. It almost made us wish that Canada had some sort of traditional attire and we immediately thought of two possibilities: a beaver hat with mukluks and a voyageur's belt, and missing teeth with skates and a hockey stick. We also worked this into the presentation when talking about our scope of practice and mouth guards, which had a few audience members chuckling.

One of our favourite posters centered on how dental hygienists in Australia could join and work for the military. We also met many dental hygienists presenting their own research findings. It drove home the fact that there are many career options for dental hygiene grads, other than private practice. We were also able to gain some contacts and collaboration for Kyle's research projects he is conducting this year. One of the projects centers on Periowave™ and is a randomized, controlled clinical trial. The first day of the conference proved exciting for him when he exclaimed; "this trip was worth it after the first few hours! I was just talking about my research with these guys at the Denfotex booth and they gave me some great ideas - looks like I can collaborate with them!"

Of course, being in Scotland, we had to try haggis which is traditionally prepared inside a sheep's stomach. A Ceilidh (pronounced Kayleigh), which is a traditional Scottish dinner and dance was held on the Saturday night during the Conference, and was a blast. The Scottish men wore their kilts, and the dinner itself consisted of Haggis, neeps (mashed turnips), and tatties (mashed potatoes). Afterward, we all tried learning a few folk dances.

Because of our fulfilling experience with this great opportunity, we would like to take this time to encourage our fellow dental hygienists to pursue future endeavours that work towards increasing access to oral health care, such as the WISH clinic. We also encourage everyone who ever has the opportunity, to attend conferences such as the ISDH in the future. These opportunities to collaborate and learn can leave you with long lasting inspiration and valuable connections.

The Dental Hygiene Clinical Component of WISH

Many are playing a crucial role in this project which looks to provide very valuable care for people in need. Indeed, we are able to utilize our new legislation we now possess to increase access to care for people in Manitoba as is stated in the mission statement from the CDHM: "Ensuring the public has access to safe, competent dental hygiene care and expertise that contributes to improved oral and overall health."

We will all be advocates for our profession in exploring the potential of Interprofessional Education and Practice since there will be opportunities to collaborate with at least 12 different professions. For example, we may serve as a consult for medical doctors on the many oral conditions which affect the patrons, or work with an occupational therapist to devise a better toothbrush for a client we are treating.

We are also a model for the inclusion of dental hygiene in other clinics. Recently, we have been involved with web conferences to the UK with a group of people trying to set up their own student run clinic. It is great to see that we are already having a positive impact across the pond! As we learn and evolve, we can pass this knowledge along to others and help make the connections needed to be able to include dental hygiene in clinics all over the world. This year will be a start to what may very well become a large movement.

At the end of the day what makes this such a unique and wonderful project is the interplay of larger health care concepts such as the Social Determinants of Health, Dental Hygiene concepts such as Client, Environment, DH Therapies and Oral health/health, interprofessional education/practice and the promotion of dental hygiene, the School of Dental Hygiene and increasing clinical and health promotion experience, legislation and the reciprocal influences, the role of students and all of this working together to form WISH, and above all increasing access to sustainable, holistic health care!

We will continue to have Manitoba dental hygienists in the forefront of professional progression and this project is a part of that. If you would like more information on this worthwhile endeavour contact Kyle Conrad (wish.dentalhygiene@gmail.com). You can also visit the WISH Clinic website (www.wishclinic.ca). Kyle is the Dental Hygiene Student Clinical Coordinator and a member of the WISH Clinic Student Executive Counsel.

Thank you

Many thanks to our co-authors Mickey Wener, Kellie Hilebrandt, and Laura MacDonald for their continued input, encouragement, and support. Special thanks also to the MDHA, without whose financial support our attendance would not have been possible. Thank you all for the opportunity of a lifetime!



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Register on-line at rdhu.ca and we will keep you updated with upcoming courses and seminars. Stay tuned for our next P & G rdhu Study Group beginning September 2010 – June 2011. Limited registration begins March 2010. Waiting list has already started. Don't miss out! This is a great way for you to advance your Quality Assurance requirements.



EXPLORING OPPORTUNITIES FOR ALTERNATIVE DENTAL HYGIENE PRACTICE SETTINGS

CDHM - MDHA Support and
Study Group

The College of Dental Hygienists of Manitoba and the Manitoba Dental Hygienists Association are pleased to announce their partnership in the continued offering of the support and study group focused on exploring alternative practice settings. This collaboration will allow the study group to better meet the learning needs of the participants as the CDHM will focus on legislation, access to care and public safety, while the MDHA will focus on the entrepreneurial aspect of practice.

Practicing Dental Hygiene Registrants

Watch for your invitation to participate in an independent Provincial Dental Hygiene Survey in early October 2010!

The survey will be sent via email to CDHM electronic subscribers and available on the CDHM website.

Thank you for considering
participating.

Joanna Asadoorian,
Principal Investigator, University of
Manitoba

MDHA Members Reaching Out To The Community



Michael Alvermere, Jennifer Seemann, Kyle Conrad

August 8th, 2010 was sunny and clear - a perfect day for the 2nd Annual Wish Family Fun Day BBQ. Recent dental hygiene graduates Kyle Conrad, Lorraine Roberts, Michael Alvermere, Jennifer Seemann and Amber Daniels were busy pitching in to help staff the event. "When people think about the profession of Dental Hygiene, they tend to forget that one of our

core commitments is to become involved in charitable activities that aren't immediately related to providing clinically-based care" states Kyle. Lorraine added in "helping to arrange and run an event like this helps to raise the profile of dental hygiene among a population that could really benefit from our services". Kyle and Lorraine have worked tirelessly over the last several months to allow dental hygiene students and their mentors to provide free dental hygiene care to the residents of the Point Douglas community. The Wish Clinic is operated out of Mount Carmel Clinic at 886 Main Street.

Kyle, Michael, Lorraine, Amber and Jennifer took turns staffing the dental hygiene booth for the day and talked to the visitors that stopped by. "It is clear that the residents of this community want dental hygiene services that are localized and provided by people they can trust - holding events like this helps build-up that trust" states Michael. "Being here also helps to familiarize the other health care professions with the capabilities of our profession and us with theirs so interprofessional collaborations can begin to occur way more routinely" states Jennifer. Throughout the course of the day, a range of booths were available for the attendees to visit such as fire safety demonstrations, literature on various health-related topics including smoking cessation and diabetes management advice, clothing giveaways, and of course - complimentary food. Other volunteers helped to distribute snacks and bottled water and were kept busy virtually all day as the numbers easily exceed that of last years event which was well over 500 people. "It was really great to hear directly from the attendees that they really appreciate our work and rely on our services - I'd do it again in a heartbeat" Amber added.

The day ended with a number of free draws and announcements and then the volunteers pitched in again to help clear away the booths, tents and displays. "I'm really happy to see that we were able to get our people to help out and represent our profession" states Kyle, "now that this looks like it will be a regular event, I hope that our other colleagues will join in to help make it an even bigger success". Jennifer agrees "volunteering at events like this helps to meet the needs of so many people at the same time that I hope that more dental hygiene professionals take the chance to get involved".

Written by Michael Alvermere, RDH

School of Dental Hygiene, University of Manitoba

March 25-27, 2011 or April 29-May 1, 2011

Local Anesthesia Course

Course Description: This course will prepare the dental hygienist to become competent in the administration of both block and infiltration local anesthesia. Emphasis is placed on the mechanisms of pain and a thorough understanding of the pharmacology of dental drugs and their interactions with the client's current conditions and medications. The course consists of a minimum of 6 weeks of self-study prior to the 3-day workshop. Examination of didactic material will occur on the first day of the workshop following a review of didactic materials. The 2nd and 3rd days of the workshop will consist of the clinical administration of anesthesia on each other. This course is recognized by the following provincial licensing authorities: BC, AB, SK, MB.

Required Textbooks: 1. Pain Management Study Guide (Salme Lavigne)
2. Handbook of Local Anesthesia (5th Ed.)(Stanley Malamed)

*Both are available at the University of Manitoba, Health Sciences Bookstore, 727 McDermot Avenue (Open Monday to Friday from 9:00-5:00 pm and Saturday from 12:00 - 4:00pm)

Tel: (204) 789-3601, Fax: (204) 789-3901, E-mail: medbookstore@umanitoba.ca

Duration: Minimum 6 weeks self-study. 24 hour course attendance. (Friday, Saturday, Sunday)

Cost: \$950 Payment in full with registration form (payable to the University of Manitoba)

Registration: Full amount due February 1, 2011 (March 25-27) or March 7, 2011 (April 29-May 1)

If interested or need more information contact Lisa Chrusch at the School of DH at 272-3062



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We are currently in the process of planning for next years professional development calendar and we need your help. MDHA would like to know which topics, speakers, courses you would be interesting in attending. Our goal it to provide YOU the member with a professional development calendar that will help you achieve your continued growth and development as a dental hygienist.

Read & Win!

First MDHA member to correctly answer the questions and emails their response wins a \$10 gift certificate. Two additional entries will be randomly chosen to win a \$10 gift certificate!

- 1) Who is MDHA's current President?
- 2) What time does the professional development course Fluoride Update & Tobacco Cessation for your Client start at?
- 3) Who is MDHA's newest partnership with?
- 4) When should you start watching for the independent Provincial Dental Hygiene survey to be sent out to you via email?

GOOD LUCK!!



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