

# How Smile Restoration Can Change a Life



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It is not often that dentists have the opportunity to change not only the patient's smile but also their feelings about themselves and those around them. The era of restoring teeth to look natural has come and gone. Many, if not most, of our patients ask for "refrigerator-white" shades that most dentists abhor. However, dentists deal with John Q. Public, and what we see as correct and proper in a patient's treatment is not necessarily what they have in mind.<sup>1</sup> The astute clinician, however, can guide the patient through the decision process and help them identify the best choices esthetically to prevent them from going from yellow, worn teeth to white, square teeth.

Additionally, we notice that the average dental patient presents to us with one or more of the "big 3" diseases: periodontal disease, tooth disease, and/or occlusal disease. It is the duty of the restorative dental practitioner to come up with solu-

opinion, wise choices of treatment options along the way create expectations for the treating dentists that far exceed those of the patient. This is the key to a successful dental practice. Although most of our practices continually and routinely provide comfortable, esthetic, and functional treatment, we unknowingly also alter the patient's own percep-

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tion of themselves and their lives. A case in point is presented here. Oftentimes, at the final photograph shoot appointment, patients who have gone through these positive, life-altering, dental experiences express themselves in ways that previously were masked in anxiety to-

pective treatment. Treatment of the patient, and not the smile, is prudent and suggested. It just so happens to be, thanks to modern dentistry, very esthetic, functional, and long lasting. The case presented here illustrates the use of scientific principles, proven techniques, and the correct choice of "seasonings" to create the ultimate result.

## Case Study

In the mid 1980s, an adolescent patient with several dental concerns, many of which were easily treatable, presented with her parents. Her occlusal disease, which was diagnosed at her earliest appointment, was left untreated

subsequently pursued treatment with a participating dentist in another local practice at which time she had routine prophylaxis and was palliatively treated for caries. As the patient matured, she began to notice the wear and shortening of her dentition (Figures 1 through 5). There also seemed to be a marked reduction in her occlusal vertical dimension (Figure 6). Concurrently, she suffered from frequent, severe headaches. By looking into the patient's eyes, it was obvious that she was uncomfortable and troubled by these headaches (Figure 7), which she attributed to stress and her continually changing sleep pattern as a result of working different shifts.

The patient decided to return to the office after an approximate 10-year hiatus, during which time she had routine care by another practice. She was very aware of her condition; however, she did not realize that her headache problems might have been stemming from