A s dentists, we know how important the aesthetics of a patient's smile is to his or her self-esteem. This is an obvious observation, perhaps, but one that I reflect upon daily in my cosmetic dental practice. Why would a patient choose to live with an unattractive smile when there are so many ways to improve it? Of course, we know that financial considerations are often paramount. Many patients simply cannot afford the $5,000 to $10,000 or more it takes to restore their smiles.

In my practice, I've discovered a solution that has proven very successful for patients of all ages, the Snap-On Smile (Figure 1). A product of DenMat and available through Henry Schein, it is a removable restorative appliance that is made much like a retainer. I take the impressions in one visit, and in approximately 2 weeks, I seat the new appliance and make whatever minor adjustments may be required.

For patients hesitant to move forward with either aesthetic or functional treatment, the combination of the 2 that Snap-On Smile represents has significantly increased case acceptance. Snap-On Smile is an excellent interim appliance, maintaining stability—whether for crown and bridge, implants, or aesthetics cases—until the patient is ready for permanent treatment.

The key to Snap-On Smile is that retention is completely tooth-borne and requires no hooks, palatal coverage (very important to patient comfort), adhesives, or framework. The resin fabrication allows the appliance to flex over the heights of contour and "snap" onto the gingival third of the tooth. When a patient has a full complement of teeth, the appliance uses the buccal and lingual aspects of the teeth for retention.

By Lawrence B. Blackmon, DDS

CASE STUDY

A male patient in his mid 30s presented for his regular cleaning and asked me during his exam if I could clean his teeth so well that they wouldn't look chipped, crooked, and discolored (Figure 2). He wore partials and was missing teeth Nos. 3, 4, 10, 13, 14, 20, 21, 28, and 29. He also had 2 retained primary teeth (A, H). Of course, I brought up the possibility of permanent restorations, but he quickly rejected this option as “too expensive.” While I definitely do not agree with this assessment, I understood that he was expressing his desire to look better but that he didn't think he could afford the treatment cost.

At this point, I showed him the Snap-On Smile Patient Demonstration Model from the Practice Development Kit and several before-and-after images of Snap-On Smile patients I had treated. He liked the results but indicated that they probably cost “a fortune.” That's when I discussed the cost of a Snap-On Smile, which is generally in the $1,200 to $1,500 range per arch, and I could see his expression change.

I realize that cost of services is rarely mentioned in clinical articles, but it is an important aspect of the Snap-On Smile. This patient had learned to live with an unsatisfactory smile because he “knew” it would be too expensive to pursue aesthetic treatment options.

After reviewing a payment plan, I took his impressions and sent him to the hygienist. In 2 weeks, he returned for his Snap-On Smile appliance, which consisted of both the full upper and full lower arches. The fitting, with some very minor contouring, took less than 5 minutes, during which time I did not let him view his new smile. I then turned his chair toward a mirror, and his first words were “I can't believe it!” (Figure 3).

In subsequent appointments, this patient has also expressed how easy it is to eat while wearing the appliance and also how comfortable the lack of a framework proved to be. Patients often do not like the bulkiness, the lack of stability (especially while eating), and even the metallic taste of partials. Snap-On Smile answers all of these concerns.

Of course, it’s not permanent veneers or other treatment options, but it is a powerful introduction to what aesthetic restoration can achieve. This patient is now a viable candidate for veneers and completion of implants and/or bridgework since he has expressed interest in how he can make his “great smile permanent.” Adjustments can also be prescribed for patients who require increased vertical dimension to balance and stabilize the bite. As mentioned, the patient in this case had 2 retained primary teeth, so upper and lower diagnostic impressions were taken for the lab to build vertical dimension and achieve the desired occlusal relationship.

CONCLUDING THOUGHT

If you haven't prescribed Snap-On Smile yet, I recommend a trial run with one of your staff or with one of his or her family members. You'll experience what a difference it can make in someone’s life and gain confidence in recommending this versatile option to your patients.

In practice for more than 25 years, Dr. Blackmon, now in private practice in Moreno Valley, Calif, has focused primarily on cosmetic dentistry and full-mouth rehabilitation. He is a 1983 graduate of Meharry Medical College School of Dentistry and has served as a major in the Air Force on bases around the world.