



by Douglas C. Jungman, D.D.S.

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## Mother's Day Surprise

The AACD Charitable Foundation's Give Back A Smile™ (GBAS) program, in cooperation with the National Coalition Against Domestic Violence, restores the smiles of domestic violence survivors at no cost.

We have received many success stories and thanks from GBAS volunteers and recipients. This section shares the triumphs of the GBAS program.

Imagine the following scenario: You are 35 years old and not a day goes by that you are not upset about your teeth. Years of physical abuse damaged your smile and your self-esteem. You once paid \$1,500 to have a tooth restored, only to have it broken again by your husband.

A very painful experience with an abscessed tooth contributed to a deep-seated phobia about dentistry. Your teeth are painful when you eat and brush, but you are too fearful to see a dentist again; at your last visit, the dentist yelled at you and called you a drug addict. You went home, cried, and never returned.

You are so terribly embarrassed about your teeth that you even avoid having pictures taken with your children. You don't wear lipstick because you don't want to attract attention to your teeth. One employer told you not to talk to the customers, insinuating that you might scare them away because of your teeth. You avoid jobs that require a lot of customer contact. You are a single mother with four kids, so you work three jobs to make ends meet.



Helping over 500 people move from devastation to rejuvenation.

Give Back A Smile has helped restore the lives of over 500 survivors of domestic violence by restoring their smiles!

For more information about the American Academy of Cosmetic Dentistry's Charitable Foundation, the Give Back A Smile program, and you:

Visit: [www.aacdcf.com](http://www.aacdcf.com)

Call: 800-773-4227

E-mail: [givebackasmile@aacd.com](mailto:givebackasmile@aacd.com)

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**Figure 1: Candy rarely smiled and avoided having her picture taken.**

Unfortunately for Candy, this was her life.

Candy's daughter, Kate, had an idea. She had seen an ad on the "Dr. Phil" show for daughters who wanted to surprise their moms for an upcoming Mother's Day program, so she decided to write the following letter.

*Hi, Dr. Phil.*

*My name is Kate and I'm 14 years old. I have a favor to ask. My mom, Candy, is Supermom. She is 35, has four kids, and works three jobs. When my parents were together, my father would beat her and break her teeth. She was terrified. After the divorce we never really had money, so her teeth stayed the same. I'm upset because my mom always says she's ugly because of her teeth. No matter what, she'll always be pretty to me. I'm begging you to help my mom. She really needs a chance to have beautiful teeth so she might actually smile for the first time in almost 10 years.*

*Thank you,  
Kate*

Dr. Phil was aware of the Give Back A Smile™ (GBAS) program and felt that this might be a way for Kate to get her wish. AACD Foundation Director Erin Roberts contacted me, as the GBAS volunteer from Candy's area, to see if I could help. An hour after accepting the case, I was asked to attend the taping of the "Dr. Phil" show to meet Candy.

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Candy thought that her daughter had won free tickets to see the taping of the show. Little did she know that the Mother's Day gift Kate wanted for her was a new smile. Dr. Phil read Kate's letter; they talked about "Give Back A Smile" and then he briefly introduced me to Candy. After the taping of the show I had an opportunity to speak to Candy at length. I realized that she had a great fear of dentistry and was very embarrassed about her smile. She was,

however, looking forward to having a nice smile again!

We immediately had Candy in for a full records examination. It was a challenge to get her to smile (Fig 1) because she had avoided it for so long. We completed diagnostic imaging (Fig 2) so that Candy could visualize the impact her new smile would have on her appearance. The moment we shared the photographs with her, I could see an excited, articulate, and attractive person start to emerge. Even though Candy was very fearful, she wanted to get started as soon as possible. I believe that the diagnostic images helped give her the additional motivation to overcome her fear.

A great deal of work needed to be done (Figs 3–6) but, fortunately, only tooth #10 had to be extracted. Guidelines for a diagnostic wax-up were completed (Figs 7–9).

Core paste (Den-Mat; Santa, CA) buildups (Fig 10), bonded with Scotchbond Multi-Purpose Plus (3M ESPE; St. Paul, MN), were re-



Figure 2: Digital imaging was completed so that Candy could visualize her new smile.



Figure 3: Before treatment.



Figure 4: In the retracted view, many teeth that were fractured and subsequently decayed are visible. The teeth were too painful to brush.



Figure 5: Radiographs reveal fractured, decayed teeth and a retained root tip in the #5 area from a broken tooth. Tooth #10 was the only tooth not salvageable.



Figure 6: Diagnostic models were mounted with a facebow.



Figure 7: Records were taken to help verify the midline for preliminary wax-up.



Figure 8: There was minimal tooth reveal with a relaxed lip. We decided to lengthen tooth #8 by 2 mm and lengthen the other teeth accordingly.



Figure 9: The diagnostic wax-up.



Figure 10: Core paste buildups with retraction cord. The remaining teeth were prepared and ready for impressions for indirect temporary restorations. Amazingly, not one tooth required endodontic therapy.



Figure 11: After smile; completed porcelain restorations.



*Figure 12: A happy, self-confident patient.*

quired on almost every tooth and the first generation of temporaries were completed. Candy was then referred to Dr. Lindsay Eastman, a local periodontist. Dr. Eastman performed crown lengthening on teeth ##6–9, #11, #12, #20, #21, and ##27–29; full-mouth root planing; and a tissue graft at #25.

The “Dr. Phil” show wanted an update on Candy before we were ready to complete the final restorations, so new temporary restorations were fabricated. Candy already felt much better as a result of the temporary restorations, and was thrilled to have her smile back.

Eight months after the beginning of treatment the final restorations were completed. All single-unit restorations (#7, #8, ##12–14, and ##23–30) were fabricated using Empress esthetic pressed ceramic (Ivoclar Vivadent; Amherst, NY) with

the cut-back layering technique. All splinted restorations (##3–6, ##9–11, and ##19–22) were fabricated using Lava zirconium frameworks (3M ESPE) with pressed Noritake porcelain (Zahn Dental; Melville, NY) with the cut-back layering technique.

Glynn Watts, C.D.T., completed the diagnostic wax-up and the final restorations; Laboratory Solutions fabricated the Lava zirconium frameworks.

Candy’s smile and her self-esteem were restored (Figs 11 & 12). She started her own new home detailing business and within the first month had a \$100,000 contract. After many years of being trapped with a smile she hated, Candy now feels like herself again.

Dentistry has been very good to me as a profession and it is a deeply rewarding experience to be a part of

“Give Back A Smile” and to share the joy of improving someone’s life. Sign up online at [www.AACD.com](http://www.AACD.com) and you can join the 900 other members who volunteer with “Give Back A Smile.”

#### *Acknowledgments*

*The author extends special thanks to Dr. Lindsay Eastman (Bradenton, FL) and his staff for their periodontal services; Mr. Glynn Watts, C.D.T. (Seven Hills Dental Laboratory; Tallahassee, FL), for the diagnostic wax-up and porcelain restorations; Laboratory Solutions (Morrow, GA) for fabricating the Lava zirconium frameworks; Dr. Phil McGraw for bringing national attention to the “Give Back A Smile” program; and Ivoclar Vivadent for donating the Empress esthetic ingots and porcelain. *AG**

