



**JOSH WREN, DMD**

Dr. Josh Wren received his Doctor of Dental Medicine degree from the University of Mississippi School of Dentistry. He then completed the Pediatric Dentistry residency program at the University of Kentucky, where he obtained his Specialty Certificate in Pediatric Dentistry. After residency, Dr. Wren established Wren Pediatric Dentistry in Brandon, MS. He is a Diplomate of the American Board of Pediatric Dentistry and a Mississippi representative to the Southeastern Society of Pediatric Dentistry. In 2013, he founded Pediatric Dental Seminars to educate practitioners on pediatric dental topics.



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# ScanX

## DIGITAL IMAGING WITHOUT LIMITS



The ScanX Classic 4 track system can read images simultaneously from 4 PSPs in seconds and accepts intraoral PSP sizes 0 through 4 and extraoral pan, ceph, and TMJ PSPs. With ScanX PSPs, important structures are not missed because of their larger, 100% active diagnostic area. This means increased diagnostic capabilities along with greater patient comfort as a result of the wireless, wafer-thin PSPs. Find out why Dr. Wren is a firm believer in ScanX.



**W**hen I started my practice in 2007, I started with the ScanX after trying out other systems. As a pediatric dentist, I thought it afforded the best diagnostic capabilities with the most patient comfort when compared to other systems. Simply put, it's a game changer. When it comes to diagnostic capabilities (being able to invert the black/white color on the computer, enhancing contrast, etc.) and patient comfort, there's no better system on the market in my opinion. Maintenance is simple, revolving costs are minimal because buying new sensors after 500 to 750 uses is inexpensive compared to direct digital, and there is no learning curve.

One of our goals as dentists is to minimize the radiation that patients (and staff) receive. When parents express their concerns, I simply say that I'm very cautious when it comes to radiation. Radiation dosage in dentistry is safe with the right safeguards in place (take radiographs only when needed, minimize retakes with proper training/technique, lead apron, etc.). Given the sensitive nature of the PSP,

ScanX reduces the radiation dosage significantly with the ability to reduce the exposure time. When this is explained in layman's terms, parents are appreciative that we're conscious of radiation dosage and adhering to the ALARA principle.

The beauty of ScanX and PSPs is they can work with any intraoral imaging unit. Digital imaging allows optimal workflow by taking dental auxiliaries out of the "processing" room, where so much time is wasted developing images. In a fairly busy office, I couldn't imagine waiting for films to develop and then for possible retakes if the areas in question weren't clear on the first film. After loading the PSPs in the ScanX, it takes only a few seconds before the images are in the patient record. I realize dental auxiliaries can't legally "diagnose" caries; however, they can mention suspected areas for the dentist to diagnose. The ScanX imaging on a computer monitor makes these questionable areas a lot easier for the staff to see vs. holding a 1-in film to a viewbox.

ScanX imaging also provides better treatment options for patients with its ability to diagnose better. Catching small carious lesions earlier provides the dentist the opportunity to treat the lesion with a more conservative approach—whether that approach is medical management (prescription-strength toothpaste, silver fluoride) or surgical management (small bonded restoration vs. full coverage). When the image is on a 17-in monitor, it's much easier to explain to patients or parents why you're recommending a certain procedure.