

BiteFX will educate your patients about occlusal disease and give you greater case acceptance.

Patients and Dentists Rave About BiteFX!

Patients

"I just wanted to get my broken back teeth fixed.

After my dentist explained things with BiteFX

I realized my worn front teeth were the

problem so I scheduled to get ten front veneers."

-Rick Krasensky, Truckee, California

"When my dentist used the animations to show
me the reason all of my back teeth were worn down
and loose, I immediately accepted his entire
treatment recommendations. I'd never seen such
a logical explanation. It made total sense."

-Frank Holt, Tahoe Donner, California

Dental Professionals

"BiteFX will help everyone in your practice understand your commitment to eliminating the destructive effects of occlusal disease. Its potential for helping you enhance your communication of key occlusal concepts is exciting everyone at the Dawson Center."

-Peter Dawson, DDS,
Founder of the Dawson Center
for Advanced Dental Studies, Florida

"Owning BiteFX has sharpened my skills in dentistry. I have taken numerous classes from Dr. Dawson and the Pankey Institute, but never felt that I had the tools for communicating to my patients regarding occlusal disease. BiteFX has removed this obstacle for me with patient friendly animations that explain the problem in a way that makes sense to the patients. Since implementing BiteFX, my presentations and acceptance of occlusal related disease and treatment has soared. Literally, every patient has said 'Thanks. That was really helpful. Now I understand it.' The pieces of the puzzle are now all fitting together."

-James Poyak, DDS, Scottsdale, Arizona

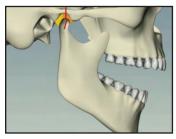
"BiteFX paid for itself within the first few hours."

-Hudson Heidorf, DDS, Westlake, Ohio

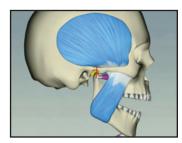
"Using the software program BiteFX has been a great tool for educating my patients, and has helped eliminate the 'blank stare' they've given me when previously discussing their masticatory workings and occlusal education."

-Pat Freeman, DDS, Hood River, Oregon

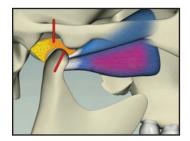
Animations Provided in BiteFX.



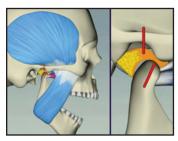
Open/close motion without muscles. Function of disc. Introduces centric relation.



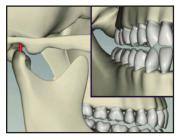
Open/close motion focusing on the opening and closing muscles.



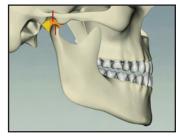
Open/close motion focusing on the lateral pterygoid muscles. How upper/lower act independently.



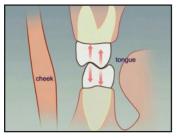
Open/close motion combining opening and closing muscles and lateral pterygoid muscles.



Canine guidance — how the front teeth help protect the back teeth.



Anterior guidance. Importance of shapes of teeth and jaw joint working together.

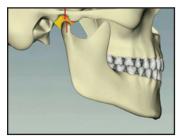


Ideal molar contacts. Peaks meeting valleys. Longitudinal forces.

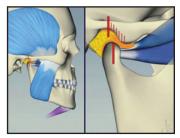


Ideal tooth contacts.

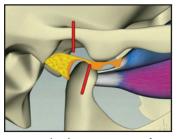
Simultaneous contacts at dots in back and lines in front.



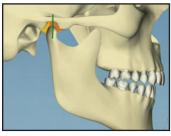
Destructive bite — what can happen when MI occurs out of CR.



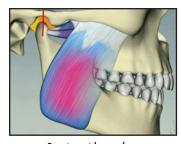
Destructive bite — open/close motion illustrating a "muscle war".



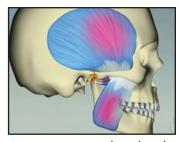
TMJ disc distortion — stages of disc deterioration: early & late clicks, lock, perforation, bone-on-bone.



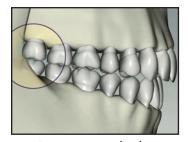
Bruxing — illustrating constant motion between CR and MI.



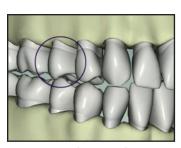
Bruxing with muscles dramatically communicates uncoordinated muscle function.



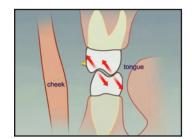
Bruxing — as previous but wide angle Reasons for muscle soreness or temporal headaches "obvious".



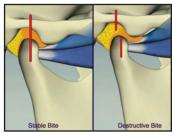
Bruxing — great tool to show why teeth are loose, sensitive, breaking or PDLs widened.



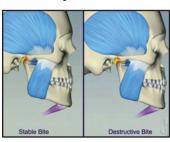
Anterior bruxing — shows anterior wear and effects of recession, mobility, abfractions.



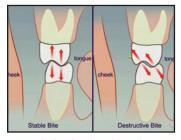
Undesirable molar contacts on inclines – reasons for fractures, tooth movement and mobility.



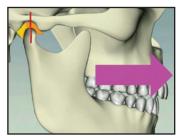
Stable/destructive side-by-side — focus on lateral pterygoids.



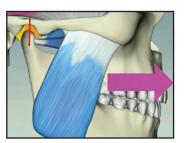
Stable/destructive side-by-side — all muscles.



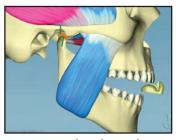
Ideal and undesirable molar contacts side-by-side.



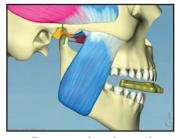
Slide without muscles — how some patients' teeth will move when they clench from CR.



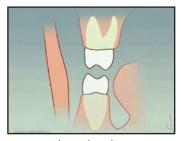
Slide with muscles — how some patients' teeth will move when they clench from CR.



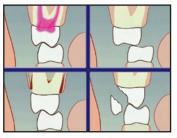
Anterior splint — how a splint helps muscles relax.



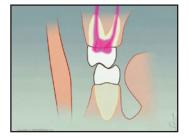
Full coverage splint — how a splint helps muscles relax.



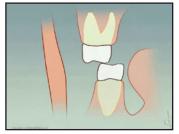
Molars with guidance — with guidance molars separate.



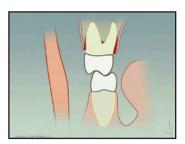
Effects on molars with no anterior guidance (a continuous sequence of four illustrations).



Effects on molars with no anterior guidance – nerves.



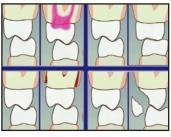
Effects on molars with no anterior guidance – grinding.



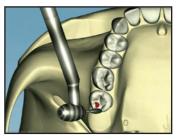
Effects on molars with no anterior guidance — recession.



Effects on molars with no anterior guidance — chipping.



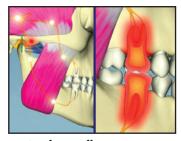
Effects on molars — side-by-side versions with and without guidance (five separate animations).



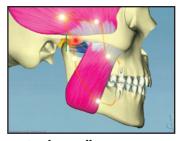
Equilibration — showing adjustment of two interferences resulting in CR bite.



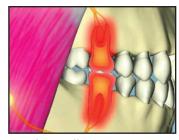
Destructive tooth contacts — how contacts can look in a destructive bite.



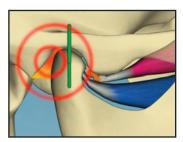
Interference effects — triggering avoiding action and leading to sensitive and painful teeth.



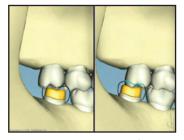
Interference effects — triggering avoiding action.



Interference effects — causing sensitive and painful teeth.



TMJ disc distortion — showing distalization of the condyle into the fossa.



Disappearing crown space — why crown space shrinks between impreesion and application.



For more information or to view animations, go to bitefx.com or call 1.877.2BiteFX (1.877.224.8339)

Why We Created BiteFX.

It's hard to communicate a problem to a patient where symptoms are not obvious to the untrained eye. With occlusal disease, the signs I see as most pathognomonic are wear facets, mobility, widened periodontal ligaments, fractured yet painless teeth, recession, abfractions, TMJ laxity, muscle tenderness and last but most importantly a discrepancy between MIP and centric relation (CR) occlusion as determined by initial tooth contact in CR. All signs we can see but our patients cannot. Left untreated, these hard-to-detect symptoms can grow to major problems.

In the past, the only tools I had to educate the patient were a mirror, a skull which depicted one occlusal scheme and an abstract model with springs and plastic. This meant that some patients didn't "get" what I was saying and were not accepting what was best for them.

A few years ago I decided to solve the problem by working with a product developer, Doug Brown, and out of this came BiteFX which provides:

- Anatomically correct animations designed to take the mystery out of occlusion.
- 2. The means to educate patients about occlusal disease.
- 3. Education for staff so that they can communicate intelligently with patients and reinforce diagnoses.

Because 80% of learning is visual, BiteFX helps patients visually understand my treatment plan and increases my case acceptance.

Take a look at the animations inside and come join the "Occlusion Revolution"!

Sincerely, Don Reid, DDS

Donald Reid, DDS, Lake Tahoe, California Co-creator of BiteFX





BiteFX lets you add your own pictures by dragging and dropping them in the picture display structure (you can also arrange the picture display structure exactly as you want it).

Features in BiteFX V1.2

Animations help you explain:

- Ideal and destructive occlusion.
- Anterior guidance.
- Canine guidance.
- Muscle function (masseters, temporalis, pterygoids).
- TMJ disc.
- Effects of a destructive occlusion.
- Effects of bruxing.
- Stages of TMJ deterioration.
- Splints.
- How equilibration works.
- Effects on molars recession, bone loss, toothache, fractures, tooth wear.
- Interference effects causing sensitivity and pain.
- How the space for a crown can shrink between impression and application.
- Why your treatment plan makes sense.

Select animations by clicking on pictures of the animations.

Pictures provided to relate the animations to real teeth.

Add your own pictures!

Select the picture thumbnail size (so it works for your screen size and distance from the screen).

Arrange the pictures in the groups and order that works best for you.

Leave sequences of animations running automatically.

Info pane descriptions of animations written so that patients can read them.

Instructions on using with Microsoft® PowerPoint®

Operating Systems

Windows XP SP2 or later

Windows Vista

Windows 7



11445 Cinder Cone Court
Truckee, California 96161
t: 1.877.2BiteFX (1.877.224.8339)
f: 530.579.3237
e: info@bitefx.com

e: info@bitefx.com w: bitefx.com

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