Rubber dam indications:
1. Too much saliva
2. Patient that doesn’t shut up
3. Patient you don’t like

1. Those who have perfect teeth yet come to you for whitening or veneers.
2. Those who are only left with black roots and claim to have no problem or need of treatment whatsoever

Their agitated spouse who comes in every 2 seconds to ask if it’s hurting.

What’s worse than an agitated patient

We have gone from “getting mad at our dentist for telling us it won’t hurt” as kids into telling our patients that “the pain is in their head.”

When people ask about last movie I saw...
watching dental videos on YouTube

What does "MD" mean?
Doctor of Medicine. (X)
Oh, I simply read it as Mesial & Distal

Intern: Do you have any health issues in general?
Patient: No, I’m perfectly healthy. Let’s start.
Assistance asks same question minutes later.
Patient is tragically dying of all possible systemic conditions

Assitant: Close your teeth as you normally do
Patient: Class 1

Intern: Close your teeth as you normally do
Patient: Class 3

Rubber dam
Isolation CHECK
Cavity dry CHECK
Dycal on CHECK

Dycal is now swimming in a pool of saliva.

You go to get yourself some cement.

A concerning amount of patients still don’t brush prior to their dental appointment because dentist = tooth cleaner.
When you are a dentist and everyone suddenly points to a problem tooth.

Patient: Yes I will come for my second session of RCT.
Oh, I already had that tooth extracted.
couple of days later

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Written By

IADS Lite

Tweet rant
Dental Edition

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1. If one assistant doesn’t approve of your work, ask the other one.

2. Composite is more easily adhered to the applicator tool than the tooth.

3. Single crowns can fly away at any time into another dimension.

4. The patient with the most difficult extraction will always come in an emergency as you are closing the clinic for the day.

5. Composite is prone to fall off the applicator into the mouth just as you’re about to condense it into the cavity.

6. You forget to ask one patient if they have eaten, prior to performing anesthesia – that patient will faint.

7. You tell your patient “Do not close your mouth” – patient feels the need to voice out the reply by saying “Okay!”

8. That K-file you decide to use one last time – it will break inside the canal.

9. That 3rd degree mobility tooth you think will come out easily during extraction – it will break into pieces.

10. That need to scratch your face right when you are elbow deep in your patient’s mouth.

11. If you have made anesthesia wrong, just tell your patient that it’s a pressure.

12. Random patient with 4 rooted molar endo: finished in 20 min

13. Relative patient with single canal endo: contra breaks down, perforation and 3 broken files.

14. There is always that weird child who stays calm during isolation, anesthesia and drilling but starts to cry when you start filling.

15. When your patient cancels his appointment because he tooth hurts.

In the end we tempted to make a joke about sodium but... Na!!