The Cosmetic Dental Clinic

Specialist, Endodontic, Restorative and Aesthetic Referral Services

2 Old Eldon Square, Newcastle-Upon-Tyne, NE1 7JG

0191 260 3688

www.tcdcreferral.co.uk
info@thecosmeticdentalclinic.com
www.thecosmeticdentalclinic.com
**Referring Practice Details**

<table>
<thead>
<tr>
<th>Referring Dentist Name</th>
<th>Practice Name</th>
<th>Address and Post Code</th>
<th>Email</th>
<th>Practice Telephone</th>
<th>Mobile Telephone</th>
<th>Have You Referred to Us Before?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Address and Post Code</th>
<th>Email</th>
<th>Home Telephone</th>
<th>Mobile Telephone</th>
<th>Has the Patient been given an indication of our fees?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Do you want to refer to a specific clinician?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

**Case Details**

<table>
<thead>
<tr>
<th>Referral Service Required</th>
<th>Specialist opinion and treatment</th>
<th>Specialist opinion and treatment report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endodontic treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other referral services (please specify)</th>
</tr>
</thead>
</table>

**Current Case Details**

**Enclosures**

- X-Rays
- Models
- Photographs

**Further information / Relevant History:**

---

The Cosmetic Dental Clinic employ a strict policy of always returning patients to our referring dental colleagues after the referral treatment.

2 Old Eldon Square, Newcastle-Upon-Tyne, NE1 7JG  
T: 0191 260 3688  
E: info@thecosmeticdentalclinic.com  
W: www.thecosmeticdentalclinic.com
Dr. Matt Garnett is a specialist in Restorative Dentistry, Periodontology and Prosthodontics. He has a wealth of training, knowledge and experience in treating complex dental problems. He takes great pride and pleasure in his work and provides optimum dental care and treatment, in a relaxed environment.

About Dr. Matthew Garnett

Dr. Matt Garnett graduated from Birmingham University in 1997 with Clinical Distinction and undertook his vocational dental training in the South-West of England. After 2 years in General Practice he realised that Restorative Dentistry was the area of specialism that he wanted to embark upon. He completed a year of Maxillofacial training at the Royal Cornwall Hospital and whilst working as a Senior House Officer, passed his diploma examinations and became a Member of the Royal College of Surgeons and Physicians of Glasgow. He went on to complete a Master's Degree in Restorative Dentistry at Newcastle University and graduated with Honours in 2003. During these 2 years he undertook research in the field of ‘Resin-bonded bridgework’ provided for orthodontic patients, which was subsequently published in the British Dental Journal.

In 2003, Matt started his comprehensive 5-year Specialist Training Programme at Newcastle Dental Hospital and passed his exit examinations in 2008. He was accepted on to the General Dental Council's Specialist list in 2009 in the fields of Restorative Dentistry, Periodontics and Prosthodontics.

Matt has been working as a Consultant at Newcastle Dental Hospital since 2009, with his duties involving a diagnostic and treatment service providing advanced restorative dental care for patients within the North East. He is a member of the Multi-Disciplinary Team which also provides specialist care for patients with Head and Neck Cancer, and is also a team member for the hospital Dental Implant Service. He has a further specialist interest in periodontal and mucogingival surgery and provides advanced training courses for general dental practitioners within the region.

Matt maintains his links with Newcastle University and is an Associate and Clinical Lecturer and is heavily involved with the teaching of Undergraduate and Postgraduate Dental Students. He is a clinical trainer and lectures for the Postgraduate Dental Implant Training course at Newcastle University and is involved with many additional Postgraduate training courses within the North East.

Dr. Garnett is a Member of the Association of the Consultants and Specialists in Restorative Dentistry (ACSRD), the British Society of Periodontology (BSP), and the Association of Dental Implantology (ADI). He is a reviewer for the British Dental Journal and also reviews publications for the European Journal of Prosthodontics and Restorative Dentistry. He has also reviewed a number of dental textbooks for the publishers Quintessence International. He is an examiner for Newcastle University and the Royal College of Surgeons of England.

Specialist interests for Matt are the multidisciplinary management of complex restorative problems, which include; Full-mouth rehabilitation, the management of aggressive and severe periodontitis and complex aesthetical and mucogingival problems. He has vast experience, with documented case reports for patients who have been successfully treated, with excellent functional and aesthetic long term outcomes. He is now delighted to be in a position where he is able to offer his services in the private sector.
## Case Study: **Combination Treatment, Gum Grafting (CTG) and Fixed Bridgework**

**Presenting Complaints**
- Bad taste and gum infections
- Poor appearance of teeth

**Past History**
- Progressive deterioration

**Diagnosis**
- Localised severe gum disease
- Failed bridgework

**Treatment Required**
- Optimisation of oral hygiene
- Treatment of gum disease
- Gum graft (CTG) to upper front gum
- Bonded fillings
- Replacement of bridgework

**Number of appointments**
- 10-12 visits including surgical treatment

**Outcome**
- Healthy gums, improved functional dentition and cosmetic appearance

---

## Case Study: **Crown Lengthen Surgery**

**Presenting Complaints**
- Poor appearance of teeth
- Tender and painful gums

**Past History**
- Impacted upper right canine
- Fixed orthodontics treatment

**Diagnosis**
- Delayed passive eruption UR3

**Treatment Required**
- Optimisation of oral hygiene
- Gum surgery involving gum recontouring with special reposition flap

**Number of appointments**
- 4 visits including reviews
- 1 surgical session

**Outcome**
- Healthy gums, improved functional dentition and cosmetic appearance
**Case Study: Combination treatment Gum surgery & removable denture**

**Presenting Complaints**
- Poor existing denture after failed bridge
- Poor appearance of teeth

**Past History**
- Progressive deterioration of dentition and failure of teeth

**Diagnosis**
- Dentoalveolar compensation
- Failed bridgework and suboptimal denture

**Treatment Required**
- Gum treatment including surgery
- Extractions and root fillings
- Provision of over denture

**Number of appointments**
- 10-12 visits including surgical treatment
- 6 months of treatment

**Outcome**
- Healthy gums and improved cosmetic appearance

**Case Study: Advanced tooth wear - Minor gum surgery, bonded fillings and crowns**

**Presenting Complaints**
- Poor appearance of teeth
- Increasing sensitivity

**Past History**
- Excessive intake acidic drinks

**Diagnosis**
- Extensive tooth erosion reduced
- Reduced occlusal vertical dimension

**Treatment Required**
- Localised gum surgery
- Direct bonded composite fillings
- 8 upper ceramic crowns

**Number of appointments**
- 10-12 visits including surgical treatment
- 6 months of treatment

**Outcome**
- Reduced sensitivity improved function and cosmetic appearance
**Case Study:** **Gum Grafting Procedure (Alloderm) Localised Gum Shrinkage and Very Thin Gum Tissue**

**Presenting Complaints**
- Tender and painful lower gum
- Sensitivity from teeth

**Past History**
- Previous orthodontic treatment

**Diagnosis**
- Localised gum recession to lower front region of mouth
- Thin gum tissue

**Treatment Required**
- Optimisation of oral hygiene
- Scaling and polishing
- Gum graft (Alloderm) transplant to lower front gum

**Number of appointments**
- 4-6 visits including reviews
- 1 surgical session

**Outcome**
- Thicker, firmer, healthier gum
- Reduced bleeding, pain and sensitivity

---

**Invitation for Referral**

Patients can often present with what seem to be relatively simple concerns from their perspective, with comments such as “could you just fix my chipped tooth?”, “could you just fill this space?”, or “I just don’t like how this looks…. is there anything you can do to help?” However, these simple problems frequently require more complex solutions in order to achieve the greatest long term outcome for the patient.

At the forefront of our minds is always the correct diagnosis and a comprehensive restorative treatment plan to address a patient’s presenting complaint/s. This is fundamental to satisfying our patients’ expectations and achieving long lasting success. Once appropriately planned and treatment staged and agreed, meticulous attention to detail is imperative whilst undertaking the treatment phase. Appropriate materials and techniques need to be utilised, with the treatment being undertaken in a timely manner. Thoughts always need to be made as to the longevity of the restoration and with this in mind, contingency and alternative planning/options should also be available if the eventuality arises.

As a trained Specialist in Restorative Dentistry, I am also included on the GDC’s Specialist List for Periodontology and Prosthetic Dentistry, I warmly welcome referrals of any complex restorative or inter-disciplinary nature. I can provide either a purely diagnostic service for your patients, offering advice and appropriate treatment options for you to undertake. Alternatively, I am able to undertake single ‘item of service’ treatments, to offer assistance for particularly demanding aspects of treatment. For extremely complex cases, I can provide a full restorative service and undertake full mouth reconstruction involving multidisciplinary restorative treatments. Once treatment has been completed your patient will be ultimately be discharged back into your ongoing clinical care and maintenance.

Please do not hesitate to contact if you think I can be of assistance.

**Fee & Pricing**

- Private consultation for Specialist treatment at the practice: £150
- Private consultation for Specialist opinion and production of treatment recommendations: £250. Please note I am happy to assist in certain elements of the treatment if you require.

All patients referred for treatment will receive my recommendations, and a full treatment plan with costs, prior to agreeing future appointments.
Andrew Gemmell
BDS, MFDS RCS(Ed), DipRestDent RCS(Eng), MPDC RCS(Ed)

Andrew is a certified member of the European Endodontic and has a lot of experience in managing complex endodontic cases and cases of failing root canal treatment. In addition to his practice limited to endodontics at The Cosmetic Dental Clinic, Andrew is a member of staff in the department of Restorative Dentistry at Newcastle Dental Hospital and is a Honorary Clinical Lecturer with the University of Newcastle upon Tyne teaching clinical endodontic treatment to senior undergraduates and post graduate MSc students. He also lectures to other dentists for the Northern Deanery, International endodontic companies and the North East Private Dentists group about advances in endodontics.

He has a Postgraduate Diploma in Restorative Dentistry with the Royal College of Surgeons (England) with a specialist interest in Endodontics. He has been appointed as an examiner for the Diploma of Membership of the Faculty of Dental Surgery at the Royal College of Surgeons, Edinburgh and currently completing a Masters degree in Restorative Dentistry with the University of Leeds.

In 2013 we has awarded the Diploma of Membership in Primary Care Dentistry from the Royal College of Surgeons in Edinburgh. This qualification recognises excellence in general dental surgery and Andrew was the first dentist in the United Kingdom to be successful in this examination and in 2015 was appointed as an examiner for the Faculty of Dental Surgery at the Royal College of Surgeons, Edinburgh. He is one of only a handful of dentists in the UK to be a certified members of the European Endodontic Society.

Case Study: Primary Endodontic Treatment
Diagnosis: Irreversible pulpitis and chronic periapical periodontitis 16.

The patient was referred for endodontic management of 16 which had curved canals and the patient’s own dentist was unable to achieve patency. The tooth was endodontically treated in a single visit and referred back to the patient’s own dentist for provision of a cuspal coverage restoration.
Case Study: **Post removal and crown lengthening**

Diagnosis: Chronic subacute periapical periodontitis, suboptimal apical obturation, fractured post and lack of coronal dentine for ferrule. Low smile line.

This patient was referred for management of a crown which had fractured at gingival level with the post remaining within the tooth. In order to manage this tooth, firstly I crown lengthened around the remaining root to create a ferrule. I was then able to isolate the tooth and remove the separated post with ultrasonics and the apical gutta percha. Following disinfection, the tooth was re-obturated, a carbon fibre post cemented and a temporary crown placed for the patients own dentist to place a definitive crown.

Case Study: **Endodontic Retreatments**


The patient was referred as both 25 and 26 were symptomatic and had periapical radiolucencies radiographically. There was post endodontic treatment disease associated with both 25 and 26 which although heavily filled were restorable. The old gutta percha was removed and the teeth examined for any signs of root fracture. The pulp systems were thoroughly disinfected prior to obturation of the space.
**Case Study: Perio Endo Lesion**

Diagnosis: Pulpal necrosis 11, Localised advanced periodontal defect; Perio-endo lesion

Patient attended with bad taste and discomfort from 11. Suppurating periodontal defect mesially to 11 which responded as non vital. Tooth endodontically managed with intra-visit calcium hydroxide dressing and thorough instrumentation and disinfection of periodontal pocket. Review radiograph shows bony infill around area (note lateral canal).

With the aid of increased illumination and microscope magnification, endodontic management of teeth moves away from trying to manage a complex space in a tooth through a small dark hole to a predictable precise intervention. The nerve spaces inside teeth can be visualised all the way to the apex in many cases allowing thorough identification and disinfection of the pulpal system.

I would welcome referrals of patients requiring assistance managing primary treatment, retreatment or surgical cases and can be flexible with how you would like individual cases managed. Should you just want orifices of canals located and the disinfection started so obturation can be performed in your clinic or the tooth endodontically managed and a cuspal coverage definitive restoration provided I am happy to support you in the management of your patient then refer back for definitive treatment or ongoing care.

If you have any queries about cases, please don’t hesitate to call me or send me an email: andrew@thecosmeticdentalclinic.com.

**Fees & Pricing**

Endodontic Assessment £95

All cases are assessed prior to treatment and fees for treatment are based on complexity of individual cases and dependant on both pulpal and periodical diagnosis. Examination of the tooth is essential prior to treatment so that the diagnosis can be confirmed and the tooth thoroughly assessed for any issues which will affect long term stability of the tooth such as cracks or post operative restorability. Typical Fees for primary endodontic treatment:

- Anterior : £420
- Premolar : £450
- Molar : £490

For re-treatment or infected cases multiple stages of disinfection are required and fees are typically £600. Following obturation I will routinely provide a bulk fill composite core included in the price and return the patient to you for definitive restoration. If required I can provide the following extra services:

- Glass fibre post and composite core £150
- Removal of posts or fractured instruments £ quote per individual case
- Repair of perforation £ quote per individual case

For a particularly complex case I would ask you send relevant history and radiographs and I will aim to provide a personalised estimate.
"Dear Colleague, as well as specialist and endodontic referrals, we also accept referrals for complex, cosmetic, digital, and implant dentistry.

Since opening The Cosmetic Dental Clinic in 2007 we have aimed to provide our patients with the latest techniques and materials utilizing modern technological advances. This includes 2 full CEREC systems making single visit dentistry a reality for a large proportion of treatments, and more recently a CT scanner on-site to plan and provide guides for complex rehabilitations.

Our new CEREC Omnicam can take digital impressions to connect directly with our laboratory and also direct to Invisalign in the USA. We have found this particularly useful for patients who don’t like or can’t tolerate traditional impressions.

We understand that modern day dental practices face many challenges. These can include constraints of time, targets to meet, along with the increasing demands of aesthetically driven patients adding ever-increasing pressure to our working day. With this in mind we would invite you to use our referral services to assist you and your practice to best meet the demands of complex or high demand cases, and to add value to the dentistry you are already providing. We are happy to provide support for one off treatments such as implants, and can arrange to work together for restoration if you so desire. If you have a patient seeking cosmetically driven treatment such as short-term orthodontics, or considerable cosmetic transformation we would be happy to provide any assistance required.

Dr Andy Stafford BDS MSc. & Dr Darren Cannell BDS MSc.
Directors, The Cosmetic Dental Clinic

CASE STUDY: COMPLEX DENTAL IMPLANTS

This lady presented with a root filled 11 which unfortunately had been traumatised and fractured subgingivally. She was looking for restoration of this tooth, but was also not happy with the size and shape of an old veneer on 21. Analysis of her smile showed much better proportion of central and lateral incisor could be achieved if minimal veneers were placed on 12 and 22 also. This was verified with a pre-operative aesthetic and functional wax up.

11 was extracted and implant placed immediately in an attempt to preserve bone and the existing gingival contour. The patient received a provisional on the day of surgery for verification of tooth size and shape. After 3 months healing time the final preparations were completed, and prescription for multi-chromatic Lithium Disilicate implant crown and veneers made.

These were subsequently tried in, accepted by the patient and optimally bonded. Thankfully for this lady we were able to avoid the need for a temporary denture during the integration period, and she was very happy with the aesthetic improvement of her final smile.
We have 2 full CEREC systems at the practice and perform a great deal of dentistry digitally, and in 1 visit. The above case shows a failing large amalgam involving both lingual cusps. Rather than preparing the remaining buccal tooth surface for a traditional crown, we looked to reconstruct the tooth with an adhesive inlay/onlay.

After preparation, the tooth was scanned with the CEREC camera and a digital model produced using the CEREC software. The restoration was then designed respecting all proximal and occlusal contacts. A solid block of glass reinforced ceramic was inserted into the CEREC milling chamber and milled down to the exact contour, ready to fit in less than 15 minutes. The final restoration was then adhesively bonded and completed in the single visit.

Our experience with the system is restorations fit very precisely and very predictably. With the new software updates we can now also plan and restore dental implants using CEREC, and also scan directly to Invisalign to fabricate orthodontic aligners.
This young man in his early 20’s presented complaining of ‘gappy’ teeth and requested ceramic veneers to enhance his smile. He had previously been recommended fixed orthodontic treatment but had chosen not to proceed due to comfort and visibility concerns.

Given his fantastic dental health, age and initial tooth position he was advised against his requested irreversible options and introduced to the benefits of Invisalign technology…. An orthodontic solution which he found more socially and professionally acceptable.

An CADCAM Invisalign Clincheck simulation was formulated showing the proposed outcome and predicted treatment time. This was optimized, agreed and then accepted by the patient. The patient wore Invisalign aligners for 21-22 hours a day for a total of 9 months and the case was completed with a course of tooth-whitening. The final result was maintained with the appropriate retention protocol including Vivera® retainers.

The Cosmetic Dental Clinic are ‘Platinum Elite Providers’ of Invisalign and currently have completed over 450 cases covering a wide spectrum of orthodontic issues and difficulty.

---

**Case Study:** Invisalign
Case Study: **Full Arch Dental Implants**

This patient presented with a failing upper dentition and a partial denture which was not satisfying her functional and aesthetic needs. She previously had her lower arch reconstructed with 5 parallel implants but was no longer satisfied with the aesthetics of the restorative element. Her main aim was to greatly improve her smile (whiter and fuller) and move away from the removable solution to effectively and confidently enjoy her food.

On examination, this lady was compromised both functionally and aesthetically. The remaining maxillary teeth were of very poor prognosis and a sub-optimal partial denture attempted to restore the residual spaces at a reduced OVD. Initial radiographic assessment revealed reduced maxillary bone with particularly limited bone height crestal to the left maxillary sinus. Following a CBCT scan to assess maxillary bone volume, the All-on-4® protocol was selected over the sinus lift approach for this case.

Full records were taken for a functional and aesthetic wax-up. Implant placement was fully planned on the NobelClinician platform. The All-on-4® strategy was planned and distal implants angled to avoid the atrophic distal maxilla area and associated sinus’, increase the bone to implant contact area and improve the A-P spread for definitive bridge support. Surgical guides were produced along with an initial upper bridge to be modified on day of surgery for immediate loading.

On the day of surgery, the remaining upper teeth were removed, bone levels equilibrated and 4 NobelActive implants optimally placed with excellent primary stability. Our CDT then accurately recorded the exact implant position and inserted immediate temporary abutments into the pre-made all acrylic bridge for immediate fit on the same day of surgery.

After suitable healing time the functional, aesthetic, and phonetic components were evaluated before CAD/CAM frameworks were manufactured for final definitive hybrid bridges. The protocol described above can all be carried out ‘in-house’ at the practice. We have our own CT scanner, CDT, and implant planning software to offer a complete service for our patients.
Case Study: **Complex restorative- re-organised occlusion, crowns, veneers, bridges, and implants**

This gentleman presented with a history of dental issues resulting in the loss of many posterior teeth and a series of failed restorations. He was very unhappy with his smile and was looking for a comprehensive solution to fully restore his dentition.

On examination a first CR contact was detected on 11 with posterior teeth separated by around 4mm at this point. He tended to posture anteriorly into a deep class 3 position with a 4mm reverse overbite. He had previously been restored to this CO with multiple non-working side interferences. A diagnostic wax up was created on articulated casts around the reproducible CR contact. This gave the correct restorative space for the posterior segments to be functionally restored with optimal guidance.

2 dental implants were optimally planned using CT data on NobelClinician software and subsequently clinically placed. A direct addition-only mock up was transferred to both arches to functionally and aesthetically verify tooth position. Once accepted the teeth were sectionally prepared using the Magne technique, and final lithium disilicate crowns, bridges and veneers verified and optimally bonded making sure to maintain occlusion around CR.

This complex case required very careful planning and diagnosis and almost 10 months total treatment time, however he was delighted with the final outcome and the positive change his smile has made to his confidence and daily life.
Case Study: Complex Restorative- Wear Case, Splint Therapy, Re-organised Occlusion, Crowns, Veneers, Onlays.

This gentleman presented with lower anterior sensitivity, which was increasing in frequency and severity, and was very unhappy with appearance of his smile. He was particularly dissatisfied with the colour and exposed margins, associated with the upper anterior four, bonded, crowns and keen to make considerable improvements to the overall aesthetics of his smile. He was aware of his bruxism but no previous treatment/therapy had been discussed.

On examination, the upper anterior units were of poor marginal fit and generalized tooth wear was evident especially associated with the lower anterior segment. Examination of the articulatory system revealed occlusal disharmony and CR was initially very difficult to locate. Splint therapy helped locate CR and a CR-CO anterior slide with unfavorable interferences and guidance was diagnosed.

Due to the extent of tooth wear and following mounted model assessment, it was decided to treat this wear case using the re-organised approach. A full mounted aesthetic and functional wax-up was produced in CR and restorations designed for optimal guidance as well as improved contour and proportion. The wax-ups were then transferred to the teeth and the prototypes observed for a period of review. Once the prototype system was verified the final units were manufactured to conform to the tested occlusion, tried in and finally fitted using optimal bonding techniques. Long term splint therapy and maintenance was also appropriately prescribed to improve the longevity of the rehabilitation.

Invitation for Referral

We would be happy to assist however we can with the range of treatments discussed above. We also would be happy to receive referrals for:

- CT scanning and Surgical planning
- Single, multiple, or full arch implant solutions
- Denture stabilisation
- CEREC dentistry
- Enlighten tooth whitening
- Zoom and customised home whitening kits
- Smile design
- General dental and hygienist services

- Minimal prep veneers
- Direct dental bonding
- Amalgam removal/replacement
- Invisalign
- 6 months smiles
- Fastbraces

For up to date information and a wider example of clinical cases please visit our dedicated referring dentist site: www.tcdcreferrals.co.uk

Fees & Pricing

Referral for all other practice treatments (Non-specialist or endodontic): £35. Please note this does not include radiographs, models, or a patient report if required.

For a full comprehensive, up to date price list for our of our services, please contact the practice on 0191 260 3688 or our practice manager via email info@thecosmeticdentalclinic.com.