

DR. JOHN HAAG

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"At Creekview Dental, we are committed to developing positive relationships with our patients and making a difference by focusing on their individual comforts and needs. My team and I will listen to your patients and answer all of their questions. At our office, they will receive the personalized attention they deserve."

- DR. JOHN HAAG

MEET DR. JOHN HAAG

Dr. John Haag received his Doctor of Dental Surgery (DDS) degree from the University of Minnesota in 1992. He is a member of the American Dental Association, the Minnesota Dental Association, the St. Paul District Dental Society, the Minnesota Academy of Cosmetic Dentistry, the American Academy of Cosmetic Dentistry and the American Academy of Implant Dentistry. Dr. Haag is certified in Advanced Cardiac Life Support and received additional training at the University of Minnesota for Oral and IV Conscious Sedation, qualifying Creekview Dental as a Certified Sedation Center. He has attended advanced training for Invisalign Orthodontics and Dental Implants.



FULL MOUTH RECONSTRUCTION INCLUDING 5 IMPLANTS



Preop Retracted



Final Retracted



Preop Upper



Final Upper



Preop Lower



Final Lower



Finished Smile



Final 5 Implants Pan

christine

Christine had multiple missing teeth, failing amalgams, tooth wear and feelings of low self-esteem and premature aging. We completed detailed diagnostic casts mounted in articulator, and did a full mouth diagnostic waxup. A CT scan was taken and the bone was evaluated for implant placement. 5 Implants were placed flapless and prefabricated final abutments and provisional crowns were placed the same day. There was minimal postop discomfort using local anesthesia. The implants were ready for the final restorations in 3 months. We completed a full mouth rehabilitation using e.max lab fabricated crowns, using the diagnostic waxup to guide provisional and final crown fabrication. This was accomplished in just 3 visits.

Treatment highlights:

- Full mouth diagnostic waxup and photos
- Dual arch CT scan
- 5 Nobel Biocare implants placed flapless
- Immediate final abutments and provisional crown placement same day as implants
- One visit preparation and provisionalization, followed by 2 week functional and esthetic evaluation of provisionals.
- Next visit: detailed bite registration and final impressions, photos of provisionals
- Final visit: seating of 12 upper e.max crowns and 5 lower e.max veneers and 6 e.max crowns

For Christine, this case was life-transforming!

This case was written up in the December 2009 issue of *Dentistry Today*.

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GUIDED IMPLANT PLACEMENT, FLAPLESS, #7, 10 WITH IMMEDIATE TEMPORARIES



Preop Smile



Implant Plan #7, 10 - CADCAM



Final Implants, #7, 10



CEREC Temps, #7, 10 Same Day Frontal

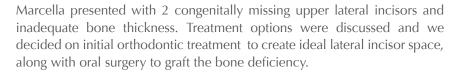


Immediate Postop Smile



12 Day Postop Frontal

marcella



After 6 months, a diagnostic waxup, a CT, and a CEREC scan were done and implants/crowns were precisely planned for #7, 10 and a surgical guide was digitally made from this plan (Sirona Optiguide). Using only local anesthesia, the graft screws were carefully removed, and 2 Nobel Replace 3.5mm implants were precisely placed using the surgical guide and a flapless technique. Temporary abutments and prefabricated CEREC temporary crowns were placed. She reported minimal postoperative pain on call that night!

Note the immediate tissue health and contour, implant positions (also on CT), as well as, 12 day postop. The final custom zirconia (Procera) abutments and e.max CEREC crowns (made in-office) were placed after 3 months.

Marcella was thrilled with her new smile! No more Flipper!



Final Smile, #7, 10



Final Retracted Smile, #7, 10

ROOT REMOVAL AND IMMEDIATE IMPLANT PLACEMENT



Preop #8 Smile



Preop #8 Retracted



Preop #8 Occ



Preop CT #8



Immediate Postop Smile



Immediate Postop #8 Retracted



Postop #8 PA



10 Days Postop #8 Frontal



10 Days Postop #8

iola

lola presented with an upper front tooth broken off at gum level. Repeated past attempts to keep the crown in place had failed. She was told at another clinic that it would take multiple visits and up to a year to get her final tooth. Treatment was discussed and we decided on removing the root and immediately placing an implant and temporary crown.

Treatment was done using only local anesthetic and the root was atraumatically removed, preserving the facial bone and soft tissue. A 4.3mm NobelActive implant and a temporary abutment were placed, and a prefabricated CEREC temporary crown was custom contoured and placed.

Note the excellent immediate tissue health and 10 days postop. The final crown and zirconia abutment can be made in 3 months.

Iola was thrilled she had a new tooth in a day!

ROOT REMOVAL AND IMMEDIATE IMPLANT PLACEMENT



Preop #6



Preop #6 Root Lesion



Preop #6 CT



Immediate Postop #6 CT



Immediate Postop #6 Temp FA



9 Days Postop #6 Temp FA

barb

Barb presented with #6 decayed and fractured off at bone level. A localized CT was taken and evaluated. The pneumatized right sinus extended to the lingual of #6, leaving just enough space for a precise implant placement.

Barb has an extremely sensitive gag reflex, so all restorative treatment needed to be done without physical impressions. Treatment was discussed and we decided on root removal and immediate implant placement. A preop CEREC scan allowed a provisional crown to be designed and milled preop. Using only local anesthesia, the root was atraumatically removed (note apical lesion attached to root).

A NobelActive 4.3mm implant was precisely placed following the path of the root and preserving the sinus and facial wall integrity. The provisional crown was relined and placed on an immediate temporary abutment. The final crown can be placed in 3-4 months. The patient felt no discomfort postop.

IMPLANT PLACEMENT WITH IMMEDIATE TEMPORARY SMILE TRANSFORMATION WITH BRIDGE AND IMPLANT



Preop Retracted



Immediate Postop #10 Temp



Preop G PA



10 Day Postop #10



Final Smile



Final Retracted

nicole

Nicole presented with congenitally missing #7, 10, and a primary lateral incisor with a short root in the #10 position. #6, 8 roots were tipped into the implant position space. She was currently finishing ortho treatment.

Treatment options were discussed and we decided on placing an implant in #10 position, and doing a bridge/pontic in #7 position (#6-9), double abutting #8, 9, due to short roots; and placing a veneer on #11. Whitening and a diagnostic wax up was also done, and G was atraumatically removed, preserving the soft tissue and Fa bone. A 3.5mm Nobel Replace implant was placed, a Procera prefabricated abutment placed, and a Luxatemp provisional fabricated.

After 3 months, the remaining teeth were prepped and a lab fabricated bridge done #6-9, all ceramic crown was placed #10 and a veneer on #11.

The desired results were achieved and the patient was thrilled with her new smile!

MOLAR EXTRACTION AND IMMEDIATE IMPLANT PLACEMENT

Jim presented with a cracked root #18. A localized CT scan was taken and evaluated. Treatment was presented, and we decided to remove #18 and immediately place a Rescue wide body implant.

Treatment was done using local anesthesia, the tooth was surgically removed, the implant was placed, and bone grafting was done around the implant. The postop call revealed minimal discomfort. The healing abutment was placed, and the final abutment and e.max crown were done 4 months later, all in our office.



Preop #18 PA



Preop #18 CT



Immediate Postop #18 PA



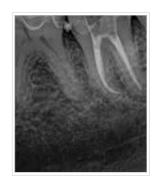
3 Month Postop #18 PA

MOLAR EXTRACTION AND IMMEDIATE IMPLANT PLACEMENT



Jeanette presented with a split, non-restorable, lower left second molar. Treatment options were presented, and we decided to remove the molar and immediately place a wide body Rescue implant, along with necessary bone grafting around the implant. The patient chose to be sedated for this procedure.

Doing this in one visit eliminated multiple surgeries and maximized the preservation of the bone. After 4 months, the final abutment and e.max crown were placed. All procedures were done in our office, including the final crown.



Preop #18 PA



Immediate #18 CT Cross Section



Immediate #18 PA

SEDATION SMILE DONE WITH CEREC



Preop Smile



Preop Retracted



Preop Occ Upper



Preop Occ Lower



Final Upper Occ



Final Lower Occ



Final FA Model CEREC



Final Smile



Final Retracted Smile

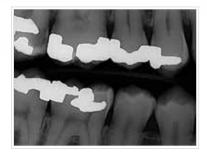
therese

Therese came to us with concerns about discolored teeth, large stained composites, and broken teeth. She was very anxious about dental care. Treatment was presented and discussed.

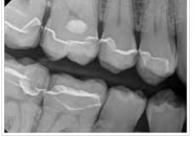
We decided to do 11 partial crowns/veneers and 5 full crowns using IV sedation in the first phase, all done in-office, indirect on CEREC, using custom tinted/characterized e.max.

Therese was thrilled with her new smile and is looking forward to finishing her treatment!

SEDATION DENTISTRY AND CEREC



Preop R BW



6 Years Postop R BW



Preop L BW



6 Years Postop L BW



Preop #19



Postop #19 CEREC Onlay



Preop #30, 31



Postop #31 CEREC Onlay

patrick

Patrick presented with significant anxiety about dental treatment and wanted old, failing black, fillings replaced using sedation.

Treatment options were discussed and we decided on replacing larger old amalgams with CEREC onlays, and smaller ones with composite using oral sedation. Treatment was completed in only 2 visits, thanks to sedation and CEREC! Note the marginal integrity of the restorations on the bitewings after 6 years!

Patrick was very happy with the results!

SAME-DAY CEREC



Preop #8, 9 Smile



Preop Retracted



Postop Smile



Postop Retracted



Matt presented with concerns about dark upper front teeth that had root canal treatments after a basketball trauma. He was graduating from college soon and wanted a new smile as soon as possible

Our solution was 2 upper front e.max crowns #8 and #9 (low translucency). The crowns were done in a single visit using CEREC and custom tinting/characterization.

Matt is thrilled with the results and is looking forward to graduation photos!



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