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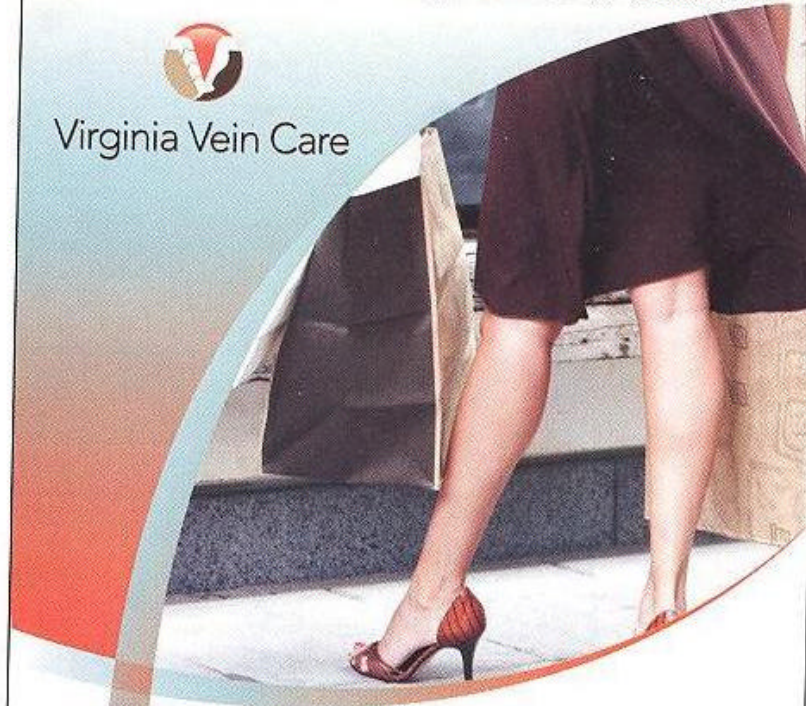
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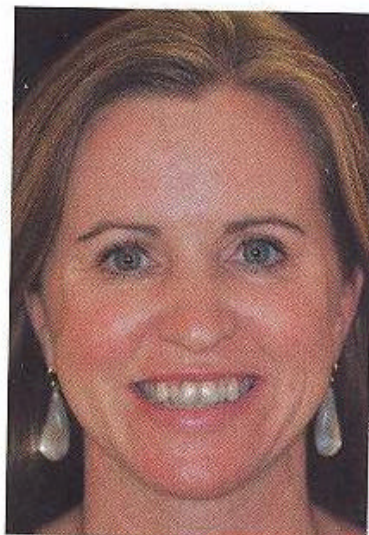
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policy paid for part of the Invisalign. The rest came out of his pocket.

"But it beats having women tell you your teeth look horrible the first time you meet," Duplá says. "Now dating's better. Women say my teeth look great—normal, natural, and white."



■ Marti Lazear had had braces as a youth, but as she got older some of her teeth got crooked. One day she went for a consultation at the Washington Center for Dentistry in DC, where Dr. Peter Rinaldi recommended eight veneers. Sold, she had the work done that day. "People said, 'Did you have your hair done? You look refreshed,'" she says. "I think it's from smiling more."

Gigi Anders is the author of *Men May Come and Men May Go, But I've Still Got My Little Pink Raincoat: Life and Love in and Out of My Wardrobe*.

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dehydration, and gum irritation if abused. You should consult with your dentist prior to any bleaching.

Still, whitening doesn't harm tooth structure. "The research has shown that bleaching continuously does not damage the tooth other than causing occasional sensitivity," says Mickey Bernstein. The Tennessee-based cosmetic and reconstructive dentist, who has practiced for 33 years, is president of the American Academy of Cosmetic Dentistry. →



■ Kimberly Jordan says that when she was a child people asked: "Why are your teeth that color?" That color was gray, and the reason was the antibiotic tetracycline. Several years ago, she got bonding to hide the staining. "I wasn't too happy. I felt like my lips were sticking out," says Jordan, 46, an information-technology specialist at the FBI. When the bonding wore off, she went to Dr. Peter Rinaldi in DC, who put on ten porcelain veneers. The veneers, Jordan says, "feel natural."

Photo: David J. Smith





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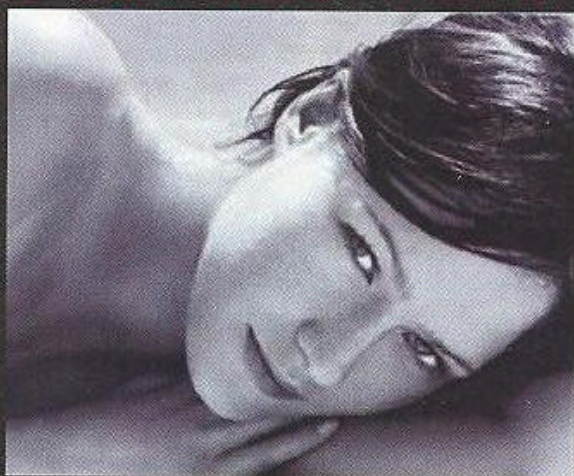
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A More Natural Smile

Bernstein says that the current trend is away from "shocking bling-bling" white and toward a more natural look. All teeth are not created equal: Natural teeth are translucent or light-reflecting, vary in color—getting darker toward the gum line, for example, and have subtle flaws such as rotations, wear marks, waves, and occlusions.

The key is symmetry and teeth that fit the face.

"With smile makeovers, I'm looking at the whole unit—all the teeth, not a single tooth," says Peter Rinaldi, a dentist in Northwest DC. "Eye and skin color, lips, bite, smile, how you talk—it all interrelates. This is an art form, like good plastic surgery."

Cosmetic dentistry should enhance what a patient has, says Rena Vakay, not be "a hostile takeover." The Alexandria restorative and cosmetic dentist says that only a small percentage of her patients insists on a "Chiclets" look. "Most Washingtonians—and I see as many men as women—are savvy and informed," she says. "They just want a believable, beautiful smile."

Getting there often starts with bleaching. Aging and heredity as well as certain drinks (coffee, cola, red wine, grape juice), foods (berries, cherries, beets), substances (soy sauce, tobacco), and drugs your mother took when she was pregnant with you stain and darken teeth, which are porous and absorbent. The AACD study shows that baby boomers' interest in a youthful, attractive appearance is the main factor driving the demand for cosmetic dentistry.

At 40, WMZQ-FM's morning host Brian Egan is a little young to be a bona fide boomer, but he does love his straight new smile, whose milky whiteness he maintains every few months with custom-fitted trays and prescription-strength bleaching gel.

"I bleach the day after a cleaning and that's about it," says Egan, another Gray patient who had Invisalign to correct gaps in his bite. "I get photographed a lot, so with a smile that looks natural I feel more confident."

A fast way to whiten teeth is with Zoom!, a high-intensity, metal-halide light that activates a bleaching solution spread across the teeth. Dr. Yelena Obholz offers Zoom! in her Northwest DC office. "It's very predictable, it doesn't hurt, and it lasts," she says.

"Bleached teeth don't make me a better person, but they're an investment," says 22-year-old Katie Knieriem, who graduated from American University in May and went to see Obholz, whose office is walking distance from the school. "Attractive people go farther"—that's what my dad always says.

Patients with sensitive teeth, such as Knieriem, are given a desensitizing gel before and after Zoom! to keep them com-

Porcelain Veneers, Crowns, Onlays, and Inlays

Cost of a veneer: \$1,400 to \$2,000 a tooth; **crown:** \$1,200 to \$2,400; **onlay/inlay:** \$1,250 to \$1,550.

Porcelain veneers are a good choice for someone who wants to change a tooth's shape or color significantly. Porcelain is a more permanent choice than composite bonding because it's more durable and it doesn't stain as easily.

"The porcelains now are very, very good," says Dr. Peter Rinaldi of Northwest DC. "They mimic natural tooth structure. They're strong, reflect light, and are color-stable. And these new restorative materials allow us to be very conservative in our approach to rebuilding the tooth."

Some veneers are sold under brand names, such as Lumineers, which are marketed as no-pain, affordable veneers and go on like press-on nails. But some dentists say that Lumineers don't look as natural as other ceramics because they aren't as translucent and work in only select cases. Dentists use a variety of porcelains and choose the most effective for each case.

"I love the premise of minimally invasive dentistry," says Dr. Rena Vakay of Alexandria, "whereby you do not grind the teeth to create veneers." She sometimes chooses Durathin veneers, which are similar to Lumineers but "have beauty without the bulk so they look natural."

Says DC's Dr. Brian Gray: "Many labs make super-thin veneers and just don't have a product name such as Lumineer or Durathin attached to it."

Crowns, which cap the entire tooth, are used not only for cosmetic reasons but also when there's been decay or damage, such as a broken tooth.

Onlays are partial coverings, usually placed on back teeth used for chewing. Inlays are fillings that go inside a back tooth, usually to replace old fillings.

Teenagers—whose teeth are still maturing—and people who have severe gum disease, large amounts of decay, or uncorrected bite problems aren't good candidates for veneers. Those problems need to be addressed first. Your dentist may take an x-ray to make sure there's nothing going on below the gum line before you invest in veneers.

Getting a veneer usually requires three trips to the dentist: a consultation and evaluation, then prep work—for a temporary veneer that may involve some minimal tooth shaving—then placement

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