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Everything Authentic fabricates is 100% Made in USA.
Several months ago, our friend and colleague passed away after his year-long battle with bladder cancer.

Many of you knew Joe from KISCO (Keep It Simple Company) and from the lectures he gave all across the country, often with his best friend, Dr. Mark Troilo.

I first met Joe when he and Mark invited my staff and me to one of their seminars in Louisville back in the 80s. I liked him from the start and later asked him to be one of our speakers for the intra-oral camera seminars.

Joe had a tremendous sense of humor that drew people toward him and he had his pulse on everything and everybody in dentistry. If I had a question about someone, I called Joe because he had the unique ability to tell the truth without putting anybody down.

I knew something was wrong when I spoke with Joe a year ago. He said, “You know, dentistry is hard work… today I did a couple of molar root canals and several crown preps.” Normally, he would be excited about having a productive day, but now he was uncharacteristically tired.

When I learned about Joe’s cancer, I called and reached him during one of his chemo sessions. At first, he was the same ‘ol Joe, but by the end of the conversation we were both fighting to hold back the tears. That was the last time I spoke with Joe.

Joe was a great husband and father and was loved by his patients. His daughter, Jasmin, is a dentist and he was so proud when she joined his practice in the summer of 2007.

Joe, all of us will miss you, more than you can imagine. The world (especially the world of dentistry) is better because of you!
Learn How To Attract The “New Breed” Of Implant Patients Who Are EASY To Convert, EASY To Care For & Readily Pay, Stay & Refer. The NEW ECONOMY of the last 10 years has created a “NEW BREED” of Implant patient that’s easier to attract, easier to convert and a MUCH better overall patient...

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• The #1 complaint dentists have when it comes to attracting and converting implant patients and how to completely ELIMINATE it.

• The fundamental rule EVERY dentist breaks when it comes to attracting GOOD paying implant cases who are a PLEASURE to work with… and how to avoid breaking those rules yourself!

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A Word From Woody

It’s hard to believe, but Summer is drawing to a close. Here in Indiana we’ve had a lot of heat and humidity. Maybe it’s time for Fall.

Every year I talk about the fact that you’ve got to have a great August/September to assure that you have a great January/February. It’s the “circle of dentistry.” Of course, the reason is that if you don’t have a productive August/September... 6 months later there will be holes in your schedule. So do special promotions in August or September like whitening specials, discounts in INVISALIGN and 6 Months Smiles... the possibilities are endless!

Okay, one other thing I want to mention is now is the time to “Save the Dates” for our 25th Annual Spring Break Seminar. April 14-16, 2016 at the Sandestin Golf and Beach Resort (check it out at www.sandestin.com). You’ll be getting more information on the event as we finalize the speakers and everything else that needs to be done to present an event like this. Also, as an added incentive to sign up now, we offer “Early Bird Pricing” if you sign up before 12/31/15! It’s well worth planning ahead!

Dr. William W. Oakes

The Seasons of Dentistry

WINTER:
Strategize your practice goals for the year. Post them in a common area.

FALL:
Offer special promotions to avoid mid winter slumps.

SPRING:
Attend the EID Spring Break Seminar for best practice techniques.

SUMMER:
Assess your mid year effectiveness. Take some time off and enjoy your family.
Discover How To Increase Your New Patients 10-25% with No Additional Marketing or Advertising Expense!

Today there are so many ideas for how to fill your schedule – get a great website with really good SEO, do online advertising and pay-per-click, use a referral service, get active with social media, create custom mail pieces, get on the radio or run a TV commercial. It’s daunting if marketing’s not your side job.

I’ve been in dentistry for 40 years and I can honestly say that the Scheduling Institute’s New Patient program is one solution that has stood the test of time. It made it through the worst economy most of us have seen in our careers. To this day, I’m impressed by how often I hear comeback stories and practice-changing experiences where the Scheduling Institute (SI) was the turning point that led to big success.

I met Jay Geier, the Founder & President of SI, in 2004 when he was a speaker at our Spring Break Seminar. Since that time, I’ve had him as a guest speaker at many Excellence in Dentistry events. For many years, I also built his New Patient program into my coaching program as a requirement for my clients to go through. I believe in this program so much that I installed it at our Excellence in Dentistry office and the feedback from the SI staff helped our team take their communication skills to the next level which enabled the business to grow. It was so successful, we also installed it at all the Dental Assisting School and our Facial Esthetic Dental Office.

When Jay and I met, SI’s New Patient Phone Training was only available as a box set of DVDs, CDs and guides you installed yourself. A few years later they started offering training in dental offices and they would install the program for you. Now there are 52 certified trainers based out of 8 cities across the U.S. who can be in your office in a matter of a few days. And they’re teaching 24 other programs in addition to the New Patient program. I heard they just completed the 10,000th training in a client’s office. Dentists can also participate in their coaching program; they have a Training University for team members and they offer quite a few events throughout the year.

After all these years I’m still fascinated at how consistent and reliable this New Patient Program has been. I’m hearing from most practices they get a 10-25% bump in new patients usually within the first few months. I’ve even heard of dentists who have seen as much as a 100% or 200% increase.

To hear dentists, just like you, share their experiences and results, go to www.SchedulingInstitute.com/Stories to watch videos or text SIStories to 38470 to receive a video link sent directly to your phone (standard messaging rates apply)

I’ve watched a lot of people try to replicate what Jay is doing and so far, I believe, his program is still unmatched.

I recently asked Jay to join me as a guest on my Driving Dentists Series. He explained how the overall health of a practice is directly related to new patients and he revealed some of the biggest mistakes dentists are making when it comes to attracting and keeping quality new patients.

Incentives to motivate and reward your team. Role-play to support the training – it’s not online training, it’s real people talking to real people.

• Their size, resources and the sheer volume of experience. They’re in 300 offices every month, they have their own training facilities and successfully work with more than 7,000 team members through their Training University. They are gathering more information about what’s working and what’s not working than any other consultant in dentistry.

During the interview, we actually called several local dental offices to hear how they were handling their new patient calls. I was shocked. When was the last time you called your own office? If you want a truly unbiased assessment of how your new patient calls are being handled and how many new patients you are currently losing, Jay has agreed to do this for TPD readers for FREE. Just go to www.TakeThe5StarChallenge.com. Jay’s team will send you your call along with a 0-5 star rating analysis that shows you exactly how many new patients you
are losing today and how many you stand to gain. Plus, they’ll tell you how to fix it with feedback on how your team member handled the call.

If you’re not convinced about the Scheduling Institute’s success rates, read the case studies below, then judge for yourself.

To get a Free copy of the Dr. Woody Oakes interview with Jay Geier go to http://be.theprofitabledentist.com/woody-jay/.

To get a Free New Patient Call analysis, rating and feedback, go to www.Takethe5StarChallenge.com, call 855-975-9455 or text 5Star to 38470 to have a link sent directly to your phone where you can request this.

Case Study #1

Dr. Shahrooz Yazdani
Yazdani Family Dentistry, Kemptville, Ontario, Canada

Q: How did you connect with Scheduling Institute (SI)?
A: In 2011, I was looking for something to help grow my practice by 10% to 20% or so. A classmate referred me to SI. I initially joined at the lowest level (self-study kit), but after seeing great results, I continued to upgrade my investment with SI. I’m still with SI 4 years later because everything I’ve done with them has worked – and my practice and personal life have never been better.

Q: What kind of results did you see initially?
A: The first focus of the SI training was new-patient generation and changing our mindset to a new patient focus. Within a few weeks, they were in our office training our front desk staff (at that time we had 1 full-time and 1 part-time... we now have 5 full-time!) how to handle phone calls with a new patient focus. This instantly resulted in a jump from an average of 16 to 38 new patients per month. In the first 3 months, our average new patients doubled, with no additional marketing— just as a result of the phone training. From that point on, I was sold. I knew SI could deliver on its promises.

Q: How would you describe the learning curve?
A: The learning curve was not at all steep. The more things I implemented, the better results I got. At all times during my membership, the net profit of the practice was greater than before (even after all the extra marketing, membership and travel costs) and my new patients have continued to increase. With aggressive growth goals, I continued to reinvest and that cycle continued.

Q: What have been SI’s greatest benefits to your practice?
A: We started with SI at around $1 million gross production. We will likely end this year at north of $3.6 million. Last year we had over 1,250 new patients (average of 105 monthly) and will likely hit an average of 115 to 120 per month this year. The patient experience has vastly improved, reflected in our rave reviews. We are the dominant and most known practice in our area.

The staff experience is much better, too. The increased profitability and reduced stress on the practice translate to less stress on the team. Bonuses have led to the highest incomes ever for the entire team. And they feel like they are part of something special. The great patient experience and reviews lead to higher team morale.

To read the full interview with Dr. Yazdani, go to www.SchedulingInstitute.com/Yazdani or text Yazdani to 38470.

Case Study #2

Dr. Jig Patel
Schaumburg Dental Studio, Schaumburg, Illinois

Q: What was your first experience with Scheduling Institute (SI)?
A: I bought the Self-Study Kit back in 2007, but never really did anything with it. Then in September 2012 I went to one of Jay Geier’s seminars, really in a position of fear and desperation, as a last ditch effort because I was seriously considering closing the practice at the time. I had pretty much burned through all my money and cashed out all my retirement. I was broke. At the seminar I jumped right in and scheduled to have a trainer in my office in October to teach us the New Patient Phone Training.

Q: What kind of results did you see initially?
A: Half way through the training day it was like magic. Literally that day things changed in our office. Before that our average collections was $50,000 a month and we were getting 25-35 new patients a month. In month one after training we got 50 new patients – we literally doubled. Fast-forward to 2013, collections went up a bit to $54,000 a month, however new patients jumped up to 58. In 2014 our collections were up to $72,000 a month and new patients were up to 62.

Q: What have been SI’s greatest benefits to your practice?
A: SI has helped me create a new purpose. To not just be a good dentist, but be a good steward and impact the people around me. But the best part has been the growth of my team. Watching my team go from fearful of their future with our practice to strong, confident women who are leaders in our practice and our community. That’s been the best part.

To read the full interview with Dr. Patel, go to www.SchedulingInstitute.com/Patel or text Patel to 38470.
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in 90 Days or less!

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A certified training specialist will come into your office for a full day to install the new patient program and train your team face-to-face.

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**Go to www.Takethe5StarChallenge.com**

**Or Fill out the card attached to this page and mail or fax it back**

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Create your exit strategy plan that will allow you to live the lifestyle you want and be financially free when you retire!

**INCREASE YOUR HYGIENE PRODUCTION INSTANTLY**

Learn how to turn your hygiene department into a profitable machine and your hygienists into entrepreneurs that are working with you, not against you.
What are the most popular TV and radio channels in the world? WII-FM. You’ve heard of it. Their call letters mean “What’s In It For Me.” Because it’s all about YOU.

As humans, we are drawn toward things that can give us benefits. Make us skinnier, richer, happier, life easier. People want to know, “What good things can this bring me” and “Will I get something from it?”

Dental care is no different. People are interested in hearing what your office can do for THEM, not how great you are.

So to ATTRACT them, your marketing has to focus on the benefits that are important TO THEM – be very patient-focused.

I have this conversation all the time with dentists. Something to the tune of “marketing doesn’t work” will come up when I’m working with a client or speaking somewhere. I hear the frustration in their voice. They will tell me about a marketing piece and the cost, and I can empathize with them because it’s frustrating putting out that level of action and expense only to be met with little to no response. Out of a sense of obligation to defend marketing’s honor, I will sometimes ask them to forward their marketing campaign to me to see if I can help.

Then I receive it and begin to understand what’s going on. It will be a beautifully done, elegant font choice and design with a photo of the doctor at his best and a logo, maybe a picture of the office.

I usually see the doctor’s name in large print. Then a list of procedures performed at the practice from cosmetics to extractions to
cleaning. There will be the office address, phone number and website. From the looks of the piece, I can tell they spent a fortune with a graphic designer, and based on the size of the ad, I know that they went all in.

But I also quickly label it what I call “Yo-Momma” Marketing™ because it focused on the wrong things.

What is “Yo-Momma” Marketing™ you ask?

This is the marketing that features everything all about doctor: your picture, your initials and degrees after your name, every course you’ve taken, every organization you belong to, and all the great things about your office.

The only person impressed by this is... well, YOUR MOTHER.

It is a brag piece about her son or daughter, “The Dentist,” for her to share with her friends and members of her club or church. While it is impressive to your mother, it fails to light anyone else’s candle because it’s all about you.

You have to always remember that all of your marketing must be for, and about, your prospective dental patients. Push it, drive it and focus it to the real reason why you are doing dental marketing in the first place... YOUR PATIENTS.

The only person impressed by “Yo Momma” Marketing is your mother.

If you want to impress your mom, send her flowers or call her to tell her you love her. Don’t confuse the intention of your marketing which is always to attract patients to your practice.

It’s more about whom you are for and what you do for them than about who you are.

So being skilled at attracting patients will assist you to thrive and allow you to treat more of the right type of patients for your office. Here’s how:

1. **Identify your target patient in detail and build an avatar.** An avatar allows you to be highly targeted in all your marketing because you are only talking to that one person (your ideal patient). You don’t have to be all things to all people.

2. **Emphasize only one thing at a time.** Even if you have multiple target niches within your practice, only market to one of them per marketing piece. You want to appear as an expert in that one area instead of a “jack of all trades.”

3. **Be patient focused, not practice focused.** Simply put, “it should always be about them.” Don’t tell them how fantastic you are; instead make sure your message conveys you understand them and their needs.

4. **Ask ‘Pull Questions’** that speak to their wants, desires and then their needs. Engage their main motivating factors to attract them rather than chase them with information they don’t want to know. By asking the right questions, it makes them feel “heard and understood.”

5. **Increase your Know, Like and Trust Factor** – With today’s technology, people have easy access to information about you. If that information is just one dimensional, say a standard dental website, it doesn’t allow people to connect with you. You can increase your appeal by showing more sides of who you are as a dentist through social media and video marketing. Video is an opportunity to not only hear your message, but also experience you in a virtual world.

6. **Make it easy for them to say yes and find you.** People should be able to interact with you in more ways than just your phone during normal office hours and a website. People are looking for businesses that make it easy to do business with them. By ensuring your office is also mobile marketing to attract new prospects through their cell phones, it is an opportunity to stand out from the crowd.

If you want to impress your mother, send her flowers. If you want to impress patients, make it all about them.

Dr. Ginger Bratzel, DDS, is a dentist, coach and award winning copywriter and marketer. She is the author of “Secrets To Creating A Prosperous Practice: The Mindset, Business, and People To Get You To Your Dream Practice.”

Dr. Bratzel is known for her “no holds barred and shoot straight from the hip” approach to practice growth and patient attraction. You can get more information about her book and programs at GingerBratzel.com.
As employers and managers, I think we would all agree that our employees should be spending paid time working, not surfing the internet, talking to friends on Facebook, or, heaven forbid, posting or tweeting harmful material about patients or coworkers.

If you’re like the majority of dentists I meet, you might forbid Social Media interactions altogether while an employee is at work. You might also have a phrase similar to one of these incorporated within your official policy:

• “Do not discuss company, patient or employee information outside of work.”

• “Do not make any “insulting, defamatory, libelous, slanderous or discriminatory comments about [the employer], its patients, its employees or management online.”

• “Refrain from any action that would harm persons or property or cause damage to the company’s business or reputation.”

They all look like common-sense nuggets of wisdom, right? And yet each of these policies and a host of similar phrasings is a crisis waiting to happen.

Here’s why: The examples above are real policies that have been ruled unlawful by the National Labor Relations Board (NLRB), the government agency that enforces the National Labor Relations Act (NLRA). Even having a policy similar to any of these could get you in trouble, result in hefty fines, or even cause an employee to win a claim or lawsuit against you.

Vague policies, too-broad language.

So what does the NLRB have against perfectly sensible-sounding policies? Do they want your employees to spend all day checking Twitter on their phones or insulting you on Facebook?

Not at all. But the NLRB does take a very dim view of social media or other HR policies that could even remotely be interpreted as restricting employees’ legally protected rights. And while social media usage in and of itself isn’t an employee right, the ability to organize and attempt to better their working conditions IS – whether face to face, or on Facebook.

This doesn’t mean online misbehavior or flagrant defamation is protected by default! But it does mean employers have to be very careful about which types of behavior they restrict. In the eyes of the NLRB, too-vague or overly-broad policies, whether they involve social media use or other employee actions, could be interpreted as infringing upon workers’ legal rights.

And within the past few years, the NLRB has made a point of seeking out and penalizing employers who institute and enforce such policies every chance they get.

Exaggeration? I think not.

Two years ago, the NLRB reviewed 7 companies’ social media policies and found 6 out of 7 to be non-compliant with the NLRA.

But the fact that most other employers are also jumping off a legal
cliff when it comes to enforceable policies and defensible actions doesn’t mean you won’t get stuck paying for it. Consider the following examples:

If one of your employees used their social media account to accuse you of stealing money from employees and then cursed at you when you tried to discuss the situation, would you fire them?

How about an employee who ranted expletives at another worker on Facebook, while discussing whether your office rigged a contest?

Or someone who used their work computer and email, while on break, to send your whole team a list of complaints about how your office is run?

These are all recent cases in which the NLRB found employers’ disciplinary actions (including termination of employment) to be UNLAWFUL.

The NLRB will be happy to make an example of you, small practice or not. Perhaps even worse, money-hungry contingency-fee lawyers constantly advertise to the disgruntled employees of the world. If one of your employees or ex-employees talks with such a lawyer and, through the discovery stage, find an illegal or unenforceable policy in your handbook, dollar signs will light up in their eyes.

It’s an unfortunate truth that a bad office policy can provoke an expensive settlement or the loss of a hefty lawsuit – even one that would otherwise be considered shaky or frivolous. Reinstating a terminated employee, WITH back pay, is also commonly required.

The road to court is paved with good intentions.

When it comes to your current social media policy, you may have thoughts along these lines:

“But it’s not meant to suppress my employees’ protected rights!” – I believe you! Most employers don’t. But the NLRB doesn’t care about the intention behind your policy; they only care whether it’s worded correctly, or not.

“Isn’t the NLRA about unions? Our employees aren’t in a union!” - The NLRA covers all employees, unionized or not. And no matter how many or few employees you might have, your office can be a target. The smallest office we’ve seen them go after had only had two employees!

“Do I even need a social media policy, if it’s so much trouble?” In this day and age, the answer is definitely. Properly-worded, solid and legally-compliant social media guidelines will help untie your hands to act when an employee crosses the line, while also preventing you from accidentally infringing on any PCA. You just have to be careful.

Scraping your policy isn’t an option; fixing it is.

When correctly written, your social media policy helps protect you and goes hand-in-hand with your expectations that your employees will uphold proper standards of professional conduct and HIPAA compliance. And there are legally-supportable ways to specify which employee behaviors you want, without taking on extra risk or defying the law. It’s all about what wording is used, what’s included and what’s left out.

While you really need to have your policy written by an HR expert, here are some general guidelines:

• DO NOT forbid employees from saying negative things about your company online. This overly-broad policy is seen as chilling to employees’ rights to talk about working conditions.

• Your policy CAN prevent employees from egregiously attacking your business. Acting maliciously is not protected by the NLRA.

• DO NOT create a blanket policy that prohibits non-business use of company computers or email accounts. Employees using their company email to discuss work problems (especially while on break time) can and has been considered PCA.

• Your policy CAN regulate inappropriate or offensive uses of company computers and e-mail. (For example, PCA does not include harassing another employee.)

• Finally, your policy CAN and SHOULD state that it is not your intention to infringe upon employee rights to PCA and that none of your policies should be viewed as doing so.

There’s a target on your back when it comes to social media and the NLRB has an arrow ready to fly. So whether your existing policy was written by you or your office manager, borrowed from another practice, or even extracted from an online template, you’ll want to review its enforceability and legal compliance. You can request a free evaluation of your office policies by visiting www.cedrsolutions.com/tpd815.

It’s ironic but not at all funny when problematic policies land employers in the middle of the very online firestorms they were trying to avoid. And as each fire subsides, the smoke signal the NLRB sends out to other employers is the same: Fix your policies. Make sure they’re NLRA-compliant.

Don’t be next.

Paul Edwards is the CEO and Co-Founder of CEDR HR Solutions (www.cedrsolutions.com), which provides individually customized employee handbooks and HR solutions to dental offices of all sizes across the United States. He has over 25 years’ experience as a manager and owner, and specializes in helping dental offices solve employee issues. Paul is a featured writer for The Profitable Dentist, Dental Economics and other publications, and speaks at employment education seminars, conferences and CE courses across the country. He can be reached at pauledwards@cedrsolutions.com or 866-414-6056.
What if You Wait Too Long?
by Dr. Bob Willis

All of us are on the clock; we have a finite amount of time on this earth. If you wait too long to decide how you want your life to be, you may well miss out on what life could have been for you!

For us, dentistry is our vocation but it should not be our life. All too often I find dentists that are either emotionally stressed by what goes on in their practice or spend an inordinate amount of time trying to reinvent the dental practice – all on their own. While this may seem to be a noble effort by working extraordinarily hard (so you can say “I did it all myself”), it is clearly a giant waste of time and totally unnecessary. No one gets to the top without the help, guidance and wise counsel of others.

There is an elevator to the top but for whatever reason, most people choose the stairs; if they attempt the hike at all.

Everybody has the right to choose what to do with their life and how they want to live it. You can do it the hard way or the easy way. For whatever reason, most people think they have things figured out and do it the hard way and take the stairs.

Why not tap into the experience of those who have already been to battle and learn from those who have succeeded and hop on the elevator? Get clarity on what you want, start getting it and enjoying it!

If you are a dentist, you need an escape from the profession so you can really enjoy what life has to offer. If you are going in early, staying late and taking it home with you, you are missing out on the joys that life can provide. You need a diversion; maybe a hobby or something that is far away from dentistry and the dental crowd.

Some like to fish, do community service projects, play golf, go boating, read, or just immerse yourself in something other than dentistry. I see way too many dentists now that are going to die at the chair or retire with nothing to look forward to – living unfulfilled lives because they didn’t seek balance early in their careers.

“But right now, my focus is on my practice; what do I do to get that running smoothly and have some sanity in my day-to-day living?”

There are 2 ways to live:
1. Living Out of Life’s Circumstances
2. Living Out of Life’s Choices

Living Out of Life’s Circumstances
Most people live out of “Life’s
Circumstances” and think that is the normal (it is for most people). “A circumstance is a fact or condition connected with, or relevant to, an event or action.”

Most people live day-to-day based on the circumstances in their lives. They are busy dealing with whatever happens.

In a dental office, this means that the dentist is the crisis and problem solver. They do the dentistry that shows up, solve problems that come up, put out fires, manage the staff and are distracted from accomplishing what could be really meaningful – not only for that day but for the entire future of the practice and all the people in the practice.

The Result
The result of living out of life’s circumstances is that the dentist (crisis and problem solver) depends on how much energy he/she has, how long the good staff survives (they can’t outlast the staff who just show up and put in their time so eventually the good ones leave to find something better), how much time the he/she is willing to work after patient hours and how long before they burn out.

The greatest impact on circumstances is when we decide we are sick and tired of
being “sick and tired.” No longer will we be the victim. We will take charge of our direction, take action and more action, observing the results and altering our course as necessary.

If we commit to actions we can never be upset with the results because we don’t have control over the results, just the actions we take to get the results. I find that people consistently get stuck focusing on circumstances. They think that this or that should have looked a certain way and if it didn’t, they get upset and add more to the baggage they carry with them every day. They keep doing the same thing with the same people every day and expect a different result!

**The #1 Life Lesson – Live Out of Choice**

Get a clear, informed idea on what you want your life to be, then get busy making it that way!

Start by clearly defining the direction you want your life and profession to take. Forget about where you are; think about where you want to be in the future. This is your life, why not have the way you want it!

An important note: avoid self-limitations. Our thinking can sometimes limit our possibilities. Don’t box yourself into a lesser posture because of self-limiting thoughts. We have far more abilities than we give ourselves credit for and seldom challenge ourselves to stretch beyond the routine. Working with pride, enthusiasm and a high degree of expertise automatically breaks the bondage of self-limitations. What limits are holding you back? What limitations are building dissatisfaction with your work?

Yes, I know that you can make a list of obstacles that get in the way of where you want to be. If you focus on the obstacles instead of what you want and future opportunities, you might as well just glue yourself to where you are right now. Of course, that would be silly but I see most people stopping themselves before they even get started on the journey.

Get out a pen and paper and start writing down how you want the rest of your life to turn out. If you don’t have it written down, you don’t have one! Get input and feedback from trusted advisors and those who want you to succeed.

Then clarify the steps you need to take to get the results you want. Once you have your plan written down, refer to it daily to ensure that you stay focused on what you want to accomplish. Don’t get distracted by the “circumstances” that life throws at you each day. You will be challenged and will need to make U-turns once in a while but keep heading in the direction you have chosen.

In the dental practice, the first step is to get the right kind of people on board. The good news is that they are probably already in place – they are just waiting for clear direction so they know what to do.

In his classic book, *Good to Great*, Jim Collins states the following, “First Who, Then What: Get the right people on the bus, then figure out where to go.”

Think of it this way: you are a bus driver and your practice is the bus. Your bus is not moving at the rate or direction you desire and it’s your job to get it going. You have to decide where you’re going, how you’re going to get there and who’s going with you.

Most people assume that great bus drivers (business leaders) immediately start the journey by announcing to the people on the bus where they’re going – by setting a new direction or by articulating a fresh vision of the future. The fact is, leaders of companies that go from good to great start not with “where” but with “whom.”

Good leaders start by getting the right people on the bus, the wrong people off the bus and the right people in the right seats. They stick with that discipline – first the people, then the direction—no matter how dire the circumstances.

If you have the right people on your bus, you don’t need to worry about motivating them. The right people are self-motivated. If you have the wrong people on the bus, however, nothing else matters. While you may be headed in the right direction, you still won’t achieve greatness – with mediocre people you will still produce mediocre results.

Once you have the right people on board, then you can develop a clearly defined direction for the practice just like you developed for your life. It’s a small investment of time for a giant reward. There is no good reason to wait!

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For the past 20+ years, Dr. Robert Willis has worked with thousands of dentists who were doing well but knew their practices could be even better. Bob has helped propel practices to their “Next Level and Beyond” with keen insights and leading edge advice that bulldoze the Roadblocks to Success. His private coaching for motivated dentists allows them to achieve their life goals and have the dental practice they really desire. You can contact Dr. Bob Willis by email: Drbobwillis@degdental.com or by phone: 1-800-866-0655.
What’s Your Exit Strategy?
by Dr. Mike Kesner

How long do you want to practice dentistry? How do you plan to get “out of the mouth” one day? What is your strategy to move away from the chair yet still make the income you want and need?

I have found that most dentists have no exit strategy. You know you don’t have an exit strategy if your plan begins with, “I hope…”, or, “I was thinking…”, or, “It would be nice if…”, or, “Maybe I could…."

These are wishes, not strategies. If you don’t have a written plan, then you have no strategy.

I know a dentist in his late 70s who is still practicing because he can’t afford to stop. He doesn’t like dentistry anymore and it shows clinically, which has led to state board complaints and malpractice issues. Not a good way to end your career.

This is the result of no exit strategy.

I know another dentist who is in his mid 60s. He is one of the best clinical dentists I have ever met. His practice model is a high fee, cash only for patients needing complex TMJ/Full Mouth Restoration treatment. His practice has been in a steady decline over the years as he has “slowed down.” His office is also in a bad location with no signage or visibility.

He realizes that he has “painted himself into a corner.” The fact that the value of his practice is solely based upon his reputation and clinical abilities, along with the poor location make it is almost impossible to sell. He has decided to just close the doors and walk away.

This is the result of no exit strategy.

I started getting serious about my exit strategy when I was in my mid-40s. My goal was to be “out of the mouth” by the age of 55. My definition of “out of the mouth” is to only do dentistry when I want to, not because I financially have to.

I reached this goal in 2012 when I was 54 years old. Over a two-year period by creating rapid growth and hiring associate dentists, I transitioned from seeing patients four days a week to only one day a month. I also accomplished this with my income going up, not down.

Believe or not, if you are the owner of your practice, this is an exit strategy that you can accomplish in only 2-4 years.

In dentistry there are several exit strategy options available to you. For instance, you can sell your practice and walk away, you can hire associates, you can sell partnerships, you can build multiple practices, or do different combinations of these options.

There are two requirements for a successful exit strategy to work. Your practice must be growing and it must be profitable.

If your practice is not growing and is not profitable, then the exit strategy options available to you are very limited. If your practice is successful, then there are many options available to you.

Knowing how to build a growing successful practice is imperative. Therefore, your exit strategy and your growth strategy go hand in hand.

This is why you should plan your exit strategy at the same time you are planning your growth strategy.

Many dentists don’t have a viable exit strategy because their practice is not growing. This is why 97% of dentists are not able to retire at their same or better standard of living.

I once heard a dentist describe his dental practice as a “fur-lined trap.”

He makes a nice income and has a nice lifestyle, which will continue only
as long as he is chairside. He feels trapped because when he stops drilling on teeth then his income will stop.

This feeling of being trapped forces many dentists to stay chairside longer than they want.

It doesn’t have to be this way. Even with today’s problems of a weak economy, continual downward pressure on our fees, and the explosive growth of corporate dentistry, there is still a great opportunity for quantum leap growth of your practice... if you are willing to change how you “play the game.”

Over the last 10-15 years the “rules” of how to practice the business of dentistry has changed dramatically. It is necessary to change the way you run your business to adapt to the new “rules” to create growth and profitability.

Your profitability will change if you are willing to practice the business of dentistry differently. My business revenue has more than quadrupled since the 2008/2009 economic downturn. This is more growth than all my previous years in practice.

My point is this: You can execute your exit strategy and create the future you desire in only 2-4 years if you are willing to act on three conditions.

1. **Willingness to change.**

Change is always uncomfortable and requires a lot of effort. There is no “Easy Button”! If this were easy then everyone would be doing it.

The way you are running your business now is producing the results you are presently experiencing. If you don’t like the results then change what you are doing.

You can’t keep practicing the business of dentistry the same way and expect to get a different result.

Change is mandatory. Change is also inevitable.

The only question is are you going to implement the changes necessary to dictate your own future, or is change going to be forced upon you?

Change will happen. You will either be at the end of your career without an exit strategy and change will be forced upon you, or you will start making the necessary changes now to create the future you want.

2. **Commit to do whatever is necessary.**

You must be 100% committed to do whatever it takes to make your plans become reality. Commitment is an “all or nothing deal.” There is no such thing as partial commitment.

What do you think my wife would say if I told her that I was 75% committed to our marriage? I am sure I would not be sleeping in our bed if I made a comment like that. How successful would a marriage be without 100% commitment?

When your commitment to your growth and exit plan is “all or nothing” then you will find the drive necessary to do whatever it takes. You must want your plan to succeed more than you want comfort, something easy, doing it your way, etc. The reward is well worth the hard work and sacrifice.

3. **Get help.**

Don’t try to do this yourself. It will take you too long and you will make too many costly mistakes. If you could do this by yourself then you already would have.

The investment you make in hiring someone who has “been there and done that” will pay for itself many thousands of times over. I didn’t do it by myself. I hired people who could show me the way, hold me accountable and challenge me.

Yes, you are intelligent, but mastering the business of dentistry takes a lot more than intelligence. If it just took intelligence there would be more than only 3% of dentists with a strong retirement exit strategy.

Decide today to take control of your future and implement powerful growth and exit strategies for your success.

Dr. Mike Kesner is a practicing dentist and founder and CEO of Quantum Leap Success in Dentistry, a consulting company that helps dentists build the practices of their dreams in 24 months or less... Guaranteed! You may contact Dr. Kesner at 480-282-8989 or drkesner@QLSuccess.com. His website is: www.QLSuccess.com.
5 Simple Steps To Keep Google & Angry Patients From Ruining Your Reputation and Destroying Your Practice!

by Graig Presti

It’s almost inevitable that even really good dentists will get a bad review. You need to be prepared and ready for battle. What are you proactively doing to protect yourself, your family and your practice online?

Your online practice reputation impacts every form of marketing whether it’s direct mail, radio, TV, reactivation campaigns, EVEN internal referrals! Because the first thing a potential patient does when they get a piece of your marketing is they “Google your name and/or business.” It happens every day, and whether or not you want to face this reality is entirely up to you.

If you look disorganized and have little to no Google reviews, the prospective patient is gone. If you look professional and have LOADS of raving 5 Star Google reviews, with video reviews of your best patients bragging about you on page 1 of Google, and your Google + page has mobile coupons etc. You get the patient, NOT the doctor down the street! It’s literally found money, instead of lost money.

Let me ask you a couple questions....

• Do you have a Google reviews system that proactively gets you “5 star” Google reviews?

• Do you have an automated internet alert system that tells you when someone’s talking bad about you online?

• Do you have a video review system that generates videos of your best patients bragging about you online?

Almost 99.9% of any dental complaints this year went on line and went “nutso” bashing everyone in sight, leaving nasty reviews, posting on blogs and forums and in some cases making videos about their bad experience. But I guarantee none of the practices even knew about it. This is total destruction for a practice’s reputation and 100% preventable.

Everyone has a bad day and can get a bad review, BUT this is 100% preventable. Here’s how....

1. Give your front desk and staff a script to say to every patient that filters out who will leave a bad review and who will leave a good review. This allows you to be proactive in getting more good ones. (BTW- it’s impossible and not worth the time and energy to get a review removed, so forget about trying.)

2. Get more “5 star” Google reviews. Google reviews TRUMP all other reviews online. It’s the first thing people read and the first thing people trust. Unfortunately, most practices have been lied to by some services telling them they can post “certified Google reviews” on Google. That is 100% completely false. All you end up with is a “virus, spammy-looking” link at the bottom of the Google + Local page, which no one clicks on or reads. Your patients HAVE NO CLUE what Demand Force is! You need Google reviews.

3. Create a video testimonial review system that collects 40-60 second videos of your best patients bragging about how you changed their life for the better. There is nothing more powerful than 3rd party social proof talking about how amazing of a practice you are. I actually did this for a client of mine to show you how powerful it is. Google “dr larry stroud dentist reviews” or “dr larry stroud reviews” to see how videos rank.

4. Then syndicate and rank the videos to Youtube and dozens of other video sites that Google endorses. Now, this will require some internet marketing skills, but can and should be done because if no one sees the videos when they Google your name and practice, they’re worthless!

5. Get real press releases professionally written about you and your practice that “talk you up” and load them with patient quotes talking about the amazing practice you have and how great the staff is. Then syndicate them on the web using press release web services so they will be seen by anyone searching for you

These 5 steps should get you started. Your online reputation is all you have when someone is trying to decide whether or not to pick up the phone and call you VERSUS the doctor down the street.

So put your best foot forward and be the doctor EVERYONE trusts and calls! If you’d like to learn more about how to get 5 Star Google reviews and protect your practice and your hard earned revenue, you can visit this site just for Profitable Dentist subscribers www.LocalSearchForDentists.com/eid

Graig Presti is founder and CEO of Local Search For Dentists and has been recognized as one of the world’s top market-leaders in the dentistry world and has led more than 10,000 dental practices to record years.
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Excellence in Dentistry
Dental offices are now being hit with Ransomware (cyber blackmail). If you own or work in a dental practice, you need to know what Ransomware is and the ramifications of this serious security breach.

Ransomware Trojans are a type of cyberware that is designed to extort money from a dental office. Often, Ransomware will demand a “ransom” payment in order to release the hijacked dental office software.

The hijacking of dental office software can include:
- Encrypting data and software that is used by a dental practice (Eagle Soft or Dentrix) so that the dental office can no longer have access any type of patient information
- Blocking normal access to the entire dental office software

How Ransomware Enters Dental Office Computers
The most common ways in which Ransomware is installed are:
- Via phishing emails, or
- As a result of visiting a website that contains a malicious program

After the Ransomware has infiltrated a particular computer or network, they leave a ransom message on the computer screen that demands the payment of BitCon Currency in order to decrypt the files or restore the system to its normal function. In most cases, the ransom message will appear when the user restarts their computer after the entire infiltration has taken place.

If a dental office is infected with Ransomware, a practice could suffer a massive security breach and be subject to huge HIPAA fines ($100.00 to $50,000.00 per violation, as well as $250,000.00 in criminal fines).

Protection Guidelines for a Dental Office
A security breach may be able to be prevented with certain guidelines. Below is a list of security guidelines that every dental practice should implement and follow:
- Do not charge mobile devices via laptop and USB
- Identify where sensitive data is stored and how it is protected
- Perform an annual independent IT security assessment
- Limit employee use of public Wi-Fi when accessing dental practice data
- Examine the use of cloud storage for highly sensitive data
- Continuously update software to close potential vulnerabilities
- Encrypt portable devices (laptops, smartphones, USB)
- Ensure that shared resources such as wireless printers are secure
- Use two-factor authentication on privileged accounts
- Minimize 3rd party access to sensitive data and network assets (vendors, contractors, practice consultants, etc.)
- Design and implement a segmented network (servers, wireless, personal computers, etc.)

Unfortunately, data breaches can happen to small and large dental practices. In fact, some dental practices may have already been breached and practice owners do not even know it. With the implementation of simple security guidelines, the security of dental office data can be substantially improved. Technology alone cannot prevent data breaches, the protection of patient information and other practice data must be a team effort.

Stuart J. Oberman, Esq. handles a wide range of legal issues for the dental profession including cyber security breaches, employment law, practice sales, OSHA and HIPAA compliance, real estate transactions, lease agreements, non-compete agreements, dental board complaints and professional corporations. For questions or comments regarding this article please call 770.554.1400 or visit www.obermanlaw.com
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Stoneybrook manages the entire process and has proven many times that they really care about us and our results. And we DO get results! We have more than doubled our New Patient numbers every month. We get New Patients from Stoneybrook pretty much every day, and on many occasions, more than one a day. Their service has enhanced our practice so much.

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Call Today! (800) 736-3632
It's time for the silent majority of doctors who never speak up, never rock the boat and would never look for an advantage, to stand up and do something about what is happening in Dentistry today.

Just like in the movie Network where Howard Beale (Peter Finch) playing a network anchor stands up and says, "I'm mad as hell and I'm not going to take this anymore," we need to join together and take a stand for the little guy – The ordinary dentist in an unremarkable town, who takes care of his family and patients, and just wants to enjoy the profession and the practice he/she always knew they would always have. It’s almost like being a solo or a small group practice puts us at a huge disadvantage. No matter what we do or how we go about it, we are being dealt a poor hand.

Every day we step into an arena where there is no weight class, age or talent slots, or experience or belt levels. We literally go to battle each day knowing that we are the underdogs, and for most of us, we are going to lose. It’s a regular David and Goliath match up.

One Internet site claims that 22 million patients left the private sector and moved to a national corporate practice in 2013. The same website states that 27 million moved in 2014. Quoting another source, we hear that corporations are increasing at 7% per year. Do the math. We are literally being forced into an uphill, wind in our face, back against the wall gunfight and all we are bringing is a pocketknife. We are the underdogs facing an opponent who severely outmatches us. National corporations have better locations, newer facilities, better training, better marketing, an unlimited supply of dentists to pick from, and very deep pockets. You get the idea.

We are the underdogs facing an opponent who severely outmatches us. National corporations have better locations, newer facilities, better training, better marketing, an unlimited supply of dentists to pick from, and very deep pockets. You get the idea. Faced with these statistics and odds, the majority of dentists across the U.S. are seemingly satisfied with the status quo and are just going along to get along. They have stuck their heads in the sand and are waiting for the storm to blow over.

Are you kidding me? Just do nothing and watch our careers and financial futures fade away. And what about those doctors nearing their retirement? Are you planning on leaving this as your legacy? This is not a storm where high student debt, expanding corporations, predatory insurance companies, Obamacare and greedy bullies in the form of large 10 billion dollar a year dental supply companies lined up to spell the end of Independent dental practices. This has been in motion for a decade and we are about to reap what we’ve sowed. Two more dental schools opened last year and more are on the way. That’s about 5,200 dental graduates a year. This is not the perfect storm because there is the assumption that once the storm passes (and it won’t) things will go back to the way they used to be. Get used to it. This is the new dental economy and this is the climate change that we will face for the foreseeable future.

I don’t know about you, but I have spent a lot of time thinking about how unfair this match-up is and I think I might have a way of evening the odds. They can buy supplies for 30-40% less than we can, buy equipment at wholesaler’s prices, negotiate lab fees at 15% less than we can get, and when they sign up for a managed care plan, they can get higher reimbursement than we can. It’s the power of size and size does matter. Because they represent a large pool of practices, and the buying power they wield, they have the power to make the rules. Well, I’m mad as hell and I’m not going to take it anymore.

I remember the days when there was no Dental Economics, highly-hyped expensive seminars every weekend of the year, and consultants on every corner hocking their Dan Kennedy never-revealed, closely-guarded secrets. That was the time when dentists shared their knowledge at no charge, went out of their way to help struggling colleagues, while trying to become the type of person others would want to emulate.

There were no national dental corporations, insurance companies like Delta, little or no student debt, and we weren’t being taken advantage of by large national dental supply houses who, while over-charging us, gladly gave the corporations a 30-60% discount on supplies and equipment. I’m not wishing for the past to come back, I want to change future by improving the culture of dentistry – to create a level playing field so that each of us has the opportunity to have the practice we always knew we would have.

It’s about time that we set aside our political and clinical differences and banded together to present a united front...
to insure that the independent dental practice can and will survive and thrive. In today’s market we no longer need libraries or books because every bit of literature is available in digital format. We need supplies and equipment, but the day of the middle man is over. With enough of us joining together, we can wield a lot of power not just in supplies, equipment, lab and insurance negotiations, but in attorneys, CPA’s, and any consumer marketed product. We could dictate what we were willing to pay and suppliers would line up around the block to service our needs at a fair price that reflects the reality of economic pressures in a competitive environment.

I have always had this little guy mentality. I learned a long time ago that if you are smaller, you have to be smarter, quicker and throw the first punch. I knew that I couldn’t win every fight but I was not going to let anyone take my “man card.”

Right now I feel a little like Dr. Phil after hearing all of the ludicrous stories from disillusioned but paralyzed dentists about how corporations, high student debt, insurance companies, and the federal government is ruining dentistry as we know it. Knowing that most of us did nothing in the past, and are now reaping the results, I must ask, “How’s that working for you?” “What were you thinking?”

What if we could form a group of like-minded and unwavering dentists and staffs united in our desire to act in a way to push back the challenges to independent dental practices? We would be Building Everyone’s Success Together while changing the culture and the business of dentistry (BEST for Dentistry).

I would have to assume that if you have the “Goldilocks Syndrome,” where you are assuming that a time will come when everything will be “just right,” then a group like this would definitely be the wrong place for you. However, if you are feeling like a dental piñata with everyone taking a swing at you, I have the answer. Go to www.bestfordentistry and take the first step in preserving the Independent dental practice.

You may contact Dr. Michael Abernathy by phone at 972-523-4660 or by email at abernathy2004@yahoo.com.

FLASH: Don’t Mess with Texas and hopefully Arizona (we are already beginning to see a change in these states). The Texas Attorney General’s office just announced that Benco has settled an antitrust investigation stemming from the Texas Dental Association endorsing and setting up a supply discount program. The ruling states in part that Benco learned of the “potentially disruptive new business mode” and pressured distributors to boycott the annual TDA meeting in May of 2014. Benco pressed other distributors and manufacturers “to discontinue supplying the TDA supplies and/or end any relationships with manufacturers or distributors that ultimately supplied TDA supplies program in order to stifle the competition provided by the new TDA offering,” Texas said in its complaint.

This was the same meeting where Benco, Patterson and Schein pulled all of their exhibits. In 2015 they struck again at the annual Greater Southwest Dental Meeting in Phoenix for much the same reason. My hope is that this settlement by Benco is just the tip of the iceberg, and more damning litigation will soon follow.
Why You Should NOT Get More New Patients!

by Jay Geier

You’re probably wondering why I used that title on this article? After all, I am probably best known among dentists as the “new patient guy.” I used it to get your attention.

Because when I meet a dentist who says he/she doesn’t need or want more new patients or my team tells me they’ve met a dentist that thinks this way, I’m always puzzled. I’ve realized in the 10+ years I’ve been training and advising dentists that so many dentists simply don’t understand what new patients can do for their practice. You are probably more likely to realize the value of new patients early on when you’re building your patient base, but then I see so many dentists get complacent and lazy and think they can live off the patients they already have. This is dangerous. Patients move, they die; they get lured away by another dentist who is a better marketer than you.

So I decided to commit this article to explaining why new patients are so simple, not complex, but it is guaranteed to produce a big return if you do it right.

**New Patients are the easiest way to DRIVE UP COLLECTIONS in your practice.**

Most consultants will tell you to put systems and processes in place to fix a collection problem. Systems and processes are good, but you also need an influx of new patients. New patients turn into services rendered/production and that turns into collections.

Collections create cash flow. Cash flow gives you the freedom to mess with all the other things in your practice. It’s a pillar. Cash flow allows you to spend money to create the best patient experience – a nice office with nice amenities, patient appreciation events, gifts for patients who refer to you, the best equipment and technology, etc.

Cash flow also allows you to recruit talented people to work in your practice, to provide your team with top-notch training and do the best marketing in your community. Contrary to what you may think, these are the things that will differentiate you from your competition, not your clinical training. Cash flow also gives you the ability to add more producers to your practice – hygienists and associates – which will, in turn, produce more cash flow.

But when you get busy only treating patients, you take your eyes off getting new patients. You can’t do that. You’ll lose sight of the thing that feeds the machine that will ultimately lead to collections and cash flow.

**New Patients give you OPTIONS.**

Whatever you’re trying to accomplish in your practice today…you always have to be in the new patient business. New patients give you options.

How do you get rid of a patient you don’t like? If you have a shortage of new patients, you’re forced to keep every one of them even if they’re a bad patient.

The reason I spend so much money on marketing the Scheduling Institute is because I don’t like doing business with bad clients – people who want something for nothing, or people who get a great result and still complain or don’t acknowledge their progress. I personally don’t want to be in business
with people like this or have anything to do with them.

I will give everyone the benefit of the doubt, but once I figure out they're ungrateful or unwilling to change, I'm not interested. So, I get lots of new clients just so I have the freedom to choose who I work with. Are you free to choose whom you work with? Who is your best patient? Would you like more patients just like him/her? If you have plenty coming in you can be more selective. You can take more of the good ones and less of the bad ones. What is your plan to get more of the kind of patients you want?

If you grow your new patients you get new options. If new patients stay the same you only have the current options.

So the question is this… if I followed you around with a meter for the past six months, how much vim and vigor have you put into simply raising your new patients? Are you focused, intentional and engaged in the process? Or, would it be that for 6 or 12 months or 2 or 5 years you have ignored getting new patients and you've been affected by the fact that you didn't make new patients go up.

You're one or the other, which are you? You're either the one being affected by not having lots of new patients or you're the one who has lots of options.

The first thing you need to do to grow your practice and improve your lifestyle is to get new patients up. We've worked with thousands of dentists over the last decade – many have seen their practices double, triple and even quadruple – every one of them started by increasing their new patients, which then had a domino effect that opened up lots of additional opportunities for them.

So what is the fastest, easiest way to drive up new patients without spending more money on marketing or advertising?

Capture the new patients that you're actually losing right now, every day!

Ninety-eight percent of new patients call before coming to your office. This means your front desk staff is their first impression and the “gatekeeper” to your schedule. If your staff is trained properly they could be revenue producers in your practice and help you increase new patients. But if not, they could unintentionally be costing you more than just their salary or hourly rate.

Imagine that your practice is a pipeline.

Now, imagine that there's a HUGE hole at the very beginning of your pipeline, before they ever even get to you. Out of every three new patients that are funneled in, one falls out of your pipeline.

What does this mean to you? Our research has found that most dentists are losing 10 to 50 percent of potential new patients that call their office already. If you're averaging 20 new patients a month, you're losing two to 10. If your average new patient is worth $1,500 this could be costing you $3,000 to $15,000 a month – that's $36,000 to $180,000 a year. Think about how much this number increases if your new patient value is greater than $1,500.

Your front desk isn’t handling inbound calls effectively and it ISN’T THEIR FAULT. When you were looking to fill a front desk position, you probably hired someone to be “the friendly voice on the other end of the line”—you didn’t take the time to teach them about streamlined scheduling, selling the value of treatment, how to avoid verbal vomit, etc. Honestly, you probably don’t even know how to do that either. You haven’t invested in training them on “closing” and scheduling the appointment, or – if you’re one of the few doctors who HAVE— you’ve only invested in minimal training because you didn’t see the big deal. They’re just answering phones…right?

Wrong! As I showed you personally, dozens of new patients are lost every single week just because a few team members (who are very capable, by the way) haven’t yet been taught how to properly schedule new patients on the phones. You haven’t given them the tools to truly excel at their jobs and own their results. In fact, without training, you’re basically setting them up for failure, which hurts them, the practice, you and even your patients. This isn’t about phone training, it’s about training them on the value of new patients and then giving them a system they can use to impact the numbers.

You need to regularly invest in training your team in order to receive the best possible results and truly maximize your practice growth. If you aren’t going to do it on your own, you need to partner with someone who can do it for you. New patients are the right way to increase collections and cash flow. Don’t go another day without maximizing every single new patient opportunity that comes into your office.

Jay Geier is the president and founder of the Scheduling Institute and creator of the original New Patient Generation Telephone Training Program that has revolutionized the way dentists attract new patients to their practices and turned teams all over the country and even abroad into new patient generating machines. He is offering a step-by-step description of how his system works along with a custom rating of your own team and its ability to generate new patients. For this free information package, go to www.TakeThe5StarChallenge.com or call 855-975-9455.
100’s of Pearls:
The Top 100 Mistakes Dentists Make Every Day!
by Dr. Michael Curtis

Are you harming your practice, your patients or your profits without realizing it? Here are some of the 100 most common mistakes dentists make every day:

1. Small Talk & Personal Notes:
Why do some excellent dentists struggle, while some mediocre clinicians thrive? Dentists who develop better personal connections with their patients succeed every time. What can you do?

• Take the effort to chit chat and write it down. Set aside 2-3 minutes for small talk before every visit. “How are your kids? Have you taken any vacations recently? Planning to get away? What do you do in your spare time?”

• Record notes of each conversation so you can refer back to them and pick up the conversation next time... even if it is years later.

• Patients will love that you remember them and you seem to truly care for them.

• This technique develops more trust, increases treatment acceptance and generates more referrals than any clinical procedure you do. Plus, you will find your patients are more likeable and interesting than you thought.

Some dentists leave old fillings and simply prep them when doing crowns. Bad Idea! No matter how shiny old amalgams might look, you will almost always find decay underneath. The same for old composites. You may also find Endo exposures, fracture lines, weaker than expected walls, non-restorable areas, or the need for buildups you hadn’t expected.

3. Oral Sedation:
Do you offer sedation in your practice? If not, you may be turning away myriads of new patients and profitable cases. Many fearful patients, that may have avoided dental care for years will jump at the chance to get work done if you offer sedation.

• What technique? Try Halcion (Triazolam) in doses of between 0.125mg–.250 mg. given an hour before treatment. Add nitrous (40%) to deepen sedation.
For training, monitoring and other tips see our “Anesthesia” guide, or check out the Dental Organization for Conscious Sedation at www.docseducation.com for their 2 day course.

Sedation is safe, easy and a tremendous practice builder.

4. Quick Crown Lengthening:
Do you sometimes bury margins deep under tissue? Many dentists do. Why? Typically, we’d rather avoid the discussion about crown lengthening surgery, the extra cost, the healing time and the hassle of referring the patient to the Periodontist. Why not do it yourself; right when you discover the problem? Correct the tissue architecture, create a more ideal result and charge for it?

- **What to say?** “Mary, your cavity is far under the gum-line. If I just fill it, it’ll be like having popcorn under the gum all the time. The area will always be swollen and bleed easily. So, if we just alter the gum-line a bit, we can keep it healthy instead. I can do it right now. Insurance does not usually cover the procedure, so it will run you $____.”

- **What to charge?** Because it is usually an uncovered procedure, I suggest you keep the charge low; about the same as 45 minutes of fillings.

- **How to do it?** After excavating decay:
  - Flap the tissue slightly on the buccal and lingual. (Envelope flap)
  - Remove the papilla with an interproximal knife & scalpel; then a sharp curette.
  - Grind interproximal bone with a slow speed round bur, until the bone is 3mm apical to the cavity margin.
  - Do not accidentally nick either adjacent root. To be safe, leave a thin sliver of bone next to each root when using your bur. Then remove that sliver with the curette.
  - Be sure your assistant drips water on your round bur as you drill, so you do not overheat bone.
  - Blend the buccal and lingual bone adjacent to the new interproximal bone level, so the most occlusal aspect of the bone is mid-interproximal.
  - Interrupted 4-O resorbable sutures are fine.
  - Restore with filling immediately; or wait 10-12 weeks for final crown prep.
  - Cut down on expensive and time-consuming collection efforts. It’s smart business!

5. Stretch Between Patients:
Do you exercise and stretch between patients and while you work? Dentistry is extremely stressful to the body. Back and neck pain, carpal tunnel and chronic headache are common. Please take this seriously.

Chronic pain can shorten your career, compromise your productivity and ravage your income. Pain and tension may also affect your demeanor and attitude and harm relations with staff and patients. Check out www.Posturedontics.com and www.OPTP.com for helpful everyday stretches and exercises for your back, head and other body parts. It may be the best tip I can give you!

Dr. Michael Curtis practices in Connecticut and is the author of the “100s of Pearls” books on “Anesthesia,” “Endodontics,” “Collections,” and “Case Acceptance,” each with over 400 Pearls in 80 categories. For questions or to order, visit www.100sofPearls.com or call 800-427-2830.

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If you are a dental specialist, you answered “no.” If you are a general dentist, you answered “yes.”

There seems to be quite the turf war regarding dental implants and who should place them. Reader feedback I have received in the past, including from my column here last month, generally fall to full support for general dentists to start placing implants to specialists saying that dentists need a 2-3 year surgical residency before they should ever place an implant.

Do general dentists have the skills to surgically place dental implants? Well, let’s take a look at a historical and worldwide perspective of dental specialty procedures and see what we can learn from past experience.

There was a time when endodontics were primarily performed by endodontic specialists. The turf war began when some general dentists learned how to perform some basic endo procedures. With proper training and experience, general dentists became proficient in endodontic procedures, and today, it is estimated that 90-95% of all endodontics are performed by general dentists.

With only a few thousand endodontists and over 100,000 general dentists, endodontics has become commonplace in dental treatment today and has helped millions of patients. This would have been impossible without the involvement of general dentists.

Orthodontics is another area that has grown exponentially in the general dental practice with the advent of aligner therapy and short term orthodontics. Yes, some orthodontists screamed bloody murder at the idea of general dentists performing basic orthodontic procedures. Like it or not, this accomplished one thing – it introduced orthodontic treatment to a much wider audience through general dental offices. There is more orthodontics being done now than ever before.

Now, let’s get back to dental implants. Do general dentists have the skills to surgically place dental implants? The answer, historically, is a resounding yes with proper training and experience like any dental procedure requires.

When you consider that approximately 10% of general dentist in North America already surgically place implants, and nearly 85 to 90% of general dentists in many countries around the world place implants, that pretty much answers the question... general dentists have previously learned skills and acquired experience which can be easily leveraged into learning to surgically place and restore dental implants.

I keep going back to the same words – “with proper training,” general dentists have the skills necessary to achieve outstanding therapeutic outcomes with dental implant therapy.

We need to be brutally honest here – general dentists not trained or educated in simple and proper implant therapy may subconsciously...
not be offering what may be the best treatment option for some of their patients’ restorative needs. They just don’t have the experience with dental implants to honestly recommend it for the vast majority of patients for whom it may be the best treatment.

What will happen as dentists get trained to place implants? More patients will be introduced to a treatment option that may best fit their needs. Dental implants will become more accessible to patients just by the fact that 100,000 dentists will be doing implants as opposed to a few thousand specialists. Dental implant cases will grow exponentially keeping dentists and dental specialists busy for years to come. Dental implants will take their proper place as an excellent treatment option for the millions of patients who can benefit from them.

I really do understand why there are turf wars in dentistry. I would love to believe that these specialists are altruistically concerned purely about patient protection. I believe most of them are just hiding behind the real issue of simple economics and the threat of losing business. What a small-minded mistake they are making!

Any smart dental specialist knows that the more their referring general dentist knows about and places implants, the more dentists will realize what they can and can’t treat and recognize more quickly when a dental specialist is needed. These well-trained general dentists refer even more patients than they did before.

Let’s stop the turf wars in dentistry. Life is too short. The more often general dentists are well-trained in all procedures, the more everyone benefits, especially our patients.

What is the path dentists should take in dental implant education? It is the same formula that the American Academy of Facial Esthetics (AAFE) uses for its Botox, dermal filler, TMJ, dental sleep training - learn level I basic surgical/prosthetic cases first, place some implants, grow in your experience, stay within your training and refer out what is beyond your expertise, then move on to level II, III and more.

This education continuum is the exact same process the AAFE uses in implant education and has been very successful in teaching dentists to add an exciting new dimension to their practice.

Louis Malcmacher, DDS, MAGD is a practicing general dentist and an internationally known lecturer and author. Dr. Malcmacher is president of the American Academy of Facial Esthetics (AAFE). You can contact him at 800 952-0521 or email drlouis@FacialEsthetics.org. Go to www.FacialEsthetics.org where you can find information about live patient Frontline TMJ/Orofacial Pain training, Dental Implant Training, Frontline Dental Sleep Medicine, Bruxism Therapy and Medical Insurance, Botox and dermal fillers training, download his resource list and sign up for a free monthly e-newsletter.
Patient Education and *Dentures*

by Dr. Craig Callen

As I stated in my last article on denture communication with patients, we provide a lot of dentures to our patients and market heavily to higher-end dentures, competing with several denture centers in our area. Patient communication/education/motivation is key to successful treatment.

Last issue I gave you an example of the denture consultation sheet we pass out to all new denture patients outlining how their new dentures will be fabricated and what to expect.

Now the patient has had their new denture or partial and we want to ensure they take proper care of their appliance. We also want to motivate them toward regular exams and cleanings, if necessary, as well as possible implants in the future.

Our office provides a lot of implants to retain dentures and partials, both mini and traditional. We talk about the options at the initial exam/diagnosis/consultation appointment, but many patients are not ready either emotionally or financially at that point. So we keep reminding them of the option. If the patient takes proper care of their appliance and has the prescribed periodic exam appointments they tend to be a happier patient. Happy patients seek additional care and refer their friends and family.

Good education also cuts down on unnecessary appointments, or worse yet, a patient suffering with a problem that we could easily correct. The following is information from the educational sheet we pass out to our patients. It is in the dental management program we use and linked to dental treatment codes so that when we charge a denture or a partial, the computer automatically prints out the sheet for the patient.

This information was customized to our office from an article that appeared on the Mayo Clinic website, written by Alan Carr, DMD.

What’s the best way to care for removable dentures?

Removable partial or full dentures require proper care to keep them clean, free from stains and looking their best. For good denture care:

- **Remove and rinse dentures after eating.** Run water over your dentures to remove food debris and other loose particles. You may want to place a towel on the counter or in the sink to put some water in the sink so the dentures won’t break if you drop them. Taking them out over the sink reduces the chance of breakage should you drop them.

- **Handle your dentures carefully.** Be sure you don’t bend or damage the plastic or the clasps when cleaning. Do not leave dentures or partials laying anywhere a dog may get to them. We have had to replace dentures that were destroyed by a dog chewing on them.

- **Clean your mouth after removing your dentures.** Use a soft-bristled toothbrush on natural teeth and gauze or a soft toothbrush to clean your tongue, cheeks and roof of your mouth (palate). You can get a soft cloth from the store and cut into small pieces. You can use these small pieces to wipe your palate and gums clean every day. Soaking the towel in a little mouthwash will make it taste better.

- **Brush your dentures at least daily.** Gently clean your dentures daily by soaking and brushing with a nonabrasive denture cleanser to remove food, plaque and other...
deposits. If you use denture adhesive, clean the grooves that fit against your gums to remove any leftover adhesive. **Do not use denture cleansers inside your mouth.**

- **Soak dentures overnight.** Most types of dentures need to remain moist to keep their shape. Place the dentures in water or a mild denture-soaking solution overnight. Check with your dentist about properly storing your dentures overnight. Follow the manufacturer’s instructions on cleaning and soaking solutions. If you have a soft liner, make sure that you use a cleaner approved for soft liners. Even so, don’t soak soft liners in cleaners more than 20 minutes. We offer a denture cleaning pack, Smile Again is great for cleaning stains and comes with a brush and a sonic cleaner for home use.

- **Recent studies indicate that sleeping in a denture doubles the risk of pneumonia.** If possible, we recommend taking out dentures and partials when sleeping. This allows the gums to recover and have access to oxygen. This also cuts down on infections such as yeast infections in the mouth. If you notice a constant redness and burning sensation in the gums, you may have a yeast infection. There are medications that we can prescribe for you to treat yeast infections. The increased risk is probably due to poor home care of the denture and you should be able to reduce your risk by properly cleaning your appliance. If you are unable to sleep with the denture or partial out, then at least try to leave it out for an hour or so each day, such as when you are getting ready in the morning.

- **Rinse dentures before putting them back in your mouth, especially if using a denture-soaking solution.** These solutions can contain harmful chemicals that cause vomiting, pain or burns if swallowed.

- **Schedule regular dental checkups.** Your dentist will advise you how often to visit to have your dentures examined and professionally cleaned. Your dentist can help ensure a proper fit to prevent slippage and discomfort. Your dentist can also check the inside of your mouth to make sure it’s healthy.

- **See your dentist if you have a loose fit.** See your dentist promptly if your dentures become loose. Loose dentures can cause irritation, sores and infection. A loose denture can often be relined where we take an impression inside the denture and refit them to your mouth. The bone under the gums will continue to shrink away over time. If you had an immediate denture placed you may need a reline in 6 months. This is an additional charge. If you have regular placement dentures or partials they will usually need relined every 5 years. If you have partials or dentures attached to implants you need to see us for professional exams and cleanings on a regular basis.

- **If you are having problems with loose dentures or partials, an adjustment often helps.** If not, commercially available adhesives will help to retain your appliance. Medications can dry out your mouth making it more difficult to get good suction. Implants might be a good option for a more stable denture or partial. With the newer mini-implants we are able to stabilize dentures at an affordable fee. We also offer a variety of payment options to help you with our care. Just ask.

**Here are a few things you typically should avoid:**

- **Abrasives cleaning materials.** Avoid stiff-bristled brushes, strong cleansers and harsh toothpaste as these are abrasive and can damage your dentures.

- **Whitening toothpastes.** Toothpastes advertised as whitening pastes are especially abrasive and generally should be avoided on dentures.

- **Bleach-containing products.** Do not use any bleaching products because these can weaken dentures and change their color. Don’t soak dentures with metal attachments in solutions that contain chlorine because it can tarnish and corrode the metal.

- **Hot water.** Avoid hot or boiling water that could warp your dentures. Some of the new soft dentures are thermoplastic so placing them in very hot water will actually soften them more and change the fit of the partial.

If you have any questions, please do not hesitate to call us. Adjustments are always easier the earlier we treat them.

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Dr. Craig C. Callen is a full-time dentist in Mansfield, Ohio. He has written three books for dentists, “The Cutting Edge, I, II, & III,” and has written numerous articles for national dental publications. He is a member of the American Dental Association, Academy of General Dentistry and American Academy of Cosmetic Dentistry. Dr. Callen has lectured internationally on clinical and management topics in dentistry and his latest seminar is titled, “The Multi-Million Dollar Blue Collar Dental Practice.” You may contact him by email at craigcallendds@gmail.com or by phone at 419-756-0188.
Clinical Tips For Dental Assistants

by Chloe Lewis, RDN

1. Have a thorough checklist for the end of day jobs which you will need to check off, that way you all know what’s been done and what needs to be done; more efficient than relying on memory!

2. Enter the relevant patients’ names on autoclave print-outs each time they’re produced. Otherwise you’ll be left with a bunch of print-outs at the end of the day and won’t know who belongs to which. It’s that memory thing again!

3. If using an automatic alginate mixer make sure to wipe the bowl as soon as the tray has been loaded. Much easier than trying to clean away dried alginate later!

4. It’s helpful to check the day list the day before and write down which treatments need to done, this can save time in the morning.

5. Always make sure that surgery is properly stocked-up first thing in the morning with the things you expect to be using during the day. Saves time, saves you having to leave the surgery and keeps the dentist happy!

6. If trained in taking photographs then a useful tip to stop the intra-oral mirror steaming is to place it into a plastic bag and into a warm bowl of water before use. This saves time and makes life more comfortable for the patient who doesn’t have to keep opening and closing while you wipe the mirror.

7. If you know you’ll be mixing alginate, fill the water bottle up first thing in the morning. This way it can reach room temperature as to not set the material too quickly or too slowly.

8. When assisting with treatments, always make sure everything you’re likely to need is ready and within easy reach of the clinician. This improves efficiency and makes you look really good!

9. When choosing a shade for crowns, bridges etc., get involved. Two heads are better than one. It’s a fact that females have better color perception than males so if you’re a male dental assistant get help!
Assistants given the right training can provide patients with a huge amount of information including treatment options, explanation of techniques etc. This frees-up more time for the clinician to actually carry out treatments which results in a more profitable practice. I’m sure we all agree success should be shared so maybe this increased profitability could result in a practice bonus system...

That Sudden Icy Rush! You’ve prepared the injection syringe. Needle and cartridge are in place. You don’t have a cartridge warmer. Hold the body of the syringe in the palm of your gloved hand until the dentist is ready for it. Solution injected at more or less body temperature is far more comfortable for the patient.

Avoid Being Stuck-Up. When preparing water-based cements like zinc polycarboxalate, glass ionomer or silicate, clean the mixing spatula and glass slab immediately after the dentist is finished with the product; in other words, before it sets. Chipping away hardened cement is time-consuming and unnecessary—dental assistants have better things to do with their time!

Don’t Guarantee Failure. When aspirating in the upper arch hold the tip buccally. In the lower hold it lingually. Think about where the openings of the parotid and submandibular glands are. If you hold the aspirator tip on the wrong side you’ll draw saliva over the tooth your dentist is treating. Not great for improving bond-strengths! (Better still, encourage your dentist to use a rubber dam—it makes treatment more dependable and ensures an easier life for both of you!)
Retakes and Remakes... What Gives?

by Robert P. Marbach

Many of the trays labs process for dual-arch impressions are plastic. Their popularity has a lot to do with price. Unfortunately, plastic is elastic, so we see a lot of inaccuracies caused by deformation and flexing of these trays during insertion, removal and during pouring up of the model.

The forces causing the distortion of the tray are difficult, if not impossible to see, during the polymerization process.

Each time the patient swallows, for instance, the lingual flange shifts, axial roll (torsion) occurs with palatal impingement. Also, tori and retro molar pad impingement can flex the tray. (Figure 1 & 2) The results are what we see daily and the reason so much time and money is wasted on retakes and remakes.

Selecting the right tray and right impression material matched to the technique will eliminate this problem. Since the majority of crown and bridge impressions sent to the lab are single tooth preparations, the dual-arch technique offers many benefits for this type of case. The dual-arch impression impresses the preparation site, the opposing arch and achieves the bite registration all at once. The dual arch technique of course takes less chair time, uses less material and it is also preferred by patients with less chance of gagging.

Most disposable plastic trays are not rigid enough to resist the deformation caused by the side walls of the tray hitting the palatal tissue, maxillary tuberosities, tori present or interference in the retomolar pad area. Even the act of swallowing can cause the tongue to displace the tray causing distortion and resulting in marginal fit problems as well as inter-proximal contact issues.

The answer is, use a metal tray which eliminates flex and rebound.

The Quad Tray Xtreme and Quad Tray XL (Figure 3 & 4) are aluminum trays that have no elastic memory to create rebound or distortion in the final impression. Their low side walls and thin retro-molar area (distal bar) will not cause distortion due to axial roll or outward flex (Figure 5). These trays, combined with the correct heavy body PVS impression material and a light body wash, the impression becomes dimensionally accurate and stable.

When using the dual-arch tray, please inject impression material around the rim of the tray first and then fill in the mesh by connecting the two sides as seen in the photo (Figure 6). Repeat the process on the other side of the tray then place in the patient’s mouth making sure to guide them into centric position so the bite will be correct. It is always recommended the assistant stay with the patient and stabilize the mandible during the impression procedure so the patient will not relax the clenched position and cause distortion in the impression before the material is completely set. Make sure...
to use your timer for the proper set time for complete polymerization. Don’t forget to always use the correct tray adhesive on any tray you select.

Tip: To get an accurate bite, before anesthesia, try in the unloaded tray making sure the tray fits passively without any impingement. Then, remove the tray and guide the patient into centric occlusion using a small marker anteriorly to mark the midline and overbite. Use this as a reference to guide the patient back to this position during the impression.

Robert P. Marbach, BA, CDT is a Past member of the Board of Directors at The Pankey Institute. He is Founder of Authentic Dental Lab in San Antonio, TX. Mr. Marbach is a Board Certified Dental Technician currently working on his Masters and has over 30 years of dental experience. Bob has lectured internationally for many years and his lecture has received approval from the Academy of General Dentistry. He has also received his Fellowship in the Academy of Dental Facial Esthetics and received the National Association of Dental Laboratories Inventor’s Award. And, in 2011 he was inducted into the American Society For Advanced Dental Esthetics.
Consider the Source!

by Dr. Jay Reznick

A question that comes up very frequently in my courses and in discussions with dentists is the topic of placing patients on antibiotics when they need a tooth extracted. Just like any thing we do in dentistry, there is not a single answer to this question. The best answer I can think of is... “it depends!”

The first question has to do with why the tooth is being removed. Is the tooth acutely or chronically infected? If we are dealing with a tooth that recently fractured and there is no evidence of infection, and if we are simply removing the tooth with no plan to replace it, then antibiotics serve no purpose. The same goes for routine removal of healthy teeth for orthodontic purposes or for the removal of non-pathologic third molars. In these cases, prophylactic antibiotics do not significantly reduce the risk of postoperative infection and increase the likelihood that, if a postoperative infection does develop, it may be resistant to the first-line antibiotics we normally use for treating dental infections. So, in this scenario, the risks outweigh the benefits.

Now, if the tooth is infected, we need to know whether the infection is confined to the periodontal ligament (PDL) space or whether the infection has spread in to the bone or soft tissues. If the infection is limited to the PDL space, then generally, removal of the offending tooth is all that is necessary. However, if the infection has spread to the bone, and especially in to the soft tissues, then the benefits of treating with antibiotics will outweigh the risks.

Generally for infected primary teeth, with a moderate amount of root resorption, even with a small area of soft tissue swelling, removal of the tooth alone will suffice. This is because the infection is relatively superficial in the alveolus.

There is an old wives’ tale in dentistry that says an acutely infected tooth cannot be removed without placing the patient on antibiotics first. There is an old wives’ tale in dentistry that says that an acutely infected tooth cannot be removed without placing the patient on antibiotics first, in order to “cool down the infection” before extraction. This is a bunch of rubbish, as it is the necrotic tooth that is the source of the infection, and until it is removed, the infection will not resolve. It is like having an infected splinter in your finger. The treatment is not antibiotics, it is removal of the foreign body. The antibiotic is just an adjunct to help resolve the spread of the infection. So, if feasible, the tooth should be removed immediately and post-operative antibiotics prescribed as recommended above.

It is also not a bad idea to give a loading dose of the antibiotic prior to removing the tooth. But, notice I said “if feasible,” because sometimes theory and clinical practice clash. What I am referring to here is in addition to wanting to get the patient back to health, we also want our patients to like us. We learn from experience that local anesthetics do not work well in infected environments. The lower pH in infected regions reduces the efficacy of the anesthetic drug. It may not be possible to remove the offending tooth without causing the patient great discomfort, which is something we all would like to avoid. We would like the patient to return for their next visit and to maybe refer a friend or two.

This is especially true when dealing with an endodontically treated lower molar, for example. So, in real life, as long as it does not place the patient at risk, rather than immediately extracting the tooth, I will sometimes place the patient on antibiotics and then schedule them to return for the extraction in a day or two, when I know that I will be able to get more profound local anesthesia (or in my practice, do the procedure under general anesthesia).

If there is a fluctuant swelling, I may elect to do an incision and drainage procedure at that initial appointment in order to make the patient more comfortable and prevent further swelling, abscess formation and spread of infection. It also reminds them that they need to return to you for definitive treatment. This goes a long way to be able to provide a positive experience for the patient, rather than one they would like to forget about. In the maxilla, it is generally easier to get
adequate local anesthesia, especially when using articaine for infiltration. So, that may make immediate removal of the tooth a more likely scenario.

A specific dental infection that earns its own category is pericoronitis. With most odontogenic infections, it is the diseased tooth that is the source of the infection, so the primary goal of treatment is to remove that source, either by extraction or endodontic therapy.

With pericoronitis, it is not the tooth itself, but rather the surrounding soft tissue operculum that is the problem. The tooth is generally vital and otherwise healthy. With this clinical entity, immediate removal of the tooth is the worst thing to do.

It is imperative that the patient be placed first on antibiotics and the infection brought under control with the help of local measures, such as frequent saline rinses and irrigation under the operculum with an irrigating syringe. This is because manipulation of the tooth right away will most likely result in spread of the infection through the soft tissues and possibly to the lateral pharyngeal and retropharyngeal spaces. This can lead to a serious medical situation where hospitalization may be necessary and the airway might be compromised.

Depending on the severity of the infection, I will have the patient on 1 – 3 days of antibiotic treatment before scheduling for removal of the offending tooth. It is also acceptable to use laser or electrocautery to remove or reduce the operculum initially, to make the patient more comfortable and make the area easier to irrigate. But, this is only a very temporary measure before the tooth is removed. In very severe cases, where the patient has notable trismus, difficulty swallowing, airway compromise, or appears toxic, hospital admission, intravenous antibiotics and immediate surgical management is in order. Luckily, this is a rare event.

Now, so far, I have been discussing how to manage these clinical situations in relatively healthy young patients. Throw in some medical complications and we have to modify our treatment plan.

Generally, in older patients (the cut-off gets higher the longer I have been in practice) I tend to be more cautious. The capacity to fight an infection diminishes with age. So, whereas in a patient in their 20s or 30s with an acute dental abscess confined to the socket will do just fine after the tooth is removed, I have seen quite a number of patients in their 70s and 80s who returned with problematic infections after the same treatment. So, my bias now is to cover all older patients with antibiotics perioperatively, even with seemingly minor dental infections. The same holds true for patients with diabetes.

In dental school and residency, we were told that non-insulin dependent diabetics could be managed just like any other healthy patient. My experience from clinical practice is that they are also at increased risk of problems, just like a poorly-controlled insulin-dependent patient, although to a lesser extent. Again, in my practice, this group also gets perioperative antibiotic coverage as a routine.

So you see, the answer to this simple question is not so simple. The bottom line is, management of a surgical problem requires the clinician to “think like a surgeon” in order to provide the best care for their patient. Not only does the clinical situation need to be analyzed, all the patient variables need to be considered in deciding management. For the clinician who needs help in sorting all this out, assistance is no further than a phone call to their local oral surgeon, or the pages of the OnlineOralSurgery.com discussion forum.

Jay B. Reznick, DMD, MD, is a Diplomate, American Board of Oral and Maxillofacial Surgery and practices in Tarzana, California. Dr. Reznick started OnlineOralSurgery.com, an online educational training resource with the largest video library of basic oral surgery, avoidance and management of complications and advanced surgical techniques. Many of the courses use “live” video sequences. For more information go to OnlineOralSurgery.com or you may contact Dr. Reznick at jay@onlineoralsurgery.com.
The 5 Most Dangerous Trends Facing Dentists Nearing Retirement

by Dr. Jonathan Carey

In case you haven’t noticed, there are a number of trends occurring in dentistry and they will affect all of us eventually. Those who choose to ignore them may never be able to afford to retire and those who choose to recognize them and take appropriate steps to minimize or avoid their effect will ride off into the sunset on their own terms. Here are the five most dangerous ones (in no particular order) for dentists hoping to retire in the next decade or so:

1. Baby Boomers
   We’ve all heard the stories about how our society is going to change dramatically as the baby boomers, born after World War II, get to retirement age. These dramatic changes are also going to affect the dental community. We are very close to a tipping point where we will have more dentists deciding to sell than there are dentists looking to buy. The old adage of supply and demand applies here. As more practices come on the market, practice values will decline. In some rural areas, retiring dentists have decided to just close their doors rather than continue to wait for a buyer to come along. Smart dentists will be getting out on the front edge of this wave by selling their practices now. Whether they sell and walk away or sell and continue to practice dentistry as associates in their own practices, they will be the ones who will eventually be talked about as selling during the good old days when practices were in high demand.

2. Large Institutional Buyers & DMSO’s
   Large corporate entities or dental management service organizations (DMSO’s) backed by venture capital money are making inroads in buying dental practices and creating large “chains.” For these groups to make a profit, they need to buy practices at a greatly discounted rate over what practices should be sold for thus pushing down prices in markets where they are active. Because of their size, they can also afford to move into an area and force dentists to relocate or close their doors before they even have a chance to sell their practice at all. Certainly other buyers will be hesitant to buy a practice or offer a fair price for a practice knowing one of these large chains is actively marketing to and pursuing patients in their area. Smart dentists are planning to transition now to avoid being affected by this trend.

3. Higher Taxes and Lower Retirement Savings
   No one can predict the future, but all indications are that taxes on the sale of practices, on practice income and on estates will be increasing in the near future. Selling in the future could possibly cost a doctor tens to hundreds of thousands of dollars in additional taxes. Taxes are one consideration, but most dentists also don’t consider the miracle of compound interest in their retirement scenarios. Selling their practice now and putting that equity to work for them immediately can add tens to hundreds of thousands of dollars to a doctor’s retirement funds. So if a doctor waits to sell, they are combining the possibility of much greater taxes with the lost income from what they would have earned by investing the equity in the practice. A double whammy that could significantly affect your retirement future!

4. Government Regulations
   We’ve seen the government begin to creep into the healthcare system and it won’t be long after that when they start looking at regulating and being involved in the dental industry. The new healthcare bill already provides for taxing some services that dentists provide (crowns, dentures). The more the industry is taken over by the government, the less value an individual practice will have.

5. PPO’s and HMO’s
   Medicaid, PPO’s, HMO’s and capitation plans continue to eat away at dentists’ incomes. Practice values are highly related to collections and profitability. So as more patients get tied into these lower paying plans, the overall collections, profits and practice values will be more difficult to maintain.

If you want to avoid the negative impact these trends will have on your retirement, it is crucial for you to develop an appropriate transition plan for your practice. Developing a plan sooner rather than later will allow for the time that is often necessary to execute it.

Dr. Jonathan Carey is a graduate of Boston University Goldman School of Dental Medicine and has been in private practice for 17 years. He became a dental practice transition consultant for PARAGON Dental Practice Transitions in 2003 and is the Senior Transition Consultant for the state of New York.
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Have You Ever Thought You’d Like to Buy and Sell Houses but Didn’t Know How or Where to get the Money?

“Would you like to buy a home of your own but don’t have the big down payment or credit?”

by Ron LeGrand

Real estate is a vehicle that cannot only provide you big checks within a few days but also a monthly residual income and a big backend payday. It can retire you so you’ll never have to worry about what the government will pay you when you become a senior and don’t want to work anymore, and the best part is, you can make a lot of the money tax-free using your Roth IRA.

The problem is most people believe it takes money and credit to buy real estate and that you need a license or experience. None of that is true. I’ve been teaching people how to buy and sell houses for over 30 years, and to this day, I buy 4-6 per month without using any of my own money or credit with one part-time assistant and a couple of virtual assistants to get all the work done. I literally spend less than five hours a month in the real estate business to manage this very profitable income stream. It is truly a full time income with a part time effort, which is the way I like all my businesses to produce.

The first step is get a general understanding of how one can actually buy and sell houses without using their money or credit. I find this is the biggest initial hurdle for people to overcome before they get involved in real estate. Yes, you can buy real estate without money or credit, I do it every month, and well over a half million students I have trained directly do the same.

4 Ways To Profit

Retailing – I’m sure you know this one, it’s simply buying a property cheap, fixing it up and selling it to a qualified buyer. I’ve done hundreds of them and it’s happening everyday all around you. In fact, this is the method of making money in real estate that most people think it’s all about and some spend their entire lives doing nothing but this. It does create a nice check, but it’s also the hardest way to make money in real estate there is.

You must locate the property, find the money to buy it, locate a contractor, usually fire the contractor and start over and once you get it fixed you have to find a qualified buyer with a credit score high enough to acquire a FHA, VA or Bank loan. This process will take a minimum of three months, more likely 6 months if you do a good job, depending on the market conditions and your renovation. Relax, even if you do choose to renovate a house, you will not be using your own money.

All my students use what we call private money, which is nothing more than individuals making the loan on the property, secured by a first mortgage and getting a higher rate of return from 7%-12% on their money while it’s being rehabbed and flipped. Much of the time there are no monthly payments. The principle simply accrues interest until the house is sold and then both are paid off simultaneously. The profits on this method range between a low of $20,000 to a high of $200,000 depending on the price range you’re dealing in and some even higher.

Wholesaling – This is simply putting...
a property under contract to purchase all cash and then flip it to one of the retailers I mentioned above or sometimes even owner-occupants at a deeply discounted all cash price. A lot of new investors like this method because it does not require raising any capital from any source, it’s simply a paper flip. Put it under contract, flip the contract, get the check for $10,000 or more. I have some students who are literally doing over 100 of these a year. With a $10,000 check it’s pretty easy to see why one could get attached to this part of the business. One or two of those a month and it certainly could be called a lifestyle change.

The two methods I have described are referred to as the Ugly House business, meaning they’re both all cash purchases on houses that almost always need repairs, but they are purchased at deeply discounted prices, sometimes 30%-40% of the market value after repaired. This is taking place all over the United States every single day and has been for the entire 33 years that I’ve been in the business.

I personally buy a couple of these a month sitting at my desk from my iPad simply making offers by email to a Realtor who sends me a daily feed of these properties. Once you get a little training you can too. God bless technology.

**Lease-Options** – Many people are not aware you do not have to buy a property to profit from it. In the case of lease-options, we lease it from the seller with an option to buy it at some predetermined price and term. Our objective then is to install another tenant-buyer in it, sublease it for a higher price and monthly payment, then collect a non-refundable option deposit from our buyer. In my case, the minimum is usually $10,000 except on a few very low-end houses where I’ll accept about $5,000. This deposit never gets returned to the buyer if they do not close. It does, however, get applied to their down payment. But if they move out of the house and don’t close on it, they lose the deposit. That’s made real clear up front, and since all of our transactions are closed with an attorney, it’s made clear at the lease-option closing as well.

I might point out, this same technique can be used to acquire one’s home to live in without actually buying it. About 25% of all the For Sale by Owners available in this country would consider a lease-purchase or other terms if asked. I know this because I have a whole floor of virtual assistants who call them daily for our students, and consequently, we’re able to provide the reports and the math on the percentages based on the number of calls.

Of course this will require scripts, which I furnish to all of my students,
but someone untrained in this industry may be shocked at how many people there are who will gladly take terms to get out of their house rather than sit around and wait for that almighty, qualified cash buyer that all builders and developers are fighting over.

Just so you know, 80% of the people looking to buy a house today cannot qualify at a bank. That leaves them all to us. Our whole industry in this side of the business revolves around people who can’t qualify right now but can, given a little time. So, the objective is very simple. Put them in the house, help them get their credit clean and fix whatever is broke so you can ultimately get them to the lender to get everybody cashed out.

Owner Financing – This is one of my favorite techniques because it simply means we buy the property with owner financing, the seller taking back monthly payments with a predetermined time to pay it off. This can be done on free and clear houses as well as houses that are leveraged, always without a personal guarantee and no one pulling your credit report. About 1/3 of the people trying to sell their house will sell with owner financing if properly asked, much to the surprise of most folks. About 1/3 of those will sell with nothing down when properly asked. Of course, our scripts perfected over the years have taught us how to properly ask.

Let me give you an example of a property I just purchased with owner financing and then lease-optioned out to a tenant-buyer until they can get financing. It was a young couple that was leaving town in two weeks. They contacted us and upon visiting the home I learned they had a loan for $351,000 with a $1,925 a month principal, interest, taxes and insurance payment. They clearly said they’d sell the house for what they owe on it because a Realtor had it listed for the past six months and couldn’t sell it at $385,000, which was about its market value.

I agreed to buy it with owner financing, which means I had an attorney create a mortgage back to them for the exact amount they owed with the exact amount of principal and interest payment every month they were paying until the debt was paid off. They had no equity in the mortgage and they will not receive any money, ever. However, their monthly payment is made every single month. So, what did they get out of it you ask?

They got debt relief and stress relief.

About a week after I met them we closed the purchase with my attorney and they knew they could leave knowing the house was no longer a problem. Yes, the loan will stay in their name until the loan is paid off, but there was no other way for them to get out of the house.

My exit strategy was very simple, but also very profitable. I advertised the property on a lease-option and located a tenant-buyer who had $50,000 to put down as a non-refundable option deposit and I gave them two years to buy. Their credit was a little bit below the required score, but, they will get that credit up very quickly and be eligible to qualify.

In the meantime, they pay me $2,500 per month in rent and I’m paying out $1,925 thus creating a $575 a month positive cash flow. In addition to that, they accepted all the responsibility for the repairs, as all my lease-option tenants do the day they move into the house. I don’t fix anything, it’s a condition of their purchase. I was in and out in 45 days with no risk or costly entanglements.

I sold the house for $395,000 when the Realtor couldn’t get $385,000. Why you ask? Because of one five letter word— Terms. When you make the house easy to buy, it becomes easy to sell. I have a five times better chance of selling the house on terms than anyone does selling it for cash. I look at terms as simply a delayed cash out. My buyers put up $50,000 so they have that credit coming toward the $395,000 price when they buy. Everyone wins here. No one loses. A buyer gets a beautiful home they can call their own. The seller will get the debt paid off in time and the payments made until then. The bank will continue collecting payment until they’re cashed out. And, I made $50,000 on a house I got for free plus $575 a month.

They would have a hard time understanding this on Wall Street. It’s called leverage to the max. I had no risk, no money invested, needed no credit, no contractors, no Realtors, no short sales, no costly entanglements. I got in, I got out and I got paid as much on one simple little real estate transaction as many people make working an entire year.

The first two techniques I discussed, retailing and wholesaling, I call the Pretty House side of the business. Ugly houses that need rehabbed. The second two, lease-options and owner financing, I call the Pretty House side of the business. Beautiful homes in beautiful neighborhoods with absolutely no upper price range too high, once you learn to reverse the risk and not take on debt, guarantee debt or risk a lot of money and hope everything is going to work out okay. In my world today, we totally reverse the risk and make a lot of money by using our brains, not our wallet or our credit.

By the way, everything I just described can be done inside your IRA and never pay taxes. That’s right! I have students getting very wealthy, tax free, inside their Roth IRA, so when they retire they won’t be able to count their money, they’ll have to weigh it.

Ron LeGrand lives in Jacksonville, Florida with his wife Beverly of 50 years. Ron has been an entrepreneur for 48 of his 68 years with the last 33 as a real estate investor, commercial developer, speaker, author, information marketer, restaurateur, mortgage broker and lender. He is an instructor on many subjects including residential and commercial real estate, private funding, business management, marketing, business growth and speaking with over 500,000 students all over the world.
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How to Lower Your Credit Card Processing Costs

by Leo Townsend

The reason why merchants are overcharged on their credit card processing is lack of knowledge. Salesmen throw numbers at you but never explain the math. This is why the industry average mark up is $75 per $10,000.

Everyone in credit card processing has the same cost. It's called Interchange, Dues & Assessments. It's roughly ten pages of single line type. Each type of credit card has been assigned a different percentage and a per transaction fee. Every time a credit card is used, the bank that issued the card gets back this percentage and transaction fee. Visa™/MasterCard™'s share of this equation is roughly $11 per $10,000 and 2 cents per transaction.

The problem is that salesmen will quote you only one rate and you go chasing the lowest number. For instance, the company referred to you by your dental association quotes you 1.49% and 20¢ while neglecting to mention that you will be charged much higher rates for your reward cards. We have found that rewards cards are over 60% of all credit cards and the rate you care about the most. This is the shell game that many salesmen play on unsuspecting merchants. This is why you only want interchange plus pricing with a detailed statement.

Over the years I've talked with numerous dental associations and most are trapped in contracts where they know their members are being overcharged but they cannot afford to lose the revenue generated by these referral accounts. I've never seen merchants getting a good deal from any company referred by an association.

Maybe you're already on an interchange plus program. Are all of your interchange rates truthfully disclosed on your statement? If not, your processor might be inflating these rates and you'd have no idea. Use the internet to verify the rate you should be charged and do the math to see if it adds up.

I've been writing articles for major dental publications since 2001. I've had office managers tell me that the doctor isn't interested in saving $2500 a month. The most common reason for this response is that the proprietary dental software they're using is very convenient for their staff. The truth is that by taking a few extra seconds to swipe the customer's card on a terminal and manually entering the transaction in to the software, just like you're already doing for check or cash payments, is the only convenience the software provides. This saves less than 10 seconds per transaction, nobody is that busy that you can afford to allow them to throw away that much money. Another reason is that the office manager doesn't want to reveal to the doctor that they roped the practice in to a bad deal.

International Payment Solutions has found that over 90% of processors now charge some form of termination fee. Do not do business with any company that charges termination fees. This gives them the license to raise your rates and there is nothing you can do about it. You can read more about termination fees and the steps to take to determine your current status, by visiting our web site at www.inter-pay.com and reviewing the Articles tab. International Payment Solutions was able to show a dentist a savings of over $650 per month but their processor was going to charge them $10,000 to cancel the account. I showed them how to avoid the $10,000 fee by keeping their account open but dormant and making the switch to IPS in order to take advantage of the savings being offered. The doctor wound up paying his processor $35 a month until the end of his contract for a savings of over $600 a month.

The new trend is non-disclosed statements. These are statements where little or no rates are shown...just fees, forcing you to do the math that they know most merchants don't do. This is especially true of the companies that advertise their special healthcare programs and one rate structures. Why would you pay someone a flat rate of over 2% when the debit interchange rate is as low as .05%. Some of the monthly fees (PCI Compliance and IRS/Regulatory fees) on your statement are nothing more than profit centers to enhance profitability.

Give me 15 minutes of your time, along with a copy of your current processing statement and I can show you how the math works. Don't delegate this to someone who may not want to let you know how bad a deal they negotiated for your business. Work with me to determine your termination status as soon as possible so I can show you how to get out of your contract with little to no fees. Maybe with this effort I can earn your business.

Please contact me, Leo Townsend, president of International Payment Solutions at 866-522-1169. You can fax a current statement to 815-273-2133 for a free, no obligation analysis of your cost.
Who Is Dr. X And What Makes Him So Special?

We’ve just completed a one-hour interview with an amazing dentist from Western Massachusetts. But because he’s kind of shy, I’ll just refer to him as “Dr. X” in this letter. So what makes him so special?

Dr. X has 14 dental practices, 150 employees, and he’s only missed work one day in 30+ years. Although he only spends a couple of hours per week managing the practices... he has one of the highest net incomes of anyone we’ve interviewed. Dentists like Dr. X are as rare as an honest politician.

Here are a few highlights from our recent interview:

• The #1 marketing tool that produces 900+ new patients per month
• How Dr. X tripled the capacity of each office and cut overhead drastically
• How and why every patient evaluates you and your office after each visit
• How treatment plans can be downloaded to any of the 14 offices in seconds
• A quick and EZ system to review all problems and successes bi-weekly
• The value of soft credit checks
• Why you must profile patients
• Why every patient must and does get a written treatment plan
• The value and use of non-compliance forms
• The BLT system... no, it's not a sandwich!
• What Dr. X does for all new team members
• The amazing “eye in the sky” technology
• Quick resolutions to parent complaints
• The only 3 stats Dr. X monitors
• The key to keeping A/R low
• His secrets to staying so healthy

And much, much more!

Consider this... Even if you ran into Dr. X at a dental meeting, you wouldn’t recognize him. And even if you did, do you think he would agree to be “grilled” for an hour like we just did? Probably not! But what if there was a way to listen to my complete interview with Dr. X for free?

We are confident that once you listen to the Dr. X interview, you’ll want more. In fact, we are determined to arrive in your mailbox each and every month, climb out onto your desk and prod, provoke, teach, coach and even nag you to become a better and more profitable dentist.

So for just $67/month we will enroll you into my Silver Inner Circle and send you a Welcome Kit worth hundreds of dollars. The package includes: 1) Dr. Omer Reed’s “90 Second Crown Prep” DVD ($177 value), 2) Dr. Kit Weathers, “Pulp Fiction: a.k.a. Truth Decay” DVD ($177 value), 3) “The 4-Hour Millionaire” book (value = PRICELESS!)

You do not need to commit for 1-2 years like similar programs offered to dentists. Instead, we’ll simply automatically charge your credit card just $67 per month. You can cancel at any time with 30 days notice. There is ZERO risk because the Dr. X interview is yours to keep along with the free gifts in the Welcome Package even if you decide not to become a member.

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A Sitting Time Bomb

by Dr. Uche Odiatu

There’s a good chance you have noticed that you are sitting more hours in the day than you used to. You likely have an intuitive sense it’s not good for your health to sit all day. Well, you’re not alone. In 2014 experts reported that the average person spent 9.5 hours sitting each day and the incidence of chronic disease has gone up astronomically along with the increase in our sedentary living.

You’re probably thinking big deal, its nice to earn your income in a non physical job. But let me spoil your lunch… those same experts reported that people who sit 6 plus hours each day are 45% more likely to clutcher their hearts and die within 15 years than people who sit less than three hours per day.

How is this possible you’re likely saying? Who cares if I sit a lot during the day when I work? Say if I workout at lunch? Say if I run after work? Say if I have a trainer three times a week? Well, I have another name for you… Active Couch Potato!

People outside the fitness industry are now finding out what insiders have known for about five years. There’s new research that shows the length of time we sit on our gluteus maximus and the time we exercise are entirely different factors for heart disease. And the wildest finding? Sporting a six pack will not protect you from that ticking time bomb that is held in place by “the chair.”

Can I let you in on a little more? Extended periods of time sitting don’t just wreck your heart, it also ruins your entire body from head to toe. There appears to be a separate gene for cardiovascular disease that is turned on when you sit. Sitting is also one of the worst positions for your spine as it places the entire weight of your upper body – chest, back, shoulders, arms, major organ systems and has them teeter totter on your lower back. This is why the longer you sit, the greater chance you have from suffering from chronic lower back pain.

The sitting position also compresses your diaphragm where your lungs are. This situation puts your lungs in a bad position for drawing in deep breaths. Big deal? Well if you labor to breathe... it means your body is working harder than it needs to. And at 12-15 breaths a minute or 9,000 breaths over ten hours of sitting will exhaust you besides giving you aches and pains in places I can’t reveal at this time. This is one of the reasons, many of us feel paradoxically more tired after sitting at our desks all day.

Our sedentary ways are killing us…. not over night… but slowly over the years as we sit and watch TV, sit at the front office, sit chair-side and work, sit and drive, sit and write articles, sit on the phone, sit in restaurants, sit in the movie theatre, sit at lunch, sit and wait for a bus, sit on airplanes, sit and watch our kids play football, sit while we relax….we are sitting ourselves to death... and its not going to be a pretty last ten years... the doctor visits... the medication... the hospitalizations... the slow slippery slide...

Some of the statistics?

- 147% increase in risk of heart attack
- 112% increase in risk of diabetes
- 49% increased risk of premature mortality overall

There’s really solid evidence that sedentary living kills more people than smoking. And at 400,000 people a year... it is a significant risk factor that has been over looked for several years. Are more of us exercising? Well between 1980 and 2010 the percentage of exercisers has remained the same but the percentage of people sitting all day has increased greatly.

Less than one percent of the population had diabetes in 1960. Only 13 percent of people were obese. In 2015? 35 percent of the population is diabetic or pre-diabetic and 70 percent of the population is overweight or obese. It’s getting out of control. There were 12 million diabetics in the USA in 1999 and in 2010 this number had doubled. In the 2010 Journal of Applied Physiology a study found that if healthy people limited the total number of steps by 85% over two weeks, their insulin sensitivity went down 17% percent. This means their
body’s ability to handle sugar in their diet drastically went down. Elevated blood sugar sets the tone for diabetes and a number of other chronic degenerative diseases – among them cognitive decline and dementia.

Recent studies into the relationship between diabetes and Alzheimer’s has shown that people who aren’t able to manage their blood sugar over time are up to 65 percent more likely to develop the disease. Makes you want to stand up and go for a walk around the block?

People sit too much and one must treat this problem separately. An avid exerciser can’t work out enough to combat or counter the number of hours sitting. When there is virtually no contractile activity in your leg muscles, LPL or Lipo Protein Lipase plummets. This is the enzyme that breaks down fat and glucose in your blood for use as energy. When you sit, its activity goes down by one tenth and over several hours your body’s blood fats go up and up and up.

Studies have also shown that as one sits longer and longer, it boosts the chance of being diagnosed with other major illnesses like certain types of cancer. It’s a growing area of interest. But there’s few papers on the subject: approximately ten versus the 200 papers examining the connection between physical activity and cancer.

**Okay so what are we supposed to do as dental professionals?**

1. We can walk or ride our bikes to work. Ninety percent of the population drives to work each day.

2. A recent Australian study reported that if we rose up and walked around for just two minutes every 30 minutes we could increase our insulin sensitivity by a whopping 20 percent! This means you will become a better fat burner.

3. Our front office personnel can stand every second telephone call vs sitting.

4. We can provide standing desks so people could stand while they work at their monitors instead of leaning over their desktop terminals for 8 hours.

5. A tread desk? This is a recent innovation that potentially can transform a regular treadmill into a gentle exercising machine that allows the user to walk at 1 mph. Doesn’t seem like much until you do the math and realize at 1 mph, you will have walked eight miles over a regular working day.

6. If we have a long day ahead of us doing accounts receivable or booking recare visits, we can build activity into the schedule. Once every 30 minutes we can stand and exercise right on the spot. We can do squats or push-ups against the desk. Embarrassing? Well it might make you feel self conscious but when you’re the last person standing in 20 to 30 years, you will be happy you developed some daily disciplines.

Why do all this extra activity besides living longer? Well inactivity and sedentary living affects your bottom line. Did you know that one particular study showed that your least active team members are three hours a week less productive than your active team members? This directly influences your bottom line.

Over the next 10 years we are going to see an explosion of research into sitting and disease. My bet is that most of it will be done by researchers “sitting” while they study sedentary living. It really does not matter what else researchers find, there’s enough evidence right now to come to the conclusion that the choice to “stand or sit” is a matter of “life or death.”

Dr Uche Phillip Odiatu BA, DMD, is the author of The Miracle of Health & Fit for the LOVE of IT! This practicing dentist is a NSCA Certified Personal Trainer & professional member of the American College of Sports Medicine. He lectures at all the major dental conferences. Friend him on www.facebook.com/Odiatu and ask him a question.

**References:**
- American College of Sports Medicine Feb 2012
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If I had a nickel for every time a colleague asked me how and why I like doing dentures I would be a rich man! Well it’s not so much that I enjoy making dentures, it’s that I LOVE making overdentures. With the predictability of implants today I am totally surprised at the sheer number of general dentists who do not invest in improving their bottom line with overdentures. This not only creates a new profit center for long forgotten patients but also improves their life in terms of comfort and confidence for an affordable price. Narrow Diameter Implants (LODI) with a low profile attachment should be considered to help fill this often overlooked set of patients. [Figure 1]

The graying of America has started with over 10,000 people turning 65 each day. These seniors are living longer and more importantly WANT this kind of service. They will actively seek out dentists who offer implants and overdentures under one roof. At our office we place posters and brochures in strategic locations to get our patients to ask about implants along with the teethinplace.com website. [Figure 2]

So why the hesitation for most dentists jumping back into the denture world? Well, most of us remember the dental school days where we spent hours and hours taking impressions, border molding and creating a beautiful almost art like master cast, setting teeth and creating the best denture we could. Even with all this we were often left with a patient that said to us; “This hunk of plastic is terrible!” No wonder most of us abandoned making dentures. There was very little personal satisfaction for us or the patient.

Now enter the world of the overdentures. Add a few implants to help retain that denture and Voilà we now have a happy patient and a totally new revenue stream for our general practice. The best part is that most of these patients will not be insurance driven.

In 2002, the Blair McGill consensus statement strongly suggested that extracting teeth and placing a lower denture could no long be considered the standard of care. To meet the standard of care, 2 standard body implants should be inserted to help retain the lower prosthesis.

Although I agree with the spirit and intent of this consensus, I rarely find in the long-term edentulous patient the necessary width to properly encase a standarvd body implant without additional surgical procedures (ridge split, bone leveling, grafting). These procedures often are met with resistance from the patient for one of two reasons; financial or medical.

The two implant solution also comes with its own set of potential issues. By design it will always have significant rotation and vertical movement. More importantly the overdenture will become useless if one implant fails. The most elegant treatment to consider, in my opinion, is 4 Narrow Diameter Implants with a proven attachment that has been used worldwide; the LOCATOR. Not only are the rotation issues resolved but 2 additional sites of alveolar bone will be preserved by stimulation from the implant.

Narrow Diameter Implants with the Locator attachment are a great resource to consider. With much less height than a standard o-ball attachment the denture can be made more natural feeling and patients appreciate the smooth top. I encourage any surgically oriented general dentist who does not place implants to consider getting the training and offering this service for the patients.

Dr. Paresh Patel is a graduate of UNC-CH School of Dentistry and the MCG/AAID MaxiCourse. He is the co-founder of the American Academy of Small Diameter Implants and is a clinical instructor at the Reconstructive Dentistry Institute. Dr. Patel has placed more than 2,500 mini implants and has worked as a lecturer and clinical consultant on mini implants for various companies. He can be reached at pareshpateldds2@gmail.com or online at www.dentalminiimplant.com.
Dental Coding: Tricks Of The Trade
Presented by Roz Fulmer

Come learn the “tricks of the trade” to end the “dental insurance illness.” Coding with confidence will become the only game in your practice. Your patients will be “wowed” by what you will be able to do for them to maximize the benefits and to minimize their out-of-pocket expenses.

Our wish for our patients is that the insurance companies would pay for everything that is contracted in the contract that they themselves wrote for the patient and their employer without playing a game – but they do not, do they? We understand their game and we do not like it for our patients. We want our patients to know that we will do everything in our power NOT to be held prisoner by any insurance company or their contract in regards to your patients’ dental health care. Is that what you want as well for your practice?

Course Objectives:

• How to win at the 4D claims game
• How to maximize the CDT codes for a profitable practice
• Learn the difference between self-funded plans vs. fully funded plans
• Coding compliance – dental vs. medical
• Narratives for most dental procedures

Here’s some of what Roz covered in this information packed lecture:

• Medical codes and how/when to use them
• How to achieve fewer denials
• Keys to FAST reimbursement
• “Wow” your patients by getting more insurance money than they expected
• How NOT to be held prisoner by the insurance companies
• Slick tricks that most offices miss
• 1,000+ codes... but only 300 used
• The best books on dental coding... NOT the ADA books!
• ICD9-10 book?
• Deny coverage/delay payment/destroy claim
• Why you must use the 2015 updates
• The problem with x-rays and electric claim forms
• Did you know that most claim forms are processed “off shore”?
• The value of Box 35
• Why all narratives must be typed not handwritten
• The new TMD codes
• Special code for prophy with braces
• New code for “caries into dentin”
• Coordination of benefit tricks
• What about HSAs?
• Why D0150 is not just for new patients
• The $160 exam fee... D0160
• Did you know that there are 10 CDT exam codes?
• The #1 most under used CDT code
• Can you charge insurance for after hours calls?
• Do you know about the new sealant repair code?
• You can charge a partial fee even if you happen to refer to a specialist
• Watch out for October 2015 code changes/additions
• Did you know most offices are still using the 2006 codes?
• How about you?

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### Top Sellers

<table>
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<tr>
<th>Product</th>
<th>Description</th>
<th>List price</th>
<th>Our price</th>
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<tbody>
<tr>
<td>MP Mixing Tips</td>
<td>48/ pk, all sizes</td>
<td>$34.99</td>
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<tr>
<td>Lidocaine HCl 2% w/Epi</td>
<td>50/ pk, 1:100 or 1:50k</td>
<td>$34.99</td>
<td>$21.89</td>
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<td>Patient Bibs (2-Ply)</td>
<td>9 colors (500/ case)</td>
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<tr>
<td>Chlorhexidine Gluconate Oral Rinse - 0.12%</td>
<td>16 oz bottle (Mint Flavored)</td>
<td>$34.99</td>
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### Most Popular Manufacturer Promotions

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<th>Our price</th>
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<tr>
<td>CaviWipes - 6” x 6.75”</td>
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<td>$12.99</td>
<td>$8.54</td>
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<tr>
<td>Alasta PF Nitrile Exam Gloves</td>
<td>Buy 9, Get 1 FREE (100/ box)</td>
<td>$8.99</td>
<td>$6.52</td>
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<tr>
<td>Topex Prophy Paste</td>
<td>Buy 4, Get 1 FREE (200/ pk, various types)</td>
<td>$42.99</td>
<td>$36.76</td>
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<tr>
<td>Nanoceram Universal Composite - Capules</td>
<td>Buy 3, Get 1 FREE (20 Unidose Caps)</td>
<td>$42.99</td>
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