Where you work affects how you work.

OPTIMAL OPERATORIES

Making critical office design decisions

Like so many young dentists, I bought an older practice from a dentist nearing retirement. It was a two-chair office with very old equipment. I was so excited to get in there and work in my own office. I then quickly learned only one of the two chairs worked, and the “working” one had a finicky delivery system that tended to break down every few days. It was a steep learning curve.

I was ready to get this office going though, so after only a couple months, I renovated. I changed the large doctor’s office into a hygiene room with a tiny little corner for a break room/office. We did our best with the space available, but after a few years working in this space, there are many things I wished were different.

I’m now designing a new building to expand into. I’m trying to take the lessons I’ve learned in my less-than-ideal space and combine them with advice from experts in the field to create an office that will have great function and flow.

Every design decision I make needs to be evaluated from multiple viewpoints: is there room for the elements we need (technology, instruments, etc.)? How are the ergonomics?...

See redesign, page 6

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Making critical office design decisions

Like so many young dentists, I bought an older practice from a dentist nearing retirement. It was a two-chair office with very old equipment. I was so excited to get in there and work in my own office. I then quickly learned only one of the two chairs worked, and the “working” one had a finicky delivery system that tended to break down every few days. It was a steep learning curve. I was ready to get this office going though, so after only a couple months, I renovated. I changed the large doctor’s office into a hygiene room with a tiny little corner for a break room/office. We did our best with the space available, but after a few years working in this space, there are many things I wished were different. I’m now designing a new building to expand into. I’m trying to take the lessons I’ve learned in my less-than-ideal space and combine them with advice from experts in the field to create an office that will have great function and flow. Every design decision I make needs to be evaluated from multiple viewpoints: Is there room for the elements we need (technology, instruments, etc.)? How are the ergonomics?... See redesign, page 6

OPTIMAL OPERATORIES
Where you work affects how you work.

For many of us, the experience in the dental operatory has changed significantly throughout our lives. The dentist office we visit today is vastly improved from the ones we visited when we were children. Don Hobbs, vice president of equipment sales for Henry Schein, remembers visiting dental practices when he was a kid, an experience that had some areas of opportunity. “Going to the dentist was definitely not a pleasant experience when we were kids,” Hobbs says, laughing. “It was that one dentist, two treatment rooms, and they did all their own hygiene. They did everything.” Today, the patient experience has evolved immensely. A visit to the dentist no longer causes the fear or anxiety it once did. Hobbs says most dentists want the patient to walk into an experience comparable to a spa. “When you go to your dentist now, you can get treated for sleep. You go in there for BOTOX. You can go in there for so many different things that are not even dentistry because today it is all about the patient experience,” Hobbs says. ... See operatory, page 40

For more online content...
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[FOREST DENTAL]
Pala Design Studio
The world’s first web-based denture design software.

[ALIGN TECHNOLOGY]
iTero Element® Foundation
An intraoral scanner with powerful 3D visualization.

[KULZER and DENTCA]
Pala Design Studio
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- Cavitron Select® SPS™
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- Nupro RDH® (3 pack)
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- Cavitron® 300
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iTero Element® Foundation
A new edition to the Align portfolio, the iTero Element Foundation scanner offers dentists digital workflow capabilities to address their restorative and patient monitoring intraoral scanning needs. The streamlined workflows to dental laboratories, option for on-demand chairside milling, and exclusive TimeLapse technology for patient communication and monitoring with the iTero Element Foundation provides dentists with capabilities beyond basic STL export scanners.

What is unique about this scanner?”
At Align, we understand that a dentist’s digital journey may be different moving from analog to digital treatment planning. The new iTero Element Foundation Scanner with restorative workflow and iRecord® software applications gives doctors a new pathway to capture the advantages and opportunities that digitalization offers their practices. Doctors also have the option to upgrade if they decide to expand their treatment offerings with Invisalign® clear aligners.

— Yuval Shaked, Align Technology, senior vice president and managing director, iTero scanners and services

Align Technology
408-470-1000
aligntech.com
CIRCLE RS #2

Fusion Package
The new Fusion equipment package from Forest Dental emerges from the fusion of two great brands: Forest Dental Equipment and DentalEZ® Equipment. The Fusion Package reportedly combines high-quality electronics, hydraulics, bearings and surface treatments while staying focused on the elements of design and affordability.

“ What makes your package stand out from others in the market?”
We focus on the details, just as a dentist does. Our gap tolerances, fit and finish all provide our customers with a great look, design, unmatched quality and price point.”

— Molly McKenzie, director of sales and marketing for Forest Dental

Forest Dental
800-423-3555
forestdental.com
CIRCLE RS #3

Pala Design Studio
A web-based denture design platform that allows dental labs and clinicians to design a denture online using digital Mondial and Mondial i teeth, download the design files and print the denture. Pala Design Studio, KULZER’s new design program, is said to allow lab technicians to construct a denture case in less than 20 minutes and reduce patient visits from five to two.

“ How is this product innovative?”
Pala Design Studio is the world’s first web-based denture design platform that enables users the freedom to design a denture online from anywhere in North America. This is significant because most software programs require seat licenses and dongles to design, and those licenses/dongles are tied to office and/or lab-based computers. Because Pala Design Studio is web-based, designing dentures is mobile as the designer needs it to be. And, with its five-step design process, Pala Design Studio offers significant savings over current CAD programs.

— Thomas Hollett, product manager, KULZER LLC

KULZER Dental
574-291-0661
kulzerUS.com
CIRCLE RS #4
OPTIMAL OPERATORIES
Where you work affects how you work

Operatory design serves different purposes today—and it’s challenging some of the conventional wisdom of the past. We spoke to experts in operatory design to learn about what’s happening in this crucial area.

23 Shade matching simplified | How 3M™ Filtek™ Universal Restorative is helping one practitioner provide better shade matching with more efficiency.

24 Providing patients protection and peace of mind | How Airway Armor® creates a barrier to protect a patient’s airway during dental procedures.

25 Tackling sensitivity at the source | How Crest Gum and Sensitivity toothpaste can help both you and your patients.

26 Seeing dentistry’s future in the Best of Class Winners | Part I of our coverage of the 2019 Cellerant Best of Class Technology Awards

CLOSER LOOK
22 Using a laser for simplified gum disease treatment | How one doctor is providing effective periodontal care for her patients with the LANAP protocol and PerioLase MVP-7.

CLINICAL & TECHNIQUES
Practical clinical advice, research and techniques

36 Technique
Achieve beauty, form and function using the stamp technique | Follow these steps to create a great restoration and gain “the stamp of approval.”
We’ve looked to our past to find inspiration for our future.

The new look of Dental Products Report arrives in August.

[link:Go to dentalproductsreport.com]
Continued from cover … Are we making extra movements? Are we wasting time running for things? Are we spending extra money on supplies and duplicating things unnecessarily? I approach this design from a place of comparison to my old office. We had to find room to put computers in each operatory. It made for some tight and awkward layouts and a lot of cords.

Technology is a prime consideration going into this new space. There’s so much available now, and in the future, there’s only going to be more and it will likely and hopefully be smaller and more convenient. I’m making sure to have screens available behind the patient for us to look at the schedule and images if needed as well as in front of the patient for better communication. Also, this will provide a screen for the patient for better communication. If needed as well as in front of the operatory. Instead, they’ll have every-thing in a centralized location, and they’ll be trained to be ready with the equipment. By keeping things at the head of the patient and not the nooks and crannies. In the new office, we’ve decided to have very little storage in the operatories and to keep it centralized, as we were taught by Design Ergonomics. Fewer cupboards we rarely open means less stuff lost. It also means fewer supplies sitting there gathering dust as well as better ergonomics for my assistants. The assistants won’t be digging in cupboards in the operatory. Instead, they’ll have everything in a centralized location, and they’ll be trained to be ready with what’s needed for the appointment. I’ve decided to keep our operatories simple; clean lines, less clutter. Everything we need will be at hand. We’re trying to limit the range of motion both for myself and for my assistants.

Right now, my poor assistants have to turn to grab things that are all the way behind them because that’s the only available space to set things down. Then, they have to lunge over to the other surface and try to find a way to get to the mouth without getting tangled on all the hoses by their feet. I doubt they realized assisting was a job involving gymnastic skills when they started. I’m hoping to eliminate that as much as possible with our new operatories. By keeping things at the head of the patient and not having items where they can’t reach them, I hope to make their jobs much easier.

We currently have one large room with a divider and it makes for an awkward entrance. I’m looking forward to having dual-entrance operatories. Both the assistant and I will then be able to come and go as needed without bumping into everything. I have no doubt during this design process I’m going to change my mind many more times. Even when I get the rooms the way I think is best, I’m sure to learn something down the road that makes me wish I had done it differently. New technologies will emerge I didn’t anticipate and things will change. But isn’t that part of the fun of dentistry? ●

[ Dr. Jennifer Sanders ]
Dental Products Report
Editorial Advisory Board member

I’ve decided to keep our operatories simple; clean lines, less clutter. Everything we need will be at hand.

900-square-foot building, so cupboards are limited and very inconvenient. I can’t tell you how many times I’ve asked for something that’s rarely used and it seems to have disappeared into the ether. Our awkward cupboards have taken another victim!

One of the things I’m looking forward to with moving is seeing all of the random items we find in the nooks and crannies. In the new office, we’ve decided to have very little storage in the operatories and to keep it centralized, as we were taught by Design Ergonomics.

As the go-to product resource for the dental industry, the team at Dental Products Report works to make it as easy as possible for you to get the information you need about new products. In each issue you’ll find the free reader service card with numbers that correspond to advertisements. Throughout the issue, you’ll also find numbers with each of the products covered editorially.

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Find out what steps to take if a measles outbreak has occurred in your community. Learn more: http://bit.ly/MeaslesDentistry

3 cosmetic procedures you can complete with composite resin bonding
Discover why composite bonding can be an excellent way to correct some common issues with your patients’ teeth. Read more: http://bit.ly/CosmeticBonding

Building a digital workflow one step at a time
How to know when to add various technologies to your office from scanners to mills to 3D printers. Learn more: http://bit.ly/BuildingWorkflow

WHAT DENTISTS WERE SEARCHING AND SAVORING IN JUNE @DENTALPRODUCTSREPORT.COM

3 MOST-VIEWED PRODUCTS
01 OMNICHROMA
Tokuyama Dental America
02 DEBACTEROL®
EPIEN Medical
03 MI Paste Plus®
GC America

3 MOST-READ ARTICLES ONLINE
01 6 signs marketing your dental practice could be a waste of your time
by Naomi Cooper
02 5 phrases hygienists need to stop saying to patients
by Katrina M. Sanders RDH, BSDH, M.Ed, RF
03 The virtues of beautiful design
by Robert Elsenpeter

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What dentists were searching and savoring in JUNE @DENTALPRODUCTSREPORT.COM

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Reach® please contact your local dealer
**[ISOLATION SYSTEM]**

**DryShield single-use mouthpiece**

Designed by a dentist for dentists, the DryShield mouthpiece is engineered in two options—autoclavable and now single-use—to meet dentists’ needs for maximum affordability or convenience. The new mouthpieces are available in pedo, small, medium and large sizes to fit all patients. They come in a box of 20, with each mouthpiece individually packaged.

DryShield 888-379-0300 | dryshield.com
CIRCLE RS #9

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**[IMPLANT DRIVER]**

**STRETCH™ Implant Driver**

The STRETCH™ Implant Driver is designed to allow clinicians to remove and place cover screws and healing abutments in all areas of the mouth safely and with good vision. It’s said to be especially useful in the posterior regions of the mouth, allowing dentists a direct vision of the cover screw, abutment screw or healing abutment when placing or removing it.

Master Dental masterdentalonline.com
CIRCLE RS #10

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**[EYEWEAR]**

**ProVision® Eyesaver Sleeks™ red frame/red bonding lens**

This line of ultralight goggles is engineered to fit over prescription eyewear with adjustable temples for a broader facial fit and integrated side shields for all-around eye protection. To complement the existing clear, gray and green goggle options, Palmero now offers a red option that’s said to filter out harmful blue light rays generated during bonding procedures.

Palmero Healthcare 800-344-6424 | palmerohealth.com
CIRCLE RS #11

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**[DELIVERY SYSTEM]**

**A-dec 500**

Focused on creating a superior doctor and patient experience, the new A-dec 500 reportedly delivers the reliability and longevity dental teams expect with the access, integration, control and comfort to perform and feel their best. The entire delivery system is designed to function holistically and intuitively, reacting to every move without pause. The touchpad screen uses visual, user-friendly icons to eliminate clutter and display only essential information.

A-dec 800-547-1883 ext. 4042 | a-dec.com/500experience
CIRCLE RS #12
Oral-B GENIUS X

The new Oral-B GENIUS X combines the knowledge of thousands of human brushing behaviors to assess individual brushing styles and coach users to achieve better brushing habits. The AI technology tracks where people are actually brushing in their mouth and offers personalized feedback on the areas that require additional attention for better oral health. A sleek and modern travel case charges both the brush and a USB device, such as a smartphone, to make traveling with an electric toothbrush easier than ever.

Oral-B®
800-566-7252 | oralb.com/en-us/geniuxx
CIRCLE RS #13

VALO™ Grand Corded curing light

The new VALO Grand Corded curing light is said to feature all the benefits of its counterpart, the VALO Grand cordless curing light, with the addition of a cord for a lighter weight, more affordable option that features consistent and constant power output without the use of batteries. The highly efficient broadband LEDs keep the wand body cool to the touch, while the unique unibody construction and ergonomic shape are designed to allow for extreme durability and unprecedented access to all restoration sites.

Ultradent Products Inc.
800-552-5512 | ultradent.com
CIRCLE RS #14

Flexipalette Set

In partnership with Styleitaliano, Smile Line USA presents an assortment of unique and innovative contrastors intended for intraoral photography. Flexipalette is made out of a bendable copper sheet 100 percent overmoulded with Plastimed, a medical-grade silicone rubber that’s latex-free and hypoallergenic. It’s designed to be absolutely opaque and reflection-free, and it can be folded at a 30- to 45-degree angle.

Smile Line USA
877-755-6868 | smilelineusa.com
CIRCLE RS #15

MacPractice Gen 11

This 11th-generation of practice management and clinical software is designed for dentists who prefer to use Apple devices and technology to protect patient information and achieve efficiency and productivity. It’s said to introduce enterprise-ready accounting, a new server architecture, and a new underlying database enabling lower pricing and amplified future development to enhance use for multi-site and remote communication.

MacPractice
402-420-2430 | macpractice.com
CIRCLE RS #16
Digitize your practice in a way that works for you

[ compiled by Patti Phelps ]

Running a successful dental practice presents new challenges on a daily basis. In today’s digital world, practice management software (PMS) has become essential to successfully manage and grow your practice. Accessing this tool will streamline your processes, making your practice more efficient, saving you both time and money. If you don’t know what’s out there, or what would best fit your specific needs, we have assembled the latest in software trends that will help you deliver quality care and stay compliant with all the regulatory requirements associated with healthcare information. No matter what size your practice is, if you’re just starting up, or looking to upgrade, there is something for you.

Ace Dental
• Has been creating PMS for more than 26 years, offering both local server and cloud-based database; reportedly the only software using a hybrid cloud
• Provides all the protection of an encrypted cloud database with faster running software because the program is installed on a local computer
• Said to be the only software that offers E-recalls on autopilot, alerting patients with emails and text messages and allowing them the ease and convenience of scheduling appointments online.

Ace Dental
888-667-4272 | ace-dental.com
CIRCLE RS #17

Adstra Clinical
• Available on-premise or cloud-based, provides quick access to the entire patient record. With more than 100 possible combinations for viewing information, offers extreme flexibility to access relevant details
• A color-coded dashboard is featured, displaying appointments and messaging for easy viewing
• Alerts, clinical notes, prescriptions, exams, digital images and more can be viewed on one screen

Adstra
800-450-0220 | adstra.com
CIRCLE RS #18

CS Cloud
• Offers hosted versions of all its on-premise software. Switching to the cloud, users are always on the latest versions of their preferred software; updates are managed and automatically installed
• Data is backed up every four hours and a Tier 4 data center ensures those files are secure
• Cloud users enjoy the benefit of 24/7, 365 days a year monitoring and a dedicated cloud support team

Carestream Dental
800-944-6365 | carestreamdental.com
CIRCLE RS #19
ClearDent
- Software that provides charting, scheduling, billing, patient communication, practice analytics and much more
- Designed to reduce training time, improve staff efficiency, and help your practice adhere to all necessary standards, certifications and guidelines
- Able to customize to fit your needs, there’s no worry about switching between programs or who to call for support. Ensuring compliance, ClearDent is an ISO-certified program

ClearDent
866-253-2748 | cleardent.com
CIRCLE RS #20

Curve Hero
- Founded in 2005, Curve Dental reportedly delivers the first cloud-based, enterprise-level PMS platform for dentistry and continues to drive innovation
- More than 23,000 dental professionals are said to benefit from this platform built on Amazon Web Services (AWS) and deep dental expertise
- Reported to have a singular focus on delivering exceptional worry-free PMS and 5-star customer support

Curve Dental
888-910-4376 | curvedental.com
CIRCLE RS #21

Dental Care Links
- Online platform designed to make it easy for dental professionals to manage the patient referral process—automatically, in the cloud
- Streamlines the communication necessary to send and receive patient referrals by creating a shared patient chart and chat log that updates in real time
- The system is said to be 100 percent secure, HIPAA compliant and requires no special equipment

Dental Care Links
508-473-4999 | DentalCareLinks.com
CIRCLE RS #22

DentiMax
- Said to be intuitive and flexible while also mirroring a practice’s workflow from registering the patient to financials
- Includes easy-to-use but comprehensive features such as e-RX, electronic patient registration and live patient insurance updates, to name a few
- No worries about upgrades or servers. Data is said to be secure and always up to date. A dedicated in-house support team with dental professionals at the helm is also offered

DentiMax
800-704-8494 | dentimax.com
CIRCLE RS #23

Dentrix G7
- Featuring Smart Image, your clinical and financial processes can now connect, providing one efficient workflow
- When you acquire diagnostic images, Smart Image automatically associates them with the correct CDT codes for accurate billing and displays them in the patient chart, saving you both time and money
- The patient’s 2D and 3D images can now also be accessed without leaving Dentrix

Henry Schein, Inc.
800-336-8749 | dentrix.com/smartimage
CIRCLE RS #24

POINTS TO CONSIDER

Determine what is important to you and your unique circumstances. Not every feature may be necessary for your practice. Most dental practice management software will have features such as scheduling, charting, billing, electronic dental health records and perhaps digital imaging.

However, some fundamental points to look for are HIPAA compliance, good customer support and a free demo so you can try it out before you buy it.

Whether the software is installed on a server at your practice or is cloud-based is another major factor to consider. There are pros and cons to both, so do your homework. The current trend is toward cloud-based software, where there is usually less investment required and experts can worry about data security, updates and compliance issues.
**Product Watch**

**Practice Management Software**

**MacPractice DDS Gen 11**
- A multi-specialty, all-in-one practice management, imaging and charting software for dentists who use Apple products. Built-in encryption avoids PC ransomware and malware that can infect Windows
- New and updated services including Jive phone service, Text2Pay, Rx Discount Coupon and TSYS-powered credit card payment processing
- Integral insurance features empowered by Change Healthcare clearinghouse for eclaims

MacPractice DDS
402-420-2430 | macpractice.com/dds
CIRCLE RS #25

**Maxident**
- Since 1980, it has been providing PMS solutions, and from the beginning of 2018, has been offering its software with data conversion at no cost
- Maxident provides many options such as integrated phone systems, an HR management module, integrated point-of-sale, recall and reminder system with emails and SMS, branded patient portals, branded patient mobile apps (both iOS and Android), and digital X-ray and digital charting

Maxident
800-663-7199 | maxidentsoftware.com
CIRCLE RS #26

**Open Dental**
- Highly customizable, it’s well suited for both the single practice and large DSOs
- Allows users to maintain full control of their data, while third-party software interoperability adds more functionality to an extensive feature set
- Rapid software release cycles give customers timely access to new features with an easy-to-use interface for both providers and office staff
- Said to have exceptional customer support, a free test conversion and demonstrations

Open Dental
503-363-5432 | openedental.com
CIRCLE RS #27

**Here are some of the many features available with practice management software. Most can be customized to fit your practice:**
- Billing capabilities
- Advanced analytics, including customized dashboards and reports
- Patient communication manager
- Appointment management
- Credit/debit card processing
- Insurance management and electronic claims
- Online patient-facing features, including appointment scheduling, health forms and a patient portal
- Clinical notes and images
- Continuous data backup and disaster recovery
- Multi-location support
- Electronic prescriptions
- Mobile computing
- Document scanning
- Patient health records (EHR-certified)
- Billing management, including ortho payment plans
- Nightly data downloads
- AC charting, including specialty
- Appointment management

**Key Features**

**Patient Prism®**
- A call tracking and coaching program that analyzes every new patient phone call, identifies those who end the call without booking and provides rapid training to win them back—all within one hour
- It leverages artificial intelligence, call coaches and quick training videos to provide fast, actionable insights designed to generate immediate results
- Provides detailed information to optimize marketing, operations, staff behavior and the patient experience

Patient Prism
800-381-3638 | patientprism.com
CIRCLE RS #28

**Eaglesoft 21**
- Streamline efficiency and simplify daily processes with the full backing of Patterson’s service and support
- From patient scheduling and insurance claim tracking to paperless charting and digital image manipulation, Eaglesoft’s intuitive and user-friendly software is the solution for the entire practice
- Latest updates include end-of-period processing, silent install and updates and simple safety data sheet management

Patterson Dental
800-294-8504 | pattersondental.com/eaglesoft
CIRCLE RS #29
Weave Patient Communication Software
- Provides instant access to what needs to be done for each patient the moment they call, facilitating more productive interactions
- Improves scheduling, customer inquiries and responses, team workflow and revenue generation
- Online reputation is improved when Weave asks patients to post a review about their experience via text

Weave
888-579-5668 | getweave.com
CIRCLE RS #33

SuzyDENTAL4
- Suzy Systems, Inc., a privately owned company, has been providing PMS since 1977
- This current version is said to provide advanced technology through an intuitive and user-friendly interface and comprehensive functionality for paperless practice management
- Its features are highly customizable and can be seamlessly integrated with all leading digital imaging systems

Suzy Systems, Inc.
800-345-5782 | suzydental.com
CIRCLE RS #31

Denticon
- Said to be the only proven software built from the ground up for multi-location groups in the cloud. Provides the tools needed to standardize, centralize and grow
- Reported to help a variety of dental organizations from multi-location groups to mobile clinics
- Providers and patients can move easily between locations, while management can pull comprehensive reports for the whole enterprise

Planet DDS
800-861-5098 | planetdds.com
CIRCLE RS #30

tab32
- This patient-centered software includes, but isn’t limited to, practice management, patient communication and billing. tab32 connects actions to analytics through business intelligence reporting
- It provides a cloud-based solution for mobile, independent practices and DSOs, eliminating IT costs
- Highly customizable and scalable for an enterprise using secured Type II SC02, NIST 80053 and HIPAA-compliant Google infrastructure

Tab32
855-698-2232 | tab32.com
CIRCLE RS #32

XLDent
- Takes advantage of the latest in software development and design tools to provide you with an intuitive, robust, easy-to-use dental program
- Committed to continual development of electronic health records and features realistic tooth charts, restorative and periodontal exams and progress notes
- XLDent is suitable for any dental specialty, is multi-location capable and has cloud-based options

XLDent
800-328-2925 | xldent.com
CIRCLE RS #34

The increased demand for dental services due to an aging population and overall population growth is leading to high competition for dental practices. This should drive global dental practice management software market growth, according to a new Market Study Report. According to the report, the dental practice software market will reach $2.7 billion by 2025.

Cost containment measures to curb rising healthcare expenses due to dental problems is also expected to accelerate the practice management software business growth. All the advances in technology and the trend towards digitalization, combined with increasing focus of dental practitioners on providing quality care while complying to healthcare information technology requirements will mean this tool will be vital if dental practices want to survive in the future. Will you be ready?

Build a dental model in less time than it takes to drink a cup of coffee

How the Planmeca Creo™ C5 high-speed 3D printer fosters patient acceptance. [compiled by Patti Phelps]

Information provided by Planmeca.

THE PROBLEM

Creating a dental model usually means time spent “on hold”

Whether waiting several days for an outside lab or a couple of hours for a mold to set properly, dental professionals are often delayed in gaining patient acceptance for a treatment plan.

THE SOLUTION

Planmeca Creo™ C5

• Planmeca Creo™ C5 is a high-speed 3D printer developed specifically for dental professionals for same-day appliances

• This revolutionary compact printer is said to print models, guides and bases in less than 15 minutes and less than five minutes to complete the workflow process once you’ve digitally scanned an impression

• Reportedly no calibration is needed for this self-cleaning printer, and an easy-to-use touch display with preprogrammed settings and resin capsules make printing easy

• The Planmeca Creo C5 utilizes open STL and PLY files for a fluid integration with your current system

• Medically-approved and printer-optimized materials ensure reliable, high-quality results with industry-grade precision

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Prevent bur breakage during procedures

How the blended neck design of the NeoBurr 330² increases its strength. [ compiled by Kristen Mott ]

Information provided by Microcopy Dental.
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Case images courtesy of Dr. James Chae, Diamond Bar, CA

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Making accurate file measurement simple

How the Dr’s Finder NEO apex locator packs the latest in measurement technology into the smallest device in dentistry. [compiled by Noah Levine]

Information provided by Good Doctors USA.

THE PROBLEM

Accurate intracanal measurement can be inconvenient or uncomfortable

Apex locators are a standard part of most endodontic procedures, and when used properly, they help prevent perforations. But, setting up an apex locator can mean a tangle of cords, wearing a heavy device, or finding a comfortable place to set up the apex locator to keep it in range of the patient.

THE SOLUTION

Dr’s Finder NEO

• The size of a smartwatch and weighing approximately 24 grams, it can be clipped to the included finger ruler, a stand, a clinician’s sleeve or cuff, or the patient’s bib
• Using 3-band multi-frequency technology, it provides repeatable, best-of-class accuracy tested to be 97.5 percent accurate
• A plug-in calibration jig ensures the NEO stays accurate
• Rechargeable via USB, the 3.7 V lithium-polymer battery provides hours of working time per charge
• Three measurement display styles can be switched easily via the LCD touchscreen that works even with gloved fingers
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Interested? Circle Product Card No. 40
Using a laser for simplified gum disease treatment

How one doctor is providing effective periodontal care for her patients with the LANAP protocol and PerioLase MVP-7.  

CERISA MONCAYO, DDS

Gum disease is a rampant issue in the United States, with more than 65 million adults suffering from periodontitis. Such prevalence requires simple, convenient, affordable and most importantly, effective cutting-edge treatment options.

The LANAP protocol promises to deliver just that. An FDA-approved laser-based gum treatment using Millennium Dental Technologies’ PerioLase MVP-7 Nd:YAG laser, the procedure treats gum disease by regenerating alveolar bone, periodontal ligament and cementum lost to disease.

**Surprising benefits**

Dr. Cerisa Moncayo, a general dentist and LANAP clinician in private practice in Pacific Palisades, Calif., was originally skeptical. “I needed to see for myself what the PerioLase was actually about,” she says. “I’ve had experience with a lot of dental lasers, so I know every laser has its limitations.” But her concerns proved to be unfounded. “After using it and learning how much it actually can do, I was pleasantly surprised!”

Dr. Moncayo cites benefits such as effectiveness, procedural simplicity and being able to offer an alternative to traditional therapy.

“We always want to offer our patients effective treatment that will improve their status,” she explains. “Periodontal disease can be addressed by traditional therapy, other lasers and impeccable hygiene, but it can be reversed with LANAP to help our patients obtain true periodontal health. If a tooth is too far gone, traditional therapy may be hopeless in the long term.”

**Happy patients**

The PerioLase and the LANAP protocol are also a big hit with patients. “Patients love the idea of a no-cut, no-sew approach—something that’s effective and not scary-sounding,” Dr. Moncayo says. “There’s something about a laser that is much more inviting and acceptable to patients than a sharp stainless-steel instrument.”

Additional patient benefits include time savings and pain reduction. The LANAP protocol requires fewer appointments than conventional treatments and reduced recovery time. “If done properly, it’s relatively painless,” Dr. Moncayo says. “Even my 95-year-old patient said the procedure and recovery were comfortable and like nothing she’d experienced before.”

**Integration to the practice**

Dr. Moncayo has found few drawbacks, though she does note integrating the LANAP protocol and the PerioLase can take some time.

“However, anything to elevate your practice and skill set is an investment,” she says. “Any treatment modality you incorporate into your practice must be implemented with proper training, which takes time. The LANAP protocol definitely takes time to execute properly. There are no shortcuts.”

However, once she put it into practice, Dr. Moncayo found it was worth the effort. “The PerioLase has become my mainstay of sorts. The applications are numerous,” she says. “It was easy to incorporate not only for the LANAP protocol and to address periodontal diseases, but I use it daily for restorative and surgical procedures and a ton of other value-added procedures.”

**Multiple applications**

“I practice biomimetic dentistry, so supragingival gingival therapy is imperative,” she adds. “The PerioLase allows me to isolate margins—no more packing cord. If we take out a tooth or there’s an angry tissue, the PerioLase achieves hemostasis. If my patient has an achy aphthous ulcer, the PerioLase immediately offers relief and speeds up healing. It simplifies procedures by offering a better, more effective alternative to how we normally would do something.”

Millennium Dental makes the learning process smooth, Dr. Moncayo says. “During training, you’re in close contact with the founders—dentists themselves—as well as specialists and general dentists who have been practicing with the PerioLase for decades,” she says. “It’s entirely patient-focused. I feel like that’s what we need to be as clinicians. If you have curiosity to help your patients with another treatment modality, it doesn’t hurt to look into it yourself.”
Shade matching simplified

How 3M™ Filtek™ Universal Restorative is helping one practitioner provide better shade matching with more efficiency.  [by Laura Dorr]

Dentists always want to provide their patients with the most natural-looking restorations, but color matching can often mean struggling to choose from an overwhelming variety of VITA shades. Sometimes, fewer options work better—and can make a practice more efficient.

Dr. Jason Lipscomb, a private-practice dentist in Richmond, Va., discovered just that with 3M™ Filtek™ Universal Restorative, which conveniently features eight designer shades. These eight options cover all the classical VITA shades, and an Extra White shade covers the VITA bleach shades. This helps practitioners create natural restorations with fewer shades. Having fewer options has greatly simplified the shade process for Dr. Lipscomb since he began using Filtek Universal in his practice several months ago.

“So often you find an in-between shade that’s hard to match, but Filtek Universal is great for those teeth,” Dr. Lipscomb says. “In fact, the first thing I noticed with Filtek Universal was the color matching and chameleon effect.

“Tobe honest, shade matching in posterior restorations was not a high priority for my patients. We would try to match as best as possible, but it wasn’t always a home run,” he continues. “With the new Filtek Universal, it’s much easier to match those restorations, and it allows us to give the best results for our patients—even in areas that might not be critical in terms of esthetics.”

As a result, Dr. Lipscomb has replaced some of the other products he’s long used, particularly posterior composites, with Filtek Universal. This is in part due to the product’s color-matching capabilities, but also because it’s easy to work with, thanks to its creamy handling and 2 mm depth of cure.

“Filtek Universal is very easy to place, polish and, of course, match,” Dr. Lipscomb says. “I have always enjoyed the way Filtek handles and the polishing characteristics. It seems to work quite well in my composite warmer as well.”

Filtek Universal is also hardy and stands the test of time. AFM and AUDMA monomers ensure low-shrinkage stress and improved stress relief, while nanoparticles provide long-lasting wear resistance.

While Dr. Lipscomb has found Filtek Universal also can be effective in anterior restorations because it offers excellent polish retention and blends well with surrounding dentition, he does say it’s on a case-by-case basis.

“I’ve used Universal for several anterior restorations and it matches very well, but it may not be my choice in all cases,” he explains.

“However, the NaturalMatch technology is a big success. I was surprised by the shade matching. Every time you try a new product, you never know if it will live up to the hype—but Filtek Universal does.”

Because of this uncertainty, implementing a new product can be intimidating. However, Dr. Lipscomb was pleased to find he had help with the learning curve thanks to the educational opportunities available through 3M and Bioclear®, who teamed up for educational sessions and training for dentists using 3M materials in the implementation of the Bioclear Method.

“I recently had the pleasure of attending a local Bioclear class. It shined a light on the proper workflow for 3M products such as Scotchbond™ and Filtek composites, which has carried over to the use of Filtek Universal. I was impressed by the continuing education offerings from 3M, and it has helped me become more efficient in my practice. I would highly recommend taking advantage of 3M educational opportunities to gain a better understanding of their products and their uses.”

The bottom line for Dr. Lipscomb? Filtek Universal can ensure that posterior restoration “home run” he was sometimes missing with other products. “I would recommend Universal to other clinicians. The shade matching is a great addition to any toolbox!”

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3M™ Filtek™ Universal Restorative
Suited for both anterior and posterior use, 3M Filtek Universal Restorative offers a simplified shade system for efficient direct restoration placement. Its NaturalMatch technology reportedly allows it to match the 19 VITA classical and bleach shades with just eight shades and an Extra White Shade. Proprietary low-stress monomers reduce shrinkage stress, while nanoparticles provide high strength and excellent wear resistance.

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JASON LIPSCOMB, DDS
CLINICIAN TEAM MEMBER INDUSTRY

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“However, the NaturalMatch technolog...
During routine dental procedures, patients are inclined back and in a supine position with their open airway left unprotected. If they’re also anesthetized and numb, their gag reflex isn’t very strong. For many years, rubber dams and gauze have been used to attempt to block the aspiration and ingestion of small foreign objects during these procedures.

“There are so many procedures we do such as working with a crown or a small implant where a small object becomes loose and can fall down the patient’s throat,” says Gargi Mukherji, DDS, associate professor and group practice director at the University of Texas Health Science Center at Houston School of Dentistry. “It doesn’t happen often, but when it does happen, it can be life-threatening.

According to Dr. Mukherji, most dentists don’t use a rubber dam during a crown implementation because it can block accessibility. Gauze may be placed in the back of the mouth, but it can move, get wet, or be suctioned out.

“In dentistry, we simply didn’t have a device to protect the back of the patient’s throat,” she says.

Determined to address this ongoing need, Dr. Mukherji, along with her colleague Ralph Cooley, DDS, assistant dean of admissions and student services and associate professor at the University of Texas Health Science Center at Houston School of Dentistry, developed Airway Armor®.

Airway Armor is a perforated, latex-free safety device that provides a protective barrier to prevent dental patients from aspirating or ingesting foreign objects. Durable, stable and comfortable, Airway Armor is designed to be easy to place and simple to remove by looping dental floss through either end. It also provides the clinician with full accessibility.

“The genesis of the idea came from Dr. Mukherji when she was waiting in the hospital during her father’s knee replacement surgery,” Dr. Cooley explains. “She knew there was a need for a device to keep small objects from falling down a patient’s throat, and she sketched a rough draft, which she then shared with me.”

Airway Armor can be used for a wide range of dental procedures, including extractions, restorations, orthodontics, crowns and bridges, and other implant procedures. Available in three sizes, it’s suitable for use with both children and adults.

“Airway Armor is designed to fit against the roof of the mouth or a little farther back toward the soft palate,” Dr. Cooley says. “It is adjustable and can be trimmed to create a unique, customized fit. It also has forgiveness, so it doesn’t cause damage to the soft tissue.”

The added protection of Airway Armor allows dentists to focus on the procedure and creates peace of mind for their patients.

“Some dentists have also told us the patient can rest lightly on the wings to help hold it in place, which allows for a relaxed open position and helps the patient keep their mouth open more comfortably,” Dr. Mukherji says. “The perforations in the device also make it easier for the patient to breathe.”

Drs. Mukherji and Cooley are currently researching the use of Airway Armor in orthodontics and in other medical specialties that perform procedures in the oral cavity.

“We are currently working with our oral surgery department to determine the use of Airway Armor with patients who are sedated and whose gag reflex and ability to cooperate is not always present,” Dr. Cooley says. “It may also be useful to ENTs, for example, who perform procedures such as parotid gland surgery where the back of the throat needs to be protected.”

“We developed Airway Armor specifically to prevent aspiration and ingestion of foreign objects during dental procedures, but our main goal has always been patient protection,” Dr. Mukherji adds. “We, as dentists, must do all we can to protect our patients and provide them and our clinicians with peace of mind.”
Tooth sensitivity can be a big challenge for patients during home care—and while in the dental chair. Gingivitis, gum recession and inflammation leave areas feeling sensitive, so patients avoid sore areas while brushing or flossing. This starts a challenging cycle: As areas are missed, more plaque and tartar build up, leading to gingivitis and periodontal disease, resulting in greater sensitivity. By the time a patient makes it to the dental chair, a routine cleaning could become a very painful experience.

Enter Crest Gum and Sensitivity toothpaste. Formulated with stannous fluoride to block tubules and start working immediately, the toothpaste claims to relieve sensitivity pain within days. Amy Hazlewood, BS, RDH, is a dental hygienist who has been practicing clinical hygiene for more than 35 years, and she’s excited to see such an effective product come to market.

“I think dental professionals will love Crest Gum and Sensitivity because their patients’ teeth will be less sensitive, not only at home so they can do better with their brushing and flossing, but also in the dental chair. When patients come into the dental office for their care, they will be less sensitive to the instruments, and then we can do our job in a more comfortable way for them,” Hazlewood says. Crest Gum and Sensitivity toothpaste kills the plaque bacteria that can cause gingivitis and prevent gingival recession. Formulated with stannous fluoride, the toothpaste occludes exposed tubules and creates a shield around exposed dentin to provide relief from sensitivity. Since 80 percent of tooth sensitivity begins at the gum line due to recession, reaching below that line to combat bacteria can be critical.

“The toothpaste goes under the gum to target the bacteria that are most likely to cause gingivitis,” Hazlewood says. “So, it is very effective while still being gentler for people that have super-sensitive teeth.”

For those with sensitive taste buds as well as teeth, Crest Gum and Sensitivity toothpaste has another perk: the taste isn’t overwhelming. “People so far love the taste, as Crest has really toned down the strong, spicy mint flavor,” Hazlewood explains. “It’s not overwhelming or off-putting for patients.” The toothpaste is available in three versions: All-Day Protection, Refreshing Mint and Gentle Whitening, which has the added bonus of provided whitening to patients who might otherwise be too sensitive for it. “I’ve been practicing for a few decades and I’m seeing sensitivity increase, so we’re always looking for ways to help people. Whitening or tarter control products can be a little too sensitive for some people, but this can help counteract that issue,” Hazlewood says.

“This answers all of the questions or issues patients have: cavities, gum inflammation, tooth sensitivity—what more could we ask for? I haven’t seen any downsides and I can’t think of another thing Crest could have done differently with this product. “Hazlewood is excited about the effects Crest Gum and Sensitivity toothpaste can have for patients (and practitioners) as well as the positive reinforcement it can provide for patients to encourage them to keep up with their oral health care.

“We’re always looking for new products to improve the oral health of our country. We don’t want to hurt people; we want them to feel good and repeat their visits,” Hazlewood says. “I think there is no question we’ll be seeing that as an effect of this stabilized stannous.”
At its best, technology makes tasks simpler to accomplish with improved accuracy and efficiency. It can change everything. And every year, the dental innovations that do this best are honored by the Cellerant Best of Class Technology Awards.

Created to shine a bright light on the breakthrough devices, materials, systems and services in the dental industry, the awards are chosen by a panel of expert clinicians. Now in their 11th year, the awards have earned a reputation for showcasing products that push the dental industry forward.

The 2019 class of Cellerant Award winners feature 25 products across a wide range of categories. Of the winning products, 11 are repeat award recipients, while the remaining 14 innovations are taking home the hardware for the first time.

These products include everything from cameras and curing lights to CAD/CAM solutions and imaging systems. Handpieces, restoratives, loupes and even IT infrastructure innovations got the selection committee’s attention, and each winning product offers something new to the dental practices ready to adopt them.

The companies behind the winning products include major dental brands and newly launched start-ups. Some winning products are established with multiyear track records, while others are just finishing beta testing. But, all the winning products have a way of standing out from the crowd. A hands-on experience with the winners will be available in the Digital Future of Dentistry Technology Expo during the 2019 ADA FDI World Dental Congress in San Francisco Sept. 5-7. Alongside the products, the Expo will offer free continuing education and lectures from the awards panel and other leading experts in technology integration and social media.

But, before that, this article, along with additional articles in future issues of Dental Products Report, will feature interviews with clinicians who put these award-winning technologies to work every day for their practices and patients. Read on to learn about these impressive, award-winning technologies.

### 2019 CELLERANT BEST OF CLASS TECHNOLOGY AWARDS

- 3Shape TRIOS intraoral scanner
- Apteryx XVWeb + 3D Module imaging software
- Bausch OccluSense digital occlusion scanner
- Bien-Air Optima INT electric handpiece system
- Bien-Air Tornado air-driven handpiece
- BlueLight Analytics checkUP curing light evaluation system
- Carestream CS 9600 cone beam imaging system
- Liptak Digital DDS Rescue data backup service
- Dentsply Sirona Primescan intraoral scanner
- DEXIS Titanium by KaVo digital sensor
- exocad chairsideCAD CAD software
- Garrison Dental Solutions Composi-Tight 3D Fusion sectional matrix system
- Ivoclar Vivadent Bluephase G4 curing light
- MMG Fusion ChairFill patient communication software
- Orascoptic EyeZoom loupes
- Patient Prism patient communication software
- Henry Schein ONE OmniCore technology service
- Shofu EyeSpecial C-III digital camera
- SICAT Software Suite treatment planning software
- SleepArchTex turnkey sleep dentistry solution
- Tokuyama OMNICHROMA dental composite
- Ultradent Gemini B10 + 980 diode laser
- Ultradent VALO Grand curing light
- Vista Dental Products Phasor composite warming system
- WEO Media marketing software

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Seeing dentistry’s future in the Best of Class Winners

In part I of our coverage of the 2019 Cellerant Best of Class Technology Awards, dental professionals share stories of using these standout products in their practices. [by Noah Levine]
**ACCURATELY MEASURING AND TRACKING OCCLUSION**

**Dr. Emilio Carlos Zanatta**

Private practice - São Paulo, Brazil

**How did you first learn about OccluSense?**

I was first introduced to OccluSense at the International Dental Show in 2017. After reviewing the prototype, I concluded the OccluSense would be greatly beneficial to me and my patients. It was very easy to learn and navigate the OccluSense app. This enabled me to quickly interpret the data collected as well as save and export it for future reference.

**Describe how OccluSense fits into the way you practice?**

A complete dental treatment requires step-by-step attention such as anamnesis, clinical examination and functional analysis of occlusion. Thus, at the first appointment, OccluSense considerably contributes to the evaluation in recording each of the steps of tooth contact of the mandibular position in centric and eccentric. OccluSense data provides clear and precise arguments to explain the functional analysis report of the occlusion, which I send to orthodontic specialists.

**What would you tell a colleague if he or she asked what it’s like to use OccluSense?**

OccluSense offers the possibility of a positive experience, as it combines the dentist’s knowledge regarding occlusion and a new technology for the benefit of the patient. By using the flexible OccluSense sensor, areas under pressure of occlusal contact in static and dynamic can be recorded. The professional analyzes the distribution, interprets the different positions of the mandible, and decides what to do for better preserving the form, function and esthetics of the teeth.

**What impact has use of the technology made on your practice and your patients?**

OccluSense is quick and easy to set up and easy to use in more than one examining room. When I’m talking about the diagnostic hypothesis at the end of the first appointment, the OccluSense data recordings are of great relevance and clarity, so there can be a better understanding of the necessity of the complete examination, either for orthodontic treatment or oral rehabilitation. Presenting the treatment plan to the patient includes a report (PDF) with pictures and a simulation.

**Describe how the imaging capabilities of the CS 9600 fits into the way you practice?**

The CS 9600 can do everything an OMFS would ever need. It’s the standard in my practice that all implant patients receive a pre-op CBCT to evaluate the site. With the CS 9600, I’ve also instituted a low-dose, post-op CBCT of the implant, which has been a huge asset in evaluating how I place my implants and validating guide fabrication. The panoramic radiographs from CS 9600 are the best I’ve ever seen. I also now obtain a CBCT on all impacted canine cases, and this allows me to locate them during surgery with minimal bone removal.

**What would you tell a colleague if he or she asked what it’s like to use the CS 9600?**

Using the CS 9600 is easy. The cameras used for patient alignment remove all doubt about obtaining the right scan in right location. The 1-sec scout films are an added benefit to confirm your alignment. The patients appreciate the comfort of the seat, and I feel this decreases the amount of movement from patients.

**What impact has use of the technology made on your practice and your patients?**

Because of the ease and certainty of patient alignment, I’ve found we now utilize the smaller fields of view much more often. Clearly, this is a benefit for the patient, as we’re able to decrease the amount of radiation they’re exposed to. Patients love being able to visualize what I’m trying to explain to them with the 3D reconstructions.
MAKING CASE DOCUMENTATION AS SIMPLE AS POINT AND SHOOT

Dr. Chad Duplantis
Fossil Creek Dental Partners
– Fort Worth, Texas

How did you first learn about the EyeSpecial C-III?
I had seen the various versions of this camera advertised in different journals for the past several years.

How long has your practice been using the camera?
We’ve been using the camera for almost six months now.

What convinced you to bring this technology to your practice and patients?
I was watching a friend lecture, and he was discussing the ease of use. I document most of my cases, and I wanted something that was easy to use. In the midst of a difficult case, I want the staff to be able to point and shoot with ease. This camera serves that purpose. It’s so easy to handle and so user friendly that it was a “must have” once we tried it.

Describe how the EyeSpecial C-III fits into the way you practice?
This camera allows me to practice dentistry with minimal interruption. I don’t have to worry about the complexity or weight as I do with many other DSLR cameras. I feel the number of photos I take has increased, which has, in turn, led to better patient education and case acceptance. It’s so easy to “grab the camera” and not a stressful event anymore.

What would you tell a colleague if he or she asked what it’s like to use the EyeSpecial C-III?
I would say that it’s incredibly user-friendly.

What has been the best part of using the EyeSpecial C-III in your practice?
I’ve used every single feature of the camera; however, both the lab and myself really like the shade isolation feature. It really helps the lab isolate and determine the value of the restoration and adjacent teeth. This has, in turn, led to better results in shade matching. In addition, the automatic mirror correction has helped me when reviewing the images and not having to flip them.

WARMING UP TO SIMPLIFIED COMPOSITE PLACEMENT

Michael A. Miyasaki, DDS
Miyasaki Dental – Sacramento, Calif.

How did you first learn about the Phasor Composite Warming System?
We’ve been warming our composites for years, and while walking the floor at a dental meeting about a year ago, I saw the Phasor prototype at the Vista booth. I was intrigued by the idea of having an infrared warming mechanism in the composite delivery gun itself, so the composite is ready to go in seconds and stays warm in the gun. And, yet, the composite is the only thing that gets warm. The ingenuity all made sense.

How long has your practice been using the device?
We’ve been using it for over six months now, and we really like it. The gun has held up well, and the only drawback is having to share it with the other clinicians in our practice. I think an improvement would be to have it bolstered to me while it charges, so I wouldn’t have to share.

What made you decide to use it in your practice?
There’s research that shows warming composite results in improvements in the composite’s physical properties, such as a higher conversion and depth of cure, but I really like the improved handling characteristics. As the high viscosity sculptable composite is warmed, it flows easier, reducing the possibility of voids. The result is better adaptation during placement, less microleakage, a reduction in possible sensitivity and an easier material to polish.

What would you tell a colleague if he or she asked what it’s like to use the Phasor system?
First, every dental clinician doing general dentistry I know uses composite daily, so we want to take steps that make it easier for us to succeed. Once you use warmed composite, you’ll wonder how you ever worked without warming. It’s a colleague who isn’t yet warming their composite, I tell them they’re going to love the smooth consistency of their favorite highly filled composite during placement with the Phasor. If it’s a colleague who’s used to using warmed composite, I tell them they’ll love the speed at which the Phasor can warm the composite, the ability to control the temperature with their fingertips, and that the composite doesn’t cool as they’re positioning the gun to place the composite and going through the layering process because it’s still in the warming gun.
A SIMPLIFIED, STABLE SECTIONAL MATRIX SOLUTION

Dr. James Braun
Dr. James Braun, DDS, MS – Saginaw, Mich.

How did you first learn about the Composi-Tight 3D Fusion System?
I’ve been a long-term user of Garrison products, ever since the company formed. Being that I also lecture, I was made aware early on its introduction.

How long has your practice been using this matrix system?
Well over two years. The product was launched May of 2017 and I was using it prior to that on a test basis to evaluate.

What made you decide to use it in your practice?
The 3D Fusion system offered some nice improvements over its predecessors. It’s a complete system as far as the components. It’s more compact and more stable once placed.

Describe how the matrix system fits the way you practice?
This is one kit, one system, where all parts fit and work together. We keep the kit all together and time and time again we get predictable and successful results.

What would you tell a colleague if he or she asked what it’s like to use this matrix system?
As far as achieving desirable clinical results, this is the system to bank on. Proper interproximal contact and contours are achieved without stress.

What impact has the use of the Composi-Tight 3D Fusion made on your practice and your patients?
Since the 3D Fusion works so extremely well, we don’t experience potentially negative issues that can take place, such as open contacts and excess flash.

What has been the best part of using the system in your practice?
Some of the shortcomings of other systems that create untoward problems and clinical frustration that don’t occur when the 3D Fusion system is properly utilized.

Are there any improvements you’d like to see in the next generation of the Composi-Tight 3D Fusion?
Can’t think of too many. The 3D Fusion is a compilation of years of improvements based on older systems Garrison developed. This system reflects that research and puts it all together.

AN IMAGING APPLICATION THAT GOES WAY BEYOND EXPECTATIONS

Dr. Robert Brandes
Dr. Robert Brandes – Livermore, Calif.

How did you first learn about the SICAT Software Suite?
I learned about SICAT software when I was researching CBCT units for my practice.

How long has your practice been using this software?
I’ve been using the software for about eight years.

What made you decide to use it in your practice?
I was confident this technology would elevate my practice to the next level by providing better clinical outcomes for my patients. This has been especially true with increased diagnosis, better patient education, surgical guides for implantology, and airwaysleep screening and fabricating oral appliances. I wanted to make sure the workflow was easy and didn’t interfere with my practice style. Incorporating this technology was a quick and easy fit, often saving significant time with complete digital solutions for some surgical guides and oral sleep appliances. I wanted to make sure I’d get a good return on my investment. This was a consideration that evaporated the first month I started using the Suite in my office. I use the technology every day and can’t imagine practicing without it. I wanted to keep my practice current and provide improved patient experiences. This is the area that has been the most surprising to me. SICAT Suite has helped me provide excellent patient experiences. It has increased diagnosis and improved treatment presentation and case acceptance. This has been the best decision I’ve ever made for my practice.

Describe how SICAT software fits into the way you practice?
The SICAT software is the epicenter of my practice. It is critical for patient presentations.

What would you tell a colleague if he or she asked what it’s like to use this software platform?
I think it’s important to realize that there are several good CBCT scanners on the market, but the superior functionality of the SICAT software is critical to provide for the best patient experience with accurate clinical outcomes.

SICAT Software Suite
Featuring a range of modules designed to make 3D cone beam images easier to use for treatment planning and patient presentation, the SICAT Software Suite can be applied to implant cases, endodontics, sleep and airway analysis and functional dentistry. Each module includes tools for enhanced treatment planning and case design while making the digital images accessible for patient presentations.

SICAT
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CIRCLE RS #50
ONE SHADE FOR ANY PATIENT OPTIMIZES COMPOSITE CASES

Dr. Peter Auster
Cosmetic Dentistry Associates – Pomona, N.Y.

How did you first learn about OMNICHROMA?
Tammy Trueblood, the associate professional relations manager at Tokuyama Dental America, asked me if I wanted to try an interesting new dental product. I’ve always been impressed by their product line, so I was excited about the opportunity.

What made you decide to use it in your practice?
That’s an easy question to answer. OMNICHROMA won me over the first time I tried it. I enjoyed using it on a typodont, but it works far better in the mouth. It has a similar ease of use and excellent handling as Tokuyama Dental’s Estelite Omega and Estelite Sigma Quick. The “paradigm shifter” is its amazing ability to match the shade of virtually every tooth it restores.

Describe how OMNICHROMA fits into the way you practice?
It has rapidly become my go-to composite at the office for Class Vs, Class Is, Class IIs, Class IIIs and many Class IV restorations.

What would you tell a colleague if he or she asked what it’s like to use OMNICHROMA?
I answer this question virtually every day. I tell them the material is simply amazing and you have to see and try it to believe it. For most practices, there’s no need now to stock 25 to 30 shades of composite when one single shade can match tooth structure better than most of those shades.

What impact has it made on your practice and your patients?
I tell every patient about it before I use it, so I can show their own before and after. They’re always amazed that the tooth looks so much better. Many ask where the material starts and ends because the tooth-restoration margin is invisible. My long-term staff members were skeptical. Now, they’re all believers.

What has been the best part of using OMNICHROMA?
It’s exciting to use a product that’s truly groundbreaking. It makes choosing a material so much easier because the shade selection step is eliminated with OMNICHROMA. The material even lightens along with tooth structure during whitening procedures! Surprisingly, for such a revolutionary product, Tokuyama Dental America hasn’t put a premium price on a clearly premium item.

OMNICHROMA®
OMNICHROMA is said to be the first universal composite that matches every patient’s tooth shade, from A1 to D4, with a single shade of composite. Its innovative technology uses structural color with 260 nm spherical fillers the precise shape and size necessary to generate red-to-yellow structural color as ambient light passes through the composite. The red-to-yellow color combines with the reflected color of the patient’s surrounding dentition.

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CIRCLE RS #51

DIGITAL MARKETING FOR DENTISTS WITHOUT THE HASSLE

Dr. Brandon Cooley
Cooley Smiles – Bellevue, Kenmore, Everett, Wash.

How long has your practice been using WEO Media’s services?
I believe it has been over eight years.

What made you decide to use it in your practice?
In the past, we were frustrated with the long contracts, not owning our websites, and the limited communication, updates and transparency of what was happening on the back end. We were looking for a company that had more flexible terms for us, and they fit the bill.

Describe how WEO Media’s services fit into the way you practice?
It’s comforting knowing we’re month to month, even though it has been almost a decade. We don’t like long contracts. I also like their monthly reports on what’s happening behind the scenes, work that’s going on to improve our websites. It also educates us on rankings and what’s working for us. In our office, we like to have options and educate ourselves on all aspects of what we’re doing, and they’re able to provide this.

What would you tell a colleague if he or she asked what it’s like to work with WEO Media?
I would say it’s a very open communication relationship that has the feel of a small company.

What impact has use of WEO Media solutions made on your practice and your patients?
Well, I think it’s been cost effective and allows us to add and remove things that are applicable to what we’re trying to achieve. We’re able to change what we’re doing month to month and not locked into some plan of the year. We don’t do it much, but it’s nice to have the option. I also think their PPC fees are about the best you can find and that’s also important to us. The results have been very successful.

What has been the best part of using their service in your practice?
Flexibility and communication has been great for us. However, I’d have to say one of the benefits we appreciate the most is the big boost in new patients we’ve received using the chat and other services they provide to help generate new clients to our office. The ROI on this has been outstanding.

WEO Media
With a full suite of digital marketing solutions for dental practices, WEO Media can be a flexible partner to help generate new patients. Services include custom responsive websites, SEO, PPC, social media management, online reputation management, custom video production, 24/7 live chat, marketing planning and more.

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SMART TECHNOLOGY TO INSTILL CONFIDENCE WITH EVERY CURE

Dr. Douglas L. Lambert, DDS, FACD, FASD, FASDA, FICD, ABAD
Cosmetic, Family & Sports Dentistry – Edina, Minn.

How did you first learn about the checkUP system?
My first introduction to the checkUP concept was through a dental materials manufacturer rep in my area who came to my office in 2017 with the checkMARC system. He evaluated several of our LED curing lights and the composites we use most frequently for our patients. I was completely enthralled with the useful data we obtained with the testing.

Describe how checkUP fits into the way you practice?
I feel there’s an “underappreciated importance” of the role LED curing lights play in successful patient outcomes. Improper or insufficient light curing of our posterior composites can lead to a host of negative consequences, including lower bond strengths, additional water sorption, poor physical properties, microleakage, sensitivity and recurrent decay, just to name a few. There are many things we can do to help ensure a quality cure, such as proper placement of the light and disinfecting and cleaning of the light guide or tip. However, use of the checkUP testing system gives us quantifiable data to augment our composite protocol.

What would you tell a colleague if he or she asked what it is like to use the checkUP system?
First off, I would tell them it’s a “no brainer.” The app is easy to install in the device of your choice. The checkUP testing process is very easy to implement and use, and the knowledge gained is eye-opening. Adding additional lights or new composites to your personal database is a snap. It’s a real “game changer” for dentistry!

What impact has the use of the curing light testing system made on your practice and your patients?
That’s easy, and I can sum it up in one word: confidence. Confidence to know that in our office, with our curing lights and the composite resins we use on a daily basis, we can depend on a depth of cure that’s predictable, repeatable and reliable. There’s a lot of comfort in having this information at our fingertips. The entire concept is so well thought out. It’s a simple, streamlined process that yields practice enhancing information to improve your composite technique and patient results.

A TURNKEY SOLUTION TO ADD SLEEP SERVICES TO ANY DENTAL PRACTICE

Dr. Geoffrey Skinner
Hillsboro Dental Excellence – Portland, Ore.

How did you first learn about SleepArchiTx’s Turnkey Sleep Solution?
I met the SleepArchiTx team at the American Academy of Clear Aligners Key Opinion Leader meeting a couple years ago.

What made you decide to use it in your practice?
After learning how drastically untreated sleep apnea affects the overall systemic health of people and how prevalent it is, I felt it was my duty to help protect my patients and the people I care about. Once you see how strongly untreated sleep apnea is correlated to a significantly higher risk of heart attack, stroke, depression, anxiety, myofacial pain, diabetes, sexual dysfunction and all-cause mortality, there’s no going back or looking away.

Describe how the Turnkey Sleep Solution fits into the way you practice?
SleepArchiTx allows my team and I to focus on what we do best, which is treating patients. After working with them, we don’t have to worry about chasing down insurance companies or integrating medical billing into our office by ourselves.

What would you tell a colleague if he or she asked what it’s like to use this solution from SleepArchiTx?
They know what they’re doing and they offer the ability to bill medically once the obstructive sleep apnea diagnosis has been made. They make it easy to get the patient tested at home and treated at your practice.

What impact has this made on your practice and your patients?
The lives of many of my patients have been transformed because of combination sleep therapy. Not only do they get a beautiful new smile and the confidence that goes with it, but they also have more energy and many lose weight due to the hormonal changes that occur once the sleep apnea is treated.

What has been the best part of using this system in your practice?
The fact that my collections are now handled competently by a firm that I don’t have to manage.
Translating the Science: Unlocking the potential of supra-nano spherical fillers

An interview with Koichiro Hirata, one of the creators of the innovative shade matching technology behind Tokuyama Dental’s OMNICHROMA composite.

by Noah Levine

Since its introduction earlier this year, Tokuyama Dental America’s OMNICHROMA universal composite has made a big impression on clinicians around the country.

The material’s ability to blend in with the surrounding dentition and create natural looking restorations with a single shade is a major accomplishment. To learn more about the origins of this technology, Dental Products Report spoke with one of OMNICHROMA’s inventors, Koichiro Hirata, General Manager of Tsukuba Research Laboratory for Tokuyama Dental.

How long was OMNICHROMA in development before it was ready for launch?

About 8 years.

When did you first realize a single shade composite was possible?

In 2012, Tokuyama researchers first found that the prototype of OMNICHROMA material demonstrated an excellent color matching ability when the material was restored in the pre-cured Estelite Sigma.

OMNICHROMA is a universal composite designed to match every tooth shade, from A1 to D4, with a single composite shade. Its 260 nm fillers are the precise shape and size necessary to generate red-to-yellow structural color as ambient light passes through the composite. The red-to-yellow color combines with the reflected color of the patient’s surrounding dentition, to match surrounding shades with no added dyes or pigments.

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Quick for both A1 and A4 shades, proving to us it was possible to have a single shade composite.

How did you discover that structural color could be harnessed for this type of shade matching technology?

The most important point was that Tokuyama researchers came to the excellent hypothesis that since the color of most natural human teeth falls within the red-to-yellow color range, a single resin composite having red-to-yellow structural color should demonstrate an excellent color matching ability.

What obstacles did you have to overcome as you developed the product?

The original hypothesis and technological background were already at an excellent level, so there were not many obstacles. However, if I had to name one, it was perhaps the process of generating enough evidence for OMNICHROMA’s applicability to natural teeth.

What surprised you the most while developing this new composite?

I had thought the supra-nano spherical filler technology was already well established, but we were able to find new science and technology within the supra-nano spherical fillers. I was amazed at how profound science and nature is and how little we know in comparison. I was also surprised to discover the unlimited possibilities of the supra-nano spherical filler technology and resin composite technology.
ADVERTORIAL

Did the chemistry allowing it to blend so well with surrounding dentition create any unforeseen challenges with other properties required in this material?
There were truly no major challenges because the supra-nano spherical filler technology was already well established and the excellent physical and esthetic properties were inherited from the existing Estelite and Palfique series.
If I had to name one thing, I would say that the optimization of the handling properties was very important.

Is the technology that powers OMNICHROMA’s unique shade versatility something that can be applied in other dental materials? If so, is this something you and/or other Tokuyama researchers are working on?
Yes. I think that this kind of color adjusting technology will be applicable for other dental materials.

While developing this structural color technology did you have any missteps along the way that led to completely different color effects in the material?
Since the supra-nano spherical filler technology is well established, there were no major missteps where a different color effect was produced. This is because the structural color is produced depending on the filler size, and it is easy for Tokuyama to control the filler size.

What do you think of the way the product is being received by the dental industry?
I think now the new material and concept are being well accepted by the dental industry with surprise for the novelty, uniqueness, and usefulness of the new technology.

What impacts did you envision this technology having on the dental practices that would be using the material?
I envisioned easy, reliable, and effective treatment with just a single resin composite that would be widely accepted by dentists all over the world. I also envisioned dentists around the globe being very excited about what OMNICHROMA can offer.

Did the impact of this product on dental patients play a role in how it was developed, and if yes, what was this role?
OMNICHROMA is very unique for its color matching ability, but at the same time it is simply one type of composite resin material. Therefore, I am not sure if patients can be impacted so much from OMNICHROMA. However, because of OMNICHROMA’s ability I expect and I know that patients will be spending less chairtime at the dentist. Also, OMNICHROMA will eliminate the need for redoing a restoration due to the tooth color changing from bleaching or aging, as OMNICHROMA will automatically adjust itself to the surrounding color.

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Key upgrades make for easier intraoral scanning

Why Catapult Education gave the iTero Element 2 from Align Technology its vote of confidence. [by Chad C. Duplantis, DDS, FAGD]

Digital methods are rapidly transforming the dental profession, with new technology being introduced almost daily. Clinicians are constantly looking for ways to improve their practice workflows and efficiency, and it seems utilizing digital methods over traditional analog methods may help. When adopting a digital practice workflow, one of the first purchases is most likely a digital intraoral scanner.

Intraoral scanners have been used in dentistry for several decades. These systems have seen improved success and adoption over the years. Today, scanners are being used as a standalone device to replace analog impression taking. Through multiple manufacturers, technological advancements, increased capabilities and improved accuracy, scanners are now a staple in the industry.

Align Technology is at the forefront of technological advancement with its iTero scanners. The first restorative standalone scanner, the iTero scanner, was originally designed and manufactured by Cadent and acquired by Align Technology in 2011.

In an effort to drive continued progress improvement, Align has endeavored to bring hardware and software innovations that continue to build on its strong foundation of user and patient experience.

About the product
In May of 2018, Catapult Education was engaged by Align Technology to evaluate the iTero Element 2 intraoral scanner. This scanner was released in spring of 2018 and is the most improved cart-based scanner in the iTero family.

The claimed improvements over previous technology include:

- Next-generation processor designed to improve startup time and scan speed
- High-definition visuals with a larger 21.5-inch monitor and 16:9 widescreen viewing format
- Uninterrupted scanning via the addition of a rechargeable battery, allowing the system to be moved without unplugging—with a fully charged battery, the user can scan for 30 minutes without having to plug in
- Ergonomic wand placement by placing the wand in the center of the screen, rather than the side
- Stunning color image
- Smarter scanning by improving the wand touchpad to minimize the actual screen

**iTero Element 2**

Designed for both restorative and orthodontic workflows, the iTero Element 2 intraoral scanner reportedly features faster processing and clearer images than previous iTero scanners. Capable of capturing a full-arch scan in 60 seconds, the Element 2 captures full-color intraoral scans and displays them on a 21.5-inch monitor to make scan evaluation and case presentation easier. With an intuitive control system, a rechargeable battery, and design and ergonomic enhancements, the Element 2 can connect directly to Invisalign as well as to chairside mills and digital dental laboratories.

Catapult is an organization that consists of more than 50 clinicians spread throughout Canada and the United States. As a company, manufacturers pay a fee for their product to be evaluated and what we deliver are truthful, independent answers from surveys that we develop with them. We have had many products that have either had to be altered before hitting the market or simply never arrived because of our openly honest evaluations. In this way, Catapult assists the manufacturer to avoid potentially releasing a faulty product, or simply a product that needs refinement. Lastly, our clients are omnipresent in the industry, small to large, no favoritism, simply reviewing the latest products in our practices.
The evaluation
This evaluation was performed over a six-month period by six members of Catapult Education.

Five of the six evaluating clinicians had previous experience with other scanners. Three had experience with previous versions of iTero. Other scanners the clinicians had experience with included 3M™ True Definition, 3Shape TRIOS®, Dental Wings Introral Scanner and CEREC Omnicam.

Several defined areas were reviewed at both the three- and six-month stages of this evaluation. These will be referred to as “initial” and “final” for the results.

Improved scanning experience: The responses were overwhelmingly favorable. Most evaluators mentioned it was better or far better than their previous scanning experiences. Only one evaluator mentioned the experience was comparable to a previous experience.

The improvements commented upon were speed, screen size and ease of data capture. Many evaluators wished for a slightly smaller wand size to make certain areas accessible. The wand cord was also noted as a potential improvement, as it crosses the patient during scanning. With those areas being mentioned, it was noted additional training could help overcome any concerns.

Perceived improvement in scan speed, accessibility and completeness: Most of the evaluators perceived the improved design was favorable for scan speed and completeness of scans. The evaluators all liked the scan speed, and it was even mentioned that this scanner captures data faster than competitor scanners. The accessibility of the wand was met with mixed reviews, as certain areas were hard to access due to the wand size.

Bug-free interface: The results were once again favorable to the new design. Of note were the prescription and workflow. The system was noted to be “bug-free” and evaluators liked the way the scans can be manipulated by touch and shared with patients easily from all angles. One evaluator said the system was “near perfect.” It was mentioned a single scan, as opposed to individual prep scans, would be preferred. Also, one evaluator noted overall image clarity could be improved.

Desirable wand cradle location: The cradle of the new iTero Element 2 was moved to the front center of the scanner below the screen. The previous version had the cradle on the side of the screen. Overall, the new cradle position was found to be favorable, easy to clean and easy to use, and it was easy to move the scanner with the new position.

Convenience of new battery pack: Another addition to the scanner is a battery pack to allow use without an electrical outlet. Upon setup of the scanner, the battery pack was easy to install. It was found that the battery pack improves the mobility and efficiency of the scanner and would last for a sufficient number of scans. It’s important to note the evaluators used an outlet for the majority of the scans; however, they unanimously mentioned the battery pack would improve mobility of the scanner.

Improved visualization: The increased screen size was found to be favorable by all evaluators. The doctor with no previous scanning experience even mentioned he “loved” the screen size. Two doctors also noted the improved screen size helped both the clinician and the patient to visualize the scans.

Modern, technology-forward design: Following a specific evaluation of the new screen, the overall design was evaluated and found to be overwhelmingly favorable. A comment that sums up the overall design was “The system is very modern and appropriate for today’s dental world. It is nice to look at, and patients notice it immediately.”

Profound impact on workflows: One hundred percent of the evaluators felt this scanner would have a profound impact on their current workflows because of its ease of use. Evaluators also mentioned the digital scanning was impressive, their staff was on board with the technology and restorative workflows were more efficient. When asked about the biggest advantage, ease of use was once again a common answer. The system was even described as “easily adopted” and accurate.

Impressive patient experience: The evaluators were asked about their patients’ perceptions, and 100 percent of the evaluators reported their patients were impressed. Patients “loved the experience,” they “didn’t gag” and were overall “wowed” by the technology. This is huge for new technology!

Suggested improvements: Evaluators felt the wand size could be decreased to improve the scanner. The cord was mentioned as a hindrance by one evaluator as well.

Plan to purchase following evaluation: All of the evaluators plan on incorporating this technology into their practices. The general perception was the advancements were enough to warrant the purchase.

The evaluators unanimously said they’ll recommend this scanner to their colleagues. Improved features, speed, accuracy and educational capabilities were all mentioned as attributes they would share when discussing the scanner among colleagues.

Conclusion
With the digital age of dentistry in full effect, it’s imperative a newly released scanner be relevant and dynamic. Align Technology excelled by creating a multifunctional, intuitive, advanced and accurate scanner. The scanner was well received by the dentists and impressive to the patient.

Previous users will always have desired improvements with each version released. However, it’s extremely impressive the “beginner” user was able to adapt so quickly and realize the potential. It’s obvious through this evaluation the iTero organization has done a great job by placing an excellent, improved scanner in the dental marketplace. It’s no surprise the iTero Element 2 is given the Catapult Education “Vote of Confidence.”

The iTero Element 2’s large screen makes it ideal for discussing cases with patients.

The iTero Element 2 offers an improved scanning experience for clinicians with an easy-to-see screen and faster scanning speeds.
ACHIEVE BEAUTY, FORM AND FUNCTION USING THE STAMP TECHNIQUE

Follow these steps to create a great restoration and gain “the stamp of approval.” [by Peter A. Gardell, DDS]

IF IT’S WORKING, WHY CHANGE? If we have a functioning occlusal surface, why do we feel the need to take a chance rebuilding it by hand? There’s no reason to reinvent the wheel with these situations. We’re usually no better than Mother Nature.

The other factor that must be considered is the labor involved with creation of the tooth’s anatomy. When one either sculpts the anatomy by hand or carves the surface by grinding it in after the material has been placed and cured, it isn’t an easy task—it takes time.

A much better and more efficient way to restore these teeth is to record the pre-op occlusal anatomy. This can be done during the down time when we’re waiting for anesthesia to take effect.

Preserving what’s there
A mold of the occlusal surface can be taken by injecting a clear polyvinyl material such as EXACLEAR bite registration from GC America in the stamp tray, then placing this over the quadrant to be treated and allowed to set. This mold, or stamp, can then be used to reproduce what we’ve removed in the excavation process, restoring the form and beauty, and restoring the tooth to function.

Many times you’ll experience a tooth that looks pretty good, until you start to peel back the layers. Fluoride is a great benefit to our patients in the prevention of decay by strengthening the enamel and making it more resistant to damage. This hardened layer of enamel can also mask what lies underneath. Decay blossoms out, which results in creating a larger defect to restore when it’s completely removed.

What was expected and reality are two different things—something you thought was going to be simple may turn out to be complex. As our restorations become larger, we have to keep in mind the physical properties of the materials we use in our treatment. The depth of cure and the volumetric shrinkage as material cures all have to be accounted for as we restore the tooth.

Material issues
Failing to respect the science of the material will end up with premature failure of your— or, I should say, your patient’s—restoration. A composite restoration isn’t a simple one. For long-lasting results, it requires perfect technique and plenty of thought.

As a small business, we have economic pressures on all procedures we perform and we must look at the fees we can charge, the costs of materials we use and the time it takes to complete the tasks in our office. For the PPO-driven office, many times our hands are tied when it comes to the fees for the procedures.

Unfortunately, this puts pressure on the dentist to cut the cost of materials, or even worse, try to take shortcuts with the hope of saving time. Shortcuts in dentistry sometimes deliver unwanted consequences for the treatment (i.e., poor esthetics, or worse, a shorter usable lifetime.)

Choosing the right material
For the majority of the restoration, a bulk-filled material has many benefits that help with the process. Bulk-filled materials have the ability to be placed in larger increments because the chemistry mitigates the volumetric shrinkage from curing. These materials also have mechanisms to enhance the depth of cure, allowing for thicker layers to be placed at one time.

From the dentist’s standpoint, these add up to increased efficiency for your composite visit. The acceptable thickness for a layer of a conventional composite is 2 mm. A complete cure can be ensured with minimized stresses from curing at this thickness. Layers up to 4 mm thick can be cured with bulk-filled materials, allowing for fewer layers for the restoration.

These clinical situations are where Tetric EvoFlow Bulk Fill from Ivoclar Vivadent really shines and reproduces the dentin this layer. These shades are how they’re intended to be used, as this simplifies the inventory one needs to keep in his or her office.

These shades are designed to reproduce the dentin this layer of composite replaces. A critical component leading to its success is Ivocerin, as it enhances the depth of cure (up to 4 mm) but also acts as a stress reliever to minimize the effects from polymerization.

Because you can cure up to 4 mm layers, a large cavity can be restored in a minimal number of layers. Minimal layers and using a quality, high-powered curing light allow for a very efficient restorative visit.

Warming up for the stamp
To complete the restoration, once the base layer of the flowable has been placed and cured, we need to cap it with a dense, esthetic layer of composite. Composite can be dense and difficult to manipulate when at room temperature, which when one is sculpting the occlusal surface by hand can be a benefit.

Warming the composite helps with decreasing the viscosity—a benefit to create a flat pulpal floor on which the remainder of the restoration may be built.

Tetric EvoFlow Bulk Fill benefits from Assencio technology, which helps to ensure a natural-looking, esthetic result. When uncured, it’s a semi-translucent material that then becomes more opaque as it’s cured. The result is a material with a low translucency mimicking dentin. The shades available—IVA, IVB and IVW—are unique due to these optical properties. Universal A, B and White shades are how they’re intended to be used, as this simplifies the inventory one needs to keep in his or her office.

These shades are designed to reproduce the dentin this layer of composite replaces. A critical component leading to its success is Ivocerin, as it enhances the depth of cure (up to 4 mm) but also acts as a stress reliever to minimize the effects from polymerization.

Because you can cure up to 4 mm layers, a large cavity can be restored in a minimal number of layers. Minimal layers and using a quality, high-powered curing light allow for a very efficient restorative visit.

Warming up for the stamp
To complete the restoration, once the base layer of the flowable has been placed and cured, we need to cap it with a dense, esthetic layer of composite. Composite can be dense and difficult to manipulate when at room temperature, which when one is sculpting the occlusal surface by hand can be a benefit.

Warming the composite helps with decreasing the viscosity—a benefit to create a flat pulpal floor on which the remainder of the restoration may be built.

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CIRCLE RS #58
1. Pre-op image of occlusal decay on mandibular molars.

2. EXACLEAR bite registration material in the stamp tray. This step is done pre-operatively.

3. Initial caries excavation; enamel while hard is undermined.


5. Preparation after Tetric EvoFlow Bulk Fill applied.

6. Final restoration after checking occlusion and polishing.
The patient presented with occlusal decay on the mandibular molars (Fig. 1).

A mold of the occlusal surface is captured using a clear PVS bite registration material (Fig. 2).

The teeth are prepared and the decay is removed (Figs. 3 and 4).

A bulk fill composite is used to fill the preparation to just below the occlusion (Fig. 5).

The composite is warmed to approximately 60º C.

The warm composite is placed into the preparation, and the occlusal surface mold is placed on top and pressed down before the material is cured through the stamp for 30 seconds.

The stamp is removed and the material is cured directly.

Occlusion is checked and the restoration is finished and polished (Fig. 6).

The finished restoration looks beautiful, and by following a few simple steps and utilizing material optimized for efficiency, it was accomplished quickly and easily.

Anatomy stacked by hand is demanding and technique-sensitive. It takes time to develop the art. For those who bulk fill and cut back, the detailed anatomy produced by the stamp technique can’t be recreated with rotary instruments. This too can take time.

Time savings

Anatomy stacked by hand is demanding and technique-sensitive. It takes time to develop the art. For those who bulk fill and cut back, the detailed anatomy produced by the stamp technique can’t be recreated with rotary instruments. This too can take time.

The time line for anesthesia and preparation is the same for both techniques. The only difference is the stamp is fabricated as you wait for the anesthesia to start to work on the patient—no net change.

The time lines start to deviate with the delivery of the restorative material. Conventional composite, due to its physical properties, has limitations, forcing the operator to use more layers in many cases. Each layer requires the physical placement and positioning of the material and then the application of the curing light. As mentioned above, the use of bulk-filled materials allows for less layering as the tooth is restored, and this leads to a large time savings over the course of a long day in the operatory. Less layering also leads to a more homogenous restoration—better quality resulting in a longer-lasting restoration for your patient. The stamp technique allows you to preserve the natural occlusal features, eliminating the need to sculpt new anatomy prior to or after curing the composite.

REFERENCES


ABOUT THE AUTHOR

Dr. Peter Gardell graduated NYU College of Dentistry in 1989 and has a technology-based practice with an emphasis on esthetics in Stamford, Conn. CEREC has been in use in the office since 2005; Gallaco was added in 2010. Dr. Gardell holds a faculty position with CerecDoctors.com and is an instructor for the Cerec Accept program.

He has been an alpha and beta tester for Sirona’s imaging and CAD/CAM technologies since 2009. He also is involved with testing for various manufacturers of restorative and implant products. Dr. Gardell is a basic and advanced trainer for the CEREC system, helping those who have brought CAD/CAM technology into their offices become proficient and profitable with it. He has authored articles and lectured on topics ranging from integration of technology in the dental office to materials, orthodontics, restorative and implant dentistry.
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OPERATORY DESIGN SERVES DIFFERENT PURPOSES TODAY—
AND IT’S CHALLENGING SOME OF THE CONVENTIONAL WISDOM OF THE PAST. WE SPOKE TO EXPERTS IN OPERATORY DESIGN TO LEARN ABOUT WHAT’S HAPPENING IN THIS CRUCIAL AREA AND WHAT WE CAN EXPECT IN THE FUTURE FOR AN OPTIMAL OPERATORY.

Continued from cover … Back when he was a kid, Hobbs says most people went to the dentist when they had an emergency.

However, starting in the 1970s, more of the population became concerned about regular dental hygiene and overall oral health. Then, operatory design changed, moving to two treatment rooms and three hygiene rooms, even for a solo practitioner. If at first the dentist couldn’t fill all the rooms, then he or she just left one unbooked, which came in handy when people arrived with an emergency.

“If you can show the patient what’s going to happen, they understand, and it prevents them from having to Google everything when they go home and find a better price for it at the same time,” Leduc says.

Jeff Rohde, MS, DDS, practices in Santa Barbara, California, and has much experience designing operatories. He recently built out a new practice with 12 operatories, nine designed for adult treatment and three for children. This build-out follows a practice expansion he recently completed at his former location five years ago where he grew from six operatories to nine with a total 800-square-foot expansion.

Dr. Rohde says in the past, when you looked at an operatory, doctors tended to see it as a little workshop, or a construction zone, with tools surrounding the chair. However, he changed the way he approached the design with his latest operatories, starting with access to the chair. He took the “see better, do better” approach.

If I can position the patient where I could see what I’m doing better, then maybe my dentistry would be better,” Dr. Rohde says.

So, what is the optimal operatory and how does it benefit patients and dental professionals? What new trends are emerging, and what can we expect next? Let’s take a closer look at optimal operatories and what our experts have to say about them.

**Operatory design that benefits the three Es**

John Cox, vice president of technology sales at Henry Schein, says his team looks at today’s operatory design with the perspective of the three Es:

- **Experience:** The patient should experience a spa-like environment and esthetics, and the operatory design should bring the patient into the decision making for his or her care.

- **Efficiency:** The design should respond to tremendous pressure on dental professionals to do more dentistry in the same hours to recoup their expenses and respect patients’ time, who likely don’t want to sit around a dental office.

- **Ergonomics:** An operatory design should facilitate better working postures and body positions to prevent injury and prolong the careers of the dental professionals who use it.

“The three Es are what drive operatory design today and are the difference between today’s operatory versus 30 years ago,” Cox says.

Stephane Leduc, product manager for treatment centers at Dentsply Sirona, says his team believes having a fully integrated treatment center gives much flexibility in the room design. It also allows the doctor to move wherever he or she wants.

“You remove the link between the patient and the rear cabinets, utilizing the rear cabinet as support and storage. Then, during treatment, it allows you a little bit more flexibility for the clinical team around the oral cavity,” Leduc says.

The treatment center team is also focused on the experience, including the ergonomics for the assistant, the doctor and other dental professionals. Delivering a comfortable and excellent patient experience is also a goal.

“We want patients to have the best experience possible in a very safe manner,” Leduc says.

Leduc also thinks operatory design should include more patient communication. He likes to design ways for the patient to see what the dentist sees. The more the patient understands, the more he or she is willing to accept treatment.

“If you can show the patient what’s going to happen, they understand,” Leduc says.

“Continued from cover …” Back when he was a kid, Hobbs says most people went to the dentist when they had an emergency.

However, starting in the 1970s, more of the population became concerned about regular dental hygiene and overall oral health. Then, operatory design changed, moving to two treatment rooms and three hygiene rooms, even for a solo practitioner. If at first the dentist couldn’t fill all the rooms, then he or she just left one unbooked, which came in handy when people arrived with an emergency.

“The last thing you want in your waiting room with other people there is the Vincent van Gogh image of the person sitting there with the ice pack on their face wrapped in bandages. You wanted to get them into that unbooked operatory,” Hobbs says. However, Hobbs says operatory design has changed to benefit the doctor as well, especially concerning ergonomics and efficiency.
Dr. Rohde also sees the chair as a way to preserve a doctor’s body. Sitting in a better ergonomic position, rather than bending over at the waist or wrenching his neck around, would allow the design of his operatory to be better too. Patient comfort is a third area he emphasizes with chairs.

“If we’re going to have the patient in the chair for 30, 60 or 90 minutes, how do we get them to be able to relax?” Dr. Rohde says.

Dr. Rohde designed his operatory for patient comfort. He avoids triggers that remind the patient where he or she is, such as the bright light in the face, the smell of disinfectant, the noise of the handpiece and other reminders of poor past experiences.

Dr. Rohde admires Fred Joyal’s book, *Everything is Marketing: The Ultimate Strategy for Dental Practice Growth*, which describes how everything the patient sees, feels, smells, hears or experiences creates a perception of the practice and the doctor who runs it. Dr. Rohde encourages doctors to sit in the chair and look around at what the patient sees.

“Do they see cabinets full of dusty old equipment with wires..."
Dr. Rohde also wants his office to look high-tech and clean. His goal is to make the patient feel like he or she is the first person who has ever been in the room.

“When they’re sitting in the chair, and they’re looking around, they literally can’t see anything but their feet, a clean sink and a screen, and maybe outside into the morning,” he says.

He will display a laser in the operatory as a conversation starter about laser dentistry and its benefits to the patient. The CEREC is also on display at times, but Dr. Rohde keeps it mobile because all of the practitioners want to use it all day.

“What patients can see is what I want them to see, and I don’t want them to see all the other stuff. I don’t want them to see the syringe holding a needle, even if I’m going to use it for some reason because I don’t want them to think about it,” Dr. Rohde explains.

Annie Roy is the product manager for CORE equipment at Planmeca, Inc., a new position for her but a complement to her 20 years of treatment design experience. Roy thinks there are many benefits of an operatory that’s using connected equipment, particularly for gathering significant amounts of data for analysis that could facilitate drastic improvements to clinical efficiency.

“There’s so much that goes into that ergonomic discussion from eye movements to arm movements to shoulder to repetition, and equipment selection is paramount to a long-term healthy career for a practicing dentist.”

Dr. Valachi says ergonomic challenges in the operatory that compromise posture must be a priority for any dental professional. Also, there’s the aspect of efficiency. She says the dental assistant should have things within a certain comfortable radius. If not, then the assistant can’t make efficient transfers.

“All of the most used equipment should be within that forearm-length sweep, so they don’t have to get up and retrieve them,” Dr. Valachi says.

Another significant consideration is the lighting, which has changed in recent years. Dr. Valachi says for years the recommendation for overhead lighting has been to have it angled up over the patient’s chest for the upper arch and over the patient’s head for the lower arch. She says Dr. Lance Rucker’s research at the UBC School of Dentistry no longer supports those outdated guidelines.

“‘Now, we need to look at overhead lighting that can reach behind the dentist, so the light source can parallel the doctor’s line of sight,’” she says. “Most older lighting systems don’t do that. They either don’t have ceiling tracks positioned to allow the light to reach that far, or the light arm itself is too short to position the light behind the doctor’s head.”

Dr. Valachi also has an online video course, “Positioning for Success in Dentistry,” that instructs dentists on the 10-step patient positioning sequence (for upper and lower arches). Her goal is dental ergonomic education to prevent pain and extend the careers of dental practitioners.

Dr. Valachi says dentists should use the tooth surface’s position in the mouth to dictate where they sit.
uses a clock-position system when educating doctors about where to sit to work on a particular tooth surface in the area of the mouth. The correct clock-position that coordinates with the tooth will ensure proper posture and working pose for the doctor.

“Dentists that sit in the 10 o’clock position and try to treat all the teeth in the mouth from that position are going to be contorting much more than someone who is positioning themselves correctly for the occlusal of tooth #3 in the 12 o’clock position, and then in the 9 o’clock position for the lingual of tooth #19, for instance,” she says.

Patient positioning is another area Dr. Valachi sees where doctors practice poor ergonomics. For example, dentists often accommodate patients who are reluctant to recline. It’s great for patient experience but poor for career longevity.

For example, when a dentist is treating the upper arch, if he or she doesn’t get the occlusal plane behind the vertical, then he or she is going to be hunching forward over the patient. However, getting the occlusal plane behind the vertical sometimes means reclining the patient quite far. Dr. Valachi says this can be uncomfortable for some people.

“There’s a very easy solution to this, however, support the cervical curve, because that’s what causes patients to freak out, not having the cervical curve supported,” she says. “It can be done by proper positioning with a double-articulating headrest or with contoured dental cushions.”

Most patients who have concerns about laying back feel comfortable fully reclined with proper cervical support. However, Dr. Valachi says few dentists learn in dental school the appropriate way to adjust a double-articulating headrest for the upper and lower arch versus a flat headrest.

“There’s a big difference in how you position the patient for each headrest and that generally determines how tolerant the patient is to be reclined,” Dr. Valachi explains.

Hobbs says ergonomics are designed into the equipment that goes in an operatory. The first thing the Schein team teaches doctors at trade shows is the importance of sitting in a dental stool with proper ergonomic design. However, you get what you pay for, Hobbs says, and he encourages dentists not to save their way to prosperity in the treatment room.

“This is where you are going to spend eight hours of your day,” Hobbs says. “There’s so much that goes into that ergonomic discussion from eye movements to arm movements to shoulder to repetition, and equipment selection is paramount to a long-term healthy career for a practicing dentist.”

Stools and chairs are crucial in this equation, Hobbs says. Ergonomics experts and equipment designers want the dentist to manipulate the patient and not bend over to get to the upper quadrants in the patient’s mouth, which is why they design the headrests the way they do.

“What we’re trying to avoid is the doctor bending themselves to get to the oral cavity,” Hobbs explains. “We want the oral cavity to be brought to the doctor.”

When it comes to ergonomics in the operatory, Dr. Valachi says you should consider the delivery system. For example, rear delivery is the most popular style in the U.S. However, Dr. Valachi says most doctors don’t use it correctly and are repeatedly twisting to retrieve equipment, instruments and handpieces.

“Studies show repeated twisting of the trunk in one direction leads to low back pain,” Dr. Valachi says. She thinks doctors who choose rear delivery should utilize their assistants more. The assistant should undertake all the transfers and change all the burrs so the doctor isn’t twisting to one side.

Also, with side delivery, which Dr. Valachi says is excellent for a hygiene operatory in which they’re moving around the patient, dentists will also have problems using an assistant to his or her full potential because he or she can’t reach the other side.

“It depends what the priority is,” Dr. Valachi says. “Over-the-patient delivery is one of the most ergonomic, but then there’s the fear factor. All the instruments are right in front of them, so that’s the trade off.”

Another area of opportunity is counter height. When designing an operatory from the ground up, Dr. Valachi says very tall or very short dentists may want to consider designing the height of the counter above or below the standard height. When buying a practice, doctors should consider the height of the counters, too. Buying a practice from a taller doctor can result in shoulder problems from repeatedly reaching up to a counter that’s too high. Regarding associates, Dr. Valachi says working with a doctor with a similar height would be preferable, ergonomically speaking.

“A 6-foot-6-inch doctor should not have the same counter height as a 5-foot doctor,” Dr. Valachi says. “And if a doctor is looking for an associate doctor, a short doctor shouldn’t be partnering with a tall doctor. That’s a recipe for ergonomic disaster.”

What’s trending today?

Cox says technology brings the patient into the treatment discussion and facilitates the person’s self-diagnosis. Patients can see their smile, the defects and what issues they want to address. They’re part of the process with the dental team.

“In the old days, the dentist would come in and say, ‘Hey, here’s what we’re going to do.’ Now, the patient is involved. They understand what the issues are, what the treatment plan is going to be and how long it’s going to take.”
Superior accuracy and detail using the Planmeca Emerald™. It’s also changing attitudes because there’s a seat sensor. You can connect to any specific chair and know at the exact moment the position of the chair. You can know if there’s someone in the chair because there’s a seat sensor.

CLINICAL & TECHNIQUES

COVER STORY

Time is one thing we can’t make out of a machine. But, we can make machines better, safer and faster to give you the ability to do a little bit more, and on top of that, you’ve got that improved patient experience, too.”

You can know, in this case, which student is connected or logged into that chair,” Roy explains. It also stores the data for reporting. In the educational situation, students and faculty can use it for research data. In a clinical situation, dentists can use it to calculate efficiency and where they lose time. For example, it can show how long a patient is waiting in a chair when nothing is happening after a hygiene appointment. The data will show whether you should change the scheduling to improve efficiency.

“It gives objective data you can bank on,” Roy says. When Leduc and his team start an office design, they begin by looking to optimize workflows and organization. Often, it means starting with making instruments management as efficient as possible. They favor centralized material storage and a tub and cartridge system. Although this system could mean a higher initial investment, the return on investment in efficiency is worth it, Leduc says.

“You have better organization and turnover of the room is easier because everything is always set up the same way and you can create references to that,” he says. “That leads to higher efficiency, less in- operatory storage and less need to have cabinets on all four walls. Ultimately, that also reduces the clutter and the stress level of everybody that goes in there.”

Planmeca will soon release an operatory light with 48 integrated cameras. You can store still images much like you would radiography. There are two 4K cameras, so the doctor could also take a 3D image of the patient’s face and overlap it to a CBCT volume and the software. Also, the cameras can be remotely accessed, which has excellent uses in a school setting.

“Let’s say you want to see if the student is doing fine during an evaluation. You can turn on the camera, and you can see what’s happening in the mouth of the patient,” Roy says.

Also, Planmeca is adding tracking to its handpieces and instruments. When a user logs in using RFID technology, it will switch to your preferred settings on that unit. From motor speed to water spray and even the chair positions, the unit recalls all those settings to the chair.

“And if you move from a unit to another unit, it’s going to recall the same settings, which are your settings,” Roy says.

By including RFID tags on each instrument, dental professionals can tell if they’ve been sterilized and when it occurred. Using a barcode etched on the handpiece and a reader at the sterilization area, the practice can prove a handpiece was cleaned, which might be necessary in the case of a lawsuit. “So, for another example, the system can raise a flag and say it is time for those instruments to be sterilized again because it has been six months and it has expired,” Roy explains.

They’re also working on a reader on the back of the chair that records the instrument used for the treatment. This data will be recorded and stored, which could have implications for ordering. Roy says many schools buy thousands of the same instruments every year out of habit whether they use them or not.
Roy adds large groups with 30 different locations throughout the country can see all that’s happening at all those locations from the operations office. She and the team at Planmeca see it as a massive advantage for their operations team to get objective data that can drive their decisions moving forward.

“It’s a matter of changing habits. If we can change the habits because of the data and objective proofs, maybe it will all come together,” she says.

What’s next in operatory design?

Leduc is excited about a trend toward a medical approach, which relates a lot to privacy. Leduc thinks patients like the quiet of a private area for their treatment. Noise, he says, can be stressful for patients.

“When you have four operatories and you hear all of them at the same time, that’s more stressful than just your own. When you hear the next patient that’s 6 years old screaming and crying, that doesn’t reduce your stress level,” he says.

He has seen doctors trending toward surgical ops that are private and quiet. Leduc and his team have taken this idea and applied it to the whole office.

“We found ways to accommodate this and reduce the square footage needed for each operatory,” he says.

Cox says he’s starting to see smart devices and digital impression scanners built into the dental delivery unit as well as HD cameras and other diagnostic tools. The technology devices are also changing with added functionality, which he describes as “smarter” devices. For example, TRIOS incorporated caries detection and transillumination into its digital scanning device, and the Planmeca Emerald™ included caries detection.

“It used to be you’d have one device that was a camera, and another device could be a diagnostic caries detection device, and another device would handle digital impressions. Now, we’re starting to see all these things come together where one device is doing all these jobs, and I think we’ll continue to see more of that moving forward,” Cox says.

Dr. Rohde is excited about what companies such as Seiler are doing with magnification. Seiler is taking the conventional microscope and incorporating two camera systems to create true 3D. With this instrument, the doctor doesn’t wear loupes with little eyepieces but instead watches a screen in full 3D with 3D glasses on.

“That not only gives you better clarity and better ergonomics because you’re sitting up straight but also, if you want to, you could record the whole procedure to a computer if you like because it’s all digital input. That part is pretty cool,” Dr. Rohde says.

Roy compares the operatory of the future to the evolution of restaurant kitchens. Kitchen design is essential for restaurants. The trend today in kitchens is minimalistic, organized and visible. She sees the same design trends moving into the dental operatory.

“You didn’t see that 20 years ago. There is that trend for visibility in every field,” Roy says. “Maybe that visibility trend might affect dentistry, but the changes travel a little slower in our field.”

Connected equipment

Hobbs says smart operatories are coming through Bluetooth and cloud connectivity. Smart operatories facilitate the ability to track how many times a handpiece gets used or engage in remote troubleshooting instead of sending a technician to fix an issue with the equipment. He sees a future with smart operatories where your sterilizer, your mechanical room, your X-ray equipment and everything else you need is in the cloud.

“There’s a couple of our suppliers right now that when you take the image of the patient, there’s someone sitting at that supplier’s headquarters that can talk to the doctor or the staff at the end of the day to give

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KEY TAKEAWAYS

- Plan for fully integrated treatment centers
- Keep ergonomics in mind for the doctor, team members and the patient
- Include design elements that allow the patient to see what the dentist sees
- Keep old equipment and wires out of sight
- Utilize technology in the operatory to gather data
- Reconfigure overhead lighting so it parallels the dentist’s line of sight
- Select stools and chairs with proper ergonomic design
- Integrate specific technology to deliver more specialty-type services
- Create private treatment rooms and strive to reduce noise
- Explore Bluetooth and cloud connectivity options
- Look for ways to automate the workflow
- Define your philosophy of care and mission to guide design process
- Create identical layouts for each operatory
Dr. Rohde says the dentist has to take all of the suggestions, prioritize them and decide which ideas to incorporate. Some solutions are going to be too far outside the mission of the practice or the budget parameters. Dr. Rohde says the doctor is the one who needs to take charge of the decision making.

Leduc thinks of operatory design as an investment to gain back your time. If you can save five minutes per procedure, that adds up and can give you time to do more on each procedure or go home a little earlier, whichever is important to you as a clinician.

“Time is money. Time is what people lack the most. Time is one thing we can’t make out of a machine,” Leduc says. “But, we can make machines better, safer and faster to give you the ability to do a little bit more, and on top of that, you’ve got that improved patient experience, too.”

Leduc also favors operatories with identical layouts to provide a consistent experience and remove the awkward feeling when you’ve got to reach three or four inches more in this room than the other one. Each operatory is precisely the same, allowing the dental team to focus on what it’s doing.

“You don’t have to think, ‘Oh, I’m in room five today,’ or ‘I’m going to check in room three, but when I go back to my operatory, I’m going to have to think a little differently on how I get everything.’ Making them all the same makes it easier for you to practice anywhere,” Leduc explains.

Leduc also believes that having the right people on your team to work with will aid the operatory design process. Sometimes, he says, you need to have a different person for every task, while other times you can have fewer people who are knowledgeable about key areas.

“One way or another, make sure the right team is there,” he says. “There are experts in every field, so why not leverage that?”

We are enabling the GP to do more. Simplifying complex procedures by giving general dentists the tools to be able to do them better consistently, keeping the need for specialists for the most complex or challenging ones.”

Little bit easier to handle and fully integrated. So, you don’t have 12 foot pedals; you have one. You don’t have 12 different devices on your countertop; you have your treatment center,” Leduc says.

Leduc also envisions fewer overhead lights because more dentists are using lighted loupes and systems that have a light. He sees more exploration into assisted procedures that follow the guided implant example that allow the GP to do more complex procedures in his or her operatory rather than farming them out to specialists.

“We are enabling the GP to do more. Simplifying complex procedures by giving general dentists the tools to be able to do them better consistently, keeping the need for specialists for the most complex or challenging ones,” Leduc says.

Build to your personal style
Dr. Rohde wants more dentists to be more deliberate in their operatory design to reflect their philosophy of care and the mission of the practice. It’s vital for the dentist to define these details early so he or she can incorporate them into the design, he says.

“What are we trying to accomplish here on a daily basis? I would say this is a question most people don’t even ask,” Dr. Rohde says.

For example, one part of Dr. Rohde’s mission statement is to utilize technology and the latest trends in dentistry to create an unparalleled patient experience. He then considers how the room does that. Does the laser do that? Does the DEXIS CariVu™ caries detection device do that?
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The pros and cons of the cloud: What every dentist needs to know

We spoke to experts about what practices should consider when choosing where to keep their data. [by Terri Lively]

The cloud was once a concept used to help people understand where their information was going when it wasn’t stored locally. Now, it’s a pervasive entity, hovering around all of us, our data and our technology—and that includes your dental practice.

Every practice must choose at some point whether to host its data “on premises” or “in the cloud.” Like everything in life, there are pros and cons. We spoke to three experts on dental software programs about what they see as potential benefits and drawbacks of cloud-based software, what practices benefit most from it, and when is the time to make your move to the ubiquitous, if not mysterious, cloud.

Adam McDaniel, director of product management for Henry Schein, says there are many considerations for whether an on-premises or cloud-based practice management software solution works best for you, which he breaks down into three parts.

The first in McDaniel’s breakdown is to choose a computing platform (i.e., mobile devices in the operatories or desktop systems throughout the practice). Also, choose an operating system (i.e., Mac or PC). Either has implications for an on-premises-hosting or cloud-hosting solution.

The second part of the decision-making process involves how to deliver your desired patient experience. “Your hardware is also an aspect of your patient experience,” McDaniel explains.

For example, hardware systems in the operatory could result in the team member with his or her back to the patient while taking information. With mobile devices, the team member could be facing the patient, which would be a better representation of the experience you want.

The third part of McDaniel’s breakdown is the IT support you envision. Do you want to have someone on site to manage all the servers and equipment or rely on an outsourcing option? Many cloud-based software solutions don’t require as much on-site IT support.

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THE PROS OF THE CLOUD

Pro No. 1: Less on-site IT expertise required

Brant Herman, CEO of Mouth-Watch, says a benefit of the cloud is outsourcing or simplifying the IT requirements for a practice. Cloud solutions don’t require servers and as complex a networking setup or all the required maintenance.

“I’ve been in plenty of practices where you’re sharing drives from the server and the server gets pretty outdated, and you’re always trying to figure out what that issue might be,” Herman says. “Bundled turnkey IT is pretty helpful.”

While many cloud-based companies use the reduced need for IT expertise or staff as a selling point, McDaniel says this part is only one consideration for the whole decision-making process.

“There’s a lot of benefits to working in the cloud, and reduced need for IT is definitely one of those benefits, but it shouldn’t be the sole contributor of the decision,” McDaniel says.

McDaniel says IT expenses adjust with a cloud-based solution, or at least shift them. Practices will spend less on servers and more on networking, internet service providers and internet redundancies.

Mike Uretz, executive director of Dental Group Partners and founder and editorial director of DentalSoftwareAdvisor.com, advises many emerging group practices and DSOs that are looking for new software. Uretz has been involved with the growth of cloud-based software technology for more than a decade.

The cloud discussion is a regular part of his evaluations and a topic he’s discussing and exploring daily.

Uretz agrees cloud-based software doesn’t need much IT support from the practice end but also reminds dental practices behind the scenes, a good data center staff that hosts the cloud application will keep the software “tuned” to provide optimal performance. Systems change over time and need tweaks to stay efficient.

“It’s like a car. You have to tune it up over time to keep it running efficiently,” Uretz says.

Pro No. 2: Your data is safer when managed by professionals

Encrypted HIPAA-compliant databases that are professionally managed by expert staff at the cloud data center are critical. Having and securing your patient data is vital. However, some practices still believe patient and practice data is more secure on premises than it is on the cloud.

Uretz says that’s more of a myth. If your on-site system has an internet connection, there’s a possibility hackers can get in, he says. With a professionally managed data center that hosts cloud solutions, there’s always a possibility of a breach, but there’s probably less of a chance because of the amount of resources devoted to security 24/7.

“If the practice has their software on-site on local servers, it typically is still going to have some pipe to get to the information. It’s not necessarily secure,” Uretz says.

Ransomware is when software blocks access to your data until you pay a specified sum to free it. McDaniel is aware of ransomware attacks that have happened to dental offices he knows. Also, there are thefts and compromises to the networks or security measures.

“Your practice data is a lot more vulnerable in your practice than you probably believe or want to believe,” McDaniel says.

McDaniel says it isn’t because doctors are careless with the data. The difficulty with protecting data comes from not having the proper skill set. McDaniel says it isn’t practical to have an IT person on site with the expertise and the knowledge the cloud-based platforms provide.

“You don’t have a full-time security person who meets and collaborates with the CIA and the FBI on cyber terrorism and theft. You don’t have people who run databases and systems for tens of thousands of customers doing millions of transactions a year,” McDaniel says. “We hire those types of experts in the industry and bring them in to focus on securing and keeping your data private.”

It also isn’t practical to expect to become an expert in these areas yourself. McDaniel says a dentist’s No. 1 job is patient care, not Payment Card Industry (PCI) compliance for financial transactions and Red Flag Rules for data privacy, and then HIPAA on top of that. While moving to the cloud doesn’t absolve the practice of all responsibility in these areas, it does take much of the burden off the dentist.

“One of the great benefits from a cloud-based deployment is better security,” Uretz says. “In effect, you’re more secure with the data center because they’re responsible for a lot of clients and responsible for HIPAA liability.”

HIPAA liability is critical. In the event of a data breach, you’re not solely liable. If you handle HIPAA compliance internally, that’s not the case, Uretz says.

“So, from the standpoint of liability and security, you have more coverage with the cloud,” Uretz says.

Pro No. 3: Easier updates, fewer conflicts and errors

Herman says cloud-based deployments allow for easier or faster upgrades, so no downloads or CDs. Also, a practice doesn’t have to determine how to upload the software across multiple locations.

With cloud solutions, the provider can push an update, and the practice is using it the next day. McDaniel says developers like cloud computing because of the easier updates.

“One of the great benefits from a software development point of view on our side, the companies who build practice management, is we can roll out software updates more frequently and without our users’ help to update those computers with on-premises software,” McDaniel says.

Another benefit of a cloud-based solution is you have fewer programs installed on your hardware because you’re using a web browser. McDaniel says it creates fewer opportunities for errors and conflicts.

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CLOUD SOFTWARE

PROS

1. Less on-site IT expertise required
2. Your data is safer when managed by professionals
3. Easier updates, fewer conflicts and errors
4. Anytime, anywhere access for productivity and collaboration

CONS

1. Your internet connection and redundancy are crucial
2. You must clarify the terms of your contract
3. Watch out for hidden fees

BEST PRACTICES

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If I need to consult with a specialist or a team member, I can do a live video consult about it and screen share. So, I could pull up a cone beam on my computer, share it with the GP who referred the patient, and we’re all seeing the same data in a more efficient and convenient way.”

“With an on-premises solution, you are installing things, so you could have driver conflicts, or you could have a Windows security update that conflicts with your latest version. You could need Flash or other tools to make your on-premises software work with cloud software,” McDaniel explains.

Moreover, Uretz says the connected world we live in is more attuned to connecting apps in the cloud. From analytics to patient education to customer engagement, the cloud facilitates interconnectivity of the “best-of-breed” applications.

“These are all third-party apps, just like different apps on your mobile device. The most efficient way to tie these together so they can talk to each other is in the cloud. The technology in the cloud is designed so different applications can pass information back and forth,” Uretz says.

Practices are typically much more limited trying to get third-party apps to interface with their office-based client server system.

“Being in the cloud gives you much more opportunity and flexibility for where things are going in the future and how information is going to be used,” Uretz says.

Pro No. 4: Anytime, anywhere access for productivity and collaboration

Finally, cloud-based solutions allow the dentist to work more easily off-site. Uretz appreciates that the cloud enables you to get your data anytime, anywhere, using any device. He uses the example of a doctor who’s out of the office, or even out of the country, who needs to rewrite a prescription for a patient. The doctor can use his or her phone or tablet browser to access the practice’s system.

“It’s much easier and much more standard to get to your data from any device, anywhere,” Uretz says.

Herman says it also can benefit your team, enabling someone with a flexible work schedule to work from home. Cloud-based systems allow for that without the need to build a remote desktop and the related IT networking.

“If you want to log in at home, you can,” Herman says. “You could finish your case notes or your treatment planning from anywhere. You don’t have to be in the office to do it.”

Cloud-based solutions also allow for different types of collaboration with other practitioners. When you work through the cloud, Herman says, you remove the requirements for physical locations, and you can have coordination between providers.

For example, MouthWatch has developed a cloud-based teledentistry platform called TeleDent using MouthWatch intraoral cameras to streamline referrals and support the specific needs of teledentistry programs. One way it does this is by allowing care providers to interact and communicate on a case, regardless of where they’re physically located at the moment.

“We’re doing live video conferencing. If I need to consult with a specialist or a team member, I can do a live video consult about it and screen share. So, I could pull up a cone beam on my computer, share it with the GP who referred the patient, and we’re all seeing the same data in a more efficient and convenient way.”

THE CONS OF THE CLOUD

Con No. 1: Your internet connection and redundancy are crucial

There are also drawbacks to the cloud, such as the internet connectivity and bandwidth demands. Our experts recommend before you adopt a cloud system to have at least a “business-class” internet connection from cable or another ISP in the area.

“As long as it isn’t dial-up, it can be a lot of things,” McDaniel says.

McDaniel says mobile internet is improving in speed. With the new 4G LTE and the latest 5G systems rolling out in certain parts of the country, practices could use mobile internet providers for the cloud-based system. To determine if that’s possible in your area, McDaniel says to ask the providers, as they can give you the details for the speed of the internet in your area.

When you consider moving to a cloud-based solution, you must have a plan for when the internet goes down. Outages are an inevitability.

“You don’t want your whole practice to slam on the brakes if that happens,” Herman says. “It’s not that it doesn’t happen with the server. It definitely happens with that one

WHAT TYPE OF PRACTICE IS CLOUD-BASED SOFTWARE IDEAL FOR?

While our experts agree that all practices are ideal for implementation, the ones that especially benefit from cloud-based software are those with multiple locations, even when it’s only a handful. Mike Uretz, executive director of Dental Group Partners thinks it’s critical for emerging and growing groups to look at cloud-based technology.

“Once you start adding multiple locations, there is an increasing need to consolidate your data to efficiently and cost effectively manage and analyze your operations,” Uretz says.

MouthWatch CEO Brant Herman says if you’re looking at innovative practice models and you want to be able to grow beyond the traditional brick-and-mortar practice location, cloud-based practice management is essential. Growth and innovative dentistry are moving to the cloud.

“We see a lot of programs are going into mobile. They’re going into ‘pop-up dentistry.’ They’re setting up ways to do community outreach. The cloud-based solutions allow you to do things like offer a screening program at a health fair, and then connect those patients back to the practice. I think that’s huge,” Herman says.

Cloud-based systems can also help you to increase your patient base at a local level by optimizing your referral network. Increasing patient touch points is a trend in the medical industry, meaning reaching patients at the point of care.

Herman encourages opening your practice to be a hub with multiple spokes of patient touch points. In other words, if the pediatrician, the urgent care, the ER and the family physicians are referring to you, you need cloud-based systems optimized for teledentistry to improve the medical and dental integration and touch points. For instance, if the patient is in the chair, you can connect with the other provider right then and exchange the information via the cloud. In effect, cloud-based technology can close the loop on referrals rather than putting the burden on patients.

“That’s never going to happen if a provider gives a business card to a patient at a doctor’s office and tells the patient to ‘Go call them,’” Herman says.
room with the dusty server, too.” While he thinks internet outages will not cause more losses in productivity than having server problems or other issues with an on-premises solution, McDaniel says effective planning for internet outages goes a long way for a practice’s productivity.

“You should have less downtime with your cloud, as long as you plan correctly,” McDaniel says. Redundancy options for internet outages can be inexpensive. For example, dual routers with dual internet connections are available for less than $1,000. With these routers, McDaniel explains, you can have internet connections from different providers. Mobile-enabled iPads or tablets could be another redundancy if the internet is down. Also, mobile hot spots can work.

“Some offices keep the hot spot off unless the internet connection goes down. It’s just sitting there as a backup,” McDaniel says. “If you have a small practice, the minute the internet connection goes down, you fire it up, connect it to your laptops and your computers, and you’re ready to go again.”

Herman says another drawback of cloud-based systems is sometimes you need a lot of bandwidth and it isn’t always available. For example, with teledentistry working at full capacity, a practice might have an HD webcam, a MouthWatch intraoral camera and the other dental provider’s webcam (meaning live video stream plus intraoral camera video stream). That much bandwidth needs top-notch connectivity.

McDaniel says you should consider how else the internet will be used in your practice. Will you be streaming music or video? Are you offering guest WiFi? Are you sharing the connection with any other business, and if so, how is it using it?

McDaniel says when choosing a company to partner with, select one that has these types of conversations with you about the practice. It shows the business understands how its system works and it takes a holistic approach to managing the details.

“If it is someone who is only going to sell you cloud practice management, then you have to figure out all of this on your own,” McDaniel says.

Con No. 2: You must clarify the terms of your contract

Having negotiated numerous cloud-based contracts over the years, Uretz advises dentists to protect themselves with a good software contract. Also, a side benefit of negotiating your contract is through the back-and-forth process, you can get a feel for how your relationship with your chosen vendor might pan out.

Uretz recommends covering the following three areas (at a minimum):

1. Transitions: Should you transition to another vendor at some point, will your present vendor cooperate with you in transitioning your data? Or, will it either resist or charge you an exorbitant fee? Clarifying upfront can save you heartache and hassle on the back end.

2. Accountability: Is there a service level agreement that guarantees uptime and system performance? The best vendors either have these metrics and associated fees “baked” into their contracts or are willing to discuss them with you.

3. Right to cancel: If it isn’t working out, can you terminate your contract? In a perfect situation, this item won’t be necessary. However, if it is, you’ll want to know you aren’t stuck in a contract with a vendor that isn’t delivering.

“Remember, your data is hosted somewhere else when you’re in the cloud. You can protect yourself from issues that can occur with cloud-based software if you structure a protective contract,” Uretz says.

McDaniel also cautions dentists when searching for software—look for business partners, not just features. People can be enamored by bells and whistles. However, McDaniel wants practices to ask the right questions to qualify vendors as a worthy partner. The team at Henry Schein considers the practice’s growth goals and how to accomplish them while providing the patient experience you want to deliver. Then, McDaniel says, the team members present a solution from their suppliers that fits best.

“Henry Schein is uniquely poised to provide that because we have multiple practice management systems,” McDaniel says. “It’s not ‘one size fits all.’ It’s ‘What are your needs?’, and then we’ll provide you with the best plan for those needs.”

Con No. 3: Watch out for hidden fees

Herman says a cloud-based practice management transition to a new system can feel uncomfortable. Most companies have a few differences, including how they charge. Herman recommends clarifying whether they’re integrating everything into their fees or if it’s module-based. Also, find out if support is included as well as the availability of onboarding or training resources.

“Some of those apply beyond the cloud,” Herman says. “That’s any practice management transition.”

Another drawback for cloud-based systems can be integration with other systems and hidden fees. Herman says you ideally want cloud-based systems with an open Application Programming Interface (API). Some services have fees to open up to other third-party care providers, like text reminder systems or online forums. There could be development fees to create the bridge to the system or an annual license fee to access the other system.

“There might be these hidden fees for integrations you’re not expecting, but you want that functionality,” Herman says. “Interoperability—the open platform—creates huge opportunities for practices to get better analytics, to get better patient engagement features, to open up teledentistry opportunities, billing opportunities and all of that, but you’ve got to be careful what their policies are.”

No matter how popular trends seem in the moment, very few fads are able to withstand the test of time. It’s hardwired in our human nature to want to follow the pack, and so it makes sense we want to wear the same clothes or live a comparable lifestyle as our neighbors. While following fashion trends is relatively inconsequential in the grand scheme of life (except for the occasional embarrassing throwback photo), subscribing to marketing trends without due diligence and oversight—well, that can be a costly mistake for dentists.

In our current era of flashy digital marketing and tech solutions galore, there’s an unlimited number of ways to promote your dental practice. But, similar to many of the get-rich-quick schemes of the past, there’s simply no replacing good old-fashioned preparation and planning.

Whether you’re currently marketing your practice through traditional methods or a combination of offline and online tactics, these time-tested marketing tenets remain as effective today as they were decades ago.

**1. Create a plan**
You, or someone on your staff, likely field numerous sales calls from marketing vendors on a weekly basis—each one as compelling as the last. If you don’t have a marketing plan in place, it can be incredibly easy to fall into the trap of saying “yes” to too many things, which can then snowball into a spray and pray mentality, ultimately resulting in lost time and a lot of wasted money. So, before you commit to another lackluster marketing scheme, stop and take the time to build a strategy.

First, identify your five ideal patient profiles, and then determine the best methods to reach those “types.” For example, if you want to reach the moms in your community, choosing social media is likely more effective than print advertising. Determining a budget upfront will help you to decide which methods to prioritize and which ones go on the back burner.

**2. Keep it targeted**
If you have an unlimited marketing budget, please skip ahead to my next point. For all of our other dentist-readers, keep this in mind: you have to know who it is you’re marketing to. Only then can you determine how to reach your target audience.

Sure, you can pay big money for a billboard ad or a TV infomercial. You’ll likely get thousands of eyeballs on your advertising, but you have to ask yourself if those are the eyeballs you want to actually reach. To make your marketing plan most cost-effective, keep it local and targeted specifically to your ideal pool of prospective patients.

**3. Be consistent**
As you identify your target audience and develop your marketing plan, build in frequency. Try to hit your target audience as many times as possible. You need to reinforce your message as often as your budget will allow. If your budget is tight, consider reducing the size of your audience to one that’s hyper-targeted and market to it on a steady basis rather than reaching a larger group only once.

Momentum is a key component of a successful marketing plan, and you can’t build momentum without consistency. Whether you’re working with direct mail or Google AdWords, you need to commit to each individual tactic for a minimum of four to six months. Repetition, or “frequency,” as we call it in the world of marketing, is how members of your community will begin to recognize and trust you, so when they’re ready to make a dental appointment, they’ll choose you.

**4. Spend the money**
In a perfect world, word-of-mouth marketing would be enough to sustain your practice growth. It’s pos-
sible your existing patients are referring plenty of new prospective patients at the moment. However, it’s not likely a permanent solution you can depend on.

Imagine you decide to bring on an associate or transition your practice and you want to boost your practice numbers. Imagine the competitive landscape in your area changes and you suddenly decide you need to reach more new prospective patients. The point is there will come a time when you’ll need to market your practice, and to do so successfully, you’ve got to be comfortable spending the money.

Determining how much to spend can be a challenge, so here’s a rule of thumb: plan to spend 3 to 5 percent of gross annual production in a typical year, and 6 to 8 percent every third or fourth year when your marketing infrastructure (e.g., branding, website, etc.) likely needs an upgrade.

5 Follow through and follow up
Your marketing plan should be fluid. It needs to be flexible enough to allow for changes based on returns and budgetary concerns. While creating a plan is the necessary first step, it doesn’t stop there. You need to be monitoring performance to be sure you’re spending your marketing dollars most effectively.

The front desk can be invaluable in helping to track responses. Help get your front office team in the habit of asking every new patient caller or online inquiry how he or she heard about the practice, and have them record each response in a shared document. Additionally, there are tracking and reporting capabilities built into your online marketing efforts (e.g., Google Analytics), or unique tracking phone numbers to use for traditional or print advertising. Make sure these methods are fully leveraged and monitored consistently by making a single person in the practice accountable for tracking new patient sources across all marketing campaigns.

Don’t just set a marketing plan and then forget it. Keep checking in on a regular basis to be sure it’s working for you, helping you to meet your business goals and recruiting a new pool of ideal patients. While there will always be new and innovative ways to promote your dental practice, proven marketing fundamentals will never go out of style.

ABOUT THE AUTHOR
Naomi Cooper is CEO and co-founder of Doctor Distillery. With nearly 20 years in the dental industry, Naomi is a respected dental marketing executive, consultant, author, speaker and industry opinion leader. A former VP of marketing for 1-800-DENTIST and chief marketing consultant for Pride Institute, she currently serves as a strategic branding and lead generation adviser to some of the most successful companies in the dental industry. Naomi blogs regularly about dental marketing at www.minaxmarketing.com.

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My staff wrote the majority of the clinical chart notes. Because so many of our procedures vary only slightly in clinical notations, at the end of the day (or between patients), I reviewed the notes and made any necessary changes.

Before being digital, there was rarely time between patients, so writing the chart notes had to wait until the end of the day. The staff would scribble down notes such as blood pressure, anesthesia, etc., and then transfer the info to the permanent chart.

Once done with their portion of the notes, the staff members would come to my personal office and drop a stack of charts on the corner of my desk, where they would land with a heavy “thud” before they happily said goodnight.

I, however, would spend approximately another hour going through all info and making my notations. Usually somewhere around 90 minutes after the last patient left, I would pack up and head home. The first few years in practice I actually worked two nights per week until 7 p.m., meaning I would often get home at around 9:30 p.m. There wasn’t much free time on those evenings.

For years, I’ve been into efficiency. My interest started out as an infatuation with all things tech, but as tech grew into my daily treatment routines, I began to see how my job got easier with each new implementation.

The layout

It never hurts to have luck on your side, and so it was for me. I started my career in a small three operatory office designed and outfitted in the late ‘80s. At that point, no one had begun to conceive of workstations in the operatories. I had to basically “shoehorn” the technology into any available space—and trust me, I didn’t have much. We ended up with cords all over the place, things attached to the walls just to keep them off the ground, you name it.

Back then, it helped that technology in healthcare was basically unheard of. Patients were very understanding of what I was trying to do and put up with the “mad scientist” look of my operatories. However, it drove me crazy.

I built my own building in 2007. It was one of the best things I’ve done. By then, I had moved the office to a total and complete digital entity, but I’d been forced to do so in a non-digital structure. We were practicing out of individual treatment rooms and bringing in carts and portable equipment that crowded the space.

When I built the new office, I purchased 1.25 acres, which gave me more than enough room to build to my own specifications. At that time, the standard dental operatory was 9 feet by 11 feet. I expanded this to create operatories of 12 feet by 15 feet. My thought was to design the operatory first, and then build out from there.

The increased square footage made bringing in portable equipment such as digital impression systems and hard tissue lasers much easier and eliminated the claustrophobic feeling of too much hardware wedged into too small a space.

The only thing to be aware of is X-ray heads need to be equipped with longer arms to reach the greater distance between the unit and the chair. Otherwise, no special changes were needed.

If you’re building new, whether it’s your own building or a tenant finish, always remember to begin with the end in mind. The operatories are where you and your patients spend the bulk of your time. Design them perfectly first, then move on to the rest of the office. Don’t neglect your primary workspace.

Powering everything up

The idea of technology, especially in the clinical realm, is to work with less effort and greater efficiency. The entire concept is to create a delivery system without any bottlenecks. The limiting factor isn’t the technologies; it’s getting them to all light up at once.
The problem with bringing more technologies into the operatory is “Where do I plug them all in?” This is a common problem and one you’ll really need to think through whether you’re doing any type of construction or adding electronics to an existing clinical layout.

My former office was in a strip mall, and I eventually added so much gear I had to have Kansas City Power & Light drop a second electrical service to my location. I was using more power and required more breakers. It wasn’t cheap, but quality rarely is.

As you expand your clinical tech, don’t be afraid to spend some money expanding your underlying infrastructure. When the dental technology wave was just building speed, nobody cared much about a few visible cords, but now patients pay a lot more attention to the details of your office. They’ll notice four outlets with six power strips plugged in (and so will your local fire inspector). The money you spend on proper infrastructure isn’t money wasted. It’s an investment in the internal marketing of your practice.

As far as the number of outlets needed? This is a tough question because everyone’s needs vary. I think a good rule is to figure out the number you currently need, then double it. If you’re a gearhead like me, triple it. If you put in too many outlets, you’ve only overspent a little. If you don’t have enough, you have to add more later, which is more expensive. Make it easy on yourself.

Also, bear in mind that outlets can be hidden. They can be placed inside cabinetry, in dropped ceilings, or in the basement. I was once in an office with a basement and beneath every operatory they had built in a big group of outlets. They would just run the new cord into a cabinet and through a hole in the floor. It was genius.

Speaking of cabinetry, manufacturers have done an incredible job of designing their products to contain and hide technology. They have lots of outlets and mounting brackets for monitors and lots of other things. Take the time to find the right layout for you.

Mistakes? I’ve made a few

The biggest mistake I made was evaluating counter space. I enlarged the operatory to accommodate technology, but I didn’t enlarge the counters to hold the smaller devices. We all bump into the “counter space real estate” problem, and the only way to fix it is to let the manufacturers know we NEED more. I don’t think things in this realm have really changed since the ’80s, and it’s a problem in dire need of fixing.

Track lights are also a thing of the past. When I built the new office, I was already working with a very strong light on my surgical telescopes, so I didn’t bother to have track lights installed in four of the seven operatories. Because I had three ops in my old location, I brought those three lights and installed them in the three new hygiene operatories. One of them has now been totally removed and the other two are never used. It’s easier and less expensive to provide a headlight for clinical staff, plus it makes the operators look more inviting.

My idea with the operatories was to have them be set up similar to delivery rooms in hospitals. They look like high-end hotel rooms with no clutter and a relaxing atmosphere. However, when equipment is needed, panels open in the walls and it transforms into a medical delivery area. Keeping the operatory with clean lines and inviting ambience will win patients over.

Wrapping up

Streamlining your operatories for efficiency will make things easier on patients, staff and the doctor. That efficiency can be used to make appointments faster, allowing the doctor to add procedures to the day or spend less time doing dentistry. Dentistry takes a physical toll on the doctor. The less time we spend in “the clinical posture,” the better for our physical well-being and career longevity.

Efficiency is great for everyone. No patient has ever asked me to make an appointment longer, and as our lives become busier, we have less time to waste.

The great thing about technology is the win-win equation it creates. Better, faster, easier are three things no one will argue about. Efficiency is a wonderful thing!

ABOUT THE AUTHOR

John Flucke, DDS, is Technology Editor for Dental Products Report and dentistry’s “Technology Evangelist.” He practices in Lee’s Summit, Mo., and has followed his passions for both dentistry and technology to become a respected speaker and clinical tester of the latest in dental technology, with a focus on things that provide better care and better experiences for patients. He blogs about technology and life at blog.denticle.com.

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NEXT MONTH: 4 ways to make the best first impression possible

TOP 3 WAYS TO IMPROVE CASE PRESENTATION

[ by Dr. Roger P. Levin ]

Case presentation is one of the most critical systems in a dental practice, as it has the most immediate effect on your bottom line. So, how can you get patients to accept treatment? There’s no magic formula, but we’ve identified three ways that will vastly improve this system for your practice. Consider adopting these strategies for boosting case acceptance in your practice:

01 The new patient experience
A new patient should feel like a VIP from the moment of the very first phone call. Think of each caller as your favorite celebrity. Greet him or her with a welcoming attitude, display high energy, and give him or her correct information. People are so impressed with excellent service that they gravitate toward businesses that provide it rather than even consider less expensive alternatives.

02 The comprehensive exam
Many new patients are only being diagnosed with their most obvious dental needs. For practices looking to boost case acceptance, this isn’t enough. We teach a concept called the Five Phase Exam that includes an evaluation of periodontal condition, tooth condition, cosmetic examination, implant diagnosis and occlusal diagnosis. For some practices, we add a sixth step that considers a specialized service such as sleep apnea, BOTOX or sedation. By following all five or six of these steps, you’ll create an opportunity to identify significantly more dentistry. According to the Levin Group Data Center, the average production per new patient will rise by 50 percent when this diagnostic model is put into place.

03 Don’t tell patients everything they need in the first visit
You may have found a whole host of issues during your patient’s comprehensive exam. However, it’s always prudent not to overshare during this visit. We routinely recommend bringing patients back one week later for a consultation. When people return somewhere for the second time, they’re more relaxed and comfortable, and they have a higher level of trust. This is imperative when it comes to case presentation. Countless cases are rejected each year because the new patient simply wasn’t ready to hear what was presented.

Improving your case presentation is the fast track to improving production and revenue. Use these three strategies to help you and your staff impress patients, build trust and increase case acceptance.
The experts at Henry Schein One understand your business and can help you navigate in between the lines and at each corner, beginning with choosing the software platform you will need to centralize and standardize operations as you grow.

The cloud-based Dentrix Ascend and the customizable Dentrix Enterprise give you centralized tools that help you manage everything from scheduling to patient records and reporting. With either of these solutions, you’ll know you made the right decision, whether you’re navigating your growth with one or hundreds of locations.

Find out more at DentrixMultisite.com/DPR
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• Up to 2-minutes of adjustable working time gives control over the pace of the procedure, while the abbreviated 2-minute thermo-activated set time, saves time and improves patient comfort

• The rapid snap set reduces the time in the critical zone by up to 50% minimizing potential distortion due to human error resulting in less re-takes

• Heavy Soft Fast material offers an optimal viscosity to load the tray but remains soft enough after it sets for easy removal from the mouth

• Due to its low polyether-like contact angle of less than 10° V-Posil’s superior hydrophilicity displaces fluids (saliva, blood, etc.) creating an enhanced contact to the dental anatomy – yielding more precise impressions

• Exceptional tear strength and elastic recovery ensures dimensional accuracy of the impression during and after removal

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