

Linda Greenwall, Cathy Jameson

Success Strategies for the Aesthetic Dental Practice



London, Berlin, Chicago, Tokyo, Barcelona, Beijing, Istanbul, Milan,
Moscow, New Delhi, Paris, Prague, São Paulo, Seoul, Singapore and Warsaw

Foreword

Ronald E Goldstein, DDS



Aesthetic dentistry has become so important in the last several decades that a book which condenses all of the techniques for the business side of aesthetic dentistry is certainly needed. Written by two of the leading authorities on this important aspect of dentistry, both Drs Linda Greenwall and Cathy Jameson have accumulated a tremendous amount of knowledge to condense the important information into easy to read chapters. I have worked with both authors and admire and respect their contributions to dentistry. Perhaps the real reason this book will resonate with the dental reader is that it combines the skills of an excellent dentist with the equal skills of one of dentistry's best practice administrators and coaches.

The book begins where it should, focusing on the individual dentist defining his or her goals for the dental practice. Without vision at the outset it is virtually impossible to make the most out of the next steps in the process of creating the ideal environment for maximum success. Next, it logically proceeds to building the team and here the authors get quite specific, especially in the interview process. This is an area that most dentists are hardly skilled to master, but after reading this chapter they certainly will be. Frankly, this chapter alone is well worth the price of the book.

I found it quite interesting that the next area of discussion is marketing ... after all, you need to attract the type of patients you are building your practice for, and so internal and external marketing are covered very well. Both treatment planning and case presentation are well thought out. Most every dentist will take away tips in these areas regardless of how well the processes are handled now. Certainly one of the most important chapters deals with communication skills for the entire dental team. No matter how well your practice communicates now, you will be able to see improvement in your daily contacts with patients and the public.

The concept of using a treatment coordinator was first established by Dr Carl Reider. I published how important I thought it was in the second edition of *Esthetics in Dentistry*, and I am so pleased the authors devote an entire chapter to the role of this person. This leads to the next chapter which deals with the financial aspect of aesthetic dentistry, followed up by what every practice needs to improve on: scheduling. I am delighted to see that a chapter is devoted to the hygienist's role in promoting aesthetic dentistry since this is certainly a prime area that too many dental practices take for granted.

The last chapters are also well placed and deal with the use of technology in building the aesthetic dental practice. Over 25 years ago, Dr Jack Preston and I staged the very first comprehensive show devoted to new technology and how it could enhance our dental practices. Today it is a necessity if dentists want to practice state of the art aesthetics. The ability to have our patients' restorations last as long as possible is directly related to the technical equipment and abilities wrapped up in both diagnosis and treatment. No doubt the future will be even more dependent on sophisticated technology as a major part of every dental practice.

One of the best ideas the authors use throughout the book are action steps at the end of each chapter. These summary tips make it easier to apply the information rather than just reading and forgetting, and to take action where action is needed.

The sum total of the benefit of understanding and using the principles expounded in *Success Strategies in Aesthetic Dentistry* is that if you want to expand the cosmetic side of your dental practice, then this book is essential reading.

Preface

**Linda Greenwall, BDS (Rand), MGDS RCS (Eng), MSc
(London), MRD RCS (Eng), FFGDP**

Many dentists focus primarily on doing the best clinical dentistry that they can. They concentrate on all the clinical skills that they have been taught at dental school, which leads to a dedication to clinical excellence. This pathway can be frustrating when they do not get to do the dentistry they love as they do not have enough patients saying yes to treatment, or the cases to perform the beautiful aesthetic dentistry that they know they can provide for their patients. Getting patients to say yes takes time. There are certain techniques and systems that should be in place in order to make this happen, including excellent practice management systems and an excellent dental team. Dentists do not like to manage the administrative and management side of the dental practice as they would rather be doing the dentistry at the chairside. They often leave the management aspect of the dental practice to happen haphazardly. This leads to frustration and stress, which is already very high within a dental practice.

As a newly qualified Prosthodontist and Specialist in Restorative Dentistry in 1993, I opened my new dental practice in London the day after completing the specialist examinations. I had very few patients at the beginning, as I started the dental practice from scratch. The end of that same week I had my second child. I took off 8 days from work and returned with the baby in a basket. I thought the dental practice would develop at a slow pace as the baby grew and developed. About 6 months after starting the dental practice, a local journalist came to interview me to coincide with the official launch of the new practice. The article appeared in the local newspaper. The day the article was published, the telephone started ringing off the hook. We must have had 500 new patients call to schedule an appointment in one day. It was very exciting! However, the excitement soon died down when I realized that these new patients all needed to be seen, assessed, and treatment planned, and we needed to schedule them for treatment. I had no practice systems and thought that we would make it up as we went along, as other dentists do. These great new patients who lived in the local vicinity were used to the best service in restaurants and hotels, and I was not sure that we could live up to their expectations.

I came across a book written by Dr Cathy Jameson called *Great Communication Equals Great Production* (PennWell Books, 1995). It immediately grabbed my attention as it reflected my attitude as to how I would like to look after my patients and manage my dental practice. After delivering my first baby I felt frustrated that I was not part of the decision making process and wanted to be

involved in the decisions about my treatment and the way the baby was to be delivered. I felt that if I was the patient, I would like the care giver to discuss the treatment options first and to discuss the process and treatment prior to commencing clinical treatment. Cathy's book reflected what I wanted to put into practice but I did not know how to do it. I contacted Cathy about her book and she offered to travel to London to teach me the systems to run my practice and so develop an excellent dental practice focusing on aesthetic dentistry. My team and I continue to train with Cathy every year since then.

We wanted to write this book together as there are many beautiful clinical textbooks devoted to doing the best clinical dentistry but very few textbooks that focus on the practice management side, which needs to be in place for the clinical side to be excellent. There are few books on how to develop the best dental practice that is patient focused, taking into consideration their hopes and aspirations in order to provide the dental aesthetics that the patients want. The book is meant to be a practical guide to help dentists develop systems in their dental practice that work well and that help the practice to grow and elevate to the next level each year.

As dentists are very busy wearing many different hats or fulfilling different roles in the practice, systems that follow checklists have been developed to assist the dentist and their team to organize themselves practically. Checklists help to reduce stress and to be better prepared for each stage along the patient's journey. Checklists help the dental team to prepare organizationally and clinically and reduce errors and problems. Dr Atul Gawande (2009) wrote a book called *The Checklist Manifesto* and demonstrated that those professionals who use checklists have fewer errors and complications in all that they do. Checklists for aesthetic dentistry and management aspects have been specially compiled in this book in each chapter. At the end of each chapter there are action points, checklists, and further reading with references. Using these will help focus the dental practice to become well organized in a step-by-step manner.

This book does not deal with the complex compliance issues that are legal requirements in the dental practice within particular states or countries. It deals with the essential aspects that are relevant for all dental practices to develop, regardless of state or country. Many dental practices focus on providing aesthetic dentistry either solely or exclusively, and this book has been formulated especially for those practices. However, all dentists provide aesthetic dentistry whether it is on one tooth, a posterior quadrant, or the whole mouth. Many dentists would like to do more aesthetic dentistry but do not know how to attract those patients who want this treatment. There are also patients within the dental practice who request aesthetic dentistry, whether it is for a major milestone in their lives, to feel better about themselves in general, or to improve their self confidence and their smiles. This book will help dentists to create the organizational structure to make these aesthetic cases happen. A well-organized dental practice reduces stress levels, which helps keep the dentist and their team happy. This happiness reflects on the whole practice and the whole team. Patients notice this and realize that this is a happy dental practice to visit, becoming loyal patients and raving fans.

We hope that you find the book useful and look forward to hearing from you.

References

1. Gawande A. *The Checklist Manifesto: How to get things right*. New York: Picador, 2009.
2. Jameson C. *Great Communication Equals Great Production*. Tulsa, OK: Penn-Well Books, 1995.

Further resources are available at www.jamesonmanagement.com and www.lindagreen-wall.co.uk.

Acknowledgements

“

Gratitude to God for his blessings, insight and wisdom.

Do not say I will study when I have the time, for you may never have the time.

Pirkei Avot 2:4

The more study, the more wisdom.

Pirkei Avot 2:8

”

Linda Greenwall

Writing, compiling, and collating this book has taken dedicated time, late nights, and time stolen from many other things. I thank my husband Dr Henry Cohen for his love and encouragement, and sons Andrew, Joseph, Edward, and Rayno for their love, support, and understanding of my absence from them while writing this book.

My mother, Shirley, a feisty lady with high energy and a positive attitude, has always given clear directions on the path to follow and enjoyed the journey even with the bumps along the way. Thank you!

My father, the late Dr Ryno Greenwall, was my inspiration to become a dentist. I enjoyed being part of the family dental practice, practicing together with my father and grandfather, the late Dr Edward Greenwall, in Cape Town, South Africa. I needed the wise counsel and advice, benefitting from your combined 97 years of experience in dental practice and practical tips on treating patients. I miss that now.

To my teachers, mentors, and dental colleagues, I appreciate your input and clear guidance.

To my dental family, my practice team, hygienists, dental therapists, and Diane Rochford for all of your help and assistance. Thank you for all your support, hard work, and fun along the way.

To the dentists who refer their patients to the practice to provide aesthetic dentistry, thank you for your trust and respect.

To my patients, who have given me the honor and privilege of being part of their lives, thank you.

To Sarah Jewell and Rachel Grosvenor who have helped immensely in compiling this manuscript, inserting photos and preparing newsletters, and with many of our projects that we undertake in the practice. Thank you!

To Dr Ron Goldstein, thank you for sharing your wisdom with me and for your foreword.

To Dr Mike Wise, Dr Mervyn Druian, Dr Cherilyn Sheets, Drs Kim and Basil Mizrachi, Dr Gerry Curatola, Drs Larry and Bob Rifkin, thank you for your contributions and sharing your success strategies.

To Dr Oded Bahat and his assistant Reina Ramirez for your help with our implant treatment planning, implant surgery, and CT scan checklists, and constant reality checks!

To Cathy, thank you for your teaching of the Jameson systems, dedication, and being tough talking when things needed to be done, a guiding coach and great friend. Without you I would not have been able to build and grow my aesthetic dental practice in London. Thank you.

Where do I begin to acknowledge the many people who have influenced this body of work – and, indeed, my lifetime? There have been so many people who have supported me on my path. I am grateful to each one of you.

First of all, I acknowledge the love and grace of God Almighty for His strength, guidance, and careful “watch.”

My husband, my favorite dentist, and my cowboy hero, Dr John Jameson. Thanks for letting me “test” all my theories of practice management in your practice, which became the launching pad for Jameson Management, Inc. Who could have ever guessed ‘the rest of the story’? You are the best.

My wonderful family who don’t always understand why I work such long, tedious hours, but always seems to be glad when they see me pop my head up for air! Our son, Dr Brett Jameson, his wife, Amy, and kids, Lauren and Cody. Our daughter, Carrie Jameson Webber, Director of Marketing for Jameson and her husband, Jess Webber, President and CEO of Jameson, and their sons Benjamin and Keller. Thanks to my father, Derry Ebert, where I learned my work ethic and to my mother-in-law, Dorothy Strong Jameson (MiMi) who is always there – for anything.

Thanks to my Jameson Management, Inc. family, which is the best team EVER! Thanks for your willingness to learn from me and for taking such good care of our clients. Your devotion and dedication to our “method” and to the integrity with which we interact with each client has been a major part of the longevity and legacy of Jameson.

A special expression of gratitude to Amy Logan Parrish for her total and complete dedication to me and to the entire Jameson team. You always ‘step up to the plate’ to help on any project, including this book. You are a blessing to me and to every person with whom you interact. You are amazing.

Cathy Jameson

Rachel Leslie, thank you for sharing your brilliant graphic design and photographic know-how. Your creativity is priceless. To John Jameson, Misty Clark, Dru Halverson and Nancy Dukes, thanks for your contributions to this book.

A special note of gratitude to Alan Cohen, my personal coach. Alan, how do I express my appreciation for your honest and caring support, as well as your personal insights into ‘writing from the heart’?

Thank you to Dr Jean Gordon, my faculty mentor from Walden University, where I completed a doctorate in management in June of 2010. Dr Gordon, you epitomize the very best in education. Your unwavering guidance and straightforward instruction made this tedious journey meaningful and successful.

And a special note of heartfelt love and gratitude to my friend, colleague, and mentor, Jeff Gelona.

Thanks to all of the clients throughout time who have given us the privilege of coaching you and your team. You honor us with your trust. Our success is based on your success. A special note of gratitude to the Jameson clients, team members, and friends who have participated in this book: Drs John Jameson, Ken Hamlett, Charles Puntillo, Mark Hyman, Jill Wade, Galip Gurel, Larry Rosenthal, and Bete Johnson from Care Credit.

To all of the people who have come to my lectures and seminars throughout time, thank you. My intention is always to share ideas and insights that will make a positive difference in your practice and life. May the learning be about “life management,” as well as practice management.

To Quintessence, thank you for the trust you have shown by publishing this book, which is a lifetime accumulation of experience, learning, and study. To have you as the publisher of this book is a dream come true. You honor me, and it is my sincere hope that this book will honor you and your readers.

And, finally, a special note of love and thanks to my client, colleague, and friend, Dr Linda Greenwall, one of the most entrepreneurial women I have ever known. You are a visionary, a fine businesswoman, a wonderful wife, daughter, sister, and mother. You are a leader extraordinaire. You never stop learning. Your passion for continuous improvement is steadfast. I honor, respect, and absolutely love you! This book has been a long-term goal of ours, and its time has come. What a privilege to have written it with you. Here’s to our lifetime of friendship.

Authors and Contributors



Linda Greenwall, BDS (Rand), MGDS RCS (Eng), MSc (London), MRD RCS (Eng), FFGDP, Private Practice, Hampstead, London; Specialist in Restorative Dentistry; Specialist in Prosthodontics; Editor-in-Chief of Aesthetic Dentistry Today



Cathy Jameson, PhD, MA, BS, Founder and CVO of Jameson Management, Inc., Adjunct Faculty Member Oklahoma University College of Dentistry, Member of the Oklahoma State University Board of Trustees

Featured contributors



Cindy Butler, Business Administrator, Dr Charles Puntillo's practice



Misty Absher Clark, VP of Creative Services, Jameson Management, Inc



Nancy Dukes, BA, RDH, CBM, Director of Clinical Consulting, Jameson Management, Inc



Galip Gürel, DDS, Dentis Dental Clinic, Istanbul, Turkey; Founder and Honorary President of Turkish Academy of Esthetic Dentistry



Dru Halverson, BS, RDH, Director of Quality Assurance, Jameson Management, Inc



Debra Hamlett, Business Administrator, Kenneth Hamlett, DDS, Dallas, Texas



Ken Hamlett, DDS, Clinician at Kenneth Hamlett, DDS, Dallas, Texas; Senior Clinical Instructor at the Rosenthal Institute



Mark Hyman,
DDS, MAGD,
Clinician at Mark
Hyman, DDS,
Greensboro, North
Carolina



John Jameson,
DDS, Chairman of
the Board, Jameson
Management, Inc



Bete Johnson,
Director of Busi-
ness Development,
Care Credit



Shana Munson,
Treatment Coordi-
nator and Market-
ing Director, Dr
Tuyen Nguyen Soft
Dental, Rush City,
Minnesota



**Amy Logan
Parrish,** VP of
Development,
Jameson Manage-
ment, Inc



Jacqueline Pastore,
Practice Adminis-
trator, Rosenthal/
Apa Group New
York, New York



Charles Puntillo,
DDS, Clinician at
Charles Puntillo,
DDS, Burlington,
Wisconsin



Larry Rosenthal,
DDS, PC, Clinician
at Rosenthal/Apa
Group New York,
New York; Founder
and Clinical Direc-
tor of Rosenthal
Institute, Aesthetic
Advantage and
Aesthetic Advan-
tage Continuum



Jill Wade, DDS,
MAGD, Clinician
at Stonebriar Smile
Design, Frisco,
Texas

Other contributors



Oded Bahat, DDS,
Implant Surgeon
and Periodontist,
Beverly Hills,
California



Gerry Curatola,
DDS, Aesthetic
Dentist, New York,
New York



Mervyn Druian,
BDS (Rand), DGDPRCS,
Cosmetic
Dentist, London



Ron Goldstein,
DDS, Clinical Professor,
School of
Dentistry, Medical
College of Georgia,
Augusta, Georgia



David Klaff, BDS,
Prosthodontist and
Aesthetic Dentist,
London



Basil Mizrahi,
BDS, MSc (Rand),
Prosthodontist,
London



Larry Rifkin, DDS,
Cosmetic Dentist
and Prosthodontist,
Beverly Hills,
California



Cheryl Sheets,
DDS, Prosthodontist,
Newport
Beach, California



Michael Wise,
BDS, MScD, LD
SRCS, FDS RCS,
Specialist in Restorative
Dentistry
and Oral Surgery,
London

Contents

Chapter 1

Introduction	1
<i>Cathy Jameson and Linda Greenwall</i>	

Chapter 2

The Foundation: Mission, Vision, Goals	9
<i>Cathy Jameson and Linda Greenwall</i>	

Chapter 3

The Critical Factors of the Business of Dentistry.....	25
<i>Cathy Jameson and Linda Greenwall</i>	

Chapter 4

The Most Critical Factor: The Team.....	41
<i>Cathy Jameson and Linda Greenwall</i>	

Chapter 5

Internal Marketing.....	57
<i>Cathy Jameson, Linda Greenwall, and Misty Absher Clark</i>	

Chapter 6

External Marketing	79
<i>Cathy Jameson, Linda Greenwall, and Misty Absher Clark</i>	

Chapter 7

Communication Skills	91
<i>Cathy Jameson and Linda Greenwall</i>	

Chapter 8

The Business of Bleaching and Tooth Whitening	105
<i>Linda Greenwall and Cathy Jameson</i>	

Chapter 9

Treatment Planning and Diagnosis of Aesthetic Dentistry.....	131
<i>Linda Greenwall and Cathy Jameson</i>	

Chapter 10

Effective Case Presentation.....	167
<i>Cathy Jameson and Linda Greenwall</i>	

Chapter 11

Developing the Role of Treatment Coordinator 195

Cathy Jameson and Linda Greenwall

Chapter 12

Financing Aesthetic Dentistry 207

Cathy Jameson and Linda Greenwall

Chapter 13

Scheduling Aesthetic Dentistry 225

Cathy Jameson and Linda Greenwall

Chapter 14

The Hygienist's Role in Promoting Aesthetic Dentistry 241

Cathy Jameson and Linda Greenwall

Chapter 15

The Use of Technology in Building the Aesthetic Aspect
of a Dental Practice 255

Cathy Jameson, Linda Greenwall, and John Jameson

Chapter 16

Continuing Education 275

Cathy Jameson and Linda Greenwall

Chapter 17

In Conclusion 287

Cathy Jameson and Linda Greenwall

Index 289

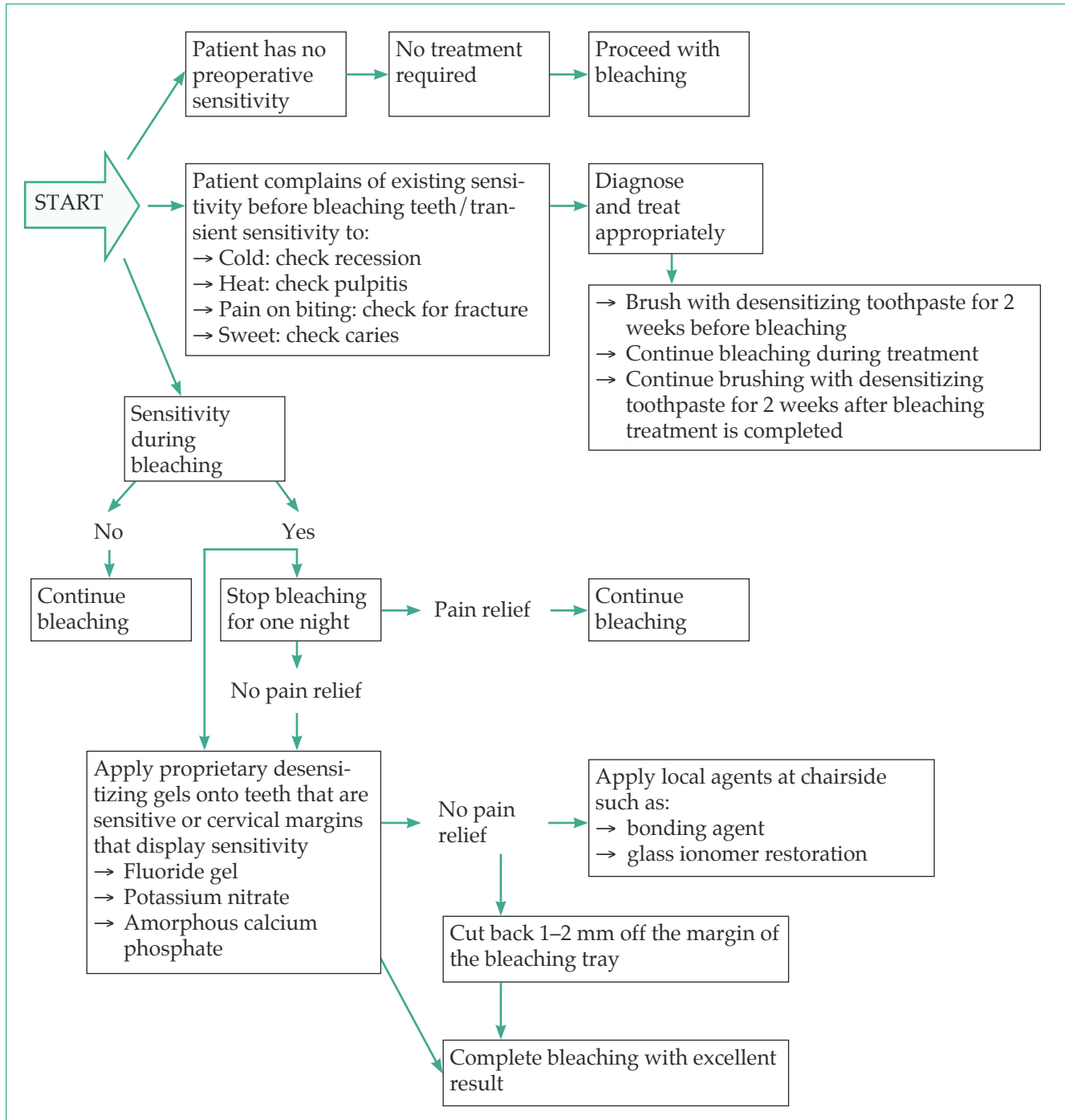


Fig 8-2 Treatment sequence for managing bleaching sensitivity.

- crack lines
- white spots
- internal tooth shading, characterizations
- shading of the teeth, anterior and posterior maxillary and mandibular
- tooth wear
- existing composite restorations

- non-vital teeth
- single yellow vital teeth
- deeper stains or markings
- amalgam staining
- type of discoloration, eg, tetracycline or fluorosis stain
- white markings
- chronological age when damage occurred
- presence of caries or abscesses.

Shade assessment

Assess the patient's baseline shade. Record the shade of the six anterior maxillary teeth as these can all be different. Record the shade of the mandibular teeth. Often there can be a discrepancy between the shade of the maxillary and mandibular teeth. The basic assessment uses the porcelain shade guides (Figs 8-3 and 8-4). Show patients on the shade guide what they may hope to achieve from a realistic point of view. Do not promise something that cannot be achieved in terms of whiteness. Many patients want the whitest shade available and this may not always be possible: further aesthetic dentistry may be necessary. Some patients have all anterior teeth a different shade and this should be individually recorded (Fig 8-5).



Fig 8-3 Shade assessment. It is essential to involve the patient in the discussion about the shade before, during and after whitening. In this figure the patient is involved in the discussion about the shade of the teeth and uses a mirror to look at the shade guide in comparison to the shade of the teeth.



Fig 8-4 The classic Vita shade guide is used to assess the change in color after the whitening treatment. A comparison is made with the shade of the white of the eyes, as after completion of whitening treatment the white of the eyes should match the shade of the teeth.



Fig 8-15 Items required for set-up of bleaching review (Appendix 8-5).



Fig 8-16 The power bleaching procedure in progress.

Procedure: Power bleaching (Fig 8-16)

Time: 2 hours

- Greet and seat patient, check medical history.
- Check the consent form is signed.
- Explain the procedure to the patient.
- Take a shade.
- Take preoperative photos (with a blue background).
- Apply face cream, Vaseline to the lips
- Place retractors in patient's mouth, long cotton wool rolls, and napkin.
- Apply liquid dam, tack to cotton wool.
- Apply gauze to protect soft tissues including cheeks.
- Apply bleaching gel to the teeth.
- Position the Zoom 2 light, make sure it is correctly lined up.
- Light is on for 15-min intervals.
- Remove gel and rehydrate teeth with water and cotton wool rolls.
- Repeat procedure two more times.
- Following third cycle, remove liquid dam and cotton wool rolls.
- Ask patient to rinse (plain water).
- Apply fluoride gel to teeth.
- Take postoperative photos.
- Postoperative instructions, trays, and material supplied to patient if continuing with home bleach.
- Complete documentation.
- Ask patient if they have any questions, run through what treatment has been carried out today, and what to expect at their next visit.
- Schedule next appointment.
- Decontaminate surgery and set up for next patient.

Fig 8-17 Tray set up and additional items required for power bleaching treatment using Philips Discus products (Appendix 8-5).



To set up, and instruments for power bleaching procedure (Fig 8-17)

- Patients notes, current radiographs (ensure the radiographs are up on computer monitor).
- Patient bib, glasses.
- Gloves, mask, and shield.
- Mouthwash (colorless), salivary ejector, wide bore suction and surgical suction tip.
- Basic examination tray (mirror, probe, and tweezer).
- Camera, shade guide, retractors.
- Cotton wool rolls (long and short), gauze, napkin, retractor, Q-tips.
- Face cream, Vaseline, dappens dishes, cotton rolls.
- Suction tips, applicator brushes.
- Liquid dam.
- Power bleaching material and light.
- Soothers (fluoride gel, potassium nitrate, and amorphous calcium phosphate).



Figs 10-11a to 10-11k Tour of the mouth photographs (photography by Misty Absher Clark).

goals. I'd like to invite you back to the office in about a week so that we can sit down together uninterrupted to discuss my recommendations. Would that be acceptable to you?"

Once a person says yes to the consultation, ask them one more very important question:

Dentist: "Rachel, other than yourself, who will be deciding how you proceed with your treatment?"

Find out if there are other decision makers involved. There is no reason to call for a decision if the decision maker is not there. Determine the decision makers and make effort to schedule your consultation at a time when both



Fig 10-12 Return consultation invitation.



Fig 10-13 Scheduling the consultation appointment.

parties can be in your office. Dental decisions are not made sitting around the dining table, they need to be made at your dental practice where you have the visual aids and the professional information. However, if you cannot get all decision makers at the consultation and if you have used our protocol for Digital Case Presentation© (see Appendixes 10-1 and 10-2), the resulting CD can provide visual and written support of your treatment plan if decision makers are not present.

Don't think that people will not come back for a consultation. They will be happy to return. You are going to change their smile. They are going to make a significant investment, and so need to be informed. They will come back. Give yourself and your patients the time and attention needed to make this major decision. A quick discussion at the chair is not the avenue to gaining high levels of case acceptance.

Schedule the consultation appointment within one to a maximum of two weeks following the initial evaluation (Fig 10-13). The patient's interest will be at its highest level. Letting too much time pass before the consultation could lead to waning interest.

Treatment planning

Once you have completed the comprehensive evaluation, schedule time to design a treatment plan that is optimal for the patient. Plan your cases while the information is fresh in your mind and before the patient comes back for their consultation appointment. Careful planning and documentation will support your care of the patient throughout their time with you. Your team can only perform well in all of their roles if a carefully designed treatment plan is a part of the patient record. Team members cannot make excellent financial arrangements nor can they schedule appointments properly if they don't have a carefully documented treatment plan. Failing to plan will reduce your rate of case acceptance.

Refer to the chapter on the treatment coordinator (Chapter 11). The development of this role in your dental practice can lead to higher levels of case



Fig 15-4a Using the intraoral digital scanner will reduce the need for impression taking using trays and impression material. Once the dentist has been trained in using the scanner to record the prepared teeth, this will improve accuracy and speed. The scanner transfers the information via the internet directly to the dental laboratory in order to save time. The picture shows the Cadent iTero scanner (Cadent, Carlstadt, NJ).



Fig 15-4b The scanner head in close up view. The black part of the head needs to be positioned directly over the tooth and recorded in three dimensions.



Fig 15-4c The scanner being used clinically. As with all technology, it is essential that further training is undertaken to ensure the best use and full capabilities of the technology.



Fig 15-4d Careful positioning of the intraoral scanner is essential.



Fig 15-4e The scanner head being placed in the patient's mouth, ready to commence the scanning process.

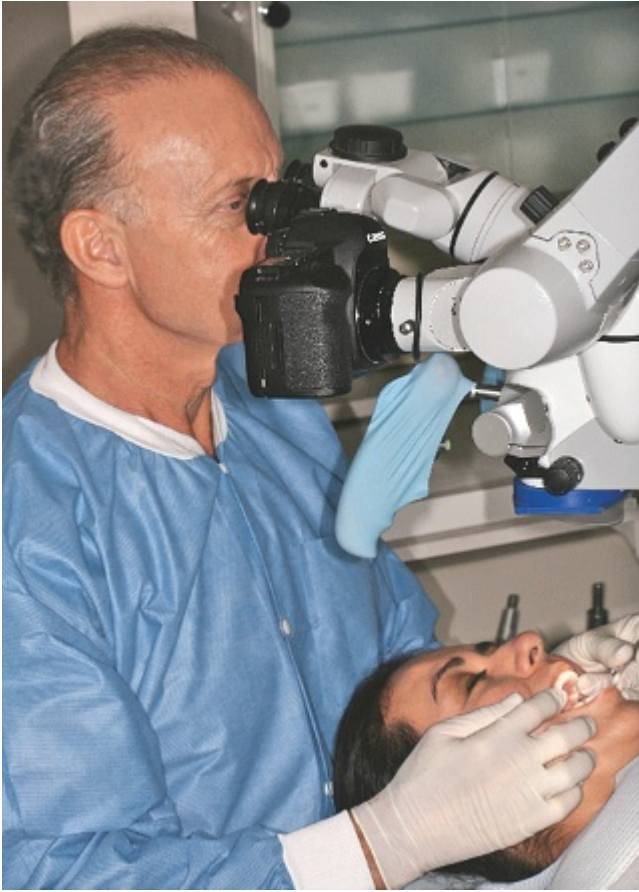


Fig 15-5 Dr Larry Rifkin using the microscope for aesthetic clinical procedures. He has an attachment for the digital camera that fits onto the microscope in order to record clinical procedures. The microscope also has the ability to record videos. This is useful for teaching and for showing to patients.



Fig 15-6 Using the operating microscope for aesthetic dentistry procedures improves the quality of the restoration as better visualization is possible. This helps especially when finishing off margins of veneer preparations and the polishing of anterior direct resin composite bondings.

Fig 15-7 The use of dental loupes for magnification is an essential tool for all aesthetic dentists who want to improve their clinical procedures and diagnosis of problems intraorally.



Index

3D image technology 263–4
4Ps of professionalism 202
12 critical factors 26–39
25 management systems 35–6

A

acceptance *see* case acceptance
accountability 22, 47
accounting reduction payments 219
accounts collection *see* collection
 goals
accounts receivable 28, 37
acknowledgement responses 97
action-oriented advertising 81–3
action steps 8
 case presentation 188–9
 communication skills 102
 continuing education 284
 critical factors 39–40
 external marketing 88–9
 financing dentistry 223–4
 hygienist's role 254
 internal marketing 74–5
 mission/vision/goals 24
 scheduling system 240
 team members 55
 technology use 270
 treatment coordinator role 206
 treatment planning 151–2
 whitening treatment 116
 see also plan of action
active listening 98–9, 132–3, 170,
 176, 213
active patients, definition 32
administrative planning 135, 162
adult learning principles 278–9
advance fee collection 239

advanced bleaching category 110,
 112, 138
advertisements 79, 81–4, 244
advisors 49
aesthetic cases
 checklist 163–4
 digital radiography application
 270
 importance to practice 287–8
aftercare 77
 see also home care; postoperative
 procedures
'alternative of choice' 61, 62, 73, 239
answering devices 236–8
anterior teeth whitening
 109–10
appointment book/tool 229
appointment schedules 6, 30, 187–8,
 225–40
 broken/no-shows 31, 37–8, 87–8,
 211, 235–9
 confirmations 236–8
 consultations 179, 181, 200, 267–9
 home whitening 123–5
 hygiene 243, 249–50, 253–4, 265
 new patients 33, 59–61, 87–8, 170
 payment by appointment 220
 rescheduling 238–9
 treatment planning
 142, 199
appreciation as motivator 49–50, 54
assessments
 treatment planning 132–5, 140–1,
 159
 whitening treatment 106–10, 115,
 144, 148
 see also evaluation

assignment of benefits 28
assistant role *see* clinical assistant/
 nurse role
associate dentists 234
attainability of goals 20
attitudes of team 34–5, 39, 43, 45–6

B

Bahat, Oded 154
bank card payments 220
barriers to treatment 208
 see also objections of patients
basic bleaching category 110–11
before-and-after photography 66,
 68, 137, 182–3, 243, 267
Blanchard, Ken 58
bleaching packs 123, 125
bleaching trays 124–7, 129, 247
bleaching treatment 5, 105–29, 138
 categories 110–12
 checklist 161
 hygienist's role 243, 247
 marketing 113–14
 no-preparation veneers 147–8
 review 125, 127–8
 sensitivity during 108, 110, 122
 see also whitening treatment
body language 95–7, 213
bonding methods 148, 149
booklets, treatment planning 142–3
brainstorming problems 101
brands 79–80
brochures 243
 see also welcome packets
broken appointments 31, 37–8, 87–8,
 211, 235–9
Burke, F.J. 148–9

- business cards 68, 72, 115
- business manager role 205
- business skills 25–6
- busyness of practice 232–4
- Butler, Cindy 54–5
- buying decisions, patients 175, 177, 180
- C**
- ‘C’ format, advertising 84
- CAD/CAM (computer-aided design/computer-aided manufacture) 257, 264
- call to action, advertising 83
- call tracking 86–7
 - see also* phone calls
- cameras *see* photography
- canceled appointments 31
 - see also* broken appointments
- canine teeth 110, 141
- caries control 161
- case acceptance 31–2, 167
 - checklist 38
 - external marketing 88
 - gaining high levels of 195–7
 - listening and 168
 - system 168–93
 - technology use 266–7
 - treatment coordinator review 205
- case completion 151
- case presentations 5, 31–2
 - action steps 188–9
 - checklist 163–4
 - effectiveness 167–93
 - external marketing 88
 - fee presentation 211–15
 - treatment coordinator role 202, 205
 - whitening treatment 112
 - see also* consultations
- cast assessments 140–1
- CBCT (cone beam CT) scanners 257, 263–4
- CDs (Compact Discs), DCP 191–2
- Celebrate the Victories worksheet 15
- celebrities, smile design 145
- central processing units (CPUs) 257
- ceramic specialists 183
- ceramic tooth fabrication 257, 264
- challenges, importance of 52
- change 12–13, 276–8, 288
- checklists
 - 12 critical factors 36–9
 - aesthetic case 163–4
 - CT scan assessment 159
 - internal marketing 76–7
 - intraoral camera views 272–3
 - intraoral digital radiography 274
 - treatment planning 149–51, 158, 160–2
- choice 35, 61, 62, 73, 239, 275
- circle of practice life 281
- clinical assistant/nurse role 174–5, 227–9, 235–6
- clinical needs 175
 - see also* needs of patient
- clinical service planning 135, 144
- clinical skills 134
- clinical use, digital radiography 269–70
- clip-on teeth 148
- ‘closing sequence’, finances 212
- coaching 49, 282
- cold sensitivity 106
- collection goals 27–8, 36–7
 - see also* finance
- color of teeth 105, 115, 151, 247
 - see also* whitening treatment
- commitment of patients 184, 185–7
- communication skills 4–5, 47, 67–8, 91–103
 - action steps 102
 - broken appointments 235
 - case acceptance 168, 172, 181–2
 - change and 12
 - financial questions 221–3
 - treatment coordinator 201–2
 - see also* listening skills; speaking skills
- communication technologies 255–6
- Compact Discs (CDs), DCP 191–2
- compliments 53
- comprehensive oral evaluations 177, 198–9, 264–5
- computer-aided design/computer-aided manufacture (CAD/CAM) 257, 264
- computerized tomography (CT) scans 140, 159, 257, 263–4
- computerized treatment plans 204
- cone beam CT (CBCT) scanners 257, 263–4
- conference courses 281–2
- confidence 169, 210, 217, 249
- confidentiality, finances 211
- confirming appointments 236–8
- consensus problem-solving 101
- consistency in marketing 80, 83
- consultations 177–84, 200–2, 267–9
 - see also* case presentations
- continuing education 6–7, 267, 275–85
- control of schedules 232–4
- convention courses 281–2
- coordinator role *see* treatment coordinator
- cosmetic imaging systems 183–4, 261
- costs 6, 207–24, 239
 - case acceptance and 186–7
 - patient financing 29, 209, 220–1, 234
 - of treatment coordinator 205
 - see also* finance
- courses, continuing education 281–2
- CPUs (central processing units) 257
- credit programs 221
- critical factors 3, 25–40
 - action steps 39–40
 - goal accomplishment 20
 - team members 3–4, 34, 41–56
- cross-training 218, 278, 279–81
- crown preparation 229, 230
- CT (computerized tomography) scans 140, 159, 257, 263–4
- Curatola, Gerry 149
- customer service 67
 - see also* internal marketing
- D**
- daily production goals 226–7, 231
- damage control, training for 280

- data gathering 132–5, 139, 198–9, 264–5
 - see also* information
- data organization/storage 257–60, 263
- the Daughter Test 148–9
- DCP *see* Digital Case Presentation
- decision-making
 - patients 175, 177–80, 191
 - team members 48
- definitive treatment checklist 150, 161
- delegation 113, 227–9, 234
- demand and supply 216–19
- Deming, W Edward 276
- dental school courses 282
- dentists
 - associates/additional 234
 - broken appointment reduction 236
 - hygiene evaluation 251–3
 - scheduling time 227–9, 231
- destruction of healthy teeth 144–5
- diagnosis 5, 131–66
 - case acceptance 31–2
 - hygienist's role 246
 - technologies for 256–7, 262
 - tooth whitening 106–7, 118–19
- diagnostic waxup assessment 140
- diastemata 132, 146–7
- Digital Case Presentation (DCP) 183–4, 190–3
- digital education programs 248
- digital photography 68–71, 191–3, 261
 - see also* photography
- digital radiography 256–7, 261–3, 269–70, 274
- digital technologies 255–7
 - CAD/CAM scanners 257, 264
 - storage of data 257–60, 263
 - see also* web resources
- digital welcome packets 61–2
- discoloration of teeth 105
- disease control 160–1
- diversity in teams 46
- Dominant Dozen critical factors 26–39
- door openers 98, 190–1
- Druian, Mervyn 152
- duplicate casts/stents 140–1
- dysmorphophobia 145
- E**
- education
 - case presentations 180–4
 - continuing 6–7, 267, 275–85
 - hygienist's role 32, 242–51
 - initial patient interviews 133–4, 175
 - internal marketing campaigns 71–2
 - systems 249–51
 - technology use 256, 266–7
- electronic confirmations 237
 - see also* e-mails
- e-mails 237, 242, 243
- emergency treatment 150, 231–2, 236, 265
- emotions 94–6, 99, 176–7
- empathy 213
- employee performance 51–2, 53, 278
- employment applicants 43–4
- enamel destruction 144–5
- endodontics 269
- energy 13, 50, 170
- enthusiasm 195
- evaluation
 - comprehensive oral 177, 198–9, 264–5
 - goal accomplishment 22
 - hygiene 231, 246, 250
 - oral 177, 198–9, 250–2, 264–5
 - periodic 231, 250–2
 - problem-solving skills 101–2
 - of self 35, 39
 - treatment planning 139–40, 151, 159
 - see also* assessments; smile evaluations
- examination record sheets 120–1
- existing patients
 - journey 135, 137
 - practice building 33–4
- existing patients
 - see also* patient...
- expectations of patients 144
- extended payment plans 220, 221
- external marketing 4, 79–89
 - action steps 88–9
 - bleaching treatment 113–14
 - defining 79
 - internal versus 57
 - practice building 33–4
- extraoral digital photography 261
- eye contact 95–7
- F**
- Facebook 84
- facilities checklist 76
 - see also* greeting area; treatment rooms
- failure, fear of 17
- feedback 22, 278
 - see also* performance reviews
- fees 207–24
 - advance collection 239
 - analysis of 215–16
 - scheduling and 234, 239
 - whitening treatment 112–13
 - see also* finance
- 'felt' needs *see* needs of patient
- finance 6, 207–24
 - action steps 223–4
 - case acceptance and 179, 180, 186–7
 - continuing education 280
 - critical factors 27–9
 - emergency treatment 232
 - making agreements 210–15
 - scheduling and 234, 239
 - treatment coordinator role 200–2, 212–14
- financial agreement forms 214–15, 218–19
- fixed prosthetics 269–70
- flow of communication 100–2
- fluorosis mottling 138
- focus 13, 46, 50
- follow-up programs 33–4, 202–4
- framing photographs 245
- fulcrum of practice 167–8, 205, 217

- G**
 gel use 116
 see also bleaching treatment
 generational differences 1–3
 gift cards 73–4
 goal accomplishment 3, 13–17
 action steps 24
 critical factors 26–35, 36–9
 daily production goals 226–7, 231
 five-step process 19–22
 obstacles to 17–19
 payment options 209
 rewarding 49–50, 53
 stress control 225
 summary 23
 team focus 46
 worksheet 22
 goal identification 18–19, 21
 goals, defining 16
 Goldstein, Ron 283–4
 Greenwall, Linda, background 2
 greeting area 65–8, 76
 greeting new patients 59–60, 174–5
 group events 85–6
 Gurel, Galip 41–2, 199
- H**
 Hamlett, Ken 3, 170, 203
 hardware, data storage 257
 healthy teeth destruction 144–5
 heat sensitivity 106
 Herzberg, Frederick 51–2
 hiring team members 43–5
 ‘Hollywood smile’ 145
 home care 68, 116
 see also aftercare
 home study courses 282
 home whitening 114, 122–9, 247
 Hopkins, Tom 202
 hygiene bag inserts 71
 hygiene evaluations 231, 250, 251–3
 hygiene retention system 32, 253–4
 hygiene system 32, 249–51, 253–4
 hygienists
 action steps 254
 broken appointment reduction 236
 checklist 38
 dentistry promotion 248–9
 role of 6, 32–3, 241–54
 technology use 265
 whitening treatment 113, 115, 116
 Hyman, Mark 3, 283
- I**
 ‘ideal’ practice 10–11, 18–19, 26, 288
 image storage solutions 257–60
 implant treatment 165–6, 269
 implementation of treatment 144–51
 inactive patients, definition 32
 incisor whitening treatment 110, 111
 incomplete treatment plans 265
 induction training 50–1
 information
 communication and 99
 DCP 190
 digital radiography 263
 initial patient interviews 132–5, 174–5
 scheduling system 229–30
 telephone etiquette 171
 see also data gathering
 initial contact with patients 169–71
 see also new patients
 initial patient interviews
 132–5, 174–7, 264–5
 insurance 28, 215, 234, 265–6, 280–1
 integration
 team members 50–1
 technology 260
 interfaced appointments 228
 intermediate bleaching category 110–11
 internal communications 94
 internal marketing 4, 57–77
 action steps 74–5
 bleaching treatment 113–14
 campaigns 71–2
 checklist 76–7
 defining 58–72
 practice building 33–4
 interviews
 patient’s initial 132–5, 174–7, 264–5
 team members 44–5
 intimacy 91–2, 210
 intraoral assessment, whitening 106–9
 intraoral camera systems 260–1, 272–3
 intraoral digital radiography 261–3, 274
 intraoral photo evaluation 140, 246
 intraoral scanners 258
 investment *see* finance
 Invisalign treatment 147
- J**
 James, William 275
 Jameson, Cathy, background 2–3
 Jameson, John 2, 208–9, 279
 Jameson Management, Inc. 2–3
 Digital Case Presentation 190–3
 internal marketing 72, 73
 Model of Success 217
 patient communication slip 172
 team photo 42
 job descriptions 43, 47, 53, 58–9, 197–201
 job interviews 44–5
 job satisfaction 51–2
- K**
 Kelleher, M.G. 148–9
 Klaff, David 153
- L**
 lateral view photography 247
 leadership 11, 12, 35, 39, 41, 48
 learning, teams 276–9
 see also education; training
 learning curves 263
 letters, hygiene notices 243
 lightness of teeth, whitening 115, 148
 Lindahl, Lawrence 49, 53–4
 linkage communication 235
 listening skills 94–101
 case acceptance 168
 financial arrangements 213
 initial patient interviews 132–3
 need establishment 175–9
 new patient phone calls 60, 170

steps to effective 99–100
 logos 80–1
 losses, collection goals 27
 loupes for magnification 257, 259
 low self-esteem obstacle 17–18
 lunch and learn sessions 282

M

magazines 65–6
 magnification 257, 262
 magnification loupes 257, 259
 maintenance programs 115–16, 162
 makeover photographs 267–8
 management systems 25–6, 35–6, 233
 see also systems
 managerial skills 134
 mandibular teeth
 photographing 247
 whitening 109, 111
 Manzer, Lee 202–3
 marketing
 bleaching treatment 113–14
 defining 79
 external 4, 33–4, 79–89, 113–14
 hygienist's role 241–54
 internal 4, 33–4, 57–77, 113–14
 telephone as tool 169–70
 treatment planning and 135, 137
 wheel of 80–2, 85–6
 mass destruction of teeth 144–5
 maxillary teeth
 photographing 247
 whitening 109–11
 Mayo, Elton 94
 meetings, teams 48–9
 message
 communicating 93, 100–1
 external marketing 79–80, 83
 microabrasion of teeth 112, 138
 microscopes 257, 259
 midline diastema 132, 147
 minimalist trend 147
 mission statements 3, 9–10, 12, 20, 24, 46
 Mizrahi, Basil 153–4
 Model of Success (Jameson Management) 217

money as motivator 54
 see also finance; motivation
 monitors
 positive reinforcement 53
 reports 35, 37, 162
 treatment planning 162
 whitening treatment 113
 see also tracking
 monthly monitors report 35, 37, 162
 motivation
 case presentations 180–4
 goals 19–20
 team members 49–50, 52–4, 191
 mouth stabilization 150, 160–1

N

natural enhancement trend 145, 147
 needs of patient 133–4, 175–80
 negativity 14, 45, 223
 networking events 85–6
 new patients
 greeting 174–5
 increasing flow 191
 initial interviews 132–5, 174–7, 264–5
 journey 135, 136
 phone calls 59–61, 86–7, 169–71
 practice building 33, 57–8
 questionnaires 133, 156
 treatment coordinator role 197–8
 welcome packets 61–4, 87–8
 whitening treatment 105–7
 newsletters 114, 244
 no-preparation veneers 147–8
 no-shows 31, 37–8, 87–8, 211, 235–9
 note-taking, phone calls 60
 nurse role *see* clinical assistant/
 nurse role
 objections of patients 186–7, 207–10, 221–3
 occlusion, treatment planning 150
 offers 83–4, 244
 on-line training 282

open-ended questions 44, 168, 176–7
 operating microscopes 257, 259
 operation manuals, systems 280
 operative dentistry 270
 oral evaluations 177, 198–9, 250–2, 264–5
 oral surgery 269
 orthodontics 144
 overhead control 29–30, 208

P

palatal mirror photography 70
 palliative treatment 232
 panoramic digital radiography 261–3
 passive listening 97–8, 176
 Pastore, Jacqueline 67, 233
 pathology 269
 patient commitment 184, 185–7
 patient communication slip 172
 patient education 71–2
 hygienist's role 242–51
 initial interviews 133–4, 175
 technologies 256, 266–7
 patient expectations 144
 patient facilities *see* greeting area;
 restroom checklist; treatment
 rooms
 patient family
 external marketing 80
 hygiene department 32, 243
 journey 135, 137
 practice building 33–4
 see also new patients
 patient files 261–2
 patient financing programs 28, 29, 209, 220–1, 234
 patient instructions, whitening 122
 patient interviews
 case acceptance 174–7
 technology use 264–5
 treatment planning 132–5
 patient payment agreement form 219
 patient-team relationships
 case presentation 169–75, 190
 communication skills 91–2, 95

- patient–team relationships
 - critical factors 44, 46, 47
 - hygienist's role 249
 - internal marketing 59–60, 67–8
 - patient wants 131–2, 268
 - payment options 28–9, 207–8, 214, 219–21, 234, 239
 - peg-shaped teeth 148
 - perceived needs *see* needs of patient
 - perfectionism 17, 144
 - performance reviews, teams 51, 53, 278
 - periodic evaluations 231, 250, 251–2
 - periodontal therapy 32
 - personal referrals 57, 72–4, 267–8
 - personal skills 134
 - personality differences, teams 46
 - personnel issues 50
 - see also* team members
 - phone calls
 - appointment confirmation 236–8
 - follow-ups 203–4
 - new patients 59–61, 86–7, 169–71
 - no-shows 239
 - tracking 86–7
 - phone number, advertising 84
 - photography 68–71
 - assessment of 140
 - before-and-after 66, 68, 137, 182–3, 243, 267
 - case presentations 182–4, 191–3
 - Digital Case Presentation 191–3
 - effective use of 182–4
 - emergencies 265
 - hygiene education 243, 244–7
 - intraoral 140
 - scheduling system 228
 - technologies for 260–1, 264, 265, 268–9
 - tour-of-mouth 178, 182–3, 198, 264, 265
 - treatment planning checklist 150–1
 - whitening treatment 115, 124
 - pitch of voice 97
 - plan of action
 - change and 12
 - cross-training 280
 - designing 21
 - problem-solving 101
 - time-activation 21–2
 - planning treatment *see* treatment planning
 - porcelain shade guide 109, 115, 144
 - portrait photo gifts 267–8
 - position responsibilities *see* job descriptions
 - positive attitudes, teams 45–6
 - positive reinforcement 41, 52, 53–4
 - positive words/phrases 223
 - postgraduate institutes 282
 - postoperative procedures 68
 - see also* aftercare
 - power whitening 114, 128–9
 - PowerPoint presentations 192, 193
 - practice building 33–4
 - aesthetics importance 287–8
 - checklist 38
 - continuing education 275–6
 - internal marketing 57–8, 60
 - technologies for 255–74
 - pre-blocked appointments 33, 230–1
 - prescription sheet, whitening 106, 118–19
 - presentations *see* case presentations
 - prevention use, digital radiography 269
 - primary procedures 230–1
 - privacy, finances 211, 214–15
 - problem-solving 47, 100–2, 210
 - procedure analysis forms 112, 113, 126–9, 227–9
 - procedure variety, daily schedule 230
 - production goals 27, 32, 36, 226–7, 231
 - productivity 16–17, 195–7
 - professional skill development 134
 - professionalism, 4Ps of 202
 - profit margins 27, 29–30, 208, 215
 - profitability increase 216
 - promotion *see* marketing
 - prosthetics 269–70
 - protocols, home whitening 123–5
 - provisional restorations 150, 161
 - psychological conditions 145
 - Puntillo, Charles 3, 172–3, 196, 278–9
 - purpose *see* mission statements
- Q**
- quality
 - of care 216–17
 - photographs 68–71
 - of voice 97
 - questioning skills 44, 168, 176–9, 200–1, 212
 - questionnaires 131, 133, 156
- R**
- radiation exposure 262
 - radiography
 - digital 256–7, 261–3, 269–70, 274
 - evaluation 139–40
 - rapport 190
 - rate of speech 97
 - 'raving fans' 58, 267
 - reading materials 65–6
 - reading skills 93–4
 - reception area 65–8, 76
 - record sheets, tooth whitening 120–1
 - recording devices, phone calls 236–8
 - recording own voice 96–7
 - referrals, personal 57, 72–4, 267–8
 - referring cases on 234
 - relationships
 - building 169–75
 - communication skills 47, 67–8, 91–2, 95, 100
 - social media 84–5
 - see also* patient–team relationships
 - relevance of goals 20
 - repetition 59–60, 80, 83, 94, 251
 - rescheduling appointments 238–9
 - research studies, goals 16–17
 - reserved appointments 220
 - see also* pre-blocked appointments
 - resin composite mockups 145, 146
 - resource identification 21

- resource network, teams 49
responsibility assignment 21, 46–7, 59, 197–201
see also job descriptions
restorative treatment
checklist 150, 161
hygiene department 32
technologies for 259, 264, 270, 272–3
whitening and 106
restroom checklist 76
retention systems, hygiene 32, 253–4
retracted image photography 68–70
reviewing roles 205
see also performance reviews
rewards, team members 49–50, 52–3
Rifkin, Larry 154, 259
risk and change 12
Rosenthal, Larry 282
Rosenthal Apa Group 67, 169, 233
- S**
scanning devices 140, 159, 257–8, 263–4
scheduling system 6, 30–1, 187–8, 225–40
action steps 240
busyness challenges 232–3
checklist 37–8
consultations 179, 181, 200, 267–9
finance and 211, 220
home whitening 123–5
hygiene 243, 249–50, 253–4, 265
information for 229–30
new patients 33, 59–61, 87–8, 170
payment by appointment 220
treatment planning 142, 199
scripts, phone calls 170–1
secondary procedures 230
self-esteem 17–18
self-evaluation 35, 39
Senge, Peter 276
sensitivity, tooth whitening 106, 108, 110, 113, 122
set-up
bleaching review 127–8
bleaching trays 126–7, 129
crown preparation trays 229
shade assessment, whitening 106, 109–10, 115, 144, 148
Sheets, Cheryllyn 153
signature of agreement, finance 214
silence *see* passive listening
Simon, Risa 45
singularity, marketing message 83
skill development 25–6, 134
see also communication skills
SMART goals 19–21
smile analysis sheets 157
smile books 66, 71
smile design principles 141, 144, 145
smile evaluations 64, 171, 173, 246
Smile Out Loud® cards 73–4
social media 79, 84–5, 94
software, data storage 260, 263
speaking skills 94, 96–7, 100
case acceptance 181–2
financial questions 221–3
scheduling and 235
telephone etiquette 170–1
treatment coordinator 201–2
specificity
goals 19, 226–7
responsibilities 21
staff appearance checklist 76
stent assessments 140–1
storage of data 257–60, 263
strategic planning 10
see also goal accomplishment
strategic scheduling 226–32
stress control 225, 232, 237
study clubs 282
subconscious self-esteem 17–18
success, defining 13
success strategies
business/systems 25–6
treatment planning 143, 149, 152–4
using 7–8
vital elements 23
supply and demand 216–19
surgical procedures 269
systems 35–6
case presentation 167–93
continuing education 277–85
cosmetic imaging 183–4
hygiene system 32, 249–51, 253–4
internal marketing 58–9
success strategies 25–6
technologies for 255–74
see also management systems;
scheduling system
- T**
team learning 276
team meetings 48–9
team members 3–4, 34, 41–56
action steps 55
attitudes 34–5, 39, 43, 45–6
case presentations 169–75, 190–1
change 12–13, 288
characteristics for success 42–50
checklist 38–9
communications overview 91–2, 94–5, 101
continuing education 276–9, 281
external marketing 80
financial matters 218, 220
hiring 43–5
integrating 50–1
internal marketing 58–60, 67–8, 76
plan of action 21–2
responsibility assignment 21, 46–7, 59, 197–201
scheduling system 227, 228–9
treatment planning 137
whitening treatment involve-
ment 113, 115
see also hygienists; treatment
coordinator
technologies
action steps 270
daily use 264–6
integrating 260
use of 6, 255–74
telephone etiquette 59–61, 86–7, 169–71, 203–4, 236–9
templates, digital radiography 263
tertiary procedures 230
testimonials, greeting area 66
tickler files 239

- time allocation
 - hygiene system 249–50
 - scheduling system 142, 227–9, 231–2, 235
 - treatment planning 139
 - time frame, plan of action 21–2
 - time management 229
 - timeliness
 - decision-making 48
 - marketing campaigns 72
 - tone of voice 96–7
 - tooth whitening *see* whitening treatment
 - tour-of-mouth photography 178, 182–3, 198, 264, 265
 - tracking
 - for follow-ups 204
 - goals 20–1
 - implant treatment 165–6
 - marketing results 86–8
 - training
 - continuing education 278–81
 - cross-training 218, 278, 279–81
 - financial matters 218, 220
 - induction training 50–1
 - on-line 282
 - scheduling system 227, 228–9
 - technology use 258, 260, 266
 - see also* education
 - trauma, radiography for 269
 - trays
 - for bleaching 124–7, 129, 247
 - setting up 126–7, 129, 229
 - treatment acceptance *see* case acceptance
 - treatment coordinator
 - action steps 206
 - benefits of role 197
 - characteristics for success 197
 - financial arrangements 186–7, 200–2, 212–14
 - planning sessions 139, 143
 - reviewing role 205
 - role development 5–6, 179–80, 195–206
 - treatment planning 5, 131–66
 - action steps 151–2
 - booklet 142–3
 - case acceptance 31–2, 179–80
 - checklist 149–51, 158, 160–2
 - dos and don'ts 139
 - finance 209
 - implementation 144–51
 - incomplete plans 265
 - notation 141–2
 - scheduling system 229–30
 - tooth whitening 111–12, 131, 138, 144, 146–8
 - treatment coordinator role 198–200, 204, 205
 - treatment presentations *see* case presentations
 - treatment rooms
 - checklist 76
 - technology/equipment 256
 - whitening treatment 113
 - trends in dentistry 144, 145, 147
 - trust 47–8, 71, 169, 190, 210, 249
 - Twitter 84
- U**
- unrealistic expectations 144
 - urgent treatment 150
 - see also* emergency treatment
- V**
- value-building, new patients 60
 - veneers, no-preparation 147–8
 - verbal skills *see* speaking skills
 - videos 85, 175
 - vision 3, 10–12
 - action steps 24
 - goals and 16, 23
 - Jameson's practice 209
 - teams and 45
 - worksheet 11
 - visual aids 181–2, 248–9, 256, 266–7
 - see also* photography; videos
 - visual data storage 257–60, 263
 - Vita shade guide 109
 - vocal cues 97
 - voice, tone of 96–7
 - see also* speaking skills
 - volume of voice 97
- W**
- Wade, Jill 288
 - wants of patient 131–2, 268
 - web resources 61–2, 79, 83–5, 94
 - webinars 282
 - wedding parties 114
 - welcome packets 61–4, 87–8, 171, 172
 - wheel of marketing 80–2, 85–6
 - white spots on teeth 106, 112
 - whitening treatment 5, 105–29, 138
 - action steps 116
 - benefits 106
 - examination record sheet 120–1
 - hygienist's role 243–4, 247, 249
 - implementation 144, 146–8
 - intraoral assessment 106–9
 - maintenance programs 115–16
 - new patients 105–7
 - patient wants 131
 - prescription sheet 106, 118–19
 - treatment planning 111–12, 131, 138, 144, 146–8
 - types of 110–12
 - whole mouth correction 144
 - Wise, Michael 143
 - word/phrase substitutions 223
 - work environment, teams 51
 - worksheets
 - 25 systems 36
 - Celebrate the Victories 15
 - goal accomplishment 22
 - vision 11
 - writing
 - advertisements 82–3
 - financial agreements 214–15
 - goals 14, 17–21, 23
 - skills for 93–4
 - treatment plans 141–2
- Y**
- 'YES!' response, DCP 190–2
 - 'you' focused advertising 81–3
- Z**
- zenith lines 141