

VOL. 7 ISSUE 3 SUMMER 2007



Practical Aesthetics

six steps to
**MARKETING
SUCCESS**

beautiful smiles
make

**HAPPY
PATIENTS**

getting started with a
DIAGNOSTIC WAX-UP

AESTHETIC DENTISTRY

The successful integration of aesthetic dentistry into your practice requires the following: ongoing continuing education, careful planning, energy, team involvement and commitment.

Success doesn't just happen. Continuous refinement of your management systems is critical to your ongoing progress. Here are a few insights regarding a few of your major systems.

Practice Building and Internal Marketing Tools

Practice building and internal marketing should be an integral part of your ongoing growth. I define marketing in the following manner: "educating people about the opportunities available to them in dentistry today." Most people have no idea about the services offered in your practice. No one is going to educate your patients for you. The responsibility for patient education lies in the hands of the dental team.

Set Goals and Design A Plan of Action

Each member of the team should understand his/her role in the building of the aesthetic aspect of the practice. Performance responsibilities for each team member must be defined so that everyone is clear about those responsibilities. Then, appropriate training and practice should take place so that there is comfort and confidence in carrying out each task. Before any practice-building program is initiated, your team must decide on the following: what you want to accomplish, how you will accomplish specific results, who will be responsible for each task, what the time frame should be for the completion of each task and how/when you will evaluate progress and success.

This five-step process is strategic planning in a concise system. It is a vital part of the growth process in any business.

Master Your Case Presentations and Communication Skills

The fulcrum of your practice is your comprehensive diagnosis, carefully documented treatment planning, and excellent case presentations. Here you are letting people know what you can do to change their smile. Everything springboards from excellently planned, prepared and presented recommendations. Now, digital case presentations are a powerful tool for your patients to review, in a

fantastic display of educational material and images.

- (1) **The first step in an effective presentation is to build the relationship. Ask questions and listen during your initial interview to establish a level of trust with the patient.**
- (2) **The second step is to establish the need. Determine the clinical needs in the patient's mouth and their emotional needs. People will buy what they want long before they will buy what they need. Your responsibility in your initial interview is to determine that "felt need". Do this by asking questions and listening.**

Between Steps 2 and 3 of the case presentation is the treatment-planning phase. Schedule time in your week for case planning while the information is clear in your mind. Make sure that the case is carefully planned, documented and organized before the patient comes back for their consultation appointment.

- (3) **The third step is to educate and motivate. Use visual aids and the latest technology to really clarify your diagnosis in a way that will allow the patient to make a confident decision.**
- (4) **The fourth step is to ask for the commitment. Get comfortable asking questions that will either confirm a person's desire to proceed with treatment or pinpoint any barriers to treatment acceptance that might exist. Then, you have a chance to address those barriers and help educate and motivate them.**
- (5) **The fifth step is making exceptional financial arrangements. Financing can be a serious barrier to treatment acceptance. No matter how much a person feels that they want a smile makeover, if they don't think they can afford it, you have an objection to overcome. Present the very best treatment possible in a well-prepared consulta-**

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tion, make the financing of the dentistry comfortable and affordable and get out of the way and let people have a chance to say yes to the very best.

- (6) The sixth step is to schedule the appointment. The business administrator/treatment coordinator makes the financial arrangements and then schedules the first appointment. There is no exception to this rule: financial arrangements are made before the scheduling of the appointment.

IN SUMMARY

Integrate aesthetic dentistry into your practice by developing and refining your management systems. No one will make you successful. It is up to you. Take the first step. Then the next. The end-results are worth the effort.

Learn more about how you can master the art of aesthetic dentistry by contacting the California Center for Advanced Dental Studies at (916) 933-6670, extension 108.

Cathy Jameson is founder and CEO of Jameson, an international dental coaching and speaking firm. She may be reached at 877.369.5558, info@jamesonmanagement.com and www.jamesonmanagement.com.

Brent's Desk

Summer 2007



BRENT WEST, VICE PRESIDENT/
GENERAL MANAGER FRONTIER
DENTAL LABORATORIES, INC.

Before any project begins, it is important to be able to plan and visualize an end result that meets or exceeds everyone's expectations. It does not matter if you are designing a house, a car, a dinner or a golf swing, it is necessary to have a plan to get you to your goal. Indeed, I have seen too many failures because of lack of planning. We have all been there before and uttered the sentence, "Well, I won't do that again!" Once the visualization and the planning take place, systems can be developed to ensure predictability. Of course, many cases are different, but the planning and adherence to systems can make the process much easier. And it all begins at the beginning...

I am not surprised that our clients with the most success start by designing the case with a diagnostic wax-up. Time and time again, case after case, the diagnostic wax-up is, I feel, the most important step in the process. All of our possibilities and limitations are discovered at an early stage.

Mike Brown, our Diagnostic Department Manager, has built a very respectable, high quality department within Frontier. Mike has been to numerous technical courses and spent time at the Kois Center in Seattle, studying occlusion and prep design. More than just white wax on white models, each case is analyzed thoroughly for smile design and function. It is very common for new clients to tell me that the diagnostic wax-ups that Mike and his team produce are the best waxups they have ever seen.

Mike is frequently asked what a doctor needs to send in for a Diagnostic Waxup. I thought it would be good for me to list and comment on everything we need to ensure predictable results.

1. **Excellent Impressions.** Not just good impressions, excellent impressions. It is very important that the impressions are free of bubble or distortions especially in the most distal part of the arch. Most likely, a putty matrix from the waxup will be used to fabricate the temporaries so it is imperative that the model is

clean otherwise the putty matrix may not fit in the mouth.

2. **Bite Record.** This could be either a Maximum Inter-cuspal Position (MIP) record, or a Centric Relation (CR) record. For the MIP bite record, use a material that is "squishy" and carves easily. I suggest Jet Bite. For a CR bite record, I suggest something more rigid like Mega Bite.

3. **Horizontal.** You will need to convey the position of the maxilla in relation to the articulator. This can be used with the following: Stickbite, Facebow or Kois Dento-Facial Analyzer. With the Stickbite, make sure that the bite material is expressed from molar to molar. I suggest Jet Bite.

4. **Photography.** The photos do not need to be too fancy. They can be Polaroid, Digital or 35mm. The photo series is as follows:

- Full Face patient smiling.
- Full Face patient at repose.
- Full Face cheeks retracted.
- Full Face of Horizontal device (Stickbite, Facebow, Kois Dento-Facial Analyzer)
- Close up cheeks retracted.

5. **Goals.** This can be your goals and the patient's goals. Why does the patient want treatment? Are we lengthening the teeth? Is there going to be any change in tissue heights? It is important to get us going in the right direction. If you have questions, Mike would be more than happy to make suggestions about the case.

Our Diagnostic Department can offer Temporary Putty Matrixes and Prep Guide Putty Matrixes upon request. They can also fabricate Kois Deprogrammers and Nightguards.

If you have any further questions, please feel free to contact Mike Brown at Ext. 119. Have a great summer!

PUBLISHER: Garrett Caldwell | PRESIDENT EDITOR: Rae Rankin

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2007/2008

CALIFORNIA CENTER FOR ADVANCED DENTAL STUDIES

CALENDAR: HANDS-ON SEMINARS & LECTURES

SEPTEMBER

7: CCADS, "Smile Design: Keys to Success," Leeds, UK

11: Teleconference Lecture, Dr. Bill Blatchford

21: Sacramento Valley Academy of Cosmetic Dentistry, "Annual Meeting," Dr. Derric DesMarteau, Sacramento, CA

OCTOBER

16: Teleconference Lecture, Dr. Bill Blatchford

26: CCADS/Sacramento Valley Academy of Cosmetic Dentistry, "Smile Design: The Concept of Asymmetric Symmetry," Dr. Elliott Mechanic, El Dorado Hills, CA

NOVEMBER

9: CCADS, "Typodont Program," Dr. Todd Franklin, Denver, CO

9 & 10: CCADS, "Over the Shoulder: Fundamentals of Aesthetic Dentistry," Dr. Dino Javaheri, Frontier Dental Laboratories, El Dorado Hills, CA

15: CCADS, "Building the Aesthetic Practice," Dr. Derric DesMarteau, El Dorado Hills, CA

15: Franklin Study Club, Dr. Todd Franklin, Lodi, CA

16: Sacramento Valley Academy of Cosmetic Dentistry, "The Ins and Outs of Shade Taking," Dr. Richard Cordano, El Dorado Hills, CA

26: Teleconference Lecture, Dr. Bill Blatchford

30: CCADS, "Typodont Program," Dr. Robert DiPilla, Chicago, IL

2008

JANUARY


10: Franklin Study Club, Dr. Todd Franklin, Lodi, CA

11: CCADS, "Typodont Program," Newcastle, UK 

11: CCADS, "Typodont Program," Dr. Samir Ayoub, Seattle, WA


25: CCADS, "Typodont Program," Dr. Ralph Reilly, Jersey City, NY

MARCH

7: CCADS, "Typodont Program," Glasgow, Scotland 

APRIL / MAY

TBA: CCADS aesthetic live patient hands-on course, San Francisco, CA

23: CCADS, "Typodont Program," London, UK 

JULY

7: CCADS, "Typodont Program," Manchester, UK 

SEPTEMBER

7: CCADS, "Typodont Program," Birmingham, UK 

Scheduling information may also be found at AGD.org



Topics and/or dates for the California Center for Advanced Dental Studies (CCADS) and the Sacramento Valley Academy of Cosmetic Dentistry Study Group meetings may be subject to change. Watch your mail for brochures for these programs.

2007/2008 ALSO SEE US AT... trade shows

SEPTEMBER

6: San Francisco Dental Society Meeting, Marines' Memorial, San Francisco, CA

DECEMBER

6: San Francisco Dental Society Annual Meeting, Patio Espanol, San Francisco, CA

2008

FEBRUARY

21-22: Sacramento District Dental Society, Annual MidWinter Convention, Sacramento, CA

21-24: Chicago District Dental Society MidWinter Meeting, Chicago, IL

MAY

1-4: California Dental Association, Spring Scientific Session, Anaheim, CA

6-10: American Academy of Cosmetic Dentistry, Annual Meeting, New Orleans, LA

SEPTEMBER

12-14: California Dental Association, Fall Scientific Session, San Francisco, CA

AACD 2007 SMILE GALLERY

At the 2007 American Academy of Cosmetic Dentistry (AACD) Annual Meeting, Frontier Dental Laboratories, Inc. and its clients received four gold medals, six silver medals and two bronze medals in the Smile Gallery Competition.

The winners included:

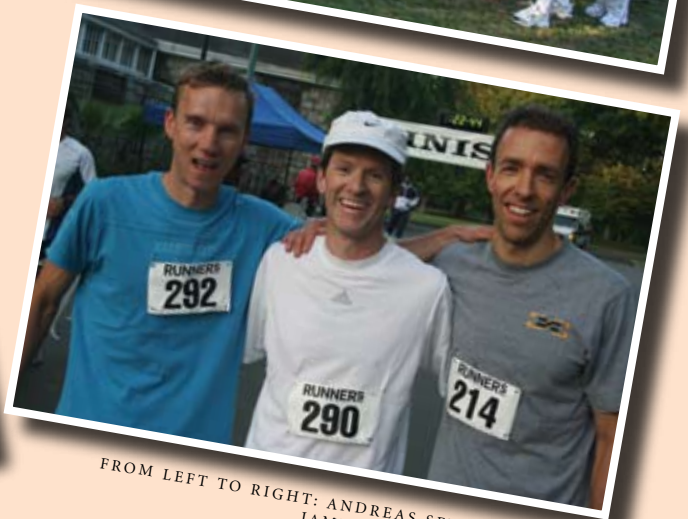
- Dr. Jeffery Anderson
- Dr. Bruce Spink
- Dr. Edward Jang
- Dr. Kelly Sanders
- Dr. Paula Roemer
- Dr. Samir Ayoub

AACD ANNUAL FUN RUN

Frontier Dental Laboratories, Inc. again sponsored the Annual Fun Run at the 2007 American Academy of Cosmetic Dentistry Annual Meeting held in Atlanta, GA. The winners of the men's division were Jeff Roth - First place; Dr. James Goolnik - Second Place; and Andreas Seveverin - Third Place. The winners of the women's division were Kaitlin Kelly - First Place; Dr. Julie Gillis, Second Place; and Dr. Azar Boujaran-Ghomi, Third Place. Frontier sends a special "thank you" to all who participated in this year's Fun Run.



FROM LEFT TO RIGHT: DR. AZAR BOUJARAN-GHOMI, DR. JULIA GILLIS, AND KAITLIN KELLY



FROM LEFT TO RIGHT: ANDREAS SEVEVERIN, DR. JAMES GOOLNIK, JEFF ROTH

Cover story

& Case review

In this time of “No Prep Veneers” it is compelling to think that all a dentist needs to do is have the ability to take an accurate impression of a patient’s teeth to be able to create a beautiful smile. In truth, a successful, beautiful, natural, functional, and long lasting smile makeover requires a talented team with extensive knowledge of esthetics, function, and dental materials. The following case,

which at first glance may appear as a prime candidate for the “No Prep” procedure, will show that all patients require a complete diagnostic work-up in order to achieve a long-lasting, natural result.

Tisha, a 35 year old female, was unhappy with the appearance of her smile. Her chief complaint was that she was no longer happy with the gold restoration on her

right central incisor, and also displeased with her spaces, shape and size of her teeth.

The initial exam consisted of radiographs, full periodontal probing, TMJ exam, including TMJ history, muscle palpation, Doppler auscultation, joint load test, and bilateral manipulation to verify centric relation. Study models were then taken along with a CR bite registration, and maxillary facebow. Lastly, a series of photographs were taken, which included full face, lip at rest, full smile, retracted opened and closed, lateral views, and upper and lower occlusals.

The goal of treatment for Tisha was to replace the gold restoration on tooth #8, close all diastemas, and bring all maxillary anterior teeth into proper proportion. This also potentially included gingival recontouring to correct gingival heights.

A set of equilibrated study models mounted in CR, and photos were sent to the laboratory with instructions to fabricate a diagnostic wax-up on teeth #4-#13, which included all of our treatment goals and most importantly proper length of the central incisors which was calculated using the off-the-lip, at rest photo. The wax-up also acted as our template for the fabrication of the patient’s temporary restorations.

In this case the wax-up model was duplicated and then a clear 1mm copyplast matrix was fabricated. One advantage





BEFORE

In this way we greatly increased our chances of soft tissue stability and decreased our chances of recession. The next step was prepping the teeth which was, with two exceptions fairly routine (when adhering to the standards needed for this type of restoration). The first was to mesialize all teeth, which means more tooth structure was removed from the distal of the preps than the mesial. This allowed us to close all diastemas and still keep the teeth in proper proportion. The second was to bring our prep margins below the gingiva which allowed the technician to create a smooth emergence profile and not leave any black triangles. These two steps are necessary when using veneers



DR. VIC MARTEL,
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up to 30%. The temps were then bathed in alcohol for one minute to remove the oxygen inhibition layer. This helps to

of the clear matrix is it can also be used as a visual guide during preparation. At the preparation visit, the first procedure was to correct the gingival heights. This was done using an electro surge and a perio probe,

making sure to always leave a minimum sulcus depth of 1mm. In this way we greatly increased our chances of soft tissue stability and decreased our chances of recession. The next step was prepping the teeth which was, with two exceptions fairly routine (when adhering to the standards needed for this type of restoration). The first was to mesialize all teeth, which means more tooth structure was removed from the distal of the preps than the mesial. This allowed us to close all diastemas and still keep the teeth in proper proportion. The second was to bring our prep margins below the gingiva which allowed the technician to create a smooth emergence profile and not leave any black triangles. These two steps are necessary when using veneers to close diastemas. When the preparations were complete, final impressions were taken, along with CR bite registration, facebow, prep photos, stump shade photos, and an accurate opposing model impression was taken.

Next, the provisionals were made using B1 Protemp in the clear copyplast, left in the patient's mouth for 90 seconds, and then removed. The temps were then placed in a Triad oven for three minutes to finalize polymerization which increases their strength



BEFORE

keep your laboratory burs from clogging during trimming. The temps were then trimmed, being careful to smooth interproximally and ensure good gingival health during the temporization phase. The provisionals were cemented by spot etching each tooth at the center of the prep, applying Gluma Desensitizer, Prime & Bond NT and Clear Tempbond. Applying Gluma Desensitizer prior to cementation helps to decrease bacterial growth under the temps and eliminate any black discoloration during temporization. The patient was then asked to return three to five days later to verify esthetics and check phonetics. When everything was satisfactory an accurate impression was taken of the provisionals along with photos and the entire case was then shipped to the laboratory.



AFTER

The final restorations were fabricated out of a pressed ceramic using B1 body, A1 cervical, and medium incisal translucency. The study model of the provisionals provided a template for shape, length, and incisal edge position.

At the seat appointment the temps were removed by scoring them interproximally being careful not to damage any tooth structure, and then twisted off using a hemostat. The preps were cleaned with water and pumice in preparation for the try-in. We first tried-in the veneers using water for retention, and checked for fit, shape, length, and color. All was satisfactory so we used Variolink Appeal #0, which will not alter the color of the veneers.

The veneers were then removed and recleaned with 37% phosphoric acid, and then silanated for 60 seconds, and seated using current cementation protocols.

The final outcome was a happy patient with a beautiful smile that should last her for years to come. This cannot come from simply taking impressions of the patient's teeth and making porcelain restorations that fit over top, but requires a thorough exam, proper diagnosis, knowledge of occlusion, and extensive communication with a talented laboratory.

Dr. Vic Martel is a mentor instructor for the California Center for Advanced Dental Studies. He is a graduate of University of Medicine and Dentistry of New Jersey and has extensive training in aesthetics and occlusion. Dr. Martel is a member of the AACD, Florida Academy of Cosmetic Dentistry, and American Equilibrium Society as well as sitting on numerous dental boards. Dr. Martel maintains a private practice, Dentistry of the Palm Beaches, in West Palm Beach, FL.



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