High tech tools on display

BIOPLASE hands-on showcase includes all-new laser and imaging systems

BIOPLASE, a leading dental laser manufacturer and distributor — and distributor of NewTom and 3Shape TRIOS technologies in North America — will showcase its full line of award-winning laser systems, 3-D cone-beam devices and digital intraoral scanning technology at all major and regional 2013 trade events, including the California Dental Association meeting in Anaheim.

The company will feature the products in a new “Total Technology Pavilion,” a large space with functioning equipment to allow hands-on demonstrations and discussions of the full range of applications. The Total Technology Pavilion will also feature an overview presentation of the Total Technology concept, along with brief presentations by practicing dentists who have deployed these technologies in their local practices. BIOPLASE will be showcasing its line of dental lasers in booth No. 2518 and its line of NewTom products in booth No. 2519.

“A highlight, below, is the all-new laser system EPIC Total Diode Solution, the newest laser from BIOPLASE. Finally, BIOPLASE will be offering full-sized models of NewTom Cone-Beam-Computed-Tomography (CBCT) technology. The technology is relatively new to dentistry and is a more compact version of standard medical CT imaging that uses a cone-shaped X-ray beam to obtain a multitude of radiographs that construct digital 3-D models of maxillofacial anatomies. The NewTom VG3 is reported to have one of the finest image qualities of any CBCT system in dentistry, with a minimal dose of radiation to patients. A small footprint, a full 360-degree scan, a small focal spot, a significant higher resolution, seven fields of view — everything works to deliver super-sharp images. Dentists using the NewTom CBCT technology report increased treatment-plan acceptance, improved diagnostic capabilities and other advantages. This year at CDA, BIOPLASE will be launching the NewTom VG3, an all-new, full-featured three-in-one imaging system. Panoramic, Cephalometric and 3-D CT scans, all from one, affordable device. These devices in one system for economics in space and cost.

The VG3 offers multiple fields of view, a removable 2-D sensor and much more. The VG3 also offers patented SafeBeam technology, which gives off the lowest possible dose of radiation to patients. Furthermore, the NewTom VG3 will incorporate the new generation of NNT software.

About BIOPLASE

BIOPLASE is a biomedical company that develops, manufactures and markets dental lasers and distributes and markets dental imaging equipment. The company’s laser products incorporate approximately 290 patented and patent-pending technologies that provide biological treatment and clinically superior performance with less pain and faster recovery. Its imaging products provide cutting edge technology at competitive prices to deliver the best results for dentists and patients. BIOPLASE’s core products include dental laser systems that perform a broad range of procedures (including cosmetic and complex surgical applications) as well as a full line of dental imaging equipment and CAD/CAM systems. BIOPLASE has sold more than 21,000 lasers.

(source: BIOPLASE)
3 reasons your website should be optimized for mobile device users

Deliver the experience that smartphone users expect

By Diana P. Friedman, MA, MBA

According to Pew Internet, 45 percent of American adults owned a smartphone as of December 2012. As these powerful devices increasingly make their way into the pockets and purses of your existing and potential patients, it’s a business imperative that your website deliver the experience these users expect.

A strong mobile presence helps you get in front of prospective patients at the moment they’re looking for your business, and capture their attention once you have it. On the other hand, if your site doesn’t look good or function properly on a smartphone, it won’t take long for patients to move on to one that does.

Not sure if mobile is important to your practice? Here are three reasons you could be missing the boat — and missing easy opportunities to attract new patients to your practice.

Mobile is where your patients are

Many of your patients probably use the mobile Web; if they don’t, it’s likely just a matter of time until they do. 87 percent of smartphone users access the internet using their phones, and U.S. smartphone users spend an average of 33 billion minutes a month on the mobile Web. Mobile Web usage has exploded over the past few years and shows no signs of slowing: it’s currently the fastest-growing source of internet traffic, and many industry experts project that mobile internet usage will exceed desktop internet usage by 2014.

For many smartphone users, mobile has also become their preferred way to use the Web: 31 percent of current mobile Web users mostly go online using their phones. A sesame Communications research case study found that a mobile website drove an average of 19 calls per month to the practice.

With so many of your patients “going mobile” these days, it’s important to make sure they can quickly and easily access your site on their devices.

Mobile is how patients research — and make — buying decisions

More and more people are using the mobile Web to research and buy goods and services. In 2011 more than $106 billion in online purchases were made on mobile devices, and this number is expected to grow at least 42 percent every year through 2015.

Even people who don’t buy anything on their mobile devices often use them to research goods and services that they may buy at a later date.

Optimizing your website for mobile will help you best capitalize on the mobile Web as a tool for building relationships with patients.

Sesame Mobile

Mobile is the fastest-growing source of traffic on the Internet.

These are your patients, looking up your practice on the go, and it is crucial that your website properly displays on their mobile device. A mobile optimized website from Sesame ensures that you, not your competitors, convert a visitor into a new patient.

Reach on-the-go patients today!
866-489-7778
solutions@sesamecommunications.com
www.sesamecommunications.com

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Expert Dental CE creates two restorative, esthetic modules

Courses designed to address single biggest reason for rejected insurance claims: poor, marginal fit

In keeping with its mission to provide high-level on-line CE courses, Expert Dental CE (www.expertdentalce.com) has launched its first two modular programs in Restorative and Aesthetic Advances.

Both modules are CERP approved. "Our mission," said Expert Dental CE Co-Founder Dr. Frank Murphy, "is to offer depth that modules that help the learner more than a superficial introduction to a technique, while at the same time offering material that is useful and practical."

Learn the latest techniques for everyday procedures

Module One ($199 and worth six C.E. credits) consists of the following scholars and topics:
- Dr. Charles Goodacre on "How to Achieve Excellent Marginal Fit & Cervical Contour with Crowns."
- Dr. Burney Croll on "Emergence Profiles in Natural Tooth Contour."
- Dr. Graz Giglio on "Crown Lengthening: A Powerful Tool for Healthier Gums" and Better Crowns."
- Dr. Dennis Tarnow on "Periodontal and Prosthetic Management of Fractured Teeth: Parts I, II, III."

"We created this module, in part, because one of the single biggest reasons insurance claims are rejected by carriers is poor marginal fit," said Expert Dental CE’s other co-founder, Dr. Alan Winter. "But that’s not the only reason." Winter also said that as dentists gain more clinical experiences through the years, they can become more removed from their dental school education, and there is a great benefit to gain from brushing up on the latest techniques for everyday procedures. "As a practicing periododontist," he said, "I see greater value in learning how to reduce the incidence of periodontal disease and save dentitions than in taking a course that requires four surgeries and expensive biologics to grow a papilla or 1 millimeter of bone."

Newest theories in smile design

Module Two ($299 and worth 10 C.E. credits) features the following scholars and topics:
- Dr. Graz Giglio on "A Review of Smile Design Parameters" and "Achieving Aesthetic Laminite Veneers."
- Dr. Mariano Polack on "Understanding Current All-Ceramic System Grouping that explores the up-to-date differences in ceramics and the cements they require for the best performance and esthetics. Also covered in detail is the latest information available on current knowledge for chairside CAD/CAM technologies for single units and implants.

For more information, contact Expert Dental CE at info@xspace.com or visit: www.expertdentalce.com.

(Source: Expert Dental CE)

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Implant position in esthetic zone

Since the advent of modern root form osseointegrated implant dentistry in 1952, clinicians have strived for improvements in implant positioning in the esthetic zone to achieve predictable restorative and esthetic results. Years of clinical experience in conjunction with controlled clinical studies have helped establish parameters as a guide for these results. Establishing a treatment plan and clinical protocol prior to implant placement is paramount.

Treatment planning traditionally begins with comprehensive medical and dental evaluations, artificated diagnostic casts, radiographs, cone-beam computed tomography (CBCT) scans and a diagnostic wax-up. Patient demands must be taken into consideration prior to surgery, and presurgical mockups may be necessary to convey the information to the patient.

The advancement of CBCT technology has led dentistry into a new realm of dimensional accuracy. In combination with the use of a surgical or guided stent, proper 3-D positioning of an implant has led to more accurate clinical results. The importance of the implant position can be manifested in the four dimensionally sensitive positioning criteria: mesiodistal, labiolingual and apico-coronal location, as well as implant angulation.1 The ultimate goal is not only to avoid sensitive structures, but to respect the established biological principles to achieve esthetic results.

Mesiodistal criteria
Correct implant position in a mesiodistal orientation allows the clinician to avoid damaging adjacent critical structures. A minimum distance of 1.5 mm between implant and existing dentition prevents damage to the adjacent teeth and provides proper osseointegration and gingival contouring (Fig. 3). Distances of less than 3 mm between two adjacent implants leads to increased bone loss and can reduce the height of the inter-implant bone crest. A distance of more than 3 mm between two adja- cent implants preserves the bone, giving a better chance of proper interproximal papillary height.2

Labiolingual criteria
An implant placed too far labially can cause bone dehiscence and gingival recession, while an implant placed too far lingually can result in increased bone resorption due to peri-implant inflammation.3 It is suggested that an implant collar be located 2 mm apical to the CEJ of an adjacent tooth if no gingival recession is present.2 (Fig. 3).

Implant angulation
Implant angulation is particularly important in treatment planning for screw-retained restorations. Implants angled too far labially compromise the placement of the restorative screw while implants angled too far lingually can result in unfavorable and esthetically destructive design. For every millimeter of lingual inclination, the implant should be placed an additional millimeter apically to create an optimal emergence profile. In general, implant angulation should mimic angulation of adjacent teeth (Fig. 4). Furthermore, maxillary anterior regions require a subpalatal angulation to increase labial soft tissue bulk.4

Inclusive tooth replacement
The Inclusive® Tooth Replacement Solution was developed by Glidewell Laboratories as a complete, prosthetically driven method of restoring missing dentition. The solution comprises treatment planning, implant placement, patient-specific temporization and the definitive restoration (Figs. 5a–5f). When utilizing the comprehensive range of Inclusive technology, the clinician has absolute and precise control of each step. The clinician has control of the four dimensions of implant placement in the esthetic zone, creating a consistently predictable result. To read the full article, you can access it on the website www.inclusivemagazine.com.

References
Is a blind spot costing you thousands?

Help your front-office staff convert more calls into confirmed appointments

By Jay Geier

Odds are your practice is suffering because of a blind spot that I guarantee you’re not aware of. A blind spot that is costing you $5,000 to $54,000 a month (maybe even more). A blind spot that, if removed, could boost your new patients by 20-50 percent, maybe even as much as 100 percent.

‘Sandwich boards’ not enough

It all started about 15 years ago. I was ‘Sandwich boards’ not enough. My sole private practice in Georgia. My sole responsibility was generating new patients, and my livelihood depended on it. I employed every imaginable tactic to get new patients — screening, health fairs, referral programs, contests, magazine ads, newspaper and yellow page ads — just to name a few. I even wore a sandwich board and waved to drivers passing by at one point. It was never a question of whether or not my efforts were successful. They generated hundreds of calls every week, but the hard-earned calls just weren’t translating into new patients.

As you can imagine, this was a beast that had to be tackled. So I rolled up my sleeves and started looking at how we could improve our team. We started looking at our practice to see how we could improve.

To eliminate the blind spot in your practice, it doesn’t require an additional investment. It doesn’t require a new source of new patients. It requires an open mind because it almost seems too simple to be true.

The secret lies in your telephone and your team, specifically your front-desk team. Both are investments you have already made, but they are not being developed to their peak performance potential.

Courteous, helpful isn’t enough

No doubt your staff is courteous and helpful to everyone who calls your office — and while that’s a good thing, it’s simply not good enough. In fact, their courtesy is probably resulting in lost new patients. And lost new patients means lost money.

For example, let’s say your average new patient is worth $1,500. Then one lost would cost you $1,500, five lost would cost you $7,500, and 15 would cost you $22,500. And that’s just one month’s worth. Imagine the impact of that over an entire year or how the impact would increase drastically if your patient value is higher.

Being courteous and helpful are not praiseworthy qualities if your staff doesn’t produce a profitable result and, even worse, if it is costing you money. Actually, effective “closing” skills are the attributes your staff should strive to master.

But you can’t just expect them to possess this and know how to effectively use it. No one is born with these skills. They must be taught, then practiced, then reviewed on an ongoing and consistent basis.

Not knowing this can cost you thousands of dollars

If you are among the majority of dentists who are spending money to market your practice, you are absolutely not an exception. In fact, the reason for recognizing this blind spot and taking action to eliminate it is even more compelling because you are investing thousands of dollars. Maybe tens of thousands, to get your phone to ring. And if the phone rings and it’s a shopper and the shopper doesn’t translate into a new patient, you might as well take every dollar, one by one, and flush them down the toilet.

It takes a lot of skill — and an open mind — to scrutinize your practice to create positive change. It takes even more talent, knowledge and a gift for marketing.

Your staff can be one of your best and most profitable marketing tools if they are trained and you leverage them correctly. But if not, they could cost you thousands.

Your staff wants to contribute to your practice’s growth

Create a plan to get your staff trained. Talented employees want training. They want to perform better and contribute to your practice’s growth and success. If you have someone who doesn’t, they shouldn’t be on your team.