

# The Perspective

## Temporaries Are Our Calling Card

by Dr. Steve Barrett

Beautiful, strong, well-fitting and nicely shaped temporaries have become our calling card at Greenberg Dental. There are numerous benefits we derive from following our established protocols when it comes to temporization or any procedure. In our weekly staff meetings, reviewing and re-reviewing all protocols, including our specific guidance with temporaries, will build the confidence and competency throughout the office that could make the difference in case flow and results.

When it comes to temporaries, the importance of taking accurate and detailed impressions for BioTemps (or, any temporary for that matter) is often overlooked. Alginate is the best material we have for this purpose and happens to be the most cost effective. (Pic 1) These points need to be reviewed with the staff. It is easy for the staff to conclude that impressions taken for temporaries with bite registration, or heavy body material is either good enough, and/or cost effective. Also, it is not hard to guess that the staff would rather not have to immediately pour a model, as necessary with alginate, if they don't have to. In the picture below, one can notice severe drags and distortion (Pic 2) resulting from



Which is most accurate? Look at the margins.

a material that is not indicated for impressions, like bite registration, or haphazardly using PVS. Both of these methods do in fact add unnecessary expense and complexity to the temporization process. This one process, the process of temporization, is a great example of how important it is for a doctor to periodically review procedures with staff. If the doctor does not step in and reinforce good processes, it is not uncommon for the staff to build more bad processes on top of an original bad process in order to get through the day. This can all happen with good intentions too. Case and point, I have personally seen offices save the inaccurate and expensive impressions for temporaries I described above (Pic 3), in order to remake another ill-fitting temporary when the first one falls off.

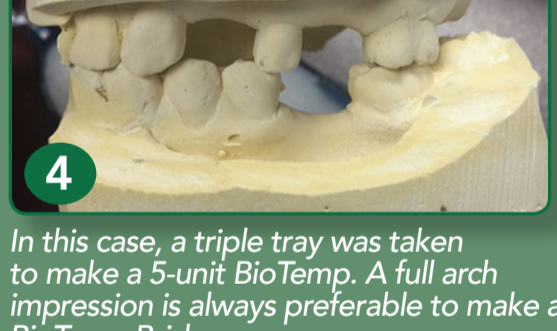
Other points to review with staff in regard to temporization protocols are; defining when a full arch tray or triple tray is appropriate (Pics 4 & 5), what pictures and models need to be sent to the lab, and techniques to seat chairside acrylic temps or Biotemps. Sharing and reviewing these guidelines with our team will assure great restorative outcomes for you and your patients.



Bite registration is inaccurate when used to make a temporary.



It is not approved protocol to save old impressions to remake temporaries.



In this case, a triple tray was taken to make a 5-unit BioTemp. A full arch impression is always preferable to make a BioTemp Bridge.



BioTemp splinted temporaries are part of the Greenberg standard protocol.

mock up, Dr. Scott Aaron (Orthodontist in the same office) was brought in to consult. He immediately started orthodontic treatment to align the upper and low anterior teeth. Dr. Aaron is performing the limited orthodontic treatment at no charge in order to help the patient afford her smile makeover.



## Look at our Dentistry

FEATURED CASE: Dr. Steve Barrett

Will 2018 be your year to help more patients with the smiles they always wanted and yet could never imagine?

Imagine this patient walks into your office. Many times, this patient has no Chief Complaint, and just wants a cleaning. As we work with this patient, watch them as they speak, and look at their smile, do we begin to wonder how the patient feels about their appearance? Can we visualize what cosmetic dentistry might offer and have a vision in our minds eye of a final result? Is our non-threatening, soft and encouraging verbiage at the ready to start the communication process? As Paul Homoly would say, are we prepared to give the patient "hope". Is the staff trained and prepared to assist you? Do they have the before and after smile gallery ready to go? If the patient begins to shares what they do not like about their smile, are you prepared to dial out the million other things happening in the office and be "in the moment" and really listen? Now that you have visualized the case, and are aware of the patient's perspectives, NOW we need some way to communicate our vision to the patient. This is how I ask permission to move forward with this process:

"Mrs. Smith, if you have a few minutes, I would like to do an esthetic mock up for you. This will help you visualize what I think I can do for you, and to give you the smile you want. This will only take about 10 minutes, there is no charge, it is painless, and you don't have to be numb. I will take a few photos, and together we can see if you like the changes in your smile."

Many dentists do digital mock ups with the aid of apps or software. In my opinion, a chairside composite mock up is a better option for the following reasons. First, it is immediate. Right then and there, the patient gets to explore the esthetic potential while their thoughts from your conversation are fresh. Second, there is no fee to the patient. Third, and most importantly, when a chairside mock up is done, the patient gets to experience YOU! They can see your focus, feel your touch, see how you interact with your staff, all the while getting a sense of your concern and general knowledge about cosmetic dentistry. This opportunity might be the best chance to really build patient confidence and trust in you. Even if they don't move forward, you have planted a valuable seed for future treatment and/or referrals.

In Case #1, the central incisors measure 9mm x 9mm. They are square. Your eyes should catch that right away. An ideal width to length ratio is 80%. That means an ideal length would be about 11mm. With that in mind, start your chairside motivational mockup. Look at the smile in its totality: gingival heights, width to height ratios, rotation of teeth, arch form, incisal embrasures, tooth lengths, color, appearance of buccal corridors. With practice, this will only take a few minutes at most. At the same time, you should be coming up with a mental estimate for what you envision needs to be done (both time and money). What insurance does the patient have? Is this a covered benefit? How many teeth need to be done? If length needs to be added, will it be at the incisal edge or in the gingival area? If gingival recontouring is required, don't get caught up in explaining technicalities like this, focus on the outcome. After the mock up is complete, I follow these steps:

- Take a photo
- Download the photo to my cell phone via Wi-Fi (the camera has built in Wi-Fi)
- I use an app to put the photos side by side.
- Show the picture to the patient and then text it to them as well
- Lastly, as I remove the mock up composite, while I do this, I have the patient hold a mirror so they can visualize exactly what was done

For Case #1, from the time the mock up was started, until the time I sent the patient the side by side photo, it was six and a half minutes. The Global CEO of Ivoclar, Bob Ganley said in an address to the lab industry recently, the growth of cosmetic dentistry in 2018 will come from patients that are knowledgeable about outcomes, and not necessarily educated about procedures. I firmly believe this to be true. I have personally experienced thousands of times where mock ups done within a thoughtful patient interaction did more to build the courage for patients to say yes to a more beautiful smile they never imagined was possible.

Case #2 further demonstrates the power of an esthetic mock. This patient did present with the specific desire to enhance her smile. The same protocols were followed as with case #1. If you look closely at the photo of the mock up, you will see where the cusp tips on the canines have been blocked out with a sharpie. This simulates a tooth I would want to shorten during treatment. Once the patient experienced the outcome via the



## YEARLY REGIONAL MEETINGS SUMMARIZE SUCCESSES FROM 2017 AND SET EXCITING VISION FOR 2018

by Nick Azzara

Every January, regionally throughout Florida, all Greenberg dentists gather to celebrate accomplishments of the previous year, as well as to establish a common vision for the New Year. In addition to presentations that highlighted updated clinical goals (Dr. Steve Barrett), operational advancements (Dr. Mark Morgan) and region specialty support (regional Specialists), these meetings are anchored with an address from the CEO and Founder Dr. Jim Katsur. His addresses during these meetings are always laced with great humor and fun props (he loves props). This was certainly no different. In addition to being fun and inspiring, Dr. Katsur conveyed the deep and serious commitment Greenberg Dental has towards building long term sustainable growth for the organization, all the general dentists and specialists alike. He challenged everyone to look back and recognize how far we have all come together. He challenged everyone to see personal and organizational growth as unlimited as he does. According to Dr. Katsur, in 2018, with our model, team, cumulative experience, updated programs, and support structure, all the components are here to provide quality affordable dental care that the market desperately needs. This platform will enable our doctors to achieve levels of personal and professional development faster and to the levels only dreamed could be achieved.



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The Structure To Perform. The Team To Help. Let Us Help You Exceed Your Expectations.

We welcome your feedback or any questions!  
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