

IMPLANT OVERDENTURES

LECTURE HANDBOOK



ANKUR GUPTA, DDS





WELCOME!

This lecture covers the one year plan to create a low-stress, profitable, and incredibly gratifying implant overdenture practice. You will find practical, implementable, step-by-step strategies to learn how to avoid the failures, achieve the successes and *be better*.

Thank you for your time and participation today. I welcome and encourage you to continue the conversation with me at the contact information below.

Be happy, be healthy, and be better,

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Thank you.

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WHAT IS AN IMPLANT RETAINED REMOVABLE OVERDENTURE?

- Edentulous space has small “locator” emerging from gingiva
- The inside of the denture has a small “retention cap” that snaps into the locator
- This allows for the denture to “snap in” to a fixed, stable attachment
- It reduces/eliminates the need for vestibular extension or palatal coverage in order to attain retention
- It eliminates the need for clasps around natural teeth (in partials)



WHY ARE THEY NICE?



Fully edentulous:

- Gaining stable retention, especially w/ lower dentures, is difficult
- Some patients can't tolerate, or just don't like, palatal coverage



Partially edentulous:

- Clasping is ugly and it ruins abutment teeth

NOTES

ASSUMED ARMAMENTARIUM

The following allows for the simplest and smoothest fabrication of a surgical guide.

- CBCT
- Scanner
- Guided surgery kit

How to make a surgical guide:

- Take a CBCT and convert it to a DICOM file
- Take a digital scan and convert it to an STL file
- Send both files to your lab
- They will return a surgical guide



What if you don't have a scanner?

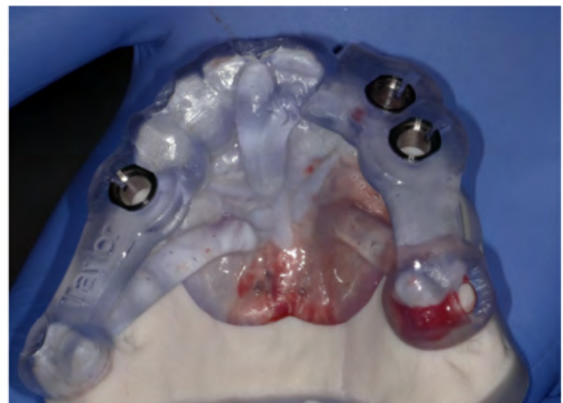
Benefits of a surgical guide

Lab tech helps determine

- Size of implant
- Angulation
- Distance from other teeth/roots
- Distance from anatomical complications
- Best position for final restoration

Fabrication of Surgical Guide and Pre-made temporary abutment/crown

- Decide that an implant needs to be placed
- Take an impression w/ a special radiopaque tray
- Keep the impression and tray in the mouth, and walk the patient over to take a CT
- Send the CT DICOM file, along with the impression, to your digital implant lab
- If you have a digital scanner, take a digital impression, and e-mail to the lab, along w/ the DICOM file for your CBCT



UPON TREATMENT PLAN CASE ACCEPTANCE

- Rx for 2g Amoxicillin or 600mg Clindamycin
- StellaLife 3-in-1 kit
- Consent for Surgery
- Implant Maintenance form

The following pages contain examples of the Consent for Surgery and the Implant Maintenance Form

NOTES



CONSENT FOR THE PLACEMENT OF DENTAL IMPLANTS

Purpose of implant therapy: I have been informed that the purpose of the dental implant is to provide support for a crown, a fixed bridge, or a removable denture.

Alternative treatment: I have been informed that alternatives to implants exist, and those have been explained to me. I have considered these methods, but desire dental implant therapy.

Surgical procedure: I am aware the dental implant therapy often requires surgical reflection of the gum tissue, preparation of the underlying bone, and inserting the implant into the jaw bone.

Surgical risks: Risks associated with this surgery include, but are not limited to, post-surgical infection, bleeding, swelling, pain, facial discoloring, perforation of the upper jaw sinus, or nasal cavity, numbness of the lip, tongue, teeth, or chin, jaw joint injuries, muscle spasms, bone fractures, and slow healing. It is possible, though unlikely, that the implant unsuccessfully integrates within the bone.

Prosthetic risks: Once the implant is integrated within the bone, angulation and placement of the implant may not provide for ideal contours and function of the restored tooth, and of its surrounding gums. Gum recession, which is common with age, and with excessive toothbrush abrasion, may result in visual exposure of the implant body.

Warranty/Guarantee: No guarantee can be made for patients who smoke or have uncontrolled diabetes. It is anticipated that the implant(s) will be permanently retained, and will provide reasonable restorative/prosthetic function and esthetics. However, because every case is unique, and because the practice of dentistry is not an exact science, long-term success simply cannot be promised. North Ridgeville Family Dentistry will replace any implant that fails within the first year for all patients who do not smoke, have uncontrolled diabetes, and follow up with the recommended maintenance.

Unforeseen conditions: During treatment, unknown conditions may modify or change the original treatment plan. I, therefore, consent to such additional or alternative procedures as may be required in the best judgment of the treating dentist.

Compliance with self-care instructions: I agree to follow the post-surgical instructions provided. It is my responsibility to make follow-up appointments for extra evaluations/adjustments.

Supplemental records and their use: I consent to photography, video, and radiographs of my oral structures, for their educational use in lectures or publications, provided that my identity is not revealed.

My endorsement of this form (signature) indicates that I have read and fully understand the terms and words within this document and the explanations referred to or implied. I give my consent for the performance of any and all procedures related to the placement of dental implant(s) as presented to me.

Signature

Date

Printed Name

I have been given the opportunity to ask questions about this procedure, and am satisfied with the answers.

Signature

Date

Printed Name

DENTAL SURGERY: WHAT TO EXPECT

Carefully reading and following these instructions will ensure smooth and easy healing.

If you have extreme pain and/or swelling which can not be controlled with your prescribed medications, please call our office immediately.

Exercise - Limit strenuous activity during the first 3 days to avoid postoperative bleeding and discomfort. Smoking - AVOID SMOKING COMPLETELY, as it tends to delay healing and interfere with regeneration.

Stitches - If sutures have been placed following surgery, they will dissolve 1-2 weeks after surgery. Some sutures may become loose and fall out prematurely. This will not pose any problem and may be ignored.

Diet - Nutritious diet during the healing period is very important. You may start eating as soon as numbness wears off and bleeding stops. Your first meal can ideally be a cold protein shake containing banana, cocoa powder, creamy peanut/almond butter, spinach, and non-dairy milk. (See recipe for details.) This will reduce inflammation and promote healing.

Avoid strawberry, kiwi, and other seeded fruit as their seeds may trap in the wound and cause infection. A few hours after bleeding stops, begin drinking a lot of water and non-citrus juices. DO NOT USE STRAW. It may dislodge the blood clot and delay healing. Avoid drinking carbonated beverages completely for several weeks.

The day following surgery, start a soft nutritious diet rich in fruits and vegetables, especially green vegetables such as spinach, broccoli, kale, bok choy, collard greens, romaine lettuce, etc. You can eat these steamed, stir-fried, or blended in a smoothie. The more green vegetables you consume, the faster you will heal. In addition to green, any steamed or mashed vegetables will aid in the healing process.

Hot foods and drinks should be avoided. Also, avoid foods that are hard or crunchy. Remember, eating can prevent nausea sometimes associated with certain medications. (Please see recipes at the end for ideas.)

Medication - Your prescribed medications play an extremely important role in your healing. The purpose of these medications is to prevent infection and swelling and control pain. Please follow directions carefully and take them exactly as directed. This will ensure smooth healing and minimum pain. It is extremely important to complete the course, regardless of pain and/or swelling.

Do not assume the medication to be unnecessary if you do not have pain or swelling. Yogurt with active cultures or acidophilus should be taken while on antibiotics to prevent diarrhea. If you are given antibiotics and take birth control pills, you should be aware that the birth control may become ineffective, therefore take appropriate precautions. Please do not drink alcoholic beverages while taking prescription medication.

Oral rinse and gel - If you have been given an oral rinse, proper utilization will decrease swelling, pain, and promote faster healing. Rinse gently at least twice a day for 2 weeks after surgery.

The **StellaLife** oral gel can be used as a topical ointment to be placed directly onto the surgical site in your mouth. Please generously apply as much as needed to decrease pain and inflammation in the surgical area. Once healing is established, you can discontinue use of the oral gel.

Oral Hygiene - Good oral hygiene is essential to good healing. Do not rinse your mouth for at least 12 hours after surgery, as rinsing interferes with blood clotting and proper wound closure and healing. After 12 hours, start very gentle rinsing with warm salt water (1/2 teaspoon of salt in a cup of warm water). Do this at least 4- times a day, especially after meals. Proceed with your regular brushing and flossing after 12 hours, but stay away from the surgical site.

Remember, the surgical site should be left completely undisturbed during the first 2 weeks following surgery. Do not brush teeth immediately adjacent to the surgical site for several days. Allowing the tissues to rest undisturbed assists the healing process. Avoid vigorous chewing, excessive spitting, or aggressive rinsing. If you routinely use a Water Pik, avoid doing so during the healing phase. Initial healing may be delayed, active bleeding restarted, or infection introduced. After 2 weeks you may gently brush the surgical site.

Bruising - Discoloration of the facial skin, adjacent to the surgical site, rarely occurs. This may be due to age, medications (aspirin, Motrin, anticoagulants), and skin complexion. While cosmetically undesirable, this skin discoloration is harmless and will resolve over the next several days on its own, without any medical intervention.

Limited Opening - Any stiffness in the jaw muscles can be relieved by applying a warm moist towel to the affected side of the face. Chewing gum at intervals may also help relax the muscles.

Fever - There may be a slight elevation of temperature for the first 24 to 48 hours after surgery. If fever is present, it is extremely important to drink plenty of fluids. For fevers that exceed 101 degrees, please call the doctor especially if this fever is associated with limited opening. It is also appropriate to make sure that prescribed antibiotics are being taken correctly

Bleeding - Expect minor bleeding or oozing. If bleeding persists, it is best controlled by biting on gauze packs. These packs are best changed every 45 minutes until bleeding subsides. Keeping your head elevated and sitting upright help stop bleeding.

The most frequent cause of bleeding post-operatively is spitting or rinsing following surgery. PLEASE DO NOT RINSE OR SPIT FOR THE FIRST 12 HOURS FOLLOWING SURGERY. When you lie down keep your head elevated on a pillow. You may wish to place a towel on your pillowcase to avoid staining from any blood.

Swelling - Use anti-inflammatory medication (Motrin) to prevent and control post-operative swelling. Start taking this medication immediately following surgery. Swelling may also be controlled by the immediate application of ice packs for the first 36 hours following surgery. Ice packs should be applied to the outside of the face in intervals of 30 minutes on and 15 minutes off.

If your surgery involved dental implants, please make an appointment with our office 1-2 months after the surgery, so that we can properly evaluate healing.

CARE FOR YOUR DENTAL IMPLANT

AND IMPLANT RETAINED PROSTHETIC

At North Ridgeville Family Dentistry, we appreciate your trust, and genuinely believe that you have made the right decision for your long-term oral health. Dental implants have a much higher rate of success and patient satisfaction over other tooth replacement options.

There are, however, a few things you should know about your dental implant.

It is made of titanium, zirconia, and/or porcelain. This means that *it cannot decay*. This is great news if you are already prone to tooth decay.

It is embedded within the bone of your upper or lower jaw, just like your tooth roots. This means that, while the implant will not decay, *it is still susceptible to gum disease and periodontal disease*. This means that risk factors that cause gum disease, like:

- Not brushing
- Not flossing
- Not visiting the dentist regularly
- Smoking
- Uncontrolled diabetes

All of these can cause gum disease to the bone and gums around your implant! To prevent the above from happening, we advise you, and all of our implant patients, to continue visiting the dental office regularly to make sure that the bone surrounding your dental implant is healthy and solid. While we will clean your teeth and monitor your gums like usual, we will perform a special service towards the implant itself.

This special service will include:

- Special cleaning and maintenance to your implant body
- Peri-apical x-ray of the entire implant and surrounding structures
- Utilization of a piezo-ultrasonic tip to access implant threads under the gums

At home, we recommend that you use a sonic or power toothbrush with soft bristles. While traditional floss, floss picks, and super floss work well, many of our patients report exceptional results with a WaterPik device.

An implant maintenance procedure should be done at least once a year. In some cases, where gum and bone health requires it, we might recommend additional maintenance procedures. Our hygienists have been thoroughly trained as implant maintenance special providers and will be able to monitor the health of your implant body, make recommendations with home care techniques and products, and treat any pathology or disease early.

If you do not commit to taking care of your implants on a regular basis, our ability to guarantee the success of our work will be either partially or fully compromised.

As always, we welcome and encourage your questions.

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RECIPE IDEAS

Almond Butter Chocolate Smoothie

1/2 cup oats (quick or old-fashioned)
1 banana (the riper, the better)
1 1/2 cup almond or any non-dairy milk
1 cup spinach (I promise you won't taste it and your smoothie won't be green)
3 Tbsp almond butter
2 Tbsp cocoa powder
1 Tbsp maple syrup (optional)
1/4 tsp vanilla extract

Combine all ingredients in a high-speed blender and enjoy!

Vegetarian Minestrone Soup

1 cup sliced carrots
1 cup diced celery
2 cups zucchini
3 cloves garlic
1 large onion diced
3 Tbsp olive oil (omit if you have heart problems)
Salt and pepper to taste
3 Tbsp tomato paste
1 can (28oz) diced tomatoes (undrained)
2 cups uncooked penne pasta (whole wheat or lentil pasta for a healthier option)
1 can (15oz) kidney beans
6 cups vegetable broth
1 tsp Italian seasoning
2 cups baby spinach

1. In a large pot over medium-high heat saute carrots, celery, onion, zucchini, and garlic in olive oil until just barely tender. Reduce heat to medium and stir in tomato paste, tomatoes, and beans.
2. Gradually add vegetable broth and Italian seasoning. Bring to a low simmer stirring occasionally.
3. Stir in penne pasta and spinach and let the soup simmer until pasta is cooked and the veggies are tender, about 7 minutes. Season minestrone with salt and pepper and serve warm.

Note: This nutritious soup is a great way to get all of your vegetables! If you have had a more intense surgery and need a less chunky soup, throw it all into a blender and puree until you get the consistency you want.

IMPLANT PLACEMENT

RULES TO FOLLOW:

1. Implants can diverge, but no more than 14 degrees
2. Expect rocking if only using 2 implants in an arch
3. Ideally, implants should be placed 10mm apart
4. In nearly 100% of cases, 4 implants/arch is enough
5. When bone width is a concern, consider an o-ball mini implant
6. For partial dentures, do not place the implant too close to adjacent tooth, especially when the proximal surface creates an overhang



Implant stability should be measured at the time of surgery, and when starting the denture

- Documented confirmation of implant stability and osseointegration (even though it doesn't actually prove osseointegration)
- Allows for comparison of stability between time of placement and proposed time of restoration
- Valuable if looking to provide immediate temporization



NOTES

NOW THE IMPLANTS HAVE BEEN PLACED & DEEMED PROPERLY INTEGRATED

Accessing these implants can be tricky, and can result in a barbaric “search” for the underlying implant.



Image 1



Image 2

To prevent this:

At the time of surgery:

1. Save the surgical guide
2. Take a photo
3. Take an impression and make a suck-down stent



Image 3

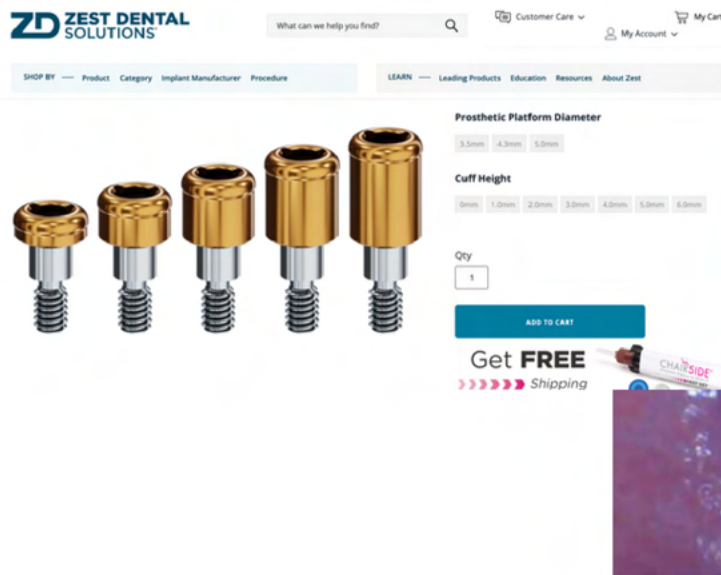


Image 4

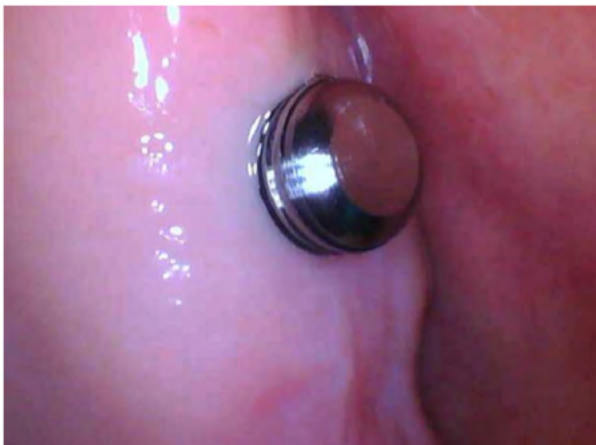
Once the implants have been located, replace the cover screws with healing caps.

DETERMINING THE CUFF HEIGHT

- Remove the healing cap, and determine the “cuff height”
 - This is the distance from the height of the gingiva to the platform of the implant Order the appropriate sized locator
 - If the length of the locator coming out of the gingiva is too short, it will be difficult to snap in or pick up the retention cap
 - If the length of the locator is too long, you might end up putting a hole in your denture in order to accommodate it



- Choose the appropriate cuff height, and torque locators into place
- Snap on metal housings



TAKE IMPRESSION OR SCAN

TAKING AN IMPRESSION VS. TAKING A SCAN

Taking an impression

- Simply take an impression of the arch with the locators/metal housings in place
- Make a denture the traditional way



Taking a scan

- If the patient likes the occlusion and contours of their interim denture
- Hollow out the areas inside of the denture to fit around the new locators
- Take a PVS wash impression inside the interim denture
- Do a 360 scan of the Denture/PVS
- Skip a BUNCH of steps

- Many maxillary cases will be horseshoe shaped. This will pose a difficulty during bite and try-in phases
- Some labs can fabricate the acrylic underside from the beginning, so you can pick up locators during the bite phase
- If you are going to make a horse-shoe shaped denture, always ask for metal reinforcement

NOTES

NOW, YOUR INTERIM DENTURE WON'T FIT

During the fabrication of the permanent denture, your interim denture won't fit. This will necessitate space being made on the underside of the denture around the newly torqued locators.*

***This is the worst part of the entire process**

Tools to help create room on the underside of the denture, around the newly torqued locators:

- Rope wax
- Ink stick
- Articulating paper
- Special burs



Denture Fabrication is now complete, and it is time to pick up the metal housings and retention caps inside of the new denture

- Try in your denture, make sure it fits snugly against the gingiva
- With your fingers stabilizing the denture, have the patient bite down, and confirm that the denture doesn't move Snap in all metal housings
- Try in the denture, and confirm that it fits exactly as it had fit before you snapped in the metal housings
- Use the process of elimination to find where you still may need to adjust

NOTES

BLOCKING OUT UNDERCUTS

Remember, acrylic will run anywhere there is space. If it hardens below an undercut, the denture will lock in.

Undercuts are usually found as:

- Exposed locator cuff under the metal housing
- Exposed implant platform or threads
- The heights of contour of adjacent teeth

There are 3 main ways to block out undercurrents:

1. Block out paste
2. Rubber Dams
3. Block out rings

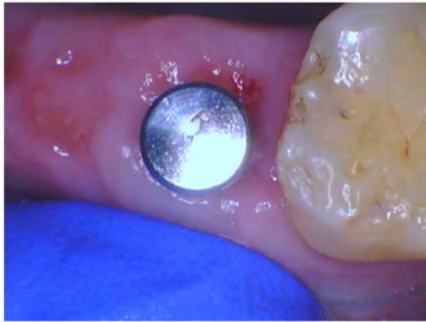


Image 1



Image 2

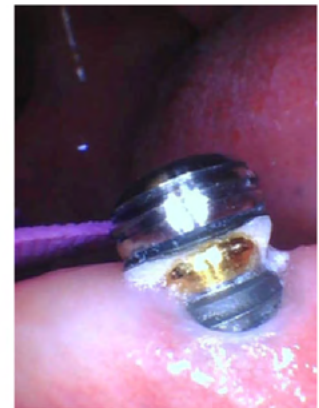


Image 3

- Next, add acrylic to the underside of the denture
- Seat it fully
- Have the patient bite down with moderate pressure
- Wait 5 minutes
- Remove the denture (it might be hard to remove, and/or painful for the patient)
- Remove excess acrylic
- Polish



Image 4

Congratulations! You've successfully delivered an implant retained denture.

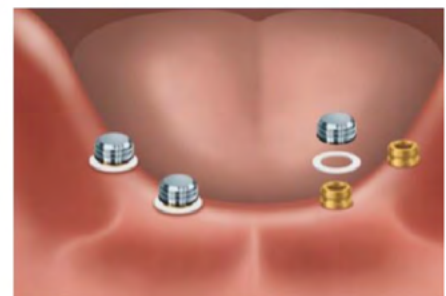


Image 5

DENTAL IMPLANT TERMINOLOGY

Surgery Terminology

Dental Implant

Also called a "fixture," the big screw that is surgically placed into the bone

Cover Screw





The tiny screw (usually comes with implant) that is placed over the implant at time of surgery

Healing Cap (or Healing Abutment)












A tiny screw with a larger head; usually placed after the implant has integrated

LOCATOR ROOT ABUTMENTS








ROOT ABUTMENTS

0° Root Abutment Stainless Steel 08520	10° Root Abutment Stainless Steel 08521	20° Root Abutment Stainless Steel 08522	Cast-to Coping Stainless Steel 08528
			

LAB PROCESSING

Impression Coping 08505 	Abutment Analog 08530 4mm 08516 5mm 	Block-Out Spacer 08514 White 	Processing Spacer 08569 	Denture Cap Assembly 08510 	
Standard Range Male Processing Pkg 08519 	Extended Range Male Processing Pkg 08540 	Bar Male Processing Pkg 08028 	Black Processing Male 08515 Black 	Yellow Bar Processing Male 08026 Yellow 	Castable Threaded Insert 08013 2-56 08014 2.0mm Delrin 

REPLACEMENT MALES

STANDARD RANGE			EXTENDED RANGE			
Blue Low Retention 08529 	Pink Medium Retention 08527 	Clear High Retention 08524 	Gray Zero Retention 08558 	Red Low Retention 08548 	Orange Medium Retention 08915 	Green High Retention 08547 

RETENTION

The initial retention cap at the time of seating was black. This is the lowest retention. Most of your patients will want a stronger level of retention. Simply remove the black retention cap, and replace it with a colored cap of varying retention strength.



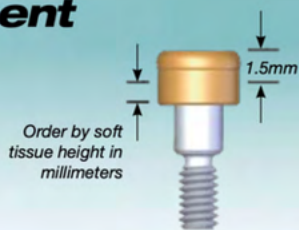
Zest sells a very handy tool that helps remove and replace retention caps.



LOCATOR GLOSSARY

LOCATOR® Implant Attachment Quick Reference Guide

The LOCATOR Implant Attachment is available in stock to fit all major implant systems. LOCATOR Implant Abutments for overdenture applications are available in numerous tissue cuff heights. Choose the corresponding abutment tissue cuff height that exactly equals the tissue measurement, or the next higher size. With proper tissue cuff height selection, the 1.5mm working portion of the attachment will remain above the gingival tissue.



LOCATOR Implant Abutments
Many Tissue Cuff Heights are available.



LOCATOR
Implant Abutment and titanium Denture
Cap with clear nylon Replacement Male

The LOCATOR Core Tool (8393) is necessary for abutment placement and nylon male placement & removal; includes Male Removal Tool, Male Seating Tool, and Abutment Driver, shown with optional Abutment Holder Sleeve (8394). Various torque wrench connection types of insert drivers are available to achieve optimum 30N-cm of torque.



LOCATOR Core Tool
with optional Abutment Holder Sleeve

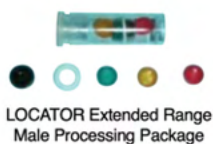
LOCATOR Insert Driver
(square drive connection)



LOCATOR Insert Driver
(fatch-type connection)



LOCATOR
Male Processing Package



LOCATOR Extended Range
Male Processing Package

LOCATOR Male Processing Packages are available for parallel implants (8519-2, 8519-10) and divergent implants (8540-2, 8540-10). A full range of retentive males are included with each denture cap to allow personalized retention for each specific patient (nylon male retention selection depends upon patient preferences and number of implants placed into function).

LOCATOR Male Processing Package (8519) includes Denture Cap with Black Processing Male, Dual Retentive Replacement Males: Clear, Pink, Blue, and Block-Out Spacer. Offered in packs of two (2) or packs of ten (10).

LOCATOR Extended Range Male Processing Package (8540) includes Denture Cap with Black Processing Male, Extended Range Replacement Males: Green, Orange, Red, and Block-Out Spacer. Offered in packs of two (2) or packs of ten (10).



Dual Retention 0-10 degrees
(8524) Clear: 5.0 Lbs (2268 Grams)
(8527) Pink: 3.0 Lbs (1361 Grams)
(8529) Blue: 1.5 Lbs (680 Grams)

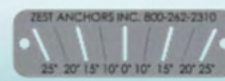


Extended Range
Angle Retention 10-20 degrees
(8547) Green: 3-4 Lbs (1361-1814 Grams)
(8915) Orange: 2.0 Lbs (907 Grams)
(8548) Red: 0.5 - 1.5 Lbs (226-680 Grams)
(8558) Gray: 0 (zero) Retention

Parallel posts (8517) and the angle measure guide (9530) are useful to determine the appropriate nylon male selection based upon angulation.



LOCATOR Parallel Post



Angle Measurement Guide



www.ZestAnchors.com

For technical assistance or to place an order, please call

1-800-262-2310

MAINTENANCE

Remember, there was a reason that your patient lost all of their teeth.

- Exceptional oral hygiene should be highly encouraged
- Aggressive recall maintenance should be mandatory
- For patients with poor oral hygiene, PerioProtect trays should be built in to the overall cost

*The following page contains a complete Implant
Maintenance Protocol*

NOTES

IMPLANT MAINTENANCE PROTOCOL

Absence of periodontal disease, mild gingivitis. Diagnosis: Healthy gums

D1110, prophy

D1208, topical fluoride (increase frequency when caries risk is high)

6 month recall

Absence of periodontal disease, generalized gingivitis. Diagnosis: Gingivitis

D4346, gingival therapy once a year

D1110, prophy, at subsequent visits

D1208, topical fluoride (increase frequency when caries risk is high)

D4921, irrigation with iodine (at every visit, not just D4346)

3-4 mo recall for a full year using D1110. Repeat D4346 in a year if issue has not resolved

This code requires a narrative

Presence of mild/moderate localized periodontal disease. Diagnosis: 1-3 Perio disease

Button P3, DSRP (this includes irrigation, we increased the fee to cover this)

D1208, topical fluoride as needed based on caries risk

3-4 mo recall, D4910 perio maintenance

Recommend StellaLife bottle, D9992, \$25

Presence of moderate to severe generalized periodontal disease. Diagnosis: 4+ Perio disease

Button P4, DSRP (this includes irrigation, we increased the fee to cover this)

D1208 topical fluoride as needed based on caries risk

3 mo recall, D4910 perio maintenance

Recommend StellaLife bottle, D9992, \$25

Any of the above, in the presence of a healthy dental implant

D6080, implant maintenance (\$25 for 1-3 implants, \$50 for 4+ implants)

D0220, PA x-ray

Repeat this every 12 months

You will irrigate w/ iodine

This code requires a narrative

Any of the above, with perio around the implant

Button xxPIM code, which includes D6081, D0220, and D4921, D9992

3 mo recall, same code, until per-implantitis starts to resolve

This code requires a narrative

Any of the above, where gums don't seem to respond to treatment

Offer PerioProtect (fee is \$800)

Schedule with the DDS, who will use laser therapy in the affected area

The code for this is 4910 (perio maintenance)

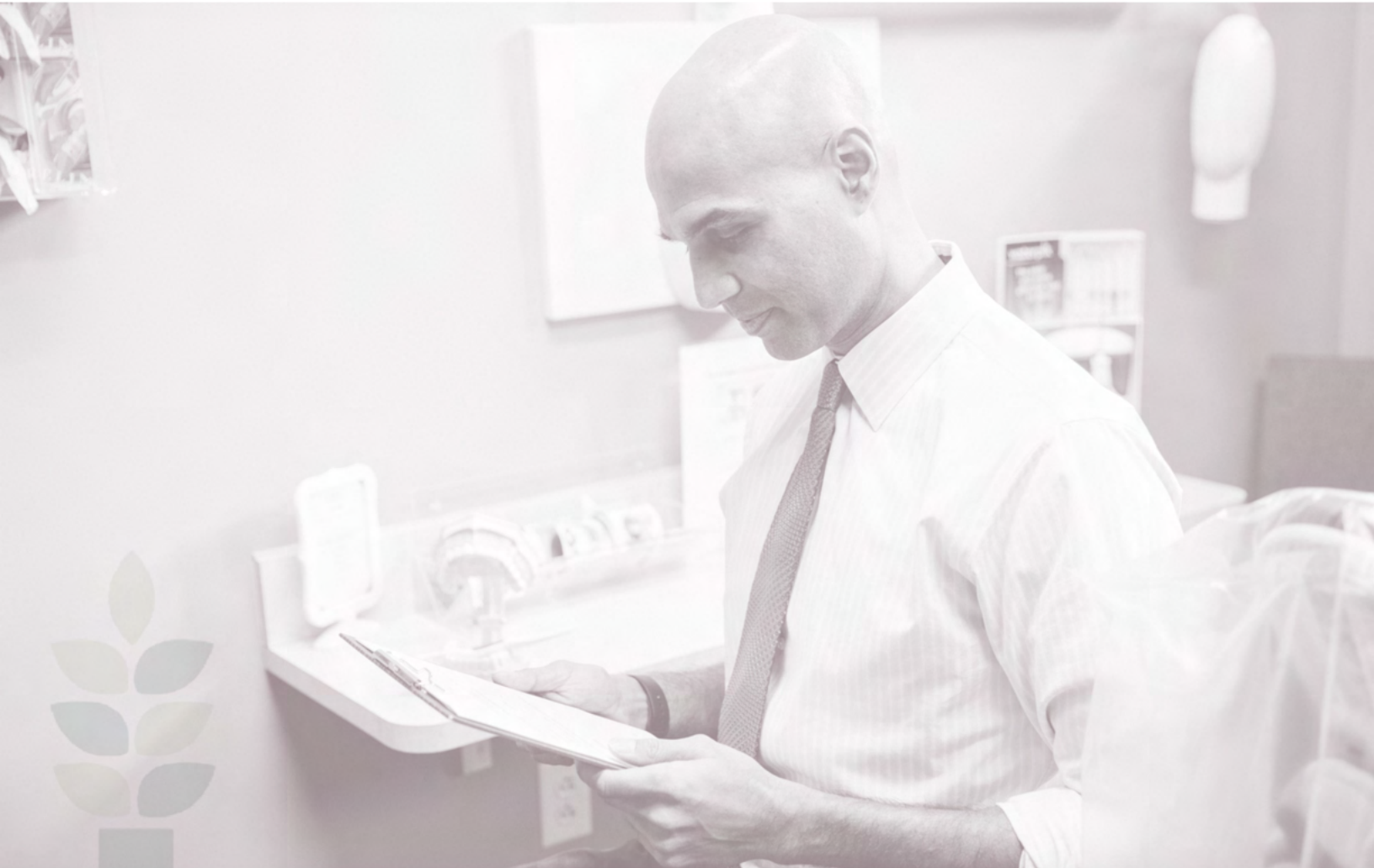
Insurance will not cover this extra perio maintenance procedure

NOTES

- When you offer StellaLife, MI Paste, Plaque HD, PerioProtect tubes, the code is D9992, and it is \$25
- Iodine irrigation is preferable over CHX. Only use CHX on patients with thyroid issues, or shellfish allergy



ANKUR GUPTA, DDS



Case Presentation HANDBOOK

"Wow" Your Patient When They First Walk In

Stand up, look at them in the eye, and shake their hand. Refer to them by name.

Offer a compliment:

- I like your shoes, coat, shirt, glasses, purse, etc.
- Thanks for getting here right on time
- Thanks for choosing our office.
- You have a wonderful smile!

Do not hand them paperwork to fill out; instead, walk to the reception room, and go over the paperwork while sitting next to them.

Offer coffee, water, fresh fruit.

Utilize the Law of Reciprocity

Reciprocity in social psychology refers to responding to a positive action with another positive action, rewarding kind actions.

Give your patient something before you seat them in the operatory:

- The bag of dental goodies that you usually give patients at the end of their prophylaxis appointment
- A branded coffee mug, toothbrush, chip clip, or gift card
- A "welcome to the practice" packet, with a branded pen/gift card

The Law of Reciprocity:

Upon receiving an unexpected treat, your patient will subconsciously desire to do something nice for you in return.



Develop Trust Through Sincere Rapport

Ask any of the following questions:

- How did you hear about our office?
- Do you live near here?
- Do you work near here?
- Have you lived in this town for a long time?
 - (If not) Where did you move from?

Then, and here is where a lot of practice and rehearsal comes in, you must then be able to follow up such questions with sincere and thoughtful rapport. You must take the time to ask more questions about the patient. Let them talk about themselves. Resist the temptation to tell the patient your story.

This must be rehearsed. This is no less important than the clinical interview, and mastery cannot be achieved until you can sincerely develop trust and rapport without awkwardness. This does not need to be rehearsed only in a team meeting setting. It can be done at parties, family events, and at seminars and courses.

Memorize and Utilize Dale Carnegie's rules:

- Become genuinely interested in other people.
- Smile.
- Remember that a person's name is, to that person, the sweetest and most important sound in any language. Use it often!
- Be a good listener. Encourage others to talk about themselves.
- Talk in terms of the other person's interest.
- Make the other person feel important – and do it sincerely.

RECOMMENDED READING:

How to Win Friends and Influence People
Dale Carnegie

People Buy You
Jeb Blount

It is not all about me: The Top Ten Techniques for Building Quick Rapport with Anyone
Robin K. Dreeke



Provide Visual Basis for Patient Interview

Tell your patient that you would like to take a few pictures so that they can participate in the examination process.

Equipment needed:

a camera
a macro lens (preferably, but not required)
retractors
large photo mirror

What photos should you take?

Retracted lips
Natural Smile
Upper Occlusal
Lower Occlusal

(note: some offices choose to take several more than this. If you are new to camera utilization in your office, start with these 4 simple photos, as training and implementation is minimal)

Present photos to patient

Digital radiography software, or add-ons with Dentrrix/Eaglesoft (if CPU monitors are easily accessible, and viewable by patient)
Printing on high-quality photo paper (takes less than 2 minutes)





Notice the new crown on 19 that was done only a year ago.

I did that crown after performing endo on 19.

Had I taken photos back then, it would have become obvious to both the patient and myself that 18 could have definitely benefited from a crown as well.



This patient was obviously concerned about the "chipped tooth" #4.

Prior to camera utilization, I would have been tempted to restore only tooth #4.

This visual aid inspired an unexpected response from my patient, as she became very concerned about #5 as well, suspecting that it too would chip in the future.

We ended up restoring both thanks to the use of photography.

Allow Your Patient to Tell Their Story

With photos in front of both of you, begin with open-ended questions:

- So, what made you decide to make a dental appointment?
- On a scale of 1-10, how would you rate your teeth?
 - How could we make that a 10?
- How do you feel about your teeth?
- What are your long term goals with your teeth and mouth?
- Tell me a little about your dental history, and what you would like us to do for you.
- Describe the ideal situation with your mouth and teeth? What would they look like?
- In terms of ideal teeth and mouth, what could we do for you?

From their answer, determine what type of patient you have:



(a) The type who wants to tell their story, and expand on their long-term wants and needs.



(b) The type who really just wants a cleaning.

If you have determined that your patient is a “type (a)” patient, good for you. Substantial potential awaits as you progress further into the new patient interview.

If you notice that **most** of your patients are “type (b)” patients, **you are doing something wrong**. Change your technique by first changing your initial open-ended question. Role play with team members, and ask your team members to respond with challenging responses, like “I am just here for a cleaning,” or, “I think my teeth are fine.”

Over time, you will find the certain questions that simply require more thought. Stick to those!

Nevertheless, you will encounter some true “type (b)” patients. If so, respect their wishes, perform a thorough comprehensive examination, and recommend treatment accordingly.

Follow-up Questions for "Type (a)" Patients

- How long has this been on your mind?
- How has this problem affected you in the past?
- Can you be more specific? Tell me more.
- How would you feel if we could make this ideal? • How do you think we could help? • What would you like for me to tell the dentist?
- What, in your opinion, is your top priority?

Then, as you progress through the interview, ask the following:

- How would you like to get started?
- What would you like to start with?
- What would you like to do first?

Resist the following urges:

- Suggesting specific treatment (ortho, restorative, surgical, etc.)
- Suspecting specific diagnoses (perio, caries, edentulism, etc.)
- Explaining dental concepts and procedures
- Discussing dental insurance policies

The bottom line: Don't talk about anything! Just listen.

In the beginning of your training, it may be difficult for you to inspire productive dialogue. To help in this process, have your patient fill out the form on the next page, as part of their new patient paperwork.

Then, if they marked "yes" to any of the questions, you can say, "I see you marked 'yes' to ***, why did you choose to do that?"

Although this questionnaire may serve its purpose in the beginning of your training, we suggest that you do not depend on it, or use it as a substitute for sound open-ended questions. As time progresses, you will find yourself needing it less and less.

Dental Questionnaire

	YES	NO
Are you currently experiencing any dental pain?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently interested in improving the look of your smile?	<input type="checkbox"/>	<input type="checkbox"/>
If so, how?		
<input type="checkbox"/> Whiter Smile		
<input type="checkbox"/> A more aligned or "straight" smile		
<input type="checkbox"/> Replacing old caps/fillings		
Do you frequently clench or grind your teeth?	<input type="checkbox"/>	<input type="checkbox"/>
Are you nervous about dental treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in being sedated for invasive procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have missing teeth (other than wisdom teeth)?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are you interested in replacement options?	<input type="checkbox"/>	<input type="checkbox"/>
Do your gums frequently bleed?	<input type="checkbox"/>	<input type="checkbox"/>
On a scale of 1-10, how would you rate your teeth? _____		
*Lastly, our office does not currently offer Botox® or dermal filler. If, in the future, we begin offering this service, would you like to be contacted?	<input type="checkbox"/>	<input type="checkbox"/>

Utilize Visual Aids

In the next few months, begin your collection of visual aids. These include:

- Before and After photos of your own patients (most effective)
- Brochures from dental manufacturers and laboratories:
 - Glidewell Dental Lab
 - Nobel Biocare
 - Ivoclar Vivadent
 - Phillips Zoom®
 - American Dental Association
- Models of the following (if you provide, or plan on providing, these services):
 - Single tooth implant vs. Bridge (Straumann)
 - Implant retained denture (3M MDI)
 - Captek crown (Glidewell Dental Lab)
 - Invisalign retainers (Invisalign)
 - Old diagnostic wax-ups from anterior esthetic cases
 - Bite Splints (Glidewell)
 - Athletic Mouthguards (Glidewell)

Do not spend a lot of time explaining the technical aspects of these visual aids. Simply tell a story.

FOR EXAMPLE:

We had a patient here recently whose situation was similar to yours, and were able to help him quite a bit. Here is a photo of him before treatment, and here is a photo after. How would you like it if we could do the same thing for you?



Courtesy of Glidewell Dental Laboratory



Courtesy of Zest Anchors®



Classify the Situation, and Decide How to Proceed

At this point, you must classify your patient:

- (a) This patient has several wants and needs. Radiographs and periodontal probing might slow the momentum and excitement that this patient has towards solving his/her problems.
It is now time to bring in the dentist. At this point, you have not taken any radiographs or periodontal charting.
- (b) This patient may have several issues, but they are not emotion-based (periodontal disease, several broken down posterior amalgams, partial edentulism, etc.).
Go ahead and perform periodontal charting and take appropriate radiographs before bringing the dentist in.
- (c) This patient simply has few issues, concerns, desires, and generally healthy teeth.
Go ahead and perform periodontal charting and take radiographs before getting the dentist.

Summarize the Patient's Situation, Twice

For every new patient interview, have an interview form ready to fill out. On it, include a cheat sheet that has all of your favorite open-ended questions. Throughout the interview process, take notes.

At the conclusion of the interview, repeat everything to your patient, and ask them if you missed anything. Let them know that you will explain their situation to the dentist.

When the dentist enters, he/she must look at the patient in the eye, introduce him/ herself, smile, and **ask the hygienist/assistant what they learned.**

Repeat everything to the dentist, while in front of the patient. Ask the patient if you missed anything.

The dentist must resist the urge to talk, explain, educate. The dentist must simply look inside the mouth, and confirm that he/she will be able to provide the solutions that the patient wants.

Initiating Dialogue About Budget

It is now time for the treatment plan coordinator to perform the following steps:

- Fill out a “fee presentation form” (sample on next page)
- Either invite patient into consultation area, or go into operatory
 - Summarize the recommended dental treatment
 - Do you understand everything that was recommended today?
 - We recommended (***). Do you understand why we recommended this?
- While giving the patient the paper “fee presentation form”, say, “your out of pocket responsibility for this is *** ”
- Pause – you must not break the silence. Let the patient break the silence. You look at the patient in the eye and wait for them to speak
- Be ready (through hours of rehearsal) for objections
 - Wow, I wasn’t expecting it to cost so much.
 - I need to talk to my husband/wife first
 - I just don’t have that kind of money right now.
 - I need to think about it



Please email me at dr Gupta@northridgevillefamilydentistry.com if you are not sure how to handle such objections.

Here are a few helpful responses:

- What additional information do you need to help you make a decision?
- What do you think your wife will say?
- What monthly payments would fit into your budget?

And, when all else fails,

- Do you mind if I call you in a few days to see where you are in the decision making process?

Collect a Down Payment to Reserve Appointment Time

The rest is a matter of your office policy. BeBetter Seminars would be happy to help solidify your policy with regards to down payments, financing, discounts, and scheduling. Please email Dr. Gupta at dr Gupta@northridgevillefamilydentistry.com.

Treatment Plan Presentation of Fees

Date: _____

Treatment Proposed for: _____

Periodontal Therapy: _____

Dental Therapy: _____

Additional Services: _____

Total Investment (*after insurance*): _____

Reservation Deposit: _____

I acknowledge that all treatment options have been fully explained to me and that it is my responsibility to complete treatment and follow recommended maintenance schedules.

Fees proposed are valid for 60 days.

For our patients with dental insurance: your insurance coverage is a contract between you and your insurance company. We will do our best to maximize your benefits, but keep in mind that you are responsible for the balance.

We require 48 hours notice to reschedule prior to appointment time. Failure to comply will result in a forfeit of your deposit which will not exceed \$50 for 30 minutes of time that you have reserved with us.

Patient Signature

Date

Rehearsal

None of this will happen if you simply read this handbook. You must rehearse regularly.

Every team meeting must have adequate time devoted to role-play situations. Record these situations, and play them back at future meetings. The team members who struggle with this should not get a free pass. Rather, they should work harder. Everyone can practice at home, with their family and friends.

All you are doing is following these rules:

- Asking open-ended questions
- Asking follow-up open-ended questions
- Shutting your mouth and listening

Upon mastery of this, you will become more likeable, more approachable, and your communication effectiveness will be more productive than ever.



Hygienist's Recall Patients

If your hygienist has developed mastery in case presentation, please do not stifle him/her by only allowing it to be executed during new patient examinations. Recall patients can easily be given the new patient experience by doing the following:

Say, "Before we get started, do you mind if I take a few pictures, and ask you a few questions about your long term goals with your teeth and mouth?"

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