

CHINESE FORTUNE COOKIE – FORTUNE FOR WHOM?

Recently, one of our clients admitted sending a restoration to a lab that subcontracts their work to China...this is nothing new, but I thought you would appreciate their story as reported to me.

After waiting 3 weeks for the \$55.00 crown to arrive, the doctor called the lab for an explanation. He was told it would be one week late because of a Chinese holiday...the doctor was never told it was sent to China by the way!

This typically happens because the outsourcing lab needs a total of 110 units to ship to save on shipping costs. A further surprise was I had the crown analyzed by my gold scrap refiner and guess what? It was not the high noble alloy as promised!

The cancelled appointment equaled a loss of \$500.00 in production, possible future lawsuit for fraud and a lost patient...so who's fortune is it? Obviously the labs!

For an answer to gold's soaring cost to over \$600.00 per ounce, look to our newly patented "Ultimate Crown" at \$110.00 per unit, including a 22 karat gold plated intaglio, inside this issue.

Regards,
Bill McCormick, CDT
President, HDL

FUTURE SEMINARS

April 27, 2007 Chicago, Illinois	-	"The Art of Aesthetics and the Pursuit of Excellence" by Dr. David Hornbrook "A Comparison of All-Ceramic Restorations and the Pros and Cons of Their Cement Systems" - Bill McCormick, CDT	6 hours 1 hour
March 15-23, 2007 Chicago, Illinois	-	Medical-Dental-Legal Update – Belize & Costa Rica by Dr. Mike Carl, J.D.	6 hours
March 14, 2008 Chicago, Illinois	-	Title to be announced by Dr. John Kois "A Comparison of All-Ceramic Restorations and the Pros and Cons of Their Cement Systems" - Bill McCormick, CDT	6 hours 1 hour

PAST SEMINARS ATTENDED BY OUR TECHNICIANS

October 11, 2006	-	"Interdisciplinary Management of Anterior Esthetics" by Dr. Kokich	8 hours
May 12, 2006 Chicago, Illinois	-	The Christensen "Bottom Line" by Dr. Gordon Christensen "A Comparison of All-Ceramic Restorations and the Pros and Cons of Their Cement Systems" - Bill McCormick, CDT	6 hours 1 hour
February 23-25, 2006	-	The Neuromuscular Technician, LVI Global, Las Vegas, NV	
February 8-11, 2006	-	Enhanced LVI Smile Design, LVI Global, Las Vegas, NV	

AT THE BENCH – Tips on Bite Registration Materials and Techniques

An inaccurate articulation can turn a promising result into a nightmare. Casts that are mounted even slightly out of occlusion, or are mounted out of centric occlusion, can create tedious adjustments. Reworking anterior bridges can occur if the horizontal plane is not accurately recorded, resulting in a misplaced midline and vertical axis. Accurate bite registrations are very important, though obtaining a reliable bite record can be a challenge. Not all cases require a bite; a single unit restoration in an ideal occlusal scheme can generally be hand articulated. However, with bridges or large cases, bites are just as important as the impression. Following are a few tips on materials and techniques regarding bite registrations:

Choose a bite material that is accurate and stable. Materials that are rubbery or spongy create an inaccurate compression and rebound when the models are articulated. In other words, use hard or rigid materials.

Do not use wax.

When packing the case to be sent to the laboratory, place the bite in a separate container or plastic box to prevent bending or breakage.

When doing posterior restorations, in which posterior stops are being eliminated during prepping, take the bite before the most posterior stop is reduced. For example, teeth # 12 -15 are restored; tooth # 16 has been extracted and is not being restored. The teeth being crowned oppose a full complement of mandibular teeth. Reduce teeth # 12-14. Place the registration material only over the prepared teeth. Once the registration is set, remove it, and then prep tooth # 15. This procedure prevents the patient from over closing when the bite is being taken because the most posterior occlusal stop still exists. If both posterior sections of the same arch are being prepped at the same time, do not reduce teeth # 15 and 12 until the bite on the opposite side is taken.

When prepping opposing posterior arches, prep the mandibular arch first, leaving the most posterior tooth on the maxillary arch in occlusal contact with the most posterior tooth on the mandibular arch. Take a bite registration of the prepped teeth only. Remove the bite registration and trim the buccal and lingual of the bite so that only the occlusal surfaces remain. Prepare the maxillary teeth in the same way. Place the bite registration back in the mouth and evaluate the occlusal space between the maxillary preparations and the bite registration. Prepping both arches at the same time can be deceiving, because there may appear to be more reduction than there really is. When the maxillary reduction is adequate, remove the bite registration and take a new one that registers both the mandibular and axillary preparations. Remove the bite and measure its thickness. If you normally reduce 2 mm occlusally for 1 arch, there should be a minimum of 4mm of space between opposing prepped teeth. If more reduction is needed, take a final bite after the reduction is complete. Prepare the remaining 2 posterior teeth. Place the final bite registration on the mandibular posterior preparations and place a small amount of impression putty over the most posterior mandibular prep. Have the patient close their mouth. After the putty has set, remove it and measure the bite thickness. It should be the same as the final anterior to it. If it is less, more reduction is necessary. Once the desired reduction is achieved, remove all of the bite registrations and proceed to impressions. Send the bite that incorporates the prepped teeth of both arches to the laboratory.

When doing a full arch restoration, prepare the 4 anterior incisors first. Take a bite registration of the anterior preparations while the patient has full posterior occlusion. Then prepare the posterior teeth, leaving the most posterior tooth on both sides unprepared and in occlusion. Position the anterior bite registration on the unprepared arch. Position bite material in both posterior prepped sections and guide the patient's mandible closed, using the anterior bite and the remaining posterior unprepared teeth as a guide. Make sure the patient is in contact on the posterior unprepared teeth and unprepared cuspids. Once the registrations are complete, finish preparing the remaining teeth. Send posterior and anterior bite registrations with the case.

When doing a full mouth reconstruction at the same appointment, follow the preparation order and guidelines listed in number 6. Prepare the corresponding maxillary and mandibular teeth at the same time, taking bites in the same order as listed. Measure the occlusal thickness of the bites to ensure that there is adequate reduction for both arches.

Use a face bow registration whenever possible on larger cases.

If you are mounting the opposing casts or the entire case, make sure that the occlusal plane is parallel to the tabletop and perpendicular to the articulator's incisal guide pin. This aids in creating the proper horizontal plane, vertical axis, and curve of spee. To do this, use a piece of 8-1/2 x 11 paper with horizontal lines drawn on it. Tape the paper on the wall behind the articulator. The casts can now be mounted with the occlusal plane parallel to the horizontal lines on the paper by looking directly at the front of the articulator. The lines provide the horizontal guide, and the incisal guide pin is the vertical guide, which should be parallel to the midline.

If the patient is edentulous in the posterior and the anterior teeth are being restored, make posterior wax bite blocks over acrylic tray material on a study cast. If the opposing arch has teeth over the edentulous area, cut the wax on the block so it is at least 2mm short of touching the opposing dentition. Cut retentive grooves in the top and sides of the blocks. Then make a custom impression tray that covers the anterior teeth and the edentulous areas. At preparation, before the patient is anesthetized, place polyvinylsiloxane impression material into the retentive grooves and on top of the bite blocks. Polyvinyl material also can be injected into the underside of the acrylic tray of the bite block, creating a more accurate reproduction of the edentulous ridge. Before the material sets, position the bite blocks in the mouth and have the patient close to the desired vertical. After the impression material has set, remove the bite block and prepare the anterior teeth, including the edentulous areas. Because the bite block is relined with impression material, it will give the same landmarks that the impression gives, making transfer of the bite block to the model more accurate.

If the patient is edentulous in the posterior of both arches, use the same procedure as in number 10, but make bite rims for both arches. With the bite blocks in position, inject polyvinyl material into the retentive grooves of the wax bite blocks and guide the patient to bite down to the proper centric relation and occlusion. Once set, remove the fused rims and prepare the teeth. The fused rims provide all of the information for mounting the casts accurately. While triple trays are designed to save time and material, they are not accurate if the patient does not bite through the mesh at the occlusal contact points of surrounding unprepared teeth. Also, when the patient bites into a triple tray, it naturally bends and distorts. If the tray is not loaded with enough impression material to hold it in position, the tray could rebound towards its original position, distorting the impression. Unfortunately, there is no way to determine if the tray distorted until the case is completed and the problem is discovered when the restorations don't seat or the occlusion is too high.

The best triple tray in my opinion is the dead soft aluminum tray by Clinician's Choice to solve this previous problem.

Finally, usually an impression for a bridge is not a surprise or an emergency appointment. I suggest that at the diagnostic appointment or treatment plan; have your staff take an alginate so a custom tray will be cured and ready for the new impression at the prepping appointment.

These techniques may add a few minutes to the appointment, but the accurate results you achieve in terms of fewer chair side adjustments will be worth the effort.

About the Author – Bill McCormick, CDT is the owner of Heritage Dental Laboratory, Inc. in Arlington Heights, IL, Illinois leading cosmetic dental lab. He is also a frequent lecturer for continuing education courses on subjects such as All-Ceramic Restorations, Shade Taking and Selection of Trays and Bites.

BLATCHFORD'S MORNING HUDDLE

Coaching to goal at the morning meeting is essential for a team to make the numbers and reach bonus. Held fifteen minutes prior to your first guest's appearance, the morning huddle is positive and about reconnecting the team. Because everyone is on time, start with an inspirational quote from the Doctor and check to make sure each team member is prepared to play 100%. The receptionist shares today's schedule, tomorrow's goal and opportunities as well as the third and fourth day out. Thus, the team is coached to perfect schedules. We do not cram a crown prep at 4:30 PM to make goal. In most successful practices, there are opportunities tomorrow and four days out. If you are booked to goal the next four weeks, raise your daily goal. Review today's guests and those opportunities for relationship. Coach to accountability in your focus areas like, asking for referrals, having uninterrupted conversations with clients, etc. Complete your morning huddle with "high-fives" or hugs and have an incredible day.

ACCOUNTABILITY

Dental numbers do make a difference. When the Doctor and the staff know and own these numbers, there is a dramatic shift from "staff" to TEAM. When your TEAM knows the practice goals and numbers needed to reach those goals, they become more responsible and TEAM leadership is demonstrated. Good team members will become curious and want to know more of how they can help make changes. Most people want to move to the next level, to continue making a difference. We understand that some Doctors fear of sharing numbers as "that isn't their job," "what will they think?" or "what if they shared the numbers with others." Great team members want their team to win. By keeping them in the

dark, the Doctor is perpetuating an average practice sitting on a plateau, constantly worrying about numbers. Share your numbers and see who steps up to the plate.

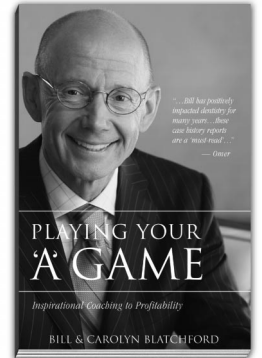
KEEPING SCORE

Dental overhead does not need to be 80%. You do have control to change this number. Even with marketing for cosmetics, you can have an overhead of 65% or less in today's marketplace. In 200 words, it would be reckless to coach your individual practice in overhead reduction. Yet, simply put, overhead can be reduced by setting a perfect schedule and being much more efficient every day. It involves having a skilled, efficient and accountable team which is usually no more than three or four team members. Overhead reduction also comes from mastering sales skills of non-pressured conversations beyond NEED and pathology which will have you doing more multiple units with better efficiency. If you want help in reducing overhead and keeping score, email me at bill3643@earthlink.net

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ASK DR. CARL / ATTORNEY

Question: About 6 months ago I placed a four unit bridge on a patient. The patient paid \$1000 at delivery and agreed to pay the balance over six months. I have yet to see a payment. Can I sue him for the balance?

Answer: You may sue the patient to collect the fee. In Michigan and Illinois there is a forum created to address money disputes of a relatively small amount. The forum is Small Claims Court and it is an excellent tool for the dentist to have in the collection arsenal. While it is not the exclusive answer, it can often result in the collection of fees that seem to be unrecoverable. Since the process can be completed by a staff member, doctor time away from the office is minimized.

In Michigan you can sue for up to \$3,000 while Illinois has a \$10,000 threshold. In Michigan the plaintiff, suing party, can waive any excess above the \$3,000 threshold and sue for up to \$3,000. How does the process work? You start by obtaining the proper forms from the court house. Sometime the forms are available online. The forms must be completed and filed in the county where the defendant lives or works. There is a small fee for the filing. The forms must be delivered to the defendant to serve notice that they are required to be present for the trial. The court will serve the notice by certified mail or you may have to hire a process server to deliver the notice.

In Michigan, when Small Claims Court is used, the parties agree to waive three basic rights. Participants waive their right to a jury trial, the right to attorney representation and the right to an appeal. By having no attorneys involved the costs to the parties is very low and the process is very rapid. Most matters are completed within about one half hour. The hearing or trial is conducted on an informal basis. You don't have to memorize the court rules that Attorneys must follow. The plaintiff will present evidence first and the defendant will be allowed to cross examine the presenter. The process is reversed and the defendant will present evidence and the plaintiff will be allowed to cross examine. The judge will decide and deliver the judgment immediately or it will be mailed to the parties. Either party may appeal to district court within 7 days. If appealed the appealing party can be liable for court costs and attorney fees. The process is designed to discourage appeals. In Illinois attorneys are involved in the process and the loser can be liable for court costs. Illinois' process is not quite as simple as the Michigan process.

What happens when you win? You can only collect if the patient has money or assets. The burden is on you to determine that fact prior to starting the process. Once you get a judgment, you have three options. You can obtain a garnishment, which attaches money generated from an employer or a bank account. You can get an execution on personal property owned by the defendant. As a last resort you can start a discovery hearing, which will require the defendant to produce financial records in the court.

In Michigan there is a small learning curve as well as a small intimidation factor to the process. Both of these will be gone once you experience how simple the process is. Here are some tips to make the process run smoothly. Be on time. If you are late the magistrate will dismiss the case. Bring all your evidence including witnesses and documents. Plan your chain of evidence so that it proves that the procedure was completed. Present your treatment plan, progress notes, and any finished radiographs. Show what collection measures have been taken. Be courteous to the judge and respectful to the defendant. If you have provided a quality service, the judge will almost always find in your favor and the collection of the delinquent fee is almost as satisfying as the knowledge that the process works for you.

By: Michael J. Carl, D.D.S., J.D.

Dr. Carl/JD is a practicing general dentist and attorney, who divides his time between dentistry and legal matters of practice buyouts, corporate matters and disciplinary proceeding with healthcare, and he is a client of Heritage Dental Lab! Please send any legal questions that you may have for the next issue, or e-mail him at mjc@transition works.com

NEW PRODUCT FROM HERITAGE DENTAL LABORATORY...

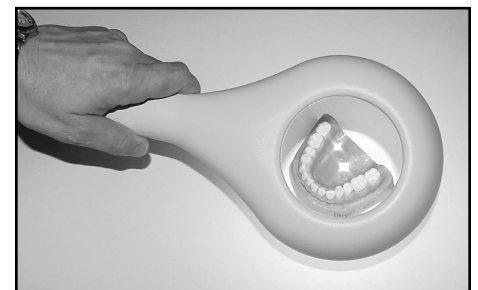
The Ergonomic Hand Held Magnifier Lamp! Powerful Magnification & Daylight-Simulating Light!

Here's a great little tool that lets you see and do things you might not otherwise see or do. Combining full-spectrum, natural-daylight-simulating Vi-Tek fluorescent with a powerful built-in 3X magnifier, the Ergonomic Hand Held Magnifier Lamp allows even the oldest eyes to perceive the finest details easily and clearly, and in much sharper detail!

With a color temperature of 6700K and a CRI of 93, the 18W Vi-Tek fluorescent lamp delivers 1,250 lumens (or about 100 watts) of brilliant white, full-spectrum natural light that's just perfect for reading and doing everyday tasks. Weighing only about a pound, the Hand Held Magnifier Lamp is just the thing for the dental professional.

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Heritage Dental Laboratory Proudly Presents *A Day of Aesthetics: "The Pursuit of Excellence"*

by Dr. David S. Hornbrook

Friday, April 27, 2007

7:30 a.m. – Registration & Continental Breakfast

8:00 - 4:30 p.m. – Lecture (Lunch Included - \$99.00 Value)



David S. Hornbrook, DDS, FAACD



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ADDED BONUS:

**"EMPRESS VS. PROCERA VS. ZIRCONIA VS. CAPTEK –
PROS AND CONS AND CEMENT SYSTEMS"**

By Bill McCormick

Bill McCormick has been a Dental Lab owner and "hands on" CDT for over thirty years. He continues to educate himself at the Las Vegas Institute*, The Pankey Institute, and various seminars to keep up to date on the latest cosmetic restorations. He lectures internationally on this knowledge of "alloy free" restorations and their successes.

Limited Seating – Register Early! / 7 Hours CE

INTRO

Dr. David Hornbrook graduated from UCLA School of dentistry and currently practices in San Diego, CA. He has been a guest faculty member of the postgraduate programs in Cosmetic Dentistry at Baylor, Tufts, SUNY at Buffalo, UNKC and the UCLA Center of Cosmetic Dentistry.

He has consulted with numerous manufacturers' in product development and refinement and is on the editorial board of *Practical Periodontics & Aesthetic Dentistry*, *Contemporary Esthetics*, *Signature*, and is the past editor of the *Journal of the American Academy of Cosmetic Dentistry*. He is also the current clinical editor of the *Dental Practice Report*, as well as a member of the *Esthetic Dentistry Research Group*, which publishes *REALITY* and *REALITY NOW*.

He is an accredited member and Fellow of the *American Academy of Cosmetic Dentistry*. He was the founder and past director of *P.A.C.-live*, and is now the director of "The Hornbrook Group Aesthetics Seminars". He has lectured internationally on all facets of esthetic dentistry and has published articles in most of the leading dental journals.

**To register call Heritage Dental Laboratory at
847.690.1810 or 800.635.4527**

Tuition: \$259.00 DDS and \$179.00 Staff



605 East Algonquin Road, Suite 180
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LECTURE OUTLINE

Dentistry is changing at a rate that is difficult to comprehend. New techniques and materials combined with the public's desire to look and feel better about themselves has truly created the "Golden Age of Dentistry". Conservative preparations, combined with true bonding to dentin, have changed dentistry forever. Those who don't take that time and effort to understand the materials and learn the techniques will be lost as dentistry enters the 21st century. This course is designed to maximize your learning experience and benefit to your patients by introducing and expounding on ideas that can be used immediately and reliably in your own office. Ideas presented will motivate and excite you, your staff, and patients. **RENEW YOUR PASSION FOR DENTISTRY** and discover the creative and artistic side of dentistry!

SUBJECTS COVERED IN THIS PRESENTATION INCLUDE:

What is "aesthetic dentistry" and how is it changing the way we practice dentistry?

- Establishing the aesthetic practice
- Philosophy of "quality" dentistry
- Gingivoplastic surgery techniques to maximize esthetics
- The use of lasers in aesthetic and restorative dentistry

Dentin Bonding

- Mechanism of action
- Eliminating post-operative sensitivity
- Agents available and what they offer

Indirect Anterior and Posterior Restorations

- Materials available
- Detailed preparation designs
- Detailed cementation
- Troubleshooting problems

Lab Communication

- Communicating the variables to your patient
- Transferring the variables to the ceramist
- Understanding how to optimize the lab prescription
- and much more...



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Special Seminars Available...

Due to my experience with alloy free systems, I have created a 1 hour power point presentation entitled "A Comparison of All-Ceramic Restorations and the Pros and Cons of Their Cement Systems". This has been received with great interest and success in study clubs from Illinois to the Caribbean. In fact, it has motivated both doctors & staff to present more cosmetic restorations to their patients.

Now I have another presentation entitled "The Science of Color Perception and Shade Taking" that covers many of the variables involved in taking an accurate shade.

These presentations are available, *free*, to study clubs or in office "Lunch & Learn" groups of 5 doctors or more. Each presentation provides 1 hour of continuing education credit. Call Debbie or myself to schedule your presentation at 847-690-1810.

- Bill McCormick, CDT

We have had several of our clients dramatically increase the size and net of their practices this past year. It turns out they are working with Dr. Bill Blatchford. If you are interested in what they did call Carol Bogner at (630) 841-6934.

BencoDental comes to the Chicagoland area. To learn how to save time, money, and improve your earnings call 1-800-GO-BENCO x-3244. Heritage Dental Lab and many of their doctors made the switch, when will you?

Practice For Sale: Grand Rapids, MI, Gross Production \$525K, Non participation, Crown and Bridge orientation, great location. Interested parties contact Michael J. Carl & Associates, (269) 496-8484

FOR SALE: Beautiful building site on Paw Paw Lake Golf Course in SW Michigan, lot #12 in Beechwood Shores Development. Wooded 1/2 acre lot with mature trees and views of Paw Paw Lake GC hills, fairways and ponds. Includes boat slip on Paw Paw Lake, the largest inland lake in Michigan, @ 1,000 acres. 2-1/2 hours drive from Detroit or Chicago. \$160,000 - Inquire at (847) 690-1810, ask for Bill or email at billmccormick@aol.com



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