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BUSINESS PRACTICE & DEVELOPMENT

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MARKETING/SOCIAL MEDIA

10 Mistakes You Are Making on Your Website
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YOUNG DOCS

5 Things Every Young Orthodontist Needs
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EDITOR'S NOTE

Another year has passed and as we wrap up the final quarter of 2015 I'm pleased to know that we are truly wiser, not just older. The orthodontic profession has seen significant change this year and the pace of change is accelerating rapidly. In some ways the lines among the dental specialties and general dentists are blurring as PCDs continue to bring specialists into their practices and dental specialists begin to realize that multi-specialty is a powerful way to go. In other instances dental professionals are becoming even more specialized – as is the case with our CoverDoc, Anil Idiculla. His ability to create a very specific and powerful culture in his office that is perfectly aligned with his personality, passion and treatment philosophy has created incredible success that is very difficult for others to emulate much less compete against. Anil has no worries about the future. How are you feeling about yours?

Change is good and though we orthodontists tend to fear change, we must remember that with change comes opportunity. I'm excited to see the next generation of orthodontic

study groups like Young-Docs, Orthodontic Exchange, Pragmatic Orthodontic Clinical Discussions and ProOrthoFE grow in size and scope. I love that a rising tide raises all ships. Watching colleagues help one another in these groups is empowering and enabling. I believe that these groups and others like them will continue to grow in size and influence, interact closely with one another and drive positive change in the industry if our member organization doesn't step up soon.

I have thoroughly enjoyed taking over as editor of The Progressive Orthodontist Magazine, interacting with readers on OrthoPundit.com and learning from colleagues while doing so. I'm hopeful for the changes to come in 2016. Who knows? Perhaps in 2016 all those who are working so hard to change the AAO from within will awaken our member organization to the need for change. If that ever happens then we have a real shot at maintaining a sustainable profession that offers the public the best possible care – a win for the patients and for us!

— Ben Burris

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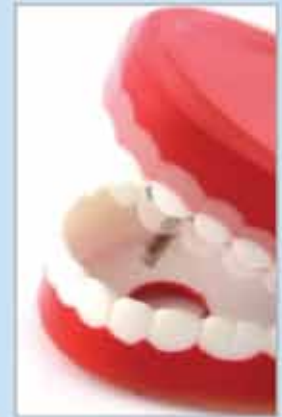


Implementation Services by Team Burris

What are Implementation Services, you ask?

Glad you asked. Consultants prescribe one-size-fits-all methodologies repeatedly to every new client. And, while their methods may be sound and have proven successful in many practices, traditional consultancy gives little heed to the business goals, market conditions, or cultural dynamics of the specific client. Moreover, most consultants will provide a prescription for how to cure your business ailments, but rarely will they provide any on-the-ground support to actually achieve the desired result. The problem with this, often times, is that if you had the skills in your organization to simply learn and deploy solutions, you'd already be doing it. The implementation services we provide offer everything consultancy does not...

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ANGELA WEBER



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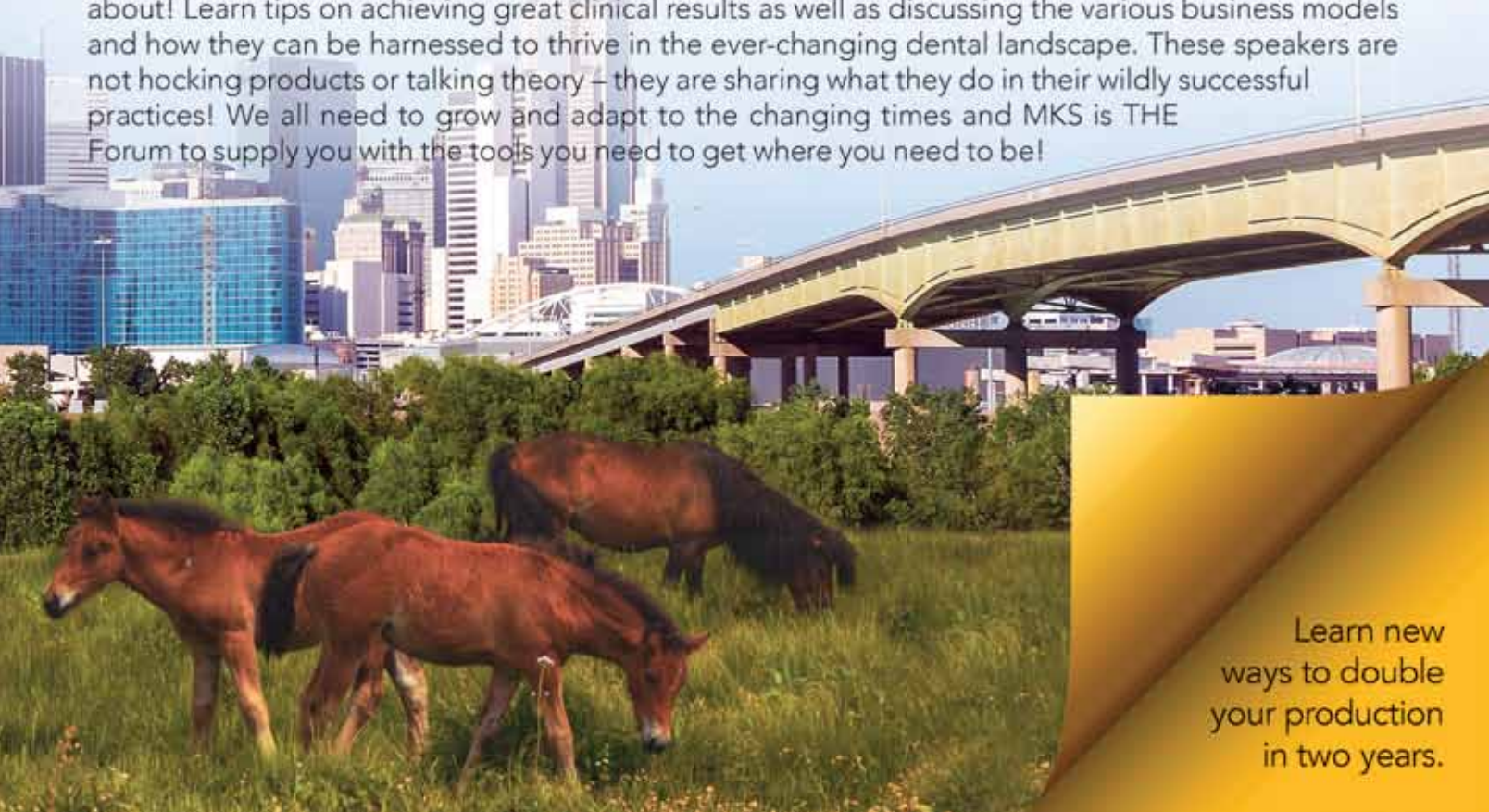


BEN BURRIS

Learn How to Manage & Grow Your Business for Massive Success!

The MKS Forum is about hard-core learning and interaction with highly successful peers. Period. We won't be playing at vacation or going to obscure, hard to reach or massively expensive cities. We will host The MKS Forum annually in an easy to get to, affordable hub city with non-stop flights from most cities. MKS will pack in a huge amount of useful, applicable and specific knowledge so that you can get what you need in two days and spend your free time at home with the family or on a real vacation. No one has time to mess around for a week any more - not if we want to have time to work on our businesses and quality time with the family.

The speakers were selected for their ability to share the Mindset, Knowledge & Skills necessary to grow and manage a highly successful practice. Sharing real life, detailed techniques to improve and grow your practice in a discussion format as opposed to sitting passive in a lecture is what MKS is all about! Learn tips on achieving great clinical results as well as discussing the various business models and how they can be harnessed to thrive in the ever-changing dental landscape. These speakers are not hocking products or talking theory - they are sharing what they do in their wildly successful practices! We all need to grow and adapt to the changing times and MKS is THE Forum to supply you with the tools you need to get where you need to be!



Learn new ways to double your production in two years.

Advisory



JOSE LUIS GARCIA

Dr. Jose Garcia has had a unique experience in the orthodontic world. He is a second

generation orthodontist with his father being a practicing orthodontist in Mexico and his mother is a retired dentist; as a result, he has seen first-hand, the transition of the traditional referral-based orthodontic practices in Mexico to their current status.

He received his DDS degree from Indiana University School of Dentistry and completed his orthodontic certificate and Masters of Science in Dentistry degree from St. Louis University. Dr. Garcia has practiced orthodontics since 2001, is the past president of the San Diego Academy of Orthodontists, and is a published author. Jose lives and practices in Temecula, California where he enjoys playing golf, doing yoga, and is a serious world cup soccer fanatic having attended the last 3 world cups.



KYLE FAGALA

Dr. Kyle Fagala is the owner and orthodontist at Saddle Creek Orthodontics in Germantown, Tennessee. Dr.

Fagala graduated in May of 2013 with a certificate in orthodontics and a master's degree in Dental Science for his thesis on three-dimensional imaging of the airway. Dr. Fagala is the course director and lecturer of Development of the Occlusion, a class for 1st year dental students at the University of Tennessee Health Science Center. He also provides orthodontic treatment for children at Pediatric Dental Group in Southaven and Olive Branch, Mississippi. He loves music, specifically the drums, and spends more time than he should on social media. Dr. Fagala, his wife Anna, their son Charlie, and daughter Libby live in Germantown and attend Highland Church of Christ.



ALY KANANI

With humble beginnings as a UPS warehouse worker and part time cashier for a small pharmacy in the summers, young Aly Kanani went through the usual dental and orthodontics degrees as the status quo but with a few exceptions. Dr Aly Kanani completed his Masters degree in Economics and Management at the prestigious London School of Economics as well as a formal Masters degree in Higher Education Administration

at the University of Pennsylvania. Starting as an associate in 2006 and now nine years later, Dr Kanani is the Founder and now Managing Partner of the largest orthodontics group in Western Canada with seven locations. As a trusted partner of Dental Corporation of Canada and managing the groups BC orthodontics presence, he created and manages with four other orthodontists a significant eight figure specialty orthodontics health care service for children and adults with quality care at the forefront of the groups mission.



ANIL IDICULLA

Dr. Anil Idiculla, aka "Dr. I", opened his flagship location in the summer of 2008, and is now the owner of 5 thriving private practice locations in Colorado. Known as a rebel, he likes to challenge the status quo and traditional thinking in all aspects of life. He has set up all of his offices in the most competitive areas in Colorado by choice and plans on adding new locations every 1-2 years. He is currently the only doctor at all of these locations

as he continues to explore the most critical aspects of practice efficiency. His ultimate vision, is to align not teeth, but rather align the core philanthropic values of life through inspiring other peers as well as his own patients. Every fall he leads a dental team to the slums of Kolkata, India and he believes that every orthodontist should be treating hundreds of children locally pro-bono throughout their blessed career. In his free time, he can be found skiing, running, fly fishing, and serving on the boards of 5 non-profit organizations. He loves Colorado, and embodies his practice's tagline, "Live Life Smiling".



KLIFF KAPUS

Dr. Kapus graduated from U.C. Davis with a B.S. in Genetics in 1992. He worked in academics and then corporate biotech for a couple of years. He returned to school for his DDS degree in 1997 from University of the Pacific (now Arthur A. Dugoni School of Dentistry in San Francisco). He continued on there with orthodontic residency, graduating again in 1999 with an MSD (Masters of Science in Dentistry). He bought a practice

in 1999 in Cupertino, CA and worked there until 2012. Kliff opened a practice in Livermore CA in 2007 and continue to work there presently. He called his practice "Wild Smiles by Dr. Kapus" because when he was a teenager he worked at a local zoo. His original intention for going to U.C.D. was to be a veterinarian. Life didn't work out that way for him but he still loves animals and nature so he had his office designed to look like "Indiana Jones meets the Crocodile Hunter for lunch at the Elephant Bar."

BOARD



SCOTT LAW

Dr. Scott Law is a leader who is willing to take risk for the betterment of the industry. He has made and continues to make many investments in ways to help patients and orthodontists succeed. Scott Hudsmith is an entrepreneur that has been successful in several organizations over the past 25 years. He has been CEO,

President, COO, CFO and he has led the sales and marketing efforts at many of the organizations. The combination of Dr. Law's industry leadership and Scott's experience make for a unique formula that will no doubt lead to an amazingly successful Orthodontic focused business.



JOHN MCMANAMAN

Dr. John McManaman is a board certified Orthodontist and owner of Docbraces with practice locations in New Brunswick, Nova Scotia, and Prince Edward Island. Docbraces has helped thousands of Maritimers smile with renewed confidence over the last 11 years. Docbraces practices are also recognized as having an Invisalign Elite Provider status,

which ranks the practices among the top 5% of providers of Invisalign treatment in North America. Dr. McManaman received his Doctor of Dental Surgery from Dalhousie University (1999), and went on to earn his M. Sc. Orthodontics from the University of Manitoba (2003). He continues to practice Orthodontics full time while being very actively involved in many community and charitable initiatives.



JASON BATTLE

Dr. Jason Battle, received his Doctorate of Dental Surgery with honors from the University of Tennessee's College of Dentistry. He holds a certificate of advanced graduate studies in orthodontics and dentofacial orthopedics from Jacksonville University School of Orthodontics and earned a Bachelor of Science in Biology from Valdosta State University. Dr. Battle was born in Michigan, and raised in Cincinnati and Atlanta.

His favorite pastimes are being outside participating in sports, grilling (specifically BBQ), and watching athletic events or documentaries on the history channel. You can usually find him spending time with family, at the gym, softball field, or playing flag football. Dr. Battle believes in giving back to the community. He volunteers his time to provide dentistry to those in need at the Orange County Dental Research Clinic and through the Smiles Change Lives Foundation. He also visits local schools, day care centers, and camps to teach proper brushing and nutrition.



JASON TAM

Dr. Jason Tam is the owner of MCO Orthodontics, with three offices just outside of Toronto, Canada. He completed his dental school at the University of Toronto, followed by a GPR at New York Hospital Queens, and an orthodontic residency at Boston University. While his practice is primarily braces, he is a Top 1% Super Elite Invisalign Provider. Dr. Tam has a special interest

in office efficiencies and implementation. He is happily married with two young boys, and another baby expected in December 2015.



DEREK BOCK

Dr. Derek Bock grew up in Massachusetts, near Cape Cod. He remained on the East Coast for his

undergraduate studies at Stonehill College. After receiving his Bachelor of Science as a double major in biology and chemistry from Stonehill, Dr. Derek continued his studies at the prestigious Tufts University School of Dental Medicine in Boston. He received his Doctorate of Dental Medicine from Tufts University in May 2003. Following his dental school graduation, Dr. Derek completed his post-graduate training in orthodontics at the University of Illinois at Chicago. He completed a three-year residency in orthodontics and obtained his Master of Science in oral sciences. In addition to his residency, Dr. Derek also completed a one-year fellowship in craniofacial orthodontics at the University of Illinois Craniofacial Center. It was during this fellowship that Dr. Derek received additional training in dealing with orthodontic problems as they relate to children with craniofacial syndromes, especially cleft lip/palate. Dr. Derek is an avid golfer, loves running, cycling and competes in triathlons, and is an accomplished guitar player. He and his wife, Dr. Anokhi, enjoy outdoor activities with their four children.



JENNIFER EISENHUTH

Jennifer Eisenhuth DDS, MS is a board-certified orthodontist who began college

intending to be a civil engineer. After her undergraduate studies were complete, she came to her senses, entering dental school at the University of Minnesota and upon graduation, began her orthodontic residency at the University of Minnesota, earning both a certificate of orthodontics and a Master's of Oral Biology. After a failed associateship, she borrowed \$60,000 from a friend and started her own practice, paying this friend back within a few months. Since then she has started, bought and sold several practices in the Twin Cities metro area and will continue to do so as long as the fun remains. Her orthodontic practice won the "Best workplace 2014" by Minnesota Business Monthly Magazine and she was recently acknowledged by the University of Minnesota as a top entrepreneur.

CONTRIBUTORS



KYLE FAGALA

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Dr. Kyle Fagala is the owner and orthodontist at Saddle Creek Orthodontics in Germantown, Tennessee. Dr. Fagala graduated in May of 2013 with a certificate in orthodontics and a master's degree in Dental Science for his thesis on three-dimensional imaging of the airway. Dr. Fagala is the course director and lecturer of Development of the Occlusion, a class for 1st year dental students at the University of Tennessee Health Science Center. He also provides orthodontic treatment for children at Pediatric Dental Group in Southaven and Olive Branch, Mississippi. He loves music, specifically the drums, and spends more time than he should on social media. Dr. Fagala, his wife Anna, their son Charlie, and daughter Libby live in Germantown and attend Highland Church of Christ.

JEFF BEHAN

VISIONTRUST COMMUNICATIONS

Article on page 28

Jeff Behan is currently in his 29th year as a communications specialist. He is a fun and relevant speaker whose subject matter focuses on internal/external communication, connecting with existing and prospective patients, referral-building and practice branding. Over his career, he has worked with a diverse array of clients including; Major Public Utility Companies, Intel Corp. and Delta Airlines as well as numerous dental and orthodontic companies including Align Technology, Ormco, Henry Schein and OraMetrix. He is the principal member of VisionTrust Communications, providing staff training, customized communications tools and consulting with a primary emphasis on orthodontic practice development, including many of the top practices in the world. Jeff is a founding board member of VisionTrust

International and serves on the board for Smile for a Lifetime.



DARREN D'ALTORIO

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An avid writer and digital marketing professional, Darren D'Altorio is a Senior Account Manager at Wpromote, an industry-leading digital marketing firm in El Segundo, CA. He graduated from Kent State University in 2010 with a degree in journalism. As a Los Angeles transplant, originally hailing from Akron, OH, Darren finds solace cycling through gridlocked traffic, practicing photography and exploring the vast cultural diversities of Southern California. He spends his free time enjoying IPAs at various Venice Beach haunts, grilling food and playing in the ocean. He is honored and grateful to help local businesses succeed by creating and deploying targeted, creative marketing and advertising strategies.

GEORGE D. MENDEN

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George D. Menden is a cofounding partner of MendenFreiman LLP. George's expertise in highly complex midmarket transactions, combined with his extensive knowledge of estate planning, wills and trusts, provides his clients with world-class representation and protection. He began his career as a certified public accountant with Ernst & Young and is familiar with the tax complexities of professional practices. He served as Tax Editor for the monthly newsletter, Orthodontic Excellence, for several years.



ANGELA WEBER

ORTHOSYNETICS MARKETING DIRECTOR

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Angela Weber is the Chief Marketing Officer for OrthoSynetics a company which specializes in business services for the orthodontic and dental industry. She leads a team of marketing professionals dedicated to developing and implementing cutting-edge strategies and solutions for their members.

Angela has over 15 years of experience in the advertising industry with a vast knowledge of current and past trends, philosophies and strategies for marketing within the healthcare industry. Angela has a proven track record of driving new patient volume through innovate marketing practices.

Angela holds a B.A. in Mass Communications from Louisiana State University and an M.B.A. from the University of New Orleans.



MARI SAWTELLE

Article on page 24

Mari started her orthodontic career as a lab tech and orthodontic assistant. She then went on to become an award-winning Orthodontic Sales representative for four of the largest Orthodontic Manufacturers. Mari saved time and money for the offices she called on by teaching them how to manage their inventory, stock levels, and ordering systems. She became a trusted resource for the ordering assistants and doctors.

After mastering the orthodontic industry from the vendor side in support of her doctors, Mari was recruited to join a twelve doctor multi-practice company as Director of Business Development and Purchasing. She developed an expertise in the practice side of the business, creating the inventory formulary, negotiating pricing, establishing the inventory system, building the new office template, and opening three offices from scratch.

With all the experience she gained over her career, Mari started Sawtelle Dunn Consulting. She began taking on private clients and analyzing over 45 Orthodontic practices, gathering information and helping them find better ways to shop and save. With this knowledge, she built an orthodontic buying group called Mari's List®, which now has hundreds of members and includes over 30 companies with countless areas for practices to save, with vendors and doctors continually added.

RAEL BERNSTEIN

Article on page 16

Starting his practice from scratch within a general dental office, Dr Bernstein has developed one of the largest and fastest growing practices in the very competitive Northern California region. He is known as an innovator in both the clinical and business aspects of practice.

He attended the prestigious Wits Dental School finishing top of his class. He went on to complete his orthodontic specialty residency at the State University of New York at Buffalo in 1998. Following his residency, Dr. Bernstein accepted a fellowship position at the University where he became a clinical assistant professor in the orthodontic department. Tired of shoveling snow and yearning for a climate similar to South Africa, he decided to relocate to Southern California, where he met his wife Debbie, also a dental specialist (prosthodontist). In 2002, Dr. Bernstein moved to Santa Rosa and opened the first Bernstein Orthodontics practice soon after.

Dr. Bernstein spends his free time racing go-karts, working out, snowboarding (in the winter) and devoting himself to his wife and two daughters by going to birthday parties, ballet recitals, gymnastic classes and more.



BRAD JENNINGS, DDS, MDS

Article on page 50

“Orthodontist by day, pseudo rockstar by weekend...as long as his girls aren't playing dolls in the guitar room!”

I have been in private practice since 2004. I attended Ole Miss for college where I met my wife, Kristin. I then attended the University of Tennessee for dental school and residency, but please don't call me a Vol!! At 30, having finished training and being broke more than the 10 Commandments (mainly from buying diapers), my family moved to my wife's hometown of Houston.

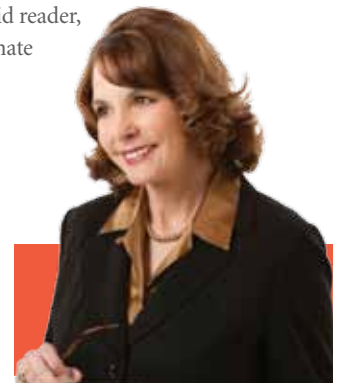
We have three kiddos: Grayson, Caroline, and Kaitlin. We also have four dogs named Sadie, Rudy, Kramer, and Newman. I love watching my Ole Miss Rebels during football season, and I am really into music. When I'm away from the practice, I enjoy building guitars and have been playing guitar for 25+ years.



CHARLENE WHITE

Article on page 12

Charlene White's expertise and depth of knowledge in the orthodontic specialty is world renowned. Charlene graduated from Old Dominion University in 1975 and spent the next five years as a RDH and office manager. She founded her company, Progressive Concepts, in 1983. She has successfully consulted in over 750 orthodontic practices in 29 years, interviewed over 7,000 team members, presented over 300 Continuing ED courses, is a highly sought after industry speaker, and has written and filmed 20 training products. She partnered with Dolphin Management to create the “Charlene White SOS” computer module. She consistently hears from program directors, “We are so excited about the turnout for our event.” Charlene is passionate about orthodontics. Her energy and enthusiasm for her clients and teams to succeed is unparalleled. Innovative, hard working, and down to earth describe Charlene. Charlene is currently serving on the Board of Directors for Smiles 4 a Lifetime. Charlene is a Norfolk, VA native, an avid reader, and a passionate golfer.





I DON'T HAVE ENOUGH

By Charlene White

Time

A common complaint we hear on the orthodontic team is “I don’t have enough time.” This is frustrating for the doctor as well as the staff. The key to getting things done efficiently is having uninterrupted time to complete tasks daily, weekly or monthly.

The following are some

examples of how quickly projects can be done if you focus on doing them without stopping. These tasks must be scheduled and coordinated. As you know, if you change an arch wire with no interruptions it can be done in as little as five minutes. However, when interruptions or problems occur this simple procedure can become quite lengthy. The same is true in the front office and lab. Schedule a staff meeting to discuss the below examples. Set



target dates to start your projects keeping time and efficiency in mind.

Taking Incoming Calls

“The telephones are ringing off the hook!” Keep a call log to assess the type and number of calls that come in on a daily basis over a period of two weeks. One office found each administrative person averaged two calls an hour.

PHONE CALL LOG		DATE		
NAME		DEPARTMENT		
NAME	PHONE NUMBER	TIME OF CALL	PURPOSE	FOLLOW-UP
COMPANY				
NOTES				
NAME	PHONE NUMBER	TIME OF CALL	PURPOSE	FOLLOW-UP
COMPANY				
NOTES				

TIME TABLES FOR BEHIND THE SCENES PROJECTS

These items are based on doing the task without interruptions, which greatly increases efficiency:

Calling no shows

Ideal times – early morning, late afternoon.

It takes approximately 2 minutes to complete making a no-show call if you reach the person. Making calls to the home phone midday is a waste of time. It is best to call the cell phone number.

10 NO SHOWS X 2 MINUTES = 20 MINUTES

Automated email and text service software is the most efficient way to perform this procedure in a minimal amount of time.

Backlog of Recalls with no Appointment or Recall

It takes 2 minutes to research a recall record (i.e. look at the history and determine if the patient is a viable candidate to return to the office). To post a final letter or make a call takes 2 more minutes. That is a total of 4 minutes per

recall. Recall patients are your “File of Gold.” Run a report today of your recalls with no appointment or future recall date. You can also break up the project into one-hour segments over four weeks.

50 RECALLS TO UPDATE X 4 MINUTES = 200 MINUTES OR 3 HOURS + 30 MINUTES

Calling Pending New Patients

It is best to make pending calls in

the evenings. Don’t waste time making pending calls to a home number during working hours when a cell phone number is available. Better yet ask mom, “Can I give you a call on Friday to see what you and your husband have decided?” (what time and what number).

It should take an average of 4 minutes to make a pending call. Keep a log of your pending calls and track your results!

20 PENDING CALLS X 4 MINUTES = 80 MINUTES OR APPROXIMATELY 1 1/2 HOURS.

Sending Referring Doctor Consult Letters with Photos

It takes approximately 10 minutes for most offices to prepare a referring doctor consult letter (with photos). Survey your referring doctors to see if they prefer email verses US mail.

8 STARTS PER WEEK X 10 MINUTES PER LETTER = 80 MINUTES PER WEEK OR 1 1/2 HOURS.

New Patient Welcome Packages

It should take staff approximately 4 minutes to prepare a new patient welcome

package. Better yet, offer to email the package and send immediately while on the telephone.

15 NEW PATIENTS PER WEEK X 4 MINUTES PER LETTER = 60 MINUTES OR 1 HOUR PER WEEK.

Follow-up on Collections

It should take approximately 5 minutes to make a call or send a collection letter. Use your software to record dates on your calendar for follow-up calls and promise to pay dates.

400 ACTIVE ACCOUNTS (320 ARE CURRENT AND NEED NO FOLLOW-UP) 80 ARE PAST DUE AND NEED FOLLOW-UP. 80 ACCOUNTS TO WORK PER MONTH X 5 MINUTES = 400 MINUTES OR APPROXIMATELY 7 HOURS PER MONTH.

Insurance Claims

If you start 30 patients a month and 60% have insurance, there are 18 insurance claims to submit. Based on 5 minutes per claim, it takes 90 minutes per month to submit the initial insurance forms.

Based on these figures, there would be 200 insurance accounts started for the year. Based on quarterly filings, there would be approximately 30 claims to be submitted per month. If these forms are automatically printed on the computer monthly or sent via electronic filing, it should take less than one hour to submit all the claims for the month.

Insurance – Other

With 400 insurance accounts and approximately 20% needing some type of attention quarterly, that means 80 per quarter or 25-30 per month need attention. Based on 10 minutes per account = 300 minutes or 3-4 hours per month.

Confirming Insurance Benefits

I asked a Financial Coordinator I’ve

worked with for years to keep a log of how much time it took her to confirm the insurance benefits over the phone.

**19 DAYS
45 CALLS = 249 MINUTES
AVERAGE 13 MINUTES PER DAY
2.3 CALLS PER DAY
AVERAGE 5.5 MINUTES PER CALL**

Pulling Charts

It should take approximately 30 seconds to pull a chart. 80% of charts can usually be found in this time frame while 20% potentially could take 3 minutes to find. Ideally, the patient charts would be computerized and eliminate the challenge of “looking for charts.”

EASILY LOCATED: 60 CHARTS X 80% = 48 X 30 SECONDS = 24 MINUTES HARD TO LOCATE: 60 CHARTS X 20% = 12 X 3 MINUTES = 36 MINUTES THEREFORE, IT COULD TAKE 1 - 1 1/2 HOURS TO PULL 60 CHARTS

Posting Payments

It should take 60 seconds on average to post a payment.

EXAMPLE - 500 ACCOUNTS PER MONTH X 60 SECONDS = 500 MINUTES OR 9 - 10 HOURS PER MONTH

Check out getting a Panini machine from your bank. Just scan the check-in for direct deposit.

Clinical Supply Inventory

On average it should take approximately 2 – 4 hours per week to maintain order, shop, stock and record the inventory system for clinical supplies. Here are some example times based on annual budget size:

\$160,000 - \$120,000 6 - 8% BUDGET OF COLLECTIONS 4 HOURS PER WEEK

\$96,000 - \$72,000 6 - 8% BUDGET OF COLLECTIONS 2 HOURS PER WEEK

Computerized inventory systems are also helpful.

Stocking and Cleaning a Unit

It's important to keep drawers in the units uniform, so whenever someone looks for a particular item, it is the same place in every unit. Taking photos of the contents of the drawers is very helpful to keep this consistent and uniform.

Daily – 10 minutes to restock and wipe down one unit at the end of the day.

Weekly – 20 minutes to restock, thoroughly clean and maintain unit equipment. Standardize all units. Take photos of drawer and tray set ups.

8 UNITS X 20 MINUTES = 3 HOURS FOR ONE PERSON

Weekly - check and meter UV light – 1 – 2 minutes per light with a meter.

Study Model

Full Study Model	– 30 minutes.
Mix time	2 minutes
Pour and do base	3 minutes
Trim	5 minutes
Pick & Polish	15 minutes
Box and label	5 minutes

Make Up a Patient Chart

It should take approximately 5 minutes to make up a patient chart.

15 STARTS PER WEEK X 5 MINUTES = 75 MINUTES OR 1 HOUR AND 15 MINUTES PER WEEK.

Prepare a Set of Records for Doctor to Do a Treatment Plan

Study models	15 - 30 minutes
Trace Ceph	10 minutes
Crop photos	5 minutes
Print photos	3 minutes
Label items	5 minutes
Total	30 – 45 minutes

15 STARTS PER WEEK X 30 MINUTES = 450 MINUTES OR 7 - 8 HOURS PER WEEK

Scanners

In reviewing these examples, it is easy to see how purchasing scanners for the orthodontic practice can streamline the times needed for many procedures and eliminate taking impressions. This is also a practice builder. Patients are pleased to hear, “No impressions needed.” “An excellent full scan time = 5 minutes.”

It should take staff approximately 4 minutes to prepare a new patient welcome package.

Posting Clinical Letters

Clinical letters should be posted at the chair and sent to the queue verses notes or charts stacking up on the doctor's desk.

Time Saving Tips Contest Win a \$50 gift card!

Send your time saving tip to Charlene@charlenewhite.com to enter your tip in Charlene's contest.

- The first tip is from Sherree Ingram at Dr. Jeri Stull's Office in Fort Thomas, Kentucky

“Setting up brackets for upcoming start appointments (if direct bonding). This helps greatly with clinical efficiency. This takes approx. 10 min per patient. When the patient makes the appointment to start, the TC should note the type of brackets they have chosen. Then, the week before the start appointment, a clinical assistant reviews the pan and sets up the brackets and puts the patient name on the bracket pad. Then when they come in, you are ready to go. Saves tons of time preparing for a Growth Day.” 📷



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GROWING *Pains*

By Dr. Rael Bernstein

Growing a single office from scratch in a highly competitive region of the country— no problem. Growing multiple practices simultaneously - different story. It's not something your typical orthodontist is trained for and is proficient at. How do I know this – I've lived this – it's called Growing Pains. Luckily our industry affords us the

luxury of good margins so that shortfalls in our business planning and execution are recoverable. This won't be the case for much longer as our industry changes and our margin for error shrinks.

Having grown a single practice with a solid core team and what I thought were solid systems, management structure and core values, were tested thoroughly during one of the most recent growth phases of my business plan. If you ever want to test yourself and your team thoroughly, then grow from 2 to 6 offices in 2 months. Operating one successful, doctor-centric practice does not really prepare you for the multitude of issues and challenges that materialize when you grow your business substantially in a short amount of time. If you pay close attention, this will quickly expose your operational shortcomings.

We may think we know business because we read lots of business books, join study clubs, and go to seminars, however are not in the same league as true professionals with formal business management and leadership training

and experience. I am talking about business professionals that speak a different language – and operate at a different speed. These are professionals that have developed other businesses, mainly outside our industry. It seems that they can perform voodoo magic when it comes to staff development and systems integration, implementation and contract negotiations. Things that seem complicated and stressful to us appear normal and straightforward to them. I am talking about people that obsess over business much the same as we do over teeth.

Developing strategy is crucial for any business to thrive. There are many factors that require strategy before execution however most of us are so busy with patients that we can't or don't know how to allocate appropriate time and resources to strategy. There are common aspects to any business and they include but are not limited to marketing, finance, administration, IT, positioning, level of customer service, type of environment, staff recruitment, development,



motivation and retention, to name but a few. Each one is a basic but crucial operational process.

Like most small businesses, we wear many hats and do not have effective management systems in place to allow us to operate optimally. In general we tend to micromanage and focus on fixing little problems and issues (it's what we train to do as orthodontists – find the problem (crooked tooth) and fix it). This is not a good way to manage a business. Unless we have studied business and mastered it through experience, there is no way we can develop businesses, with the accuracy and efficiency as true business professionals.

However awesome we think we are – there is nothing that can prepare us from being blindsided by a multitude of issues and challenges that appear as we grow. The best we can hope for is early


recognition so we can hire specialized personnel to help us navigate this part of the business cycle before it's too late. Reading books, visiting other similar practices and businesses are a good start and if there is something that is common to all those that are successful. They have the right people on the right seats on the bus. Most often this occurs after making many detours.

Our egos often get in the way of hiring the right people. An important lesson here is to hire people smarter and more capable than you to help you execute your vision. The key here is to do it early on.

We are formally trained to be orthodontists. This is the most value we can bring to our organizations. Therefore, we should try and stay within our core competency. Most of us are not trained to be CEO's, CFO's CMO's, etc. If growth, development, business protection, and time for yourself and family are what you seek, then make a plan to develop your business to the

size that affords you the revenue to hire for these types of positions. There is a reason that businesses need these certain skillsets to perform well. Find someone who can help you recruit and develop these positions. It may not work the first time, but that's okay. Keep at it.

One thing that most often limits our potential as a profession of high achievers is our fear of failure. We rationalize our complacency because we have an inherent fear of failure. Most of us have never really failed at anything we have done and don't want to be exposed to such an uncomfortable notion. I believe this severely impairs our potential, it is paralyzing.

Learn to delegate and share control, develop your staff and let them flourish. Give them direction and leadership and most importantly purpose. Work hard to get the right people in the right seats on your bus. And then work your butt off because that's what it takes, and it never stops. If you are not willing to do the work, then don't do it. 





TMI, DOCTOR

By Angela Weber

The Internet is a wild and unpredictable place, where an online mob can suddenly assemble and focus its fury on the targets it has chosen. The book *So You've Been Publicly Shamed* by Jon Ronson documents various cases of people who got on the wrong side of the Internet outrage machine, such as a PR professional who made an ironically racist joke on Twitter and well-known writer who fabricated some Bob Dylan quotes. And of course, everyone in the orthodontic community knows about the dentist whose life and career were ruined

this past summer when people on the Internet found out he had hunted and killed a lion named Cecil.

In sum, it's easy for situations to go astray in today's age of connectivity. Social media can be great for dental and orthodontic providers, and people want to get to know their doctors. But not all information is welcome. In these times of oversharing, people sometimes trot out the acronym TMI (too much information). In typical usage, TMI refers to uncomfortable information about medical issues or personal relationships. But information

also may be "too much" when it touches the political, the religious, or on activities that provoke strong emotions.

HOW CAN YOU PROTECT YOUR PRACTICE AND YOUR CAREER FROM THE DEBILITATING DAMAGE OF TMI?

1. Know when to separate the personal and the professional

In today's day and age, keeping the personal and the professional separate can be a bit of a high-wire act, and compartmentalizing everything is not

always desirable anyway. I regularly encourage orthodontists to show their personalities on social media.

On the other hand, there's TMI. You and your staff should use social media and other marketing to give your practice a brand identity, but when an employee or doctor inadvertently posts something too personal or inappropriate, it can become a disaster.

2. Remember that nothing is private online

You might use a personal account to express provocative ideas or make over-the-top jokes to friends, but it only takes a second for someone to take a screenshot of your posts and disseminate it. Your words can easily spread beyond their intended forum, and humor can be easily misinterpreted as sincerity when taken out of context.

3. Be careful of controversial topics

You have little to gain from talking online about politics, religion, or issues about which people often strongly disagree. Once again, it's a balance. The point here isn't to make everything about your public personality bland and boring. It's OK to have opinions about the world. Just don't needlessly poke the hornet's nest. Of course, you have freedom of speech, but others also have the freedom to not like your speech and criticize it. And if you are involved in a hobby or pastime that can provoke strong emotions (like hunting, for example), do your best to keep it under wraps.

4. Don't Lash Out at Poor Online Reviews

While I'm sure 100% patient satisfaction is your goal, the reality is you can't please everyone all of the time. Sometimes you make a mistake, and sometimes people's expectations are mismatched with reality. Chances are your practice will be the target of negative

online comments from time to time. Especially if the commenter is clearly unreasonable, your first instinct will probably be to angrily defend yourself. It's best first to stop and think.

A single negative review won't sink a practice. Sometimes the person's ridiculousness is plain to see and requires no action. Sometimes your other

Employees are always representing your practice, even when they're off the clock. If they use poor judgment when posting online, it can come back to damage your brand. Training your employees in social media skills could be the difference between a great public reputation or an online attack.

patients will come to your defense. And sometimes, yes, the review will merit a thoughtful response from your office or at least a neutral "Sorry, you weren't satisfied." But you don't want to be seen arguing with patients or losing your temper online. That creates a worse impression than any single review could on its own.

5. Do not do social media while impaired

If you're having a few glasses of wine to unwind after work and checking your

practice's social media accounts, try to refrain from posting anything. Your judgment may very well be off its game. If you think you have something funny or insightful to post, type it in a Word doc and review it in the morning. Likewise, don't post when you're emotionally impaired. If something has you angry or upset, again write your response elsewhere and review it later to see if you still want to post it. Chances are, you'll at least decide to soften the tone. You don't want to instigate an online argument that spins out of control.

6. Implement training and guidelines for employees

Employees are always representing your practice, even when they're off the clock. If they use poor judgment when posting online, it can come back to damage your brand. They should understand acceptable brand content, HIPAA compliance, and data security. Training your employees in social media skills could be the difference between a great public reputation or an online attack.

I hope my suggestions don't scare you away from all online activity. In addition to helping promote your practice, participation in the online world can be fun and rewarding. That's why so many people do it. You don't need to live like a hermit.

If you need some sort of litmus test about what to say online, just ask yourself if you are willing to stand by your content. In other words, are you willing for anyone in the world—patients, employees, colleagues, family, community members—to read what you plan to post? If yes, then post away.

And remember that social media efforts should be taken seriously. They should be handled personally or delegated with care and shouldn't be managed by someone careless or outsourced to a company with no real connection to your business. The stakes can actually be quite high. 📱

HOW TO DEAL WITH ORTHO EMERGENCY CALLS - Scripting

Ring, Ring...

YOUR OFFICE: Hello, Dr. Smith's office. How may I help you?

MOM: My daughter has an emergency, and we need to get in to see the doctor.

YOUR OFFICE: Oh, I'm so sorry to hear that. Is she in pain? Was she in an accident? Is she bleeding? How serious is the emergency?

MOM: No, no, not like that. She broke a bracket and needs to get it fixed.

YOUR OFFICE: Whew! You had me worried there for a minute. When you said emergency I thought she was in pain. So glad to hear that is not the case. A broken bracket is a different story. They happen! It's not a problem at all. Dr. Smith sets aside time every day at 10:30 am to deal with this kind of thing. How does that sound?

MOM: My daughter can't miss school. She is likely going to be in MENSA soon. She is a genius!

YOUR OFFICE: I totally understand, mom. Not a problem at all. I have a 3:30 appointment available in 6 weeks. How does that sound?

MOM: No, that won't work. She has an emergency and needs to be seen now.

YOUR OFFICE: I see – if she is in pain that is a different story altogether. She can come to the office right now and we will work her in and clip the wire to make her comfortable so that we can then schedule her for the repair after school as we discussed.

MOM: No, she is not in pain. She doesn't need to come in right now. She just needs to get her bracket fixed.

YOUR OFFICE: I understand. We know you tell her not to eat things that are on the

no-no list but kids will be kids! Dr. Smith sets aside time every day at 10:30 to take care of these kinds of issues. It is always best to get broken brackets fixed sooner than later so we don't extend treatment time.

MOM: But my daughter can't miss school.

YOUR OFFICE: I understand. Since she is not in pain she can certainly wait until the 3:30 appointment in 6 weeks if that is better for you.

MOM: Can't she come in sooner AND after school?

YOUR OFFICE: Mom, as I'm sure you know, the vast majority of our patients are school age. We do our best to share those appointments, as you know from our discussion of this topic on your first visit. We are totally booked up for after school appointments for the next six weeks!

This can go on and on and on... We never get upset and we never say no. We have options and mom can choose which one works best for her.

Mom will see it your way 99 percent of the time if you hold fast and don't talk too much. Feel free to sit in silence after saying your piece and giving options. That uncomfortable silence works to your advantage!

It is vital that all the team members are on the same page here. If there is even one team member who will give into an insistent mom then mom will just hang up and keep calling back until she gets the rule breaker who will let her have her way. Worse even than a team member who doesn't follow protocol is a doctor who gives into mom and undercuts the team (who is doing what the doctor told them to do). If that happens then you are screwed because no one will stand up to mom in the future only to be made to look foolish by the doctor.

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BROKEN BRACKETS ARE

No Big Deal (Within Reason!)

We all have to deal with them. It happens daily in the orthodontic office. What am I talking about? Broken brackets! Though we orthodontists make a huge deal out of the inevitable, broken brackets are no big deal! No, I'm not talking about the outlier who breaks everything all the time or takes pliers to his braces; I'm talking about the 1-3 brackets that many patients break during the course of treatment.

As I'm sure you know, breakage usually occurs on but is not limited to molars, second premolars and canines with the lower being more common than the upper. Patients gotta chew and the lowers are in the line of fire! Like most orthodontists I used to get mad and gripe to patients and assistants (when assistants broke the bracket using a distal end cutter – usually at 4:45) but these days I've achieved Repair Zen. I actually make a joke out of it and ask the kids, "What have you been chomping on?" as I laugh.

Sometimes the patient will say that they don't know how they broke the bracket, to which I reply smiling (always smiling), "Was your head with you the entire time since your last appointment?" The statement makes light of the situation, but it also makes it clear that I know they know – I'm not dumb.

More often than not they will tell me

exactly what happened and then I ask, "Well, did you learn something?" with a reassuring smile.

The patient nods and gives a wry smile of their own. They are not dumb either. They got the point and if this is not a habitual offender we leave it at that.

Then I say, "I would tell you that I've never broken a bracket before but then I'd be lying! It's no big deal, it will take at least 20 seconds to fix." And we fix the bracket (even at 4:45).

Then I say, "No big deal, let's fix you up!" while smiling and showing it's not a big deal by my body language. We document the breakage along with what the patient told us she was doing to cause it.

And there you have it – that is how I handle the situation 90 plus percent of the

time I'm faced with a broken bracket.

Now let's talk about the other 10 percent of the time and how to handle those scenarios.

When a staff member comes to me and says she has a repair that I know or suspect is a case where she broke the bracket trimming the wire or applying ties, I don't wait for her to admit it. I don't try to force her to admit it. I don't try to make her look bad. I don't get mad. Instead, I make a joke out of it.

I say to the assistant, "What did you do???" loudly and while smiling and insight of the patient.

There is usually denial or silence and either way I continue speaking to the assistant in front of the patient...

"I can't believe you broke a bracket! Susie here (the patient) works so hard to avoid breaking her brackets and you went and broke one for her!"

The assistant will have any number of reactions depending on what happened and how many times I've pulled this scripting on her. If they know my game they will say something like, "Yeah, she was moving too fast and her teeth were looking too good so I broke it on purpose" or something similar and laugh.

Then I say, "I would tell you that I've never broken a bracket before but then I'd be lying! It's no big deal, it will take at least



20 seconds to fix.” And we fix the bracket (even at 4:45).

In a case where there is habitual breakage, I use scripting very similar to the hygiene scripting my dad taught me years ago.

I look at the child and say (in front of mom), “Johnny, I know for a fact that your momma tells you not to eat things on the no-no list, not to chew on pens and not to tear your braces up. Why don’t you listen to her?”

In doing so I’ve made it clear that I’m not attacking mom or her parenting ability and she will get on my side! Once that is accomplished, we have a frank discussion about what is going on and why

the brackets are breaking. We talk about how Johnny must stop breaking brackets because mom has other things to do. We talk about how it will extend treatment time. We even talk about how, eventually, mom will get sick of it and want me to just take the braces off. I have this conversation early and often and we document it. By doing so, if the day comes that we have to discontinue treatment we almost every have no pushback from mom. Notice I talk about how breakage is inconvenient to mom not to me!

One other trick I use in the case of the habitual bracket breaker is to look at them and say (in the presence of mom), “Lots of moms that I know eventually get tired

of taking off of work and spending gas money because their kids ignore them and keep breaking brackets. Those moms usually end up making their kids pay for gas and other expenses involved with extra visits to our office!”

Almost every time the kid will say, “Well, I don’t have any money.”

I counter this smart-ass response with, “No problem, mom can sell your cool shoes, your phone, your iPad and your other stuff on eBay and get the money for you.”

This shuts their snarky little mouths and makes mom smile. And ultimately, isn’t that our job?

To make mom smile!





MAXIMIZING PROFITABILITY: *Inventory Management*

By Mari Sawtelle

It's both an exciting and interesting time in Orthodontics. Technology continues to move Orthodontics forward in intriguing ways, both in treatment and practice support. At the same time competition for Orthodontic patients continues to grow. This has created an increased focus by Orthodontists on maximizing profitability, so they are seeking ways to control costs and run their practices more efficiently.

One of the simplest ways to reduce costs is to pay less for your inventory. But while this may be simple in theory, in practice most Orthodontists have found this a consistent and ongoing struggle.

I started my career as an Orthodontic lab tech and then spent over 25 years in the field as a rep for four of the largest Orthodontic Companies. From there I was recruited by a multi-state twelve doctor practice as their Director of Purchasing and Business Development, where I saw a real need for Orthodontists.

For me, it has always been about my relationships with the doctors and their teams. When I saw what I was able to do for a large Orthodontic group, I wanted to figure out how to do the same for every practice, large or small. If I could save that company over a million dollars in the first year, why shouldn't I find significant savings for every Orthodontist, both in negotiated deals and inventory management.

From my experience in knowing products and the in and outs of distributors and manufacturers, I wanted to look further into Orthodontists' buying patterns on a large scale. When I started my company, I analyzed over fifty Orthodontic practices to see where doctors were spending too much, what companies they were buying from, and the prices points they were paying. I looked at ordering patterns, shipping costs, how things were organized, and much more.

From this analysis, coupled with my experience, I have identified many ways to manage inventory more effectively and reduce costs. And you can't just focus on the big stuff. The little things add up very quickly in Orthodontic practices but are typically given little attention, which can cost you big. Following are five easy but effective tips to better manage your inventory.

Know What's Really Causing Your Bond Failures

BOND FAILURES – Every Orthodontist has them to some extent, but I've found many struggle to specifically identify the cause since so many varying factors come into play. But one thing is for sure; they are expensive. Not only do you incur supply costs, but you also lose

patient treatment time, assistant time, and time in your schedule. In doing an extensive evaluation over two years with over 10,000 patients, with the help of Paul Gange, we found several issues that contribute to bond failures.

TRACK YOUR BOND FAILURES. To hone in on the cause in your practice, you need quality information. You need to track your bond failures for a period of time to identify the real issue. Here are several suggested items to track:

- Assistant – Likely a training issue
- Chair – Could be the light
- Adhesive – Materials used
- Location of Adhesive– Tooth, mesh or both.

Once you have collected quality data over time, then the task is simple – look for patterns in the tracked items.

CHECK YOUR LIGHTS. Your lights degrade over time, and as they do so does their effectiveness. There can be surprising variability from light to light over time, even if you purchased them at the same time. This translates into very inconsistent curing of the adhesive. Check all your lights now and replace those that need it or have them serviced. Then make sure you set a schedule to check them regularly going forward. (Do you have a radiometer?)

MANAGE YOUR ADHESIVES

APPROPRIATELY. I also found the adhesives themselves can often be the culprit when they are not cared for and used correctly. Did you know that if you work in a hotter part of the country, you should not be ordering adhesives during the summer? Delivery trucks are not refrigerated and can get extremely hot in the glaring summer sun, well above manufacturer's guidelines, degrading their effectiveness. The simple solution is to stock up in the spring.

And you must ensure you are storing them according to manufacturer's guidelines, every time, all the time. Also, find the adhesive that works best in your hands. This is not the place to just look for the least expensive product. Find the best product for the best value, to minimize bond failures in the first place.

Finally, make sure your team is applying the adhesive appropriately according to manufacturer directions.

Know What's Really Happening With Your Ordering

Orthodontics is such a busy profession requiring so much from the doctors that ordering is likely delegated and not watched carefully. My experience is that most Orthodontists believe they have a strong person who is managing their inventory pretty well. The reality I've seen is that inventory is typically a secondary duty given to an already busy person. They're well intentioned and do the best they can, but it's usually rushed. Even if a practice is lucky enough to have had the same person ordering for years, they still tend to default

to what is easiest, fastest, and what they've done in the past, not necessarily the best value. And even if they manage to carve out the time needed, they typically don't have a career of experience to know where to go, who to go to, and what really is the best price. And even if they had that knowledge, the bottom line is they simply don't have the leveraged buying power of a group to get the best pricing.

Quite often offices fall into buying from local companies, or the person who walks in their door or calls on the phone, or the rep they've known for years, without a lot of careful thought or focused shopping and comparing. Delegation is necessary, but it's important to have a solid inventory system in place that you can easily monitor and manage. Out of sight out of mind does not work in ordering. Assumed effectiveness can cost you.



Truly Shop For The Best Price And Value

One stop shopping is great for convenience, but doing it with one vendor or company will most often not result in the best prices and value across the board. Often offices find a rep or company they like and try to negotiate the best deal. Sometimes this works okay, but it's not the best strategy to consistently get great value. You might get great pricing on some items but not so great on the things you use the most.

And I am in no way knocking vendor buying groups. In fact, many of my clients participate in them. I just show the practices how to maximize the value of participating in the group, as there are multiple areas to consider. There are so many companies and places to save on the list, that the combined savings can be really significant. One highly respected doctor recently said in a presentation that if doctors shop right over the life of their practice, it could mean an extra million dollars to them.

Give your inventory person enough time to shop for better prices, and make sure you are shopping different companies for different items. Just picking two companies to compare everything on is not enough to find the best value. Companies are often highly competitive in some areas but not in others.

Appreciate How Fast the Little Things Add Up

Whenever I ask an Orthodontist about inventory, the first thing they want to discuss is brackets and bands, and maybe wire. Of course, this is understandable, and you can certainly find better deals at times on your pricing here, especially if you shop around. Orthodontists think if they push and get the best price on the big stuff, all the rest is just window-dressing. It's actually quite the opposite.

Hopefully, you get through treatment with 28 brackets and tubes, but the other stuff can really affect your overall supply cost. This includes the many things used once and thrown away. Examples that can save you a lot are gloves, burs, or disposable toothbrushes. These things add up fast and could cost you more than brackets and tubes in a busy practice.

And don't forget simple things like office supplies. This is one area in particular where I see practices spending way too

One stop shopping is great for convenience, but doing it with one vendor or company will most often not result in the best prices and value across the board.

much. It's not "orthodontic" supplies, so it often doesn't get the attention it deserves when shopping around. This adds up quickly, especially when the retail cost of something like a color laser cartridge can be \$70+, but can cost less than \$40 with a higher yield. Weekly runs to Sam's or Costco are not saving you money on shipping because it still costs you gas, as well as labor dollars for employee's drive and shopping time. An online order placed in a few minutes can actually be noticeably cheaper than running to Office Max when all costs are figured.


Manage The Timing Of Your Ordering

This tip is the simplest of all, and where practices are often giving away money.

The bottom line is this – you should only be ordering once a month at the most. Sounds easy, but most practices do not follow this, and even if they do on the big stuff, the little things are often ordered very sporadically.

This begins with a solid inventory management and tracking system, so you always know exactly what you have in stock. I have seen practices with the intention to order only monthly, but ineffective inventory control, with suddenly discovered low quantities, results in more frequent ordering. It's important to create the space to order monthly and maintain sufficient stock levels.

Why is this so important? Shipping charges! Every time you order, you pay shipping charges, except with a few companies; so less frequent ordering means fewer and less costly shipping fees. Even products you get for free often still have a shipping cost. I have seen practices make the mistake of ordering smaller quantities of items, only to pay more in shipping than the item itself is worth. It's also important to look at heavy items that you use once and toss, for example, gloves, and find a company that provides these items at a very fair price and offers free shipping, or maybe just a small handling fee. And the worst mistake is when inventory levels are suddenly found to be too low, and you have to pay rush shipping charges. This is like throwing money in the trash can!

As the Orthodontic industry continues to change, practices that can truly run as a strong and profitable business will differentiate themselves. Leveraging all available opportunities to control costs is critical. These have been just a few of the ways you can save money, reduce costs, and increase profit in your practice, just by watching your inventory more closely. I have yet to find a practice that could not save thousands, and often tens of thousands of dollars, simply by better managing their inventory and purchasing process. 

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THE MARKETING MIX-*Remixed*

By Jeff Behan

Have you ever considered your marketing mix? Do you even know what the term means? Simply put, the marketing mix is made up of the key elements that impact the success (or failure) of a company's marketing and/or advertising. Many of you probably think marketing is relegated to the message you communicate and the ways you get that message out, but it's much more than that.

Before I go any further, I'd like to point out that there are two primary approaches to marketing and advertising, brand-building and direct-response. Of course, both approaches will, by default, establish a brand profile for your practice. If you choose the direct-response approach your brand profile will be more about the "deal" or the "offer" and your growth, especially short-term, can be very fast but there is also a risk of long-term stagnation without escalating deals. If you choose brand-building, your growth will likely take longer, but many argue that it is more sustainable when done well. Both approaches have merit, and the path you choose is totally up to you. However, mixing the two approaches without a careful plan and professional marketing help almost always fails.

Type "marketing mix" into Google and you'll probably find numerous different versions of "The 7 P's". These elements, originally recognized in the 1980's are still relevant today. The first four are always the same: product, price, promotion

and place. The remaining three can vary somewhat but the version I grew up on included packaging, positioning, and people. When I was first getting started in business, I had an older, wiser friend who acted as a mentor and helped me navigate the path to building my business. He said that the 7 P's of business were this: "Proper prior planning prevents piss poor performance." Of course, his pithy advice was correct, but I'm going to use 5 P's from the other set of 7 to try to make it a bit more tangible for you. I believe these 5 are the most important in the orthodontic business model: product, price, promotion, place and people.

PRODUCT

Have you ever heard the expression, "It's hard to read the label when you're inside the bottle"? In my work with orthodontists, I battle this all the time. The doctor and team are my clients. They hire me to help them build their brand and their practice, and then they disregard the very advice for which I was hired. They view their business from the inside and I struggle to gain understanding by them that the people they want to reach aren't in the bottle with them and the stuff they think belongs on the label really doesn't.

Recently, I've seen this same dynamic in some of the online discussions about what consumers should know about orthodontists versus GP's providing orthodontic treatment. A lot of the things

orthodontists want to feature look good from inside the bottle, but won't move consumers who are not insiders. So, in evaluating the product you are selling (healthy, beautiful, functional smiles), it's important to think about it from an outsider's perspective. Have someone who isn't your friend look at your marketing materials and tell you what they see. Friends always lie. They can't help it. They either want you to feel good or want you to think they're smart so they can't give you truly objective advice. Most vendors can't provide objective advice either because they see the world through a lens where the solution to your needs is whatever they sell.

Deciding whether you're selling excellence (which may be worth a premium), convenience, speed or a good deal is a critical step in developing your marketing mix. Then your price, promotion, place and people need to match that product so you can achieve maximum results.

PRICE

Not too long ago, conventional wisdom in orthodontics was to raise your price every year without considering economic issues outside your cocoon. My first orthodontic client did that, thinking he was making more every year – but he wasn't really growing in any significant way. All of his prices also ended in forty-

seven (e.g. \$5,247 for a comprehensive case). I thought that was kind of random, so I asked him about it and discovered that he was born in 1947. But I digress.

Most orthodontists try to remove “price” as a differentiator by pricing their services close to, just above or just below the market average. I think that’s a mistake. Price is one of the key motivators for consumers. In fact, it’s what they’re usually most interested in. The higher priced provider and the low price leader are both able to make a statement that moves people with their pricing strategy. Everyone in the middle is just asking to be compared to their competitors with no clear winner.

In today’s marketplace I think the key with pricing is to be affordable. This means, regardless of where you are on the pricing scale, making sure that your monthly payments are flexible and

affordable. It means being willing to extend payments beyond the time of treatment. Perhaps you’re comfortable doing that in-house like you’ve always done. More likely, you should look to an outside company like OrthoBanc or OrthoFi to help you keep your pricing relevant and appealing. The OrthoFi model incorporates both interest-free and interest-charging options for patients – and puts that decision squarely in the hands of the consumer. I think it’s well worth a look.

PROMOTION

This is the area of the marketing mix that gets the most attention. Unfortunately, for most practices it is limited to ads in local school publications, referral incentives, a bit of branded

schwag, lunches with dentists and gifts for professional referrers. That’s all well and good and every year my company is called upon to create some of those ads, design some of that schwag and refine those referral programs.

If what I’ve described above is pretty descriptive of your marketing mix, that’s okay, but it probably also means your entire marketing program is a fly by the seat of your pants operation.

Regardless of whether you’re taking the brand building or the direct-response approach to marketing, a growth-oriented marketing program should include the following promotional elements:

Web – whether, through SEO or SEM, you need to be visible on the web. Find a company that is a Google Partner Agency and, as such, will keep a close eye on what they’re up to. For example, they recently changed the way



local listings (maps) display, limiting the results to the top three. That's the holy grail of web visibility, but you can always pay to place at the top through SEM. If you're not visible – it's worth dedicating budget to search marketing.

Advertising – it's not just for direct-response. Well crafted, and well placed, direct-response ads can make the phone ring every time. They can also be designed to build your brand profile in the consumer marketplace. We like using a mix of radio, billboards, and in some cases, television, plus Facebook and Instagram advertising along with the search marketing discussed above for both types of clients. Of course, your school ads, banners, and sponsorships are also a form of advertising but they tend to have far less impact. When clients ask me if they should run a school ad, I usually turn the question back to them. If they think it's important to be represented there, that's good enough for me.

Patient Engagement – your plan should include twelve months of patient engagement initiatives. These can include in-office contests, Facebook promotions, refer-a-friend, community/charitable events, patient-appreciation parties, car magnets and much more. Some of these are worth doing on an ongoing basis or repeating every year, and they become a part of your brand profile. The key is to do them consistently AND to make sure your team is engaged and excited about them. More on that in the "People" section below.

Professional Referral – you should always have a plan to work with dentists and other professionals who are willing to refer their patients to you. Even if you've made the shift away from being dependent on referrals, raising a figurative middle finger to the GP's; you should be able to nurture and develop doctors who

believe in what you do and as loyalists they will send patients your way. Our research has shown that "gifting" does very little to influence referral patterns. Just make sure you're visible and that you communicate well when they do refer. Give their patients a good experience. Thank them in tangible ways (just like you would a patient) for their referrals.

PLACE

You should regularly evaluate and improve the interior and exterior of your space. This one is pretty self-explanatory, but practice managers often fall victim to the "inside the bottle" phenomenon, when it comes to the way the office looks and feels, both inside and out. The fact

Deciding whether you're selling excellence (which may be worth a premium), convenience, speed or a good deal is a critical step in developing your marketing mix.


is – your offices exterior should quickly and proudly reflect the image and voice you use on your website and in other marketing. For example, can you imagine a major retailer opening a location without placing the actual brand image on the exterior of the building and in signage? No way. To miss this simple step will cost you business – and while I'm on this topic, can you imagine if a major retailer actually decided to collocate with competitors; in some cases choosing a space at the end of the hall where consumers would have to walk by those competitors to get to their

business. Come on! If your practice needs attention in this area, consider dealing with it before you spend a lot of money attracting new patients.

PEOPLE

As I mentioned above, your team is a part of your marketing mix. In fact, as a service provider, your team is arguably the most important part of the equation. They have to represent the voice of the brand, get excited about delivering on your brand promise – and they have to look the part. I think the front office staff should wear street clothes rather than scrubs – with your logo tastefully embroidered on the uniform. Yes – uniform. Front office staff should wear a nice blouse or shirt, with matching pant styles. PJ's (scrubs) are appropriate in the clinic but should also be branded (and ironed!). Doctors can choose to match or dress to their individual style.

When you introduce a new promotion, your team should be more excited than your patients. When you participate in an event, they should be willing (yes, even excited) to participate. When you're launching a new campaign, they should know what it is and be able to talk about it as well as any good server can make menu items sound appealing. Invest in your people because if they don't succeed – you don't succeed.

Finally, I want to say a few words on setting your marketing budget. Chances are you try to manage your marketing as an expense; setting it at 2-3% of your prior year's production. Rather than arbitrarily setting your budget based on the prior year, consider that each new patient you win should bring an average of two additional cases as a result of their referral. Based on that – what is it worth to get a new patient? Once you've answered that question you can multiply that number by your new patient goal and, voila, you have an actionable marketing budget and a goal everyone can get on board with. 

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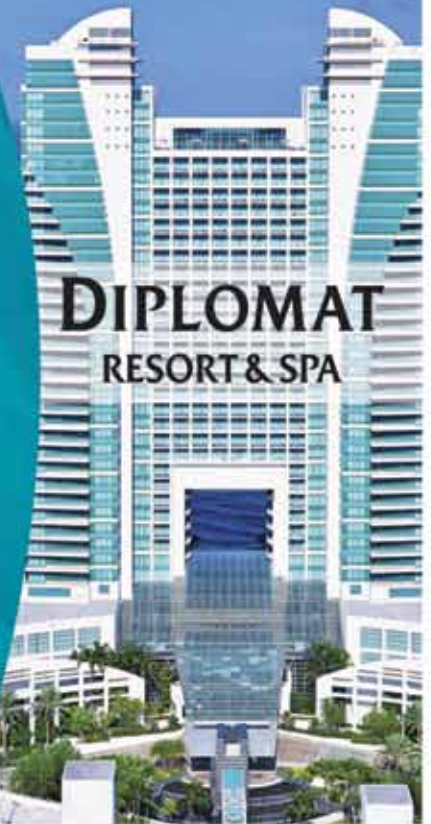
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Meet Anil J. Idiculla

Why orthodontics, is there anything from your childhood you want to share?

My parents met in medical school in India. They were classmates and best friends. As my mother and father decided what residencies to apply for, my mother, who was the valedictorian of her class, could have chosen any specialty that she wanted. My father was not far behind and also had the freedom to choose what he wanted to specialize in. Since they knew they wanted to have children, my mom decided to pursue Physical Medicine and Rehabilitation, which is a career choice that allowed her to have plenty of time available for her future kids. My father chose the path of general surgery, which involved incredibly long hours and numerous years of training. After their residencies, they decided to move to the United States, specifically Philadelphia, to become licensed and ultimately establish a

better life for their future family.

On November 26th 1982, my mother, my older brother, my sister and I waited for my father to come home after a long day of surgery so that we could all go out to dinner, because the previous evening we had hosted other church families at our home for Thanksgiving dinner. That night on his drive home less than two miles from our house, my father was killed in a car accident. Our family life changed instantly.

My older brother who was nine years old had to grow up beyond his years to become the man of the house. My younger sister who was only eighteen months old was left without memories of her father. I was the middle child, five years old, and was confused and did not know what to make of the situation. I decided to cling closely to my mom. Every waking moment I would be with my mother but there wasn't a lot of time for that because she was forced to work

live life smiling™

7 days a week to make sure that her children were provided for and could attend the best schools possible. My mother and father knew that education was the only way to advance in life, and it truly was the one thing that no one could ever take away from them. I grew up as a momma's boy and she had told me that one of my dad's dreams was to have one of his children become a surgeon.

Being raised by Indian parents, your career options are quite limited you are typically taught that you should either become a doctor, a lawyer, or an engineer. Since my brother chose to focus on business school, and my younger sister was unsure of what to do, I felt the need to make my father proud and pursue medicine. When I got into college, I enrolled in every single premed class possible. The path was set and clear. But...I was bored. I did not find other classmates to be interesting or fun to be around. I did not like the overly competitive atmosphere when all I wanted to do was have fun while studying hard and enjoying college. I couldn't imagine spending years and years with the other pre-med majors. Was this what my life would be?

My mother, still working seven days a week, saw that I was not thriving in my current situation and decided to redirect my path, Indian tough-love style. Without me knowing, she bought me a one way plane ticket to Kansas City to spend a summer with my uncle, a periodontist, and my aunt, a pediatric dentist, in between my sophomore and junior years. I was mad at her at first because I wanted to spend the summer with my friends but with Indian parenting I did not have a choice.

I begrudgingly went to Kansas City within days I was amazed to learn about this new type of "doctor." There were no white coats. There were no awfully sterile odors. Instead, I saw my uncle and aunt



growing their own practices, in their own buildings, and leading their teams while having fun every single day! It's not that I didn't think my mom had fun at work, but at her hospital there was not a lot of laughing. There was not a lot of patient connection, and it seemed too

robotic for me much like my pre-med experience. My medical career pursuit had ended as I returned to The University of Pennsylvania for my junior and senior years with a new pursuit: dentistry.

In the fall of 2000, I moved to Fort Lauderdale to start dental school at



Nova Southeastern University. These were my kind of people and my kind of atmosphere! A beautiful new school awaited me, along with a welcoming faculty, great friends, and a beach 10 minutes away. I learned that to specialize I had to finish near the top of my class, so

my mission was clear: study, study, and then study some more. My week consisted of going to class 5 days a week, going to the gym for an hour right after class, and then studying at Barnes and Nobles until they kicked me out. Typically the only break on the weekends was to go to church and

watch my Philadelphia Eagles play. Life became routine, but I wanted to become an oral surgeon to honor my father. I also learned that I would only have to adopt this routine for 2-3 years because, after that, class rankings are pretty much set-in-stone. I was focused and determined.

In between my first and second year of dental school I was chosen for an externship at an amazing cosmetic dentistry office in Boca Raton. Dr. Douglas Rolfe, aka ‘Dr. Doug’, took me under his wing for 8 weeks and he realized that I wanted to become a specialist. So in the last four weeks of summer he sent me on rotations with the specialist in his area. He strategically scheduled them; although I didn’t know that at the time. Dr. Rolfe knew based on my personality

his beautiful team having meaningful conversations with patients, and they truly looked like they were having fun. At that moment, I realized that orthodontics was for me. I chose a lifestyle that I felt could afford me everything I needed in life, one of them being time with my future family.

I am forever grateful to Dr. Robert Vanarsdall, Dr. Chun-Hsi Chung, Dr. Jerome Sklaroff, Dr. Peter Greco, and the University of Pennsylvania for accepting

me. I will be proud that at least I went to the same school as him. My heart will bleed Penn’s red and blue forever.

Why Live Life Smiling™?

To sum up how I am in life, I just want to stay a kid I truly do not want to grow up, and I want to always see the world through the eyes of a child. When I was looking for a tagline in 2008, I wanted to use something that really felt natural. I



where I would thrive the most. I will never forget the oral surgery rotation that eerily reminded me of the hospital rooms where my mom had worked for years. The final rotation he sent me on was the orthodontic office of Dr. Barry Matza. As I pulled up to Dr. Matza’s beautiful office, I noticed that it was attached to the nicest shopping mall in Boca Raton... not a bad place to be! I was intrigued that entire week when I saw Dr. Matza and

me into their orthodontic residency. Penn ortho changed my life. I do not know how I can adequately repay them. I did not fully realize the magic of my return to Penn for my residency until Dr. Vanarsdall told me that he remembered meeting my father, since that is where he decided to continue his training in the United States when he moved here from India. Although I did not become a surgeon, I feel that my father would

wanted the tagline for our office not just to be something that sounded good but something we truly could emulate. I truly feel that the tagline Live Life Smiling™ is in my blood every day. Life is the lens you see it through. There are a lot of good things and bad things that happen to us every day. It all comes down to our lens and what we filter in and out. Instead of asking patients how their day going, we try to ask them what the best thing is that



has happened to them in the last week, what are they thankful for the most today, or what are they really excited about in the next month. I think that if we see life through a lens of gratitude and positivity, and we learn to filter out any negative thoughts or things around us then all that is left to do is to Live Life Smiling™. So there you have it. At i-Orthodontics, we choose to Live Life Smiling™ and we empower our patients to do the same.

Tell us about your team and office?

We have been growing every single year, and 2015 has been a banner year. I can tell you without a doubt that we have spent so much time over the past eighteen

months focusing on culture alone and putting much less emphasis on numbers. It's funny how the numbers will follow culture inevitably. The more that we focus on just doing the right thing as a team and as people, the more that we grow. It's not the sexiest growth because it doesn't happen instantaneously, but I believe that this type of growth is sustainable.

Our team is constantly changing both in terms of growth with people coming and going. It actually has become part of our culture. We are constantly changing directions to stay ahead and be progressive. With that, you need a team that is resilient and gets excited about change. Not everyone can keep up, and that is okay.

It has always been hard for me to

see team members leave because I get attached to them, and I have always had sadness with loss based on my past. To get over this sadness, I have to focus on my goal. My goal is not to be remembered as a good orthodontist, nor a great boss, but rather an amazing man.

My daily walk is to truly honor my mother and father and to make them proud.

My life is a loan from God, and I will pay it back with interest.

Tell us why you think you're so loved by patients and other orthodontists?

That's a very flattering question! I think patients love us because we act like



them, aka, kids! Just like them. That's how we are in every consult and every appointment. I truly enjoy speaking to the kids first and parents second. Being a momma's boy and having being raised by a single mother I have a natural affinity to all mothers. If you put me in a consult with a father and a child, you will notice that I might get awkward or might not bring my A game. Needless to say, I am so thankful that almost all consults involve a mother being present because that is where I truly feel at home.

I think other orthodontists like me because I'm a little bit of a rebel. I speak my mind openly when I lecture. I question why things are the way they are, and I often act on what feels right instead of what makes "sense."

I hope that the number one reason

we are looked up to is because of our core value of philanthropy and my mission to truly change the profession. I don't think that a six or seven figure salary while we are creating smiles is necessarily philanthropy just because we are in healthcare. If we consider ourselves superheroes and our superpower is to give the gift of a smile to help increase confidence and self-esteem, then why do we hold back these superpowers from those who need it the most? We will treat anyone in need. No questions asked. And if any child in treatment loses a parent during treatment, their entire balance is written off immediately regardless of their financial stability.

Teachers get so much respect because they sacrifice money for impact. And they should. Orthodontists should be able to have as much impact on children as a teacher, in my mind because we touch the same if not more children every single day. We need to stop sacrificing the impact in exchange for income.

How come you are so good at Invisalign?

In Colorado, we had to find our niche and orthodontics is not a niche in itself, unfortunately. I believe you need to subspecialize your specialty to survive. We had to find any opening that there was, and there were not many orthodontists in Colorado using Invisalign. Our second office was established in Downtown Denver, and patients kept asking us for Invisalign. I had two roads to choose: one was to

stand my ground and tell patients that Invisalign doesn't work, and they need braces, or, the other was for me to dive into educating myself on Invisalign. I chose the second. Anyone that says that Invisalign doesn't work as a general rule might as well also say that snowboarding doesn't work. I'm a skier, so for me right now snowboarding does not work. And it will never work. Because I will not try



Orthodontists should be able to have as much impact on children as a teacher, in my mind because we touch the same if not more children every single day.

to learn it. But that's what snowboarding school is for. Invisalign is just another tool in our toolbox. It helped us gain incredible brand awareness, and now

it is just one of the many things we do differently than other offices. This past year I was truly honored to have been chosen as one of Align's faculty members.

Tell us about your time on the Council on Communications?

I need to thank the AAO board of trustees for allowing me to be on the Council of Communications. The entire first year of my term was spent learning what we are doing. I enjoy branding and marketing more than moving teeth, so this was a very appropriate council for me to pursue. As you can see, over the past couple of years our message at the AAO has gotten stronger and stronger. Because we are such a huge national organization,

we have to temper some things that we say so that it is appropriate for all demographics that receive the message. Every area of the country can be different, and the AAO is responsible for a universal message about our profession. No government is perfect. Ever. But the AAO is improving. That cannot be denied.

I will continue to do my part on the council as I represent the RMSO, and I would encourage anyone who is interested in getting more involved to contact their trustee and myself immediately. We need passionate and young members to step up and help us out. In 2016, I am excited to be the president of the Colorado Orthodontic Association (COA) and on a state level I plan on working with the COA board to make some waves. Stay tuned:)





What advice do you have for residents and young orthodontists?

Here are my top 10:

1. Work where you want to live...life is really good when you are happy where you live. Life is amazing in Denver... join the party :)

2. Never lose the heart of a child. There are two times in life when you can say whatever you want, and people will laugh. One is when you are a young child, and the other is when you are in the later years of life. One can be viewed as innocence while the other can be viewed as wisdom, yet both are pure honesty based on life experience. I think the more innocent that we are coupled with wisdom, the better that life is. Don't stagnate in the middle.

A true leader will take his team to places they could not go on their own.

3. Get involved with AAO and state and local associations. It is the only way to protect what we have. We need you now.

4. Join study clubs. I have learned so much for my Hummingbird study club and my ProFE study club. Best money spent in terms of continuing education since graduating from residency.

5. Visit at least two orthodontic offices per year. You will learn so much more at the office of a friend versus any article you


might read. See the pearls in action.

6. Hire consultants and key opinion leaders. I have found that both Karen Moawad and Leann Peniche have both helped to build the practice of my dreams.

7. Subspecialize your specialty. Just being an orthodontist is not enough. What truly differentiates you? Spend time on this. Make sure it is who you are. Don't be fake.

8. Market directly to patients. Change the game. Patients will trust you more than their other healthcare providers if you raise the bar.

9. Hire a leadership coach. A true leader will take his team to places they could not go on their own. Being an employer and signing a check does not make you a leader. Read that again. How will you learn to lead your team?

10. Live Life Smiling™ It's as simple as that. Hope to see you soon :) 



10 Mistakes YOU ARE MAKING ON YOUR ORTHODONTIC PRACTICE WEBSITE & HOW TO FIX THEM NOW

By Darren D'Altorio

- Q:** Are you excited about your website?
- Q:** Are you proud of it?
- Q:** Do you know what your audience – your current and future patients – thinks about your website?

Take a deep breath. There are no right or wrong answers.

However, if you approach these questions with a candid sense of reflection, you may experience an array of thoughts and feelings, both positive and negative.

You may find yourself conflicted, thinking, “I like this section of my site, but I hate this one.” You may even find yourself in the uncomfortable realization that you haven’t checked up on your site in weeks, months, or at all since its initial launch.

According to a Pew Research Center poll regarding health care information accessibility, 72% of Internet users said they looked online for health information within the past year. Further, 77% of online health information seekers said

their search began in a search engine like Google, Bing or Yahoo.

In a digital age of instant information accessibility, your practice’s website is as meaningful an asset as your orthodontic degree. It is an extension of you as a professional. It is a source of information for the general public. It is also your primary marketing tool, establishing trust and credibility with your audience.

Bruce Lee, the martial artist, entertainer and philosopher, said, “Mistakes are always forgivable, if one has the courage

to admit them.” If your practice website isn’t making you excited and proud, that’s OK. Coming to this realization is the first step in the journey to improvement. This article identifies 10 common mistakes orthodontists make on their practice websites along with solutions to correct them.

MISTAKE #1: POOR HOMEPAGE DESIGN & USER EXPERIENCE

Your homepage is, without question, the most important page of your website. You should imagine that your homepage is Grand Central Station, a hub where your visitors can navigate to their final destination.

The most common mistakes orthodontists make on their homepage are:

- *Misplaced Navigation Menu* – Online users have short attention spans. If you lose or confuse them for even a second, they will abandon your site. Make things intuitive and simple. In the modern age of web design, navigation menus are found either at the very top of the page or directly below a header image, above the fold. Make sure your navigation menu is front and center, so it’s easy and fast for users to find their way.
- *Distracting Graphics & Features* – Photos and graphics are important elements of a website, but they should complement your message, not distract from it. If your homepage looks like Times Square, consider simplifying the layout to one main header image, the main navigation and one column of descriptive text. Keep it simple and focused.
- *No Internal Site Links* – Internal site links are hyperlinked text that, when clicked, will navigate a user to another page within your website. This enables you to use your site content as an extension of your navigation. When talking about your services and

specializations, link the text to the specific service pages to help users find what they are looking for fast. (Example: If you are talking about Invisalign on your homepage, link the word “Invisalign” to your Invisalign page.)

MISTAKE #2: YOU AREN’T MONITORING YOUR AUDIENCE USING WEBSITE ANALYTICS

You can’t improve upon something if you aren’t measuring it. Understanding how your audience finds your website and subsequently interacts with it are essential steps in building a tool that fuels your business growth. By installing a website analytics tool on your site – like Google Analytics – you can track and monitor every touch point a user has with your site and improve the experience.

Here is what you are missing out on by not using an analytics service:

- *Knowing How Your Audience Finds You* – Are most of your patients finding your site on desktop computers or mobile devices? Are visitors coming directly to your site, or finding you on other sites, like Yelp or ZocDoc? Not knowing these answers limits your ability to make improvements.
- *Knowing What Pages On Your Site Are Most Popular* – All pages are not created equal. Understanding important metrics – like time on site, pages per visitor and bounce rate – the pages on your site can help you understand what information your users value most. This can help you create better supporting content, like blogs and social media posts, to drive traffic to these valuable pages.
- *Knowing Where Your Leads Are Coming From* – Tools like Google Analytics have goal-focused metrics, like lead form tracking and click-to-call tracking for mobile devices. By understanding what pages on your site

are more likely to produce a lead, you can strategically drive people to those pages, increasing your likelihood of growing your patient base.

MISTAKE #3: YOUR DOMAIN NAME DOESN’T MATCH YOUR PRACTICE NAME

This is pretty straight forward, but it’s a prevalent mistake that creates confusion from a branding perspective. If your practice name is “Miller Orthodontics,” your domain should be “millerorthodontics.com” or “millerortho.com.” If your practice name is “Bright Smiles Orthodontics,” same story - “brightsmilesorthodontics.com” or “brightsmilesortho.com” are preferred. This strategy helps to solidify branding, unify your online presence and helps people readily find your practice online.

MISTAKE #4: POOR QUALITY PHOTOS OR LACK OF PHOTOS

As mentioned earlier, too many photos or graphics on a site can be a distraction. But we live in a visual world, so having photos and multimedia on your site are essential to capture attention, create engagement and tell stories. The key is to utilize photos and multimedia with intent, not just to fill space. Consider these best practice uses:

- *Before & After Photos* – These are great to illustrate your commitment to delivering results and to showcase the variety of cases you’ve treated, building your expertise, specialization and credibility. Include short notes and descriptions about the case treated in the photo as a caption, adding depth and context.
- *Virtual Tour Photos* – These can give your prospective patients a glimpse of what they can expect when they visit your office, creating a welcoming sense of comfort and familiarity.
- *Team Photos & Individual Headshots*

– Humanizing a practice is the best way to create the initial connection with prospective patients. By including headshots of your staff with individual bios, along with group photos – both formal and fun – you are showcasing your office personality and dynamic.

MISTAKE #5: NO ACTIVE BLOG, SOCIAL MEDIA INTEGRATION

“Blogging” and “social media” are two of the ultimate buzzwords that define the modern era, right up there with “selfie” and “yolo.” It’s with good reason too in our digital world.

Blogging and social media participation are two of the most important aspects of maintaining a relevant website and audience. Too often in a medical practice, we see that the intentions for blogging and social media are noble, but the execution falls flat.

By not establishing a consistent blog schedule, you are missing opportunities to deliver pertinent, timely information that showcases your expertise as an orthodontist. Further, blog content helps to build your website’s indexed page count and authority.

By producing blogs on relevant topics, you create the chance for your blog to rank on a national scope. If that happens, it can provide an unparalleled SEO lift in your local market, cementing ranking and authority.

Social media missteps usually come in the form of neglect and misdirected effort. As implied in the name, social media is meant to create a real-time dialogue with your audience. Whether it be about upcoming events, relevant news, promotions or specials, engaging with your audience and sharing information is at the heart of social media, along with creating a network of connections in the community and professional space.

Here are some best practices and

solutions for nurturing and growing your blog and social media platforms:

- *Utilize Google Trends For Blog Topic Ideation* – Google Trends allows you to see what trends, topics and keywords are popular on the web, both historically and in real time. Create a list of potential topics you could write about and plug those into the trends tool. Select the topics with the most search volume and relevancy to write about. By doing this, you are plugging your content into existing traffic, increasing its ability to be found and work for you.

- *Make Your Blog Titles Punchy* – The title is everything in the world of blogging. Now, don’t go all TMZ with sensationalist fodder, but do appeal to human curiosity. Think about what makes you excited or willing to invest time in an online article. What would you want to read more, “Oral Health: The Key To Overall Body Health,” or “Oral Health: The Key To Better Sex & A Healthier Life.” Both articles can cover the same topic, a well-informed piece about how oral hygiene is a link to, and predictor of, cardiovascular, skeletal and respiratory health. Chances are, title number two is going to get a lot more love on the Internet, pun intended.

- *Place Blog And Social Media Icons On Your Homepage* – This is a simple solution for improved user experience. By making your social content and blog easily findable, the chances of you driving traffic and engagement to both exponentially increases.

- *Understand What The Strengths of Each Social Network Are* – All social networks and social media sites are different and appeal to different uses. It’s best to utilize Facebook as a medium for showcasing practice events, photos, collecting reviews and promoting specials. Twitter is better suited to stay up-to-date on industry news and network with other businesses and opinion leaders.

Play to the strengths of the network, and you will find that your audience is more engaged.

- *Share All Your Blog Posts On Social Media* – You’ve created a juicy, informative blog post and published it to your site. Awesome! Now what? It’s important to share that post across all of your existing networks to expose it to the widest audience possible. Post the link to your Facebook page as a status update. Use a link truncating service – like bitly – to share your blog post to Twitter. Use hashtags - # - to categorize your content, making it findable. These steps can enable your blog post to work for you well into the future.

MISTAKE #6: YOU ARE NEGLECTING BASIC TECHNICAL SEO

Search Engine Optimization (SEO) comprises the methods, strategies and practices that enable search engines – Google, Yahoo, Bing, etc. – to effectively index and rank your site. The goal of search engines is to return the most relevant, authoritative and trustworthy websites for the searcher based on the query he or she types into the search bar.

All search engines use advanced algorithms to rank websites. At the heart and soul of search engine algorithms are web crawling “bots” that parse your site’s content and links to determine its achieved rank amongst the competition.

Truth is, SEO is a vast and technical space that changes constantly due to algorithm updates, so attempting to keep up and master it while also running an orthodontic practice will be difficult.

But, there are some basic SEO strategies that you should be utilizing on your site to send the right signals and increase your chance to rank high organically (on page one of search results), capitalizing on the majority of search traffic and increasing your site’s exposure and reach.

Here's what you need to do:

- *Write Custom Title Tags and Meta Descriptions For Every Page Of Your Site* – This is the most basic SEO strategy, and it's also the most effective. Your site's title tags carry a lot of weight with search engines. By customizing them for each page and including keywords that are relevant to the page, you dramatically increase your chances of ranking with those keywords. Further, your site's meta description is also the snippet of text shown on the search results page in all major search engines. You should create custom descriptions that include keywords and a call-to-action to entice searchers to click on your site. The higher your click-through rate from search results (clicks / impressions = CTR), the more likely you are to improve rankings.

- *Include City & State In Your Content To Send Local Signals* – Local SEO, which is what you will be utilizing as an orthodontic practice, requires that you send local signals to search engines. The best way to do this is to optimize your onsite content with city and state service areas throughout your content. Further, you should include a detailed contact us page and directions page that describe your location in context of the community. These are extremely relevant local search signals.

- *Make Sure Your Local Listings and Directory Profiles Are Consistent* – For local SEO, one of the highest factors of credibility is consistent information about your business name, address and phone number - otherwise referred to as your NAP. Ensuring these three pieces of information are perfectly consistent on sites like Google +, Yelp, Foursquare, Angie's List, Yahoo Local, Bing Local, etc. is one of the best ways to increase your credibility and subsequent ranking potential.

MISTAKE #7: LACK OF CALL-TO-ACTION AND VALUE PROPOSITION

OK, you've locked down a great URL, built an informative, focused site, written custom content and developed a basic and effective SEO strategy. Further, your analytics account is showing that you are increasing your site traffic monthly, with visitors finding you through social media and through your blogs – but you aren't capturing any new leads from your site. What gives?!

Make Your Blog Titles Punchy – The title is everything in the world of blogging. Now, don't go all TMZ with sensationalist fodder, but do appeal to human curiosity. Think about what makes you excited or willing to invest time in an online article.

It could be that your site doesn't have effective, compelling calls-to-action, leaving users in the dark about what they are supposed to do once they are there.

Here are some great ways to experiment with and optimize your calls-to-action:

- *Use Exciting Calls-To-Action* – People like to feel special. When you are asking a person to give up their personal information to become a patient, you

shouldn't ask them to "submit" any information in a form or email. But that is often the default call-to-action on most online forms. Try using upbeat calls-to-action like, "Tell Us More About Yourself," or "Schedule Your Complimentary Consultation." These calls-to-action are inviting, welcoming and can increase your online lead potential.

- *Make Your Contact Information Prominent* – Plain and simple, don't hide how people can contact you. Have your practice phone number and address displayed at both the top and bottom of your website. Place appointment schedule buttons and information request forms strategically on all content pages, leaving no chance to how a prospect can get in touch with you.

MISTAKE #8: INFORMATION OVERLOAD

In the quest to develop relevant, informative content, orthodontic professionals often fall into patterns of using technical jargon and complex medical verbiage to establish credibility. If you are submitting a case to a medical journal, this is perfect. But if you are writing the page content about TMJ treatments, you are going to lose your audience at "temporomandibular."

The key here is to know your audience and to speak their language. Keep sentences simple and direct. If you can't avoid using a technical term, follow that up immediately with a layman explanation of what it means. Keeping your audience engaged is achieved by not bombarding them with extraneous details, but rather guiding them down the path to answers.

Also, when presenting information, make sure it is organized. For example, don't rely on a single "Orthodontic Treatments" page that lists every treatment you offer in a long scrolling list. You will lose your audience. Instead, zoom your pages in to make them specific and

focused. Your traditional metal braces treatment should have its own page. Invisalign should have its own page. Invisalign Teen, Damon System, TMJ – these should all have their own pages to shine.

MISTAKE #9: SET IT AND FORGET IT MENTALITY

One of the most glaring mistakes orthodontists make is completing their website, then wiping their hands clean of it, leaving it to rot and wither in digital oblivion.

The ethos of the Internet is one of evolution – graphic evolution, networking evolution, information evolution. Static entities have no place in this ecosystem. They become extinct.

Don't let this happen to your site. Make it a goal to update your site at least one time per month, if not more. Adding new photos, writing that blog post you've been thinking about (see mistake #5) and building out new content landing pages are helping your site fare better in the search engine landscape and user experience landscape.

Stay motivated to update your site, and it will pay off as a continual business generation and brand-building tool.

MISTAKE #10: NO REVIEWS, TESTIMONIALS TO BUILD CREDIBILITY

According to a 2014 survey conducted by Bright Local, 88% of online customers utilize reviews to make decisions about a local business. Further, the number of those who utilize online reviews to make decisions about a medical practice rose from 32% in 2013 to 35% in 2014. This trend is only continuing to rise as more and more people share their experiences online, and others rely on those experiences as a litmus test of customer service and credibility.

To succeed online, you have to create credibility and embed that credibility

into your brand. You do this by building reviews and testimonials across major sites like Yelp, Google +, Yahoo Local and your own website, utilizing a testimonials page.

Here are some of the best ways to garnish and showcase reviews:

- *Ask, Ask, Ask* – Gaining reviews is a numbers game. We can assume that about 1 in 10 people will leave a review for your business. The key to growing your reviews is to ask every patient at a critical time to leave a review. For orthodontists, the best

One of the most glaring mistakes orthodontists make is completing their website, then wiping their hands clean of it, leaving it to rot and wither in digital oblivion. Don't let this happen to your site. Make it a goal to update your site at least one time per month, if not more.

time is when a person has his or her braces removed. Emotions are high, their smile is perfect, the journey is mostly complete – POUNCE! Provide a simple instruction card on how to leave a review on Yelp or Google +. Do this for every patient and watch your positive reviews climb.

- *Start a Youtube Channel and Create*

Video Testimonials – It's likely that you have treated an entire family for orthodontics. When you have these extremely loyal, happy families who are patients, politely ask if they would come into the office as a family and record a short video testimonial that you can feature on your site. This type of content will set you apart from the competition and allow other families to relate to your practice, increasing their chances of becoming your next champion patients.

- *Respond to Negative Reviews Sincerely* – No one bats 1.000. There will be an off day, or someone will vent on your Yelp profile. It's the nature of the game. Don't let that person feel unheard. Monitor your reviews and respond directly and politely to negative ones, thanking the person for their feedback and offering to remedy the situation any way you can. This not only lets the person feel heard and appreciated, it shows everyone else who is seeing the review that you are involved and care about your patients' happiness and your business.

IN CONCLUSION

Succeeding on the web can seem like a daunting task. Running an orthodontic practice and balancing a family / personal life is challenging, and one may wonder how they can fit these strategies and tips into the mix.

The key is to take it piece by piece. Ask yourself the questions posed at the beginning of this article. Answer them sincerely. Look at your site and diagnose the glaring problems. Prioritize the steps you can take, provided above, to fix them. By setting a schedule and goals, you will breathe new life into your website, your practice and your business success.

If you are interested in learning more about online marketing, or investing in managed SEO or pay-per-click search marketing, find a digital agency specializing in search marketing and advertising.





5 THINGS EVERY YOUNG ORTHODONTIST Needs to Hear

By Kyle Fagala, DDS, MDS

I've only been an orthodontist for two years, but during those two years, I feel like I've learned more than I did in the 11 years it took to get here. It's hard to sum up everything into 1500 words, but here's my best shot.

1. DON'T GET HELD UP ON THE THINGS (AND PEOPLE) YOU CAN'T CONTROL.

As a certifiable control freak, this has been one of the hardest lessons I've had to learn. As orthodontists, we routinely fret about 2 degrees of incisor rotation or a 1 mm midline discrepancy. So it's no surprise that we don't like it when things don't go exactly as planned. Unfortunately, unlike tooth positions, we can't control everything in life - especially

people. Here are some examples:

- Some dentists will never refer you patients.
- Some colleagues will never be happy for you.
- Some patients will never be happy.
- Some employees will never be a good fit for your office.
- Some patients will never pay you.
- Some patients will never show up on time.
- Some kids will never brush their teeth, wear their elastics, or eat the foods you want them to.
- Some cases will never work out as planned.

Some things simply cannot be controlled. So stop trying! Move on, do your best, and live to fight another day.

2. BE WILLING TO BREAK WITH TRADITION.

I'm sure a lot of you used loupes in dental school. Perhaps, like mine, they were a cheap, flip-down version that stopped working after a couple of months. Whatever the case, you most likely decided not to use loupes when you started orthodontic residency. And why was that? Partly because, in orthodontics, no one thinks we need loupes. Loupes are for general dentists to work on tiny details like distal boxes and crown preps, right? In the orthodontic world, loupes are a crutch for doctors who "don't have a good eye." Right?

It's a little bit like oral surgeons who always stand up for extractions. I don't know this for sure (because I don't extract teeth any longer), but my guess

would be that oral surgeons could just as easily do their work seated; it might even be better for their necks and backs. However, it's a firmly accepted tradition for oral surgeons to work standing up, so of course, they practically all do it that way. And they probably always will. Similarly, it is a firmly accepted tradition for orthodontists not to wear loupes. Sure, some do. But most don't.

I recently advised a friend to get some loupes, and he responded with "But all my co-residents will make fun of me if I wear loupes." Peer pressure is a bad reason to not do something, but it's the exact same thought I had when an orthodontist first recommended loupes to me.

The simple fact is that you can see details much better with loupes, strain your neck and back less, and stay more focused because of the innate tunnel vision that comes from wearing loupes. I don't get paid to say this, but I guarantee that a nice pair of dental loupes will change the way you practice orthodontics. Ultimately, though, this recommendation is as much about the mindset it requires to buy loupes (when it goes against established tradition) as it does with the clinical benefit they offer.

Just think of all the other things we do, simply because we've always done them that way.

3. STICK WITH THE TRADITIONS THAT WORK.

Wire bending is one of the oldest

traditions in orthodontics. It's actually the very first thing I learned in Ortho residency at the University of Tennessee in Memphis (where Elvis may be dead, but Tweed still lives). Needless to say, I've bent my fair share of wire. However, wire bending always felt a little arbitrary and imprecise to me. Fortunately, there were some doctors at UT who did a NiTi-only system that produced consistently great results. So, upon setting up my own practice from scratch, my plan was to utilize their wire sequence, hoping I would practically never need to bend wire. I reasoned that most orthodontists were just lazy with their initial bracket positioning, unnecessarily complicating the finishing stage by requiring compensatory wire bends.

So, I measured every single bracket with a height gauge and even tried indirect bonding for a year. I looked into Damon braces because I thought it would require fewer bends. But, in talking with several Damon veterans, most told me they actually bent more wire now than they did with twin brackets. *No thanks!*

Once I reached the finishing stage with several patients and just couldn't get things to look perfect, I started trying to bend NiTi wires, and let me tell you: putting torque bends into 18x25 NiTi wires ain't easy!

I have landed on a typical series of three NiTi wires (.014, .018x.018, and .018x.025) followed by the wire that I feel is the easiest to bend and finish with: the

19x25 TMA. I now embrace wire bending, not because I'm trying to complicate orthodontics or blindly follow long-established traditions, but because I want to reach the finish line in the best and most efficient way possible.

You will find the system that works best for you. Just don't assume that the latest in orthodontics is the always the greatest, or that shortcuts always pay off in the end.

4. NEVER QUIT LEARNING.

Think you don't need to learn anything new because you were first in your dental school class, went to the best Ortho program in the nation, and won some preeminent research award? Think again (or maybe you just need to reread *The Tortoise and the Hare*). Because, I guarantee you that some doctor who struggled through dental school and lucked into a "bad" Ortho program now knows ten times more about running a successful orthodontic practice than you do.

The best orthodontists I know have two things in common: humility and passion. They are passionate enough to want to know everything there is to know about orthodontics, but humble enough to accept they never will.

Always listen to the doctors who have gone before you and to the ones who follow. They may not always be right, but there is knowledge to be gained from every conversation you have about orthodontics. Seek out the gurus and ask them as many questions as you can. Gurus

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won't mind. After all, they ended up where they are today because they asked questions.

Additionally, there are more avenues for learning today than ever before. If I have a question, I can text a few orthodontists or ask one of several online study clubs. If I want to learn more about Invisalign or the Forsus appliance, I can watch webinars at my leisure. There are endless private coaching options, and I can find most any book in audio format by using the Audible app.

Utilize these resources. Push yourself. And become a better orthodontist every day.

5. GET YOUR MIND RIGHT.

Being an orthodontist can be stressful. We train for 2 to 3 years to straighten teeth and align bites, yet we spend most of our time pretending to be psychiatrists, marketers, HR directors, bankers, and businessmen. We see dozens and dozens of patients and parents every day, only to head to a dental society meeting, soccer game, or church afterward. And then there's debt: school, practice, home, car, and whatever else we decide to leverage against our future. After only a few months of this lifestyle, it's easy to become stressed.

Part of the problem is one's mindset.

Dale Carnegie said, "It isn't what you have or who you are or where you are or what you are doing that makes you happy or unhappy. It is what you think about

it." Buddha said, "What you think, you become." And it says in Proverbs 4:23, "Be careful what you think, because your thoughts run your life."

What all these quotes have in common is that our thoughts and attitudes define

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who we are. Further, our daily thoughts dictate our level of joy more than anything else.


Does it bother you that another orthodontist always starts more cases and makes more money than you? Why not

let their success inspire you, rather than defeat you? Why not be happy for that doctor's success and instead focus on the good things about your own practice, resolving to improve upon the areas that are lacking?

I went to Kroger recently, and the older checkout lady asked me how my day was going. I responded by saying that I had "just finished a *very* busy day at work" and that "I was tired and stressed." She proceeded to tell me about how just two years prior she had cancer in both breasts, requiring a double mastectomy. Upon becoming cancer free, she had an accident that left her partially paralyzed and unable to use her arms for six months. Her takeaway from all this: every day we are healthy is a good day, and it all starts with how we think about life.

Are you having a good day today? If you want to, then the answer will be yes.

Another key to having a positive outlook in life is seeing work as more than just work. If the only purpose of being an orthodontist is to make money, then you'll likely never enjoy it. You'll never find deeper meaning in being an orthodontist. Instead, view your job as a mission. Get to know your patients and team members better. Be a role model to them. Inspire them towards greatness. Help them navigate the difficulties of life. Make a difference.

It will undoubtedly make a difference in your life, resulting in more happiness and peace of mind. 



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THINGS I WISH I HAD KNOWN

10 Years Ago

By Brad Jennings, DDS, MDS

Ten years in orthodontic practice have come and gone. It is amazing how fast things pass you by. I finished my residency at The University of Tennessee, Memphis in 2004. Since then I have learned many things that I would have done differently or wish I had known earlier, but like they say, “That which does not kill you, makes you stronger.” I geared this article more towards new graduates or even soon to be graduates. The rest of us might shake our head in agreement on some of these things.

GET A GOOD CPA

The first CPA I had was arrogant which I equated to being good. He suggested that I stay as a Sole Proprietor versus incorporating to avoid a franchise tax that Texas enacted. He also did not pay attention to my quarterly payments so that I owned \$85,000 on tax day in my second year of practice! I would talk to several dentists whether specialists or not, that seem to have decent sized practices. Tax planning is a critical part to your business. It’s not what you make, but what you save.

GET A TAX STRATEGIES BOOK AND LEARN IT

Since dental school taught us zero on running a business, now’s the time to start your crash course! You will have a ton of tax deductible perks in your practice. Know what they are. Don’t depend on your CPA to rummage through your QuickBooks files and receipts and decipher it all. The more organized your books and receipts are, the better job your CPA can do. *Lower Your Taxes* by Sandy Botkin is excellent. It hits all the perks you are allowed as a business owner and dumbs it down for the worst money managers around, doctors.

LEARN TO INVEST YOURSELF

1% in commission + fund fees adds up to a lot over 40 years. I know what you’re thinking: “There is no way I can invest for myself!” I decided to learn after my adviser wanted to buy an annuity and place it in my SEP IRA. If that investment idea didn’t make you shake your head, I highly recommend reading the tax book mentioned above as well as John Bogle’s *The Little Book of Common Sense Investing*. Bogle is the founder of Vanguard and gives an easy to follow explanation of the market. If we don’t know the rules of the game, we will get schooled every time.

SOCIAL MEDIA

When I got out of residency, very few of us had a website, so I built my own and learned all the SEO that went

KNOWLEDGE
TRANSFER

Just Ahead ↗

with it which was nothing. Now, things are much more complicated and competitive online. My first site was www.tottenhamandjenningsortho.com. Ugh, I can't believe it was that dang long. Think of a site name that you can use for a long time. Hire a company to build your site that doesn't do every orthodontist office in America because 95% of them all look the same and don't stand out! On SEO, my two cents would be to find someone local and who knows what the hell an orthodontist is! On social media, if you hire a national company to make your posts, that same post will be on another orthodontist's Facebook page just down the street. It will also be something to the effect of "10 fun ways to brush your teeth". Take time to post things yourself. Patients want something personal from you. It is not easy to think of interesting things all the time, but it needs to be done.

RESIST THE LATEST, GREATEST

When you are first starting out, try to resist new technologies. A few years ago these were 3D pan/cephs and digital scanners. They cost a fortune just 3 years ago. My dental rep tried unmercifully to convince me to replace my perfectly functioning (and paid off) digital pan/ceph with a \$150,000 3D unit when they first came out. I promise you'll have plenty of opportunities to blow money over your career, just not now. The name of the game is "Cash Flow"! I have two iTero scanners now. Why you might ask? Dammit, I don't know! That's why I'm including this section.

WATCH YOUR DEBT

I was blown away by a pedodontist friend of mine that had \$600,000 in student debt from dental school and residency. Going to a \$150,000/year school will not make you a better doctor nor impress a potential employer. If it's your only choice, so be it, but it is still a choice. If you are in a hole coming out of school, how can you get a

loan to purchase a practice on your own? Try to avoid unsubsidized student loans as well. Interest is great with investments; it stinks on loans. Live like a pauper in school. My wife and I survived on her teacher's salary. It sucked, but we have a lot of "Remember when..." stories. You wouldn't believe me if I told you how inexpensively Ben Burris lived while we were in residency! Simply shocking!

BE WEARY OF SALESMEN AND ADVISORS

My Uncle Rod once told me, "When someone with money meets someone with experience, the one with experience gets the money while the one with money gets the experience." This goes hand in hand with several of the topics above. People assume that the day you become a doctor you are loaded, and some are eager to take whatever you have from you. You are running a business first and foremost. You are more than prepared to treat patients but not run a business. Think of how X will help make you money or what's in it for them, whether this is a scanner or some life insurance product.

GET INSURANCE WHILE YOUNG

Get disability and life insurance while you are young because stuff starts falling apart around 40! Luckily I did, but I ran into issues when my insurance provider offered a higher limit when I hit 40. Remember all those stupid things we did as little boys or brutal hits in high school football? Well, we damaged ourselves back then, but since we were in great shape we had no idea what was coming 20 years later when we became old and fat! Sadly, I know an orthodontist that thought disability was a waste at age 30 when I was getting mine. Five years later he was diagnosed with Multiple Sclerosis.

TAKE TIME OFF FOR YOUR KIDS

After working in a hospital one summer, I started having second thoughts

on going to medical school, so I visited my orthodontist to find out more about dentistry. The work schedule seemed awesome, and I knew my orthodontist seemed to make a good living. The thing that got my attention was when he told me that he attended every school event of his children while many M.D.s weren't able to attend because of work. We have it made for the most part. There is great stress placed on orthodontists to be open every holiday and only after school. I'm sure you have moms who think they are in the unique position of having the only child that goes to school. My office is typically closed two weeks at Christmas, Spring Break, Labor Day and Memorial Day. It's a great time to be with my family. This fall, I am taking off after school every Thursday (my satellite day) to see my son's football games. A good dentist friend asked what if patients want to come after school? Sorry! When my kids are out of the house, I'm going to remember stuff like their games and not those who couldn't miss school.

SEEK QUALITY EXPERT HELP

I'm not a big fan of Roger Levins, but I heard him say this about 10 years ago, "Get an expert where you're not." My dad also suggested not to go cheap on extremely important matters either which he said he learned the hard way. In the 80's my parents owned one of the largest hunting mail order stores in the world, Dunn's. The company had just gone public and had a new group of investors were wanting to grow it more. My father's attorney examined the documents that the new investors had written and gave the ok. Well, buried in there it stated that my dad would no longer be President of the company. By the way, these investors were lawyers and had even higher-octane lawyers draft the documents. Long story short, within five years, Dunn's was bankrupted, and that's how I became an orthodontist!





HOW A FAMILY LIMITED PARTNERSHIP CAN PROTECT *Your Practice and Personal Wealth*

By George D. Menden

We sometimes see orthodontists and other professionals who are very good at building wealth but ineffective in managing and preserving it for the long term. A family limited partnership gives doctors a relatively uncomplicated way to protect the wealth they have earned, and it deserves consideration by every professional who has accumulated (or is accumulating) significant assets.

Using the revenue from a successful practices, doctors will accumulate a portfolio that includes ownership of their orthodontic office building, rental property, investments in related businesses, a vacation home and securities. Combine these assets and add the value of the practice, and a doctor's net worth is impressive. Unfortunately, this wealth is at risk – from plaintiff's, other potential creditors, and from the Internal Revenue Service.

Although everyone's situation is different, we have found that a family limited partnership, or FLP, works particularly well for orthodontists and other professionals who want maximum flexibility in enjoying the fruits of their wealth while minimizing exposure to lawsuits, reducing current tax liability,

and passing on as much of their assets as possible to heirs, rather than turning over up to 40 percent to the IRS.

PROTECT YOUR ASSETS FROM LAWYERS AND CREDITORS

One fear shared by everyone in the oral healthcare field is litigation that can follow one bad patient experience. While professional liability insurance usually covers judgments or settlements up to the policy limits, plus attorney fees, it is possible for a winning plaintiff with a large settlement award to attach an orthodontist's personal and business assets.

Lawsuits may also come from nonmedical incidents, such as slips-and-falls, discrimination or harassment complaints, business or contractual disputes, or injuries caused by minor children. While doctors are usually concerned more about malpractice claims, it is other lawsuits that are more likely to result in claims against assets such as a medical office building or other real estate, as well as financial accounts.

The FLP can hold assets beyond the easy reach of creditors. When an aggressive plaintiff's lawyer discovers that assets are

PROTECT
YOUR
MONEY



owned in an FLP, he or she is more likely to settle for the limit of insurance coverage or, if it is a weak case, drop the matter.

Forming more than one FLP may be advisable, and each FLP may hold assets which have further protection because they are owned by limited liability companies, or LLCs. The medical office building might be owned by an LLC which is the primary asset of one FLP, while rental property, an investment portfolio and other assets might be in a separate FLP. Generally, a creditor will have recourse, to the extent that it exists, only to the FLP that owns the assets of the business entity being sued. For example, if a court levies a judgment for a slip-and-fall outside the medical office building, the claimant may be amenable to a favorable settlement once lawyers learn that the only attachable asset – the medical office building – is held by an LLC which is owned by an FLP.

This is not to say that FLPs are judgment proof. If a judgment is issued against a doctor personally, a creditor can go after FLP assets by obtaining a charging order from the court. Such an order entitles the creditor to any income paid to the doctor for his/her FLP interest. Since the doctor controls the distribution of assets, however, he/she can elect not to make distributions, thus depriving the creditor of receiving the income. In the meantime, the charging order means the creditor must pay income tax on the undistributed FLP income the court has assigned. Most creditors will settle a claim rather than play this waiting game.

One caveat applies here. Do not wait until facing a judgment to protect assets in an FLP. Courts generally will allow a creditor to claw back assets transferred after anticipating a lawsuit. That is especially true if nothing of value is received in return. This is called a fraudulent conveyance; and the courts have long looked suspiciously on transfers of assets to trusts, FLPs and anything that does not result in a fair exchange of value. Be

proactive in moving assets to an FLP to gain asset protection.

PROTECT YOUR INCOME FROM THE IRS

Income “flows through” an FLP, meaning individual partners pay tax on income they receive, while the partnership does not pay taxes. Effectively, this means the income afforded each partner may be taxed in a lower bracket, particularly if family members (children, for example) are partners in the FLP. A child who receives

Income “flows through” an FLP, meaning individual partners pay tax on income they receive, while the partnership does not pay taxes.

income from his or her share in an FLP will generally be in a much lower income bracket than a doctor, and thus will preserve more of the income. The FLP will also normally distribute or lend funds to the partners to pay income taxes. Income may be reinvested in the partnership’s businesses or assets, allowing FLP assets to grow.

Family members can work for the FLP and draw salaries. While the IRS is unlikely to bring extreme scrutiny to the work performed, it must be a real job function such as bookkeeping, office work or marketing; and the salaries must be reasonable. If family members are employees of an FLP, the partnership can contribute pretax dollars to retirement plans.

FLPS CAN BE CENTRAL TO ESTATE PLANNING

The top federal estate tax of 40 percent

kicks in after a \$5.43 million exemption or a shared \$10.86 million for married couples. Many people mistakenly believe they do not have much, if any, wealth that will exceed the exemption; but life insurance and the appreciation of real estate or other assets purchased years ago may mean your estate is worth much more than you realize. Do not give 40 percent of assets that exceed the exemption to the government.

The FLP simplifies passing on wealth in several ways. The biggest advantage is that interests in the FLP can be gifted to family members over time, taking advantage of a “valuation discount.” A share of an FLP may be valued at less than its face value simply because being held by an FLP devalues its market value. While a share might proportionately be valued at \$500,000, a “limited partnership interest” which places restrictions on the rights of a partner who holds the interest will be considerably less.

Thus, a share with a proportionate value of \$500,000 may be valued for gift tax purposes only at a discounted \$350,000. Combined with the annual \$14,000 gift exclusion, gifts over time can accrue significant tax savings.

UNDERLYING PRINCIPLE: HOLD ASSETS DELIBERATELY

An FLP may not be the best option for every situation – LLCs and trusts can achieve many of the same goals, and an attorney can help explore what is right for each situation. In some cases, the best scenario is a combination of an FLP and trusts, particularly if children are minors or part of the estate is set aside for charity.

But the underlying principle stands for orthodontists. Protect your assets and the legacy you leave your family by owning and accumulating assets thoughtfully. Ownership vehicles like FLPs will allow you to remain in control, and you will have more protection from hungry plaintiffs’ lawyers and the long arm of the IRS. 🧩

BEN THERE

DR. BEN BURRIS

DONE THAT

WHAT I WISH

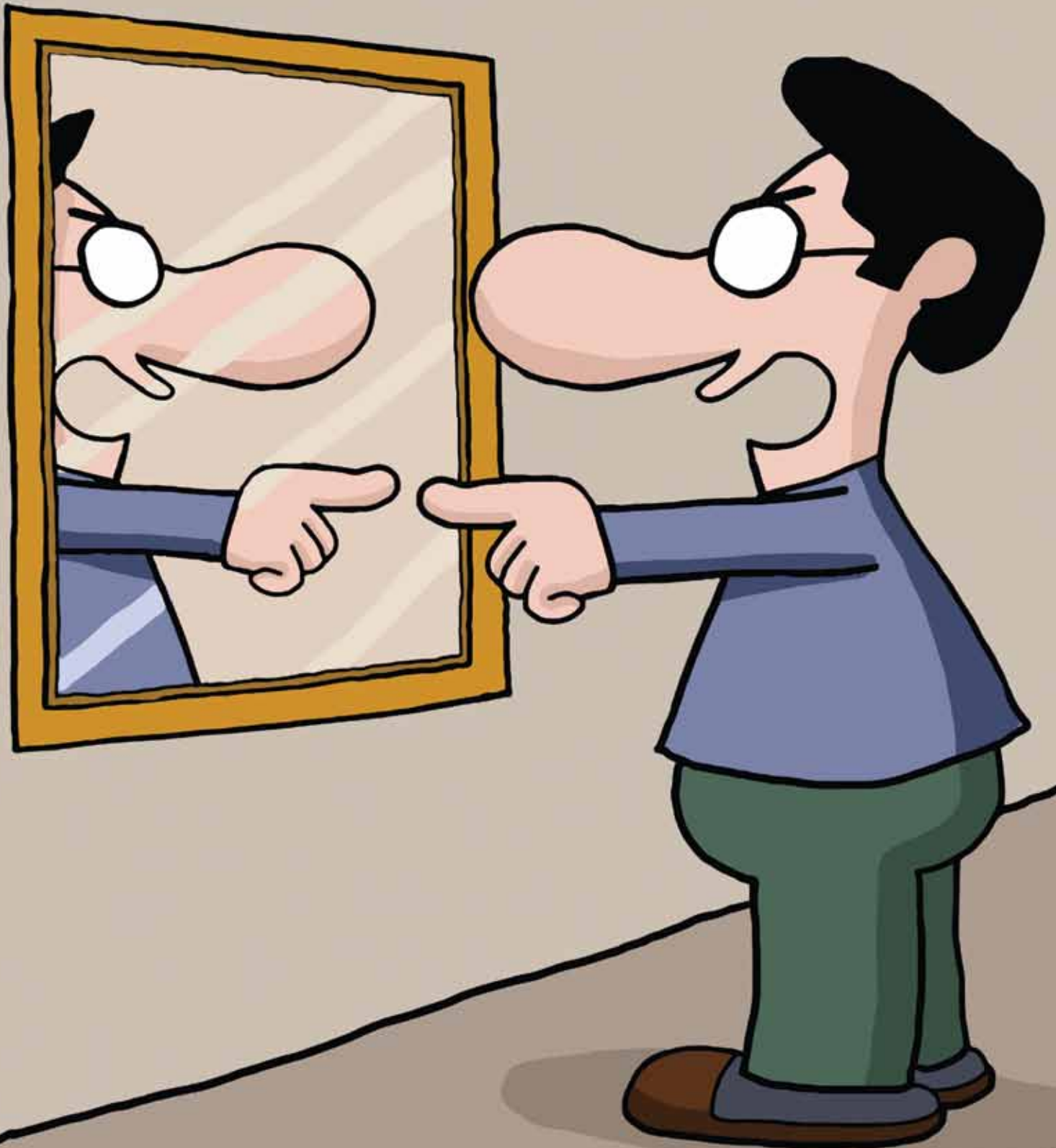
I Would Have Known Years Ago

By Ben Burris

My friend Dr. Scott Law and I were discussing things one day, and he asked me, “Knowing what you know now, what would you tell yourself on the day you graduated ortho?”

I thought this was a great exercise, and I look at/update the list often. Most of my current knowledge stems from massive failures in the past so I thought I would share this with all of you in the hopes you can avoid the stupid mistakes I’ve made!

1. Don’t loan any money to anyone for any reason - yeah to that best friend/family member especially.
2. Don’t buy any commercial real estate because I suck at it, and the opportunity cost has a terrible negative impact on the practice growth.
3. Don’t own any businesses outside of Orthodontics/dentistry .
4. Learn what you can from other orthodontists but don’t inherit their limitations or that of the “collective wisdom” of the profession or high profile orthodontists hocking wares.
5. Chairside employees are not skilled labor, and it doesn’t matter if they need to be replaced. It is just not a big deal. Do not let your employees dictate how you run your business.
6. Staff and do HR the way non-dental/nonmedical businesses do. Real businesses like McDonalds or Dillard’s not mom and pop operations.
7. There is no upper limit that I’ve found on the amount you can learn or the amount you can do or the quality you can deliver or the volume you can see. It took me several days to cut my first crown prep in dental school and hours to bond my first case in residency but I’m getting faster and doing more all the time while increasing the quality of the care I deliver. Quality of care and speed are not inversely related. Volume of patients and quality of care are not inversely related. Both can be, but that is our doing. The first crown I cut sucked as did the bracket placement on the first bond I did even though I spent a tremendous amount of time on them! I do much more now than ever before, and my quality is better than ever before.
8. Don’t trust experts or anyone for that matter when it comes to your finances. Make someone prove what they have done and are doing with their own finances and for their clients and make sure you’re in the same boat playing by the same rules as they are.
- 9) No one will “manage your portfolio for free” and anyone who claims to be doing so is lying. This is especially true if your “advisors” are friends/family.
10. Have as few locations seeing patients as possible, have as few days as possible with the fewest possible doctors and staff. But have the right setup, the right staff and the right kind of day.
11. Don’t hire an associate until you absolutely have to. You will work harder trying not to see patients than just doing it yourself.
12. Don’t set goals because they are as much of a ceiling on what you think can do as anything.
13. Don’t plan for when you’ll retire or quit seeing patients. You have to do something and Ortho is as good or better than anything I know.
14. Don’t be afraid to speak up when you disagree.
15. Don’t fear looking foolish, being laughed at, being in the minority or even being the only one. Like Wells said, “Being a minority of one doesn’t make you mad.” Also, don’t fear failure. Failure is not that bad and the more you fail the easier it gets. You’ll never stand out trying to be like everyone else.
16. Like the song says, “It don’t mean nothing til they sign it on the dotted line.” 🎵



OrthoPundit.com

Ben Burris, DDS, MDS
Public Speaking & In-Office Education
Email: bgbdds@yahoo.com
Facebook: facebook.com/bgburris
Twitter: twitter.com/bgburris

In our ever changing world, those of us who want to run a dental business as opposed to owning a traditional practice (ie; owning a job) must think differently. Dental school and residency programs taught us how to be dentists but actually gave us a paradigm that makes it difficult for us to think properly about dentistry as a business. Where and how does one learn how to move from a practice to a business?

• **Speaking for study groups and meetings**

Full day program: *The Referral Revolution*

Half day programs:

- *The Same Sun Shines on Us All - Embracing Opportunity and Refusing Defeat*
- *Short Term Orthodontics - Where Does It Fit?*

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We are an orthodontic and dental practice services firm that provides assistance with the non-clinical business, marketing and administrative functions of orthodontic and dental practices, including marketing, billing and collections, purchasing/procurement, patient financial and insurance services human resources, and financial reporting. The company currently serves nearly 350 orthodontic and dental practice locations.

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Smile for a Lifetime

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Smile for a Lifetime Foundation is a charitable non-profit organization that provides orthodontic care to individuals who may not have the opportunity to acquire assistance.

Launched in 2008, Smile for a Lifetime Foundation aims to reach individuals with financial challenges, special situations, and orthodontic needs. The Foundation sponsors the orthodontic care of hundreds of patients each year.

Smile for a Lifetime Foundation has participating orthodontists throughout the US. Each chapter has its own local Board of Directors who chooses patients to be treated by the Foundation.

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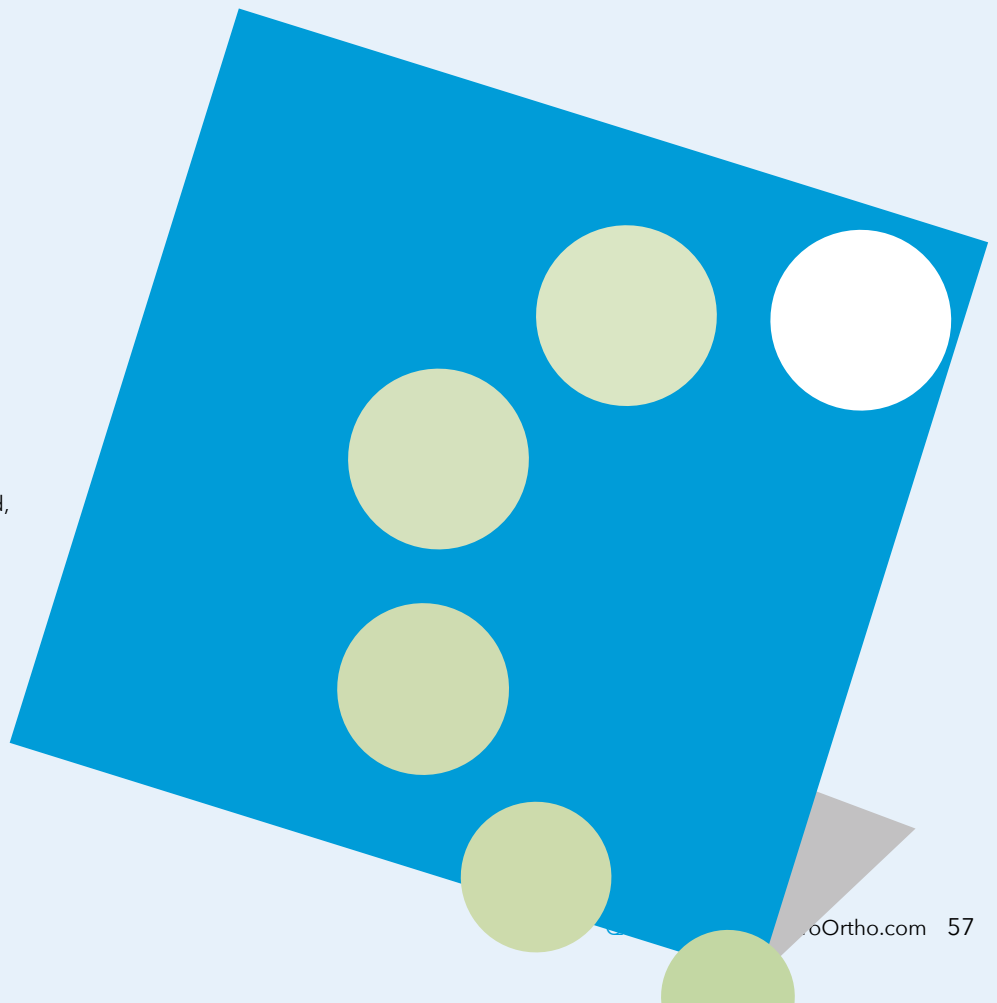
Propel is an innovator and manufacturer of dental and orthodontic technologies. Propel's premier product the Excelleration Series consists of the Excellerator device and the Excellerator RT. The Excellerator and RT drivers are both used to create Micro-osteoperforations (MOPs). The New York University clinical study published in the November 2013 issue of the American Journal of Orthodontics & Dentofacial Orthopedics (AJO-DO) stated "Micro-Osteoperforation to be an effective, comfortable and safe procedure to accelerate tooth movement and significantly reduce the duration of orthodontic treatment." The Excelleration drivers are patented FDA Registered Class 1, medical devices specifically designed to be used by a clinician in conjunction with any orthodontic treatment modality. Similar to the Excellerator, the RT driver provides the practitioner with the same advanced orthodontic treatment, however it includes an autoclavable handle and disposable tips to minimize waste and maximize storage efficiency.

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