

# The Progressive Orthodontist

CHANGE IS GOOD!

*Meet*

**Angela Weber**

CMO OrthoSynetics

**Reimagining What's Possible**

Q1 2019

**BUSINESS PRACTICE  
& DEVELOPMENT**

WOMEN IN ORTHODONTICS®  
-BY DR. COURTNEY DUNN

**ANSWERS FROM THE EDGE**

INTERVIEWS WITH DR. BRAD HUDSON AND  
-DRS. HURLEY & VOLK

**MARKETING/  
SOCIAL MEDIA**

WOW YOUR PATIENTS WITH CONVENIENCE  
-BY DR. KEITH DRESSLER

inside this  
edition...

## BUSINESS PRACTICE & DEVELOPMENT

**11**

Construction and More  
Part 3: Building, Interior Design,  
and Equipment Vendors  
BY RYAN YOUNG, AIA

**14**

Women in Orthodontics®  
BY DR. COURTNEY DUNN

**24**

Meet Angela Weber  
Queen of Marketing in Ortho Space  
BY ANGELA WEBER, CMO ORTHOSYNETICS

**28**

Why they didn't start treatment?  
BY DIANNE WATT

**33**

An Interview with  
Dr. James "Jep" Paschal

**36**

Is Professionalism Dead  
in Orthodontics?  
BY DR. LEON KLEMPNER

## ANSWERS FROM THE EDGE

**20**

Interviews with Dr. Brad Hudson  
and Drs. Hurley & Volk



## Meet Angela Weber

PAGE 24

### OFFICE LOGISTICS

**17**

The Golden Smile  
BY GOLD'N BRACES, DYNAFLEX, & ALLURE

**38**

Bid My Smile  
BY GREG PELLEGRAM & MICHAEL LOWE

### MARKETING/ SOCIAL MEDIA

**7**

WOW Your Patients with  
Convenience  
BY DR. KEITH DRESSLER

### ORTHOPUNDIT

**4**

The Conversion Breakdown  
BY ANGELA WEBER, CMO ORTHOSYNETICS  
& DR. BEN BURRIS

**30**

Thought Experiment – The Next Big  
Thing  
BY DR. MARC ACKERMAN & DR. BEN  
BURRIS

**43**

AAO/Gaidge Report – We Kinda  
Suck...  
BY DR. BEN BURRIS

# EDITOR'S NOTE



EXECUTIVE EDITOR  
& TRAVEL AND  
LEISURE EDITOR  
Dr. Ben Burris



MARKETING/PATIENT  
ACQUISITION EDITOR  
Angela Weber



WOMEN IN  
ORTHODONTICS EDITOR  
Dr. Courtney Dunn



TELEDENTISTRY  
EDITOR  
Dr. Marc Ackerman



CLINICAL EDITOR  
Dr. Derek Bock



EDITOR EN ESPAÑOL  
Dr. Francisco Garcia



CLEAR ALIGNER EDITOR  
Sarah Sharfstein



TRADITIONAL OWNER/  
OPERATOR PRACTICE  
MODEL EDITOR  
Dr. Jennifer Eisenhuth



INTERNATIONAL  
ORTHODONTICS EDITOR  
Dr. Grant Duncan



WEALTH MANAGEMENT  
AND INVESTMENT EDITOR  
Dr. Aly Kanani

It's a new year though it seems like just yesterday we were doing Q1 of 2018. But change is good, right? One big change for 2019 at The ProOrtho is that we will be going green and publishing the magazine online only from now on. Thanks to our generous sponsors, the magazine will still be available for free to those who subscribe. I encourage you to invite your friends to check out [TheProOrtho.com](http://TheProOrtho.com) and partake of all the fun and informative articles ProOrtho is known for.

Angela Weber is featured on our cover this quarter; one of the rare non-orthodontists to be featured in the magazine. Her reputation precedes her

and her work speaks for itself. Angela has worked with many of the best known and most successful orthodontists in the country and they all count her as an integral part of their success.

Times are changing as they always do and the diverse content in this edition will give you and yours a competitive advantage in an increasingly competitive dental landscape. If you have questions or comments or suggestions for content/topics you'd like to see included in the magazine, please email me at [bgbdds@yahoo.com](mailto:bgbdds@yahoo.com). Here's to a great year – hopefully the best year ever!

-Ben



AAO AFFAIRS EDITOR  
Dr. Anil Idiculla & The  
AAO Committee on  
Communications



WEALTH MANAGEMENT  
AND INVESTMENT EDITOR  
Dr. John McManaman

The **Progressive** Orthodontist magazine and study group are your educational resources for new trends, progressive insights and best practices for building a successful orthodontic practice in 2019 and beyond.

PUBLISHER - Amy Bradshaw  
GRAPHIC DESIGNER - Megan Clark

ADVERTISE WITH US!  
[info@theproortho.com](mailto:info@theproortho.com)

CHECK US OUT ONLINE  
[WWW.THEPROORTHO.COM](http://WWW.THEPROORTHO.COM)

# CONTRIBUTORS

## ANGELA WEBER



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.

## GREG PELLEGRAM & MIKE LOWE

Greg Pellegrom is the Co-founder and CEO of Bid Doc, Inc. With



over 15 years in the orthodontic industry, beginning at 3M Unitek, he has been front-line on the launch of dozens of new and innovative products. Michael Lowe is a Co-founder and has over 20 years of experience in the ortho and dental industries, most recently with OrthoAccel Technologies, having pioneered the accelerated tooth movement category.

Bid Doc, Inc. launched its BidMySmile platform in 2018 with the mission of delivering qualified patients who are ready, willing, and able to start treatment to orthodontic specialists through virtual consultation. It also maintains a vision of bringing affordable access to quality care for patients everywhere. [info@bidmysmile.com](mailto:info@bidmysmile.com); [www.bidmysmile.com](http://www.bidmysmile.com)

## DR. JAMES 'JEP' PASCHAL

Dr. James "Jep" Paschal operates a busy orthodontic practice in Georgia—with offices in Greensboro and Madison— and enjoys an active life with his wife and three children. A native of South Carolina but raised in Florida, Jep is a distinguished graduate of the Medical College of Georgia, where he earned his DMD. Additionally, he attended the University of Texas Health Science Center at San Antonio and completed residencies in both Prosthodontics and General Practice while earning his MS degree in Biomaterials & Prosthodontics. After five years of practice in Atlanta, Jep ventured north, rounding out his resume by completing an Orthodontics residency at the University of Rochester Eastman Dental Center in New York, where he holds a faculty appointment.



## DR. KEITH DRESSLER

Dr. Keith Dressler is an avid entrepreneur who has over 30 years' experience as a practicing orthodontist. In 2000, Dr. Dressler co-founded OrthoBanc, LLC a cloud-based automated accounts receivable platform, that is currently serving over 4,000 healthcare providers. Dr. Dressler also co-founded Elite Physician Services, a national healthcare patient finance company, which grew to over 200 million in sales before it became the Citi Health Card in 2003.



## DR. COURTNEY DUNN



Dr. Courtney Dunn graduated from the University of Michigan Dental and Orthodontic programs in 2001 and 2004. She received the Milo Hellman award for her research and has presented at many local and national meetings. She is a diplomate of the American Board of Orthodontics, holds leadership positions in the Arizona Dental Association and is past president of the Arizona State Orthodontic Association. Dr. Dunn is in private practice with her husband, Matt, in Phoenix, AZ. She spends most of her free time being a proud swim mom.

## RYAN YOUNG



Ryan Young is an architect, visionary and family man. Like many, he is a transplanted Floridian by way of the northeast – growing up in Jersey and earning his master's and undergraduate degrees in architecture from Northeastern University in Boston. Once he settled in Central FL in 2001, he started a commercial construction company called Interstruct Inc., which helped embed him into the cultural fabric of Orlando and contribute to the city's renaissance over the last decade.

## DR. LEON KLEMPNER

Dr. Leon Klempler, a board-certified orthodontist was in private practice for over 38 years. He graduated dental school from the University of Maryland and received his certification in Orthodontics from Tufts University. Dr. Klempler has lectured nationally on the subject of social media marketing and clinical orthodontic treatment.





**DIANE WATT**

Di is the National Manager for TIO in Australia and New Zealand and holds a Post Graduate Diploma in Digital Marketing and and Bachelor of Commerce in Marketing and International Business. She has an excellent grounding in marketing, user behavior and business communication theories, having taught as lecturer in these areas for several years at Australia's top university, Australian National University.

Di has extensive in practice experience in Orthodontics, having worked with Dr Spiro Pazios at Embrace Orthodontists as the Business and Marketing Manager from 2012 to 2016 where she significantly increased new patient consultations, conversion rates and practice production. Her commercial industry experience also includes leading several web development, User Experience and Social Media Monitoring projects for National organizations such as the Fair Work Ombudsman, Defense Housing Australia and REST Super.

To learn more about TIO membership contact Brooke Simmons-McIntyre, at [Brooke@theinvisibleortho.com](mailto:Brooke@theinvisibleortho.com)

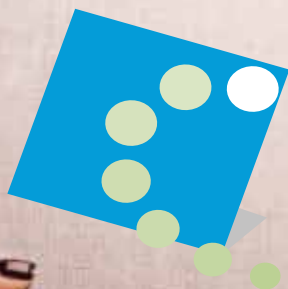


**DR. MARC ACKERMAN**

Dr. Marc Ackerman specializes in the orthodontic treatment of children with dentofacial deformity, intellectual and physical disabilities and sleep disordered breathing. He received his DMD from the University of Pennsylvania School of Dental medicine in 1998 and his certificate in Orthodontics from the University of Rochester-Eastman Dental Center in 2000. Dr. Ackerman later completed his MBA in Executive Leadership at Jacksonville University Davis College of Business in 2009. Dr. Ackerman is the Director of Orthodontics at Boston Children's Hospital and teaches residents in both pediatric dentistry and orthodontics for Harvard School of Dental Medicine.



**Don't Miss Out!**



The **Progressive**  
**Orthodontist**

... CHANGE IS GOOD!

**Subscribe at [theproortho.com/online-issues/](http://theproortho.com/online-issues/)**



# The Conversion Breakdown

By Angela Weber, CMO OrthoSynetics & Dr. Ben Burreis

Today's orthodontic practice seeking growth requires a different mindset not only in how new patients are attracted but also in how we view key performance indicators.

Let's look at an example scenario...

What do you think about a practice with the following statistics?

- ◆ Conversion rate from initial interest to contract start = 15%
- ◆ Conversion rate from new patient visit to contract start = 25%
- ◆ No show rate for new patient appointments = 41%
- ◆ Fee for full treatment = \$2998.00

Not feeling so great, right?  
Here are a few more stats about the same practice:

- ◆ Opened May 10, 2018
- ◆ Contract starts in the first six months of a cold start = 300
- ◆ Total production in the first six months of a cold start = \$920,000.00
- ◆ Total new patient appointments = 1181
- ◆ Days a week worked = 3
- ◆ Hours per day = 9:00 am to 3:00 pm

*\*Practice closed for three weeks in June for family trip to Europe*

(practice stats: Smiley Face Orlando  
<https://www.facebook.com/SmileyFaceOrlando/>  
or <https://smileyfacebraces.com>)



How can this be? How can the initial statistics reek of failure but the results in terms of case starts and production scream success? The simple response is that our traditional way of measuring key performance indicators and our baseline for those metrics do not apply in a modern orthodontic practice. Current conversion rate thinking takes into consideration a referral base that is predominantly doctor referrals and patient referrals. In which case you are receiving new patient inquiries that have been primed. How many of those doctor referrals and patient referrals never made their way to your door? You'll never know or maybe you already do. If your referral GP's are making it rain referral slips but you are not seeing the activity translate back into your practice, then that's a lot of lost patients indicating low actual conversion rate from initial point of contact.

---

*“The problem is that we have unrealistic expectations of what our conversion rate is and get frustrated when tracking of other new patient sources doesn't yield the same stats as the improper tracking of our traditional referral sources.”*

---

From where we sit, it basically comes down to which world you choose to inhabit. If you want to do things the way orthodontists have traditionally done them then you are limiting yourself to a very small biosphere where 1-2% of the

population get orthodontic treatment each year, where general dentists are the major source of new patient referrals and where the traditional stats on no show and conversion rates make sense – well they kind of make sense. The problem with believing that you should get 60/70/80 percent of the initial, cold leads your office generates is that it neglects to take a great deal into account. Even in the traditional biosphere. For example, if a referring dentist gives your card to 10 new patients, how many of them take action and call your office? Half? More? Less? No one knows but from what we experienced running a multi-specialty office we are guessing that half is generous. So, even though you are unaware, you are starting with a 50 percent loss on initial leads right off the bat. Of those who call, what percentage make an appointment, show up, are ready and start? Half? 60 percent? If you include every single one instead of arbitrarily excluding some who are not ready or don't start to pad your conversion rate, we think this is pretty close. So, even in the traditional setting with the advantage of the general dentist referral your conversion rate from initial lead to start is most likely 25% or less. And think of all the work you do to get those leads, how few they are and how little control you have over the new patient flow seeing how the GP can stop referring or hire an orthodontist tomorrow.

The problem is that we have unrealistic expectations of what our conversion rate is and get frustrated when tracking of other new patient sources doesn't yield the same stats as the improper tracking of our traditional referral sources.

And this brings us to the other option – the choice to live in the world where we compete for the attention of the other 98% of Americans and attempt to convince them to spend their discretionary dollars with us instead of Disney, Toyota, plastic surgeons, Spirit Airlines and AT&T. In this world the stats we gave you at the beginning of this piece are very much in line with great performing marketing! Furthermore, if we ignore everything

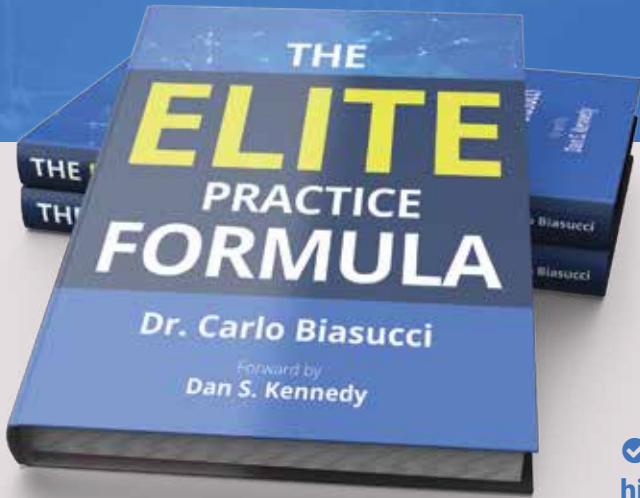
but the number of contract starts per week/month/year (the only number that matters) then the rest is extraneous anyway. The point is that we are getting many times better results in terms of production and case starts than any other startup we know of AND doing it on 3 days a week, 9-3, 44 weeks a year!

But it gets even worse (or better if you take our POV). The conversion rate we work with traditionally is limited in time meaning that we look at it on a per month basis generally. There is nothing wrong with that, but it fails to account for another big difference between the traditional marketing mindset and our point of view. Essentially, once someone decides they are interested in a product or service then they will eventually get what they want at some point in the future. Think about the last time you considered getting something you wanted then decided you didn't have the time or the money at that point in time. Did you forget all about it and never think about it again? Probably not – you'll come back to it a few times and eventually pull the trigger. Same happens when someone in the market for braces no shows or doesn't return the initial call. They will come back to us at some point – and our advantage is that they can't get the attractive price we are offering elsewhere! The net effect is that our conversion rate will climb over time and because we are dealing with huge numbers due to our market position and pricing, these straggler conversions will amount to hundreds of contract starts!

Look, it's totally up to you to decide your mindset and your target demographic. What we are suggesting is that the traditional way of looking at new patients, conversion rate and “quality leads” may be flawed. All that matters is how many cases start per week/month/year. This fact is hard to argue with. Do yourself a favor and at least consider the possibility that the way we have always done it may not be the best for our practices, our lifestyles or our patients! 🚀

# THE MOST INCREDIBLE FREE GIFT

Get a copy of this book for you and your top 12 referring dentists, FREE



HELP YOUR REFERRING DENTISTS GROW THEIR PRACTICES  
AND THEY WILL SEND MORE REFERRALS TO YOU...

The Elite Practice Formula details how Dr. Carlo Biasucci, a general dentist...

- ✔ Tripled his practice in 3 years, to a value of \$8.2 million (on the heels of an injury that nearly cost him his life)
- ✔ Cut his work week in half in the same timeframe
- ✔ Built a truly self-operating business that runs under its own power
- ✔ Effectively retired from clinical practice by age 38 and maintained his income

This book is as inspirational as it is tactical. Give it to your top referring GPs, and they will also get 3 special bonuses also courtesy of you (and at no charge to you). The result: they will grow their practice, their affinity to you will increase as a facilitator of actionable information showing up in their life, and that will translate into increased referrals to you. These Elite Practice strategies are based on real, proven-in-practice systems that are working right now.

Everyone you choose to receive a free copy of this book will also get these 3 BONUSSES:



- ✔ A gift-wrapped collection of the entire last year of Dr. Biasucci's weekly faxes (52 in all)
- ✔ Complimentary membership to our weekend wisdom training series for practice growth and marketing
- ✔ Webinar training series: "3 strategies to double your practice in 12 months", and "Marketing Automation". Both are full of immediately actionable strategies and tactics

Get your free books and bonuses by completing the form below

Doctor First name: \_\_\_\_\_ Last name: \_\_\_\_\_  Specialist / GP

Mailing Address: \_\_\_\_\_  Home  Office

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ # of Books Requested: \_\_\_\_\_

Please email this page back to [info@TheElitePractice.com](mailto:info@TheElitePractice.com) or fax to 866-422-9803







# WOW Your Patients with Convenience

By Dr. Keith Dressler

Patient convenience, in addition to cost, is the top priority when people are looking for health services, that includes orthodontics. Just three or four years ago it could easily take two or three in-office visits before a banding occurred. Today, many practices, offer and strive for, same-day starts, largely driven by the desire to win the patient, make it as convenient as possible to get started, and deliver a great patient experience.

Patient experience has always been part of my wow factor, now more than ever I am focused on delivering “wow through convenience.” I want to remove every barrier possible, because in our Amazon, Google, everything delivered to my doorstep society, convenience matters.

## CONVENIENCE MATTERS BECAUSE IT SAVES TIME.

No one has time for unnecessary activities, that is why I now ask patients who call with a perceived emergency to text a picture (or selfie) of the problem to my main office number so I can determine if it is a real emergency or something that can easily be handled with just a few simple text messages. No one misses work, no one misses school, and my schedule is not thrown into chaos. If it is a true emergency, the pictures empower me to make the appropriate schedule adjustments reducing delays for everyone. I have decreased perceived emergencies nearly 90% by simply asking for a photo first. Convenience matters.

## CONVENIENCE MATTERS BECAUSE IT REMOVES STRESS.

The same convenience I offer with “emergency selfies” is also winning me new patients. Now, instead of potential patients coming into the office for an initial exam, I perform a cursory exam from a series of three smile assessment selfies taken by the patient in the comfort of their home. Many of these smile assessment selfies are sent into my office between 9:00 p.m. and 10:30 p.m. when adult patients have time to focus on themselves and the stress of the day is over. Since asking potential patients to send in this series of selfies I am winning more new patients. Convenience matters.





**CONVENIENCE MATTERS BECAUSE PATIENTS WANT TO ASK QUESTIONS WITHOUT CALLING THE OFFICE.**

No one wants to talk on the phone anymore and although a phone call was once a very personal form of communication, today it is often seen as an interruption that can easily be replaced with a few simple texts. After I outline a treatment plan via text, the conversation often turns to questions about cost, insurance and pay arrangements. Patients text the front and back of their insurance card to my financial coordinator who sets up the pay arrangements and collects the down payment before they have come in for their first visit. I am also able to send links to health history forms which can be completed from anywhere, even the carpool line at school. All this is done through the teledentistry platform Rhinogram that text-enables my main business number and allows me to maintain HIPAA-compliance when communicating with patients. Convenience matters.

**CONVENIENCE MATTERS BECAUSE A NEW PATIENT CAN BE FOUND ALMOST ANYWHERE.**

Recently, while booking an airline reservation I won a new patient. The booking agent, simply making polite conversation, asked about my line of work. When she learned that I was an orthodontist she shared her long held desire to improve her smile. This opened the door for me to ask her to send me the series of selfies I needed to do the initial exam. She agreed and 3 weeks later she travelled from Cincinnati, OH to my Chattanooga, TN office for the first of only three in office visits needed to complete her treatment. You can see for yourself how pleased she was with the treatment <https://info.rhinogram.com/teledentistry>. Convenience matters.

**CONVENIENCE MATTERS BECAUSE REMOTE PATIENT MONITORING IS THE FUTURE OF A GREAT PATIENT EXPERIENCE.**

As more patients become educated about the convenience of clear-aligners and rapid results they can experience,

the more necessary it becomes for me to deliver a quality experience away from my office. Again, this is where the power of images makes everyone's life more convenient. With just 4 images (2 with aligners in/2 with aligners out), I am able to quickly determine if and when a patient is ready to move to the next aligner. If they are ready for the next aligner, I FedEx it to them and text them the shipping link so they can follow it. Patients no longer miss work or school and I am much more productive. Convenience matters.

**CONVENIENCE MATTERS BECAUSE NOT ONLY IS WOWING MY PATIENTS WITH CONVENIENCE WINNING ME MORE PATIENTS, THEY ARE MORE ENGAGED AND EXCITED ABOUT THEIR TREATMENT.**

Fewer in-office patient visits save me and my staff hours each week. Virtual visits are the future. So as convenience continues to grow as an important part of everyone's life, now more than ever, you need to be able to deliver the expected convenience. If you don't, your competition will. 📱



THE LEADING **TELEDENTISTRY** SOLUTION

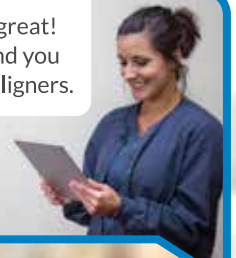
Here is the picture you wanted with my aligners in! 😊😊😊



**Receive the picture.**

**Perform the virtual treatment visit.**

This looks great! We will send you your next aligners.



**Convenience matters.**

*No patient app download required.*

To learn more, call or text 423.800.7644. [Rhinogram.com](https://rhinogram.com)

# fishbein FUNDAMENTALS

An In-Office Course focused on Orthodontic Practice Management & Marketing

Join us on:  
September 6-7, 2019

- » Learn some of our most successful marketing strategies
- » Observe our simple and effective new patient exam process
- » Discover our systems for efficient clinical management



\$995 per doctor  
\$795 per staff member

Presented by  
COO Amanda Floyd, Dr. Ben Fishbein,  
& the Fishbein Orthodontics Team

Hear what some of our past attendees have to say



**Dr. Brian Rochford**

Glander Rochford Orthodontics

“ The ideas presented at Fishbein Fundamentals are not what make the experience so special—it’s seeing how they implement their ideas. I brought my entire team to this meeting and it’s safe to say that they all drank the Fish Ortho Kool-Aid! ”



**Dr. Jennifer Eisenhuth**

Jennifer Eisenhuth Orthodontics

“ Best meeting I have attended in years. Dr. Fishbein and his team proved complete transparency to their recipe of their success. This is a meeting you could attend a second time and come away with new information. ”



**Dr. Erin Smith**

Goldsboro Pediatric Dentistry & Orthodontics

“ I loved it. We’ve been talking all week about ways to implement some of the things we saw, and my office manager was really inspired. Tim and I really benefited from the transparency that you and your team had. You’ve created a major operation. I am going to reserve some spots to send some staff to the next meeting. ”

Limited spacing available, save your spot now at:

**FishbeinFundamentals.com**

Or contact Amanda Floyd:  
850-477-1089  
Amanda@FishOrtho.com



**Thinking of building a new office? In the final segment of this three-part series, architect/builder Ryan Young wraps up with the construction process, leading to the final walk-through and handover of keys.**



## CONSTRUCTION AND MORE

### Part 3: Building, Interior Design, and Equipment Vendors

By Ryan Young, AIA ; CEO, Interstruct, Inc.

Interstruct has been working with orthodontists, dentists and other medical providers for more than a decade to envision, build and deliver facilities that become the canvas for providing the highest-level of patient care as well as a productive business for doctors.

Through the three-part series of articles in *The Progressive Orthodontist*, I have tapped into our company's experience and deep knowledge of the intricacies specific to designing and building an orthodontic practice, either from the ground up or as a build-out in a shell or existing building.

#### WHAT IS DESIGN-BUILD?

Let's take a quick review of the design-build system that Interstruct has perfected. The entire collaborative process is handled through a single contract and by a single project manager from start to finish, working with our in-house team of licensed architects and contractors. Everything happens with one team, under one roof.

Our experience means that we can see the step-by-step decisions and required actions right from the starting line and are able to come up with a reliable and detailed budget and timeline. This seriously reduces the number of surprises along the way, and clients aren't involved in the regular problem solving that always arises when multiple contracts are involved.

Whether this is your first or fifth project, we want you to know that there is an easier way to build your new or expanded office.

*"Our experience means that we can see the step-by-step decisions and required actions right from the starting line and are able to come up with a reliable and detailed budget and timeline."*

#### LET'S RECAP THE PROCESS

Purchase or lease? Are you leasing brand-new shell space in a public shopping center? Or space that's been formerly occupied that will have to be demoed and rebuilt? Are you buying an existing building that fits your square-footage needs, or empty land to build from the ground up? Each option comes with its own considerations and we've tackled all of them at some point in our

more than 20 medical and dental office projects. There's a lot of personal choice going on with this decision, but our process as a design/build company is the same no matter what; We distill the same 15 variables that inform a plan and pricing exercise. Ultimately, we're able to give the client the most complete pricing picture from the start.

Rich Monroe, Interstruct Vice President who has overseen many of our dental and medical office projects, stresses the importance of bringing your design/build team in early. Says Monroe, "We push to get as deeply involved as possible as early as possible because we can draw from our experiences to notice things that otherwise go unnoticed." The goal is to give the client the most complete budget and to alleviate unexpected surprises.

I've already got my location secured. How do I get started? We meet to discuss the site layout and overall size of the building as a starting point. This is also when we get a better sense of who the client is and what they want to accomplish with their new space. With each project, we want the finished space to exceed the expectations of the doctor, all the people who work there, their patients, and the community in which it is built.

How much will it cost? Pricing is a service that we provide with the design/build process and we look at the project holistically: identifying the soft costs for

design and planning, then the hard costs for construction. We examine the design perspective to determine the intricacies and begin thinking about things that happen on the back end of the project. For instance, how many exam chairs will there be, what kind of equipment is needed? How much seating is needed in the waiting area? What are the check-in and check-out procedures? In a dental office, we look at the air, vacuum, drainage and water lines. We provide these in-depth pre-construction services up front, which are bundled into the overall cost.

How does the design unfold? From there, we do the shell portion of the design. For me as an architect, this is the really fun stuff. I like adding special details so that the building is unique and reflects the values of the doctor's practice. We put together a simple proposal that includes guidelines and rules as determined by the location, plus some floor plan layouts (based on the determined size) and renderings of the

exterior. Once we reach an agreement with the client and they are happy with the basic proposal, we proceed from there to full construction drawings.

---

*"Clear communication and transparency are such a crucial part of any successful project, so we make that a priority."*

---

After several iterations of the space plan, we settle on the best one with the client. From there, we get the MEP (Mechanical, Electrical, and Plumbing) engineer involved and our architectural team draws up the interior plans and gets those approved. Once we have around 80% of the documents ready, we send them to the client again just so everything

can be double checked and we can be sure nothing was left out.

How long till we start building? We are in constant communication with the client, but also keep things streamlined to keep the process moving. Every job is different, but the design phase can last anywhere from four days to several weeks. Once the MEP (mechanical, engineering, plumbing) is involved, that's another three to four weeks. Throughout the process, we organize weekly meetings (either at the client's office or the job site) to provide them with pictures and updates, as well as the plans for the coming weeks. Clear communication and transparency are such a crucial part of any successful project, so we make that a priority.

Where do permitting and contractors come in? While design and construction are linear processes, there is always some overlap of the various steps. When Interstruct sends the construction documents to the client, we also submit them for permitting. It is not uncommon to receive comments on the permit



requests, so this enables us to address any permitting changes during the first round of revisions from the client. Doing it this way saves a lot of time and frustration in the long run. This is a big benefit of using a design-build firm, rather than taking your plans to a contractor to submit for permitting.

The next step is requesting bids from a range of materials vendors. Once we've gone through all the bids and made our selection, we sit down with the client to let them know who we selected and why. Before proceeding, we present the budget options for covering vendors and review it in detail with the doctor.

Before building begins, all the construction plans must be finalized and the building permits obtained. If the property has any existing buildings or structures, those may need to be demolished. If the property hasn't already been surveyed, that also needs to be done prior to breaking ground and excavation.

-----

*"I'm not an interior designer, but I do have specific leanings and preferences. If a doctor wants to go in a different direction from that, I'm totally fine with it."*

-----

#### A STRONG FOUNDATION

Next comes the foundation, which can take one to four weeks to complete, depending on the size of the building and complexity of the site. There are several steps. First the footings are installed, which basically serve as the foundation for the foundation because they transfer the weight from the walls and columns to the ground. The footings need to be sealed to protect them from moisture.

Concrete is then poured into a mold inside of the footings to form the foundation itself. The concrete needs to partially cure or harden for about a week before we can move on. The foundation walls also need to be sealed against moisture, as moisture is one of the greatest enemies of a strong foundation and the source of many potential problems after construction has ended. After the foundation has partially cured, holes are created in the concrete to allow utilities or power lines, and then pipes are fed in. This is also when the lines are installed for utilities including water, electricity, sewer, gas, and internet will be installed. The project manager orchestrates the time-consuming process to keep the project on track.

#### THE ESSENTIALS

Next comes the elevated components: Framing for the walls, windows and doors, followed by the roof being built. Then comes the sheathing, which consists of plywood boards that cover the exterior. Inside, stairs are constructed and the windows put in place. Next for the exterior, we apply a weather-resistant barrier and then a rain screen to provide additional protection against moisture before placing the siding.

As with the design process, there are many steps that the project manager is coordinating simultaneously during construction. The next step is working on the utility systems, such as rough plumbing, mechanical systems, HVAC, lighting, and electrical. Then we work on the interior walls by adding insulation and drywall, then we tape and mud the drywall to cover the seams before applying primer to prepare it for painting. We work on the flooring at the same time.

Next comes painting, then installing the cabinets and shelving and any other fixed furniture and equipment. We've done so much coordination with equipment vendors during our projects that it is second nature to us. Most vendors will supply anything from the chairs to the roll-up stations to med-gas carts to vacuum pumps and air compressors.

#### INTERIOR DESIGN

Next, we finish up the utilities and begin the interior design work. In terms of decor and finishing, Interstruct is involved to varying degrees depending on the project and client.

I'm not an interior designer, but I do have specific leanings and preferences. If a doctor wants to go in a different direction from that, I'm totally fine with it. For instance, when we worked with Dr. Ben Burris on his Smiley Face Ortho in Orlando, Burris and his staff walked my team through the space. He had a good idea of what he wanted in terms of the layout and he shared his vision. It would have a large, open concept with modern design, bright colors and cool lighting. It would also be loud, with the bass bumping and tunes pumping all day long. The office would have two recording booths where kids could create, edit and share videos for social media. Obviously, a totally different approach than an orthodontist catering to adult patients.

We work with a lot of interior designers, so once I have a feel for what the doctor wants, I can recommend a good match.

#### READY FOR BUSINESS

The last step is that the Owner must apply for a Certificate of Occupancy. We hold off on the final stages of interior design in case any changes need to be made before the certificate can be issued. Some doctors forget that there can be additional county and state inspections related to medical waste procedures and x-ray machines. This part is generally a two-week process. We gladly help facilitate this important step to completion.

In one case, a doctor needed to open his office in four days and didn't have the luxury of those two weeks, so a member of Interstruct's team met with the county health officials to help. This is not common practice for a design-build company, but because we are heavily invested in all of our projects, we are willing to go that extra mile. 📸



# Women in Orthodontics®

By Dr. Courtney Dunn

They said it couldn't be done. They said it's been tried before and failed. And yet, this time it worked. The inaugural Women in Orthodontics® Conference was held on October 5-6, 2018 in Phoenix, AZ. With scores of attendees, great speakers and our wonderful sponsors who believed in our mission, we consider the weekend to be a resounding success. So why did we do this, and what made this meeting different?

## NEW SPEAKERS

Although we had a couple of veterans, the vast majority of our speakers were not on the circuit. Why does this matter? It was completely fresh material. I had more than a few people tell me this was the first conference that held their attention the entire time. My guess is that it is because there wasn't the "same old material" being presented. And I think that our presenters wanted to do a great job because

someone was finally giving them the opportunity most of the big companies and organizations wouldn't.

## PEOPLE FELT COMFORTABLE SHARING

Speakers and attendees shared their stories. We heard about the good, the bad and the ugly. There was no ego present, just open and honest discussions about running an orthodontic practice. This was refreshing. People weren't there to judge each other, they came to learn and support each other. It was a safe environment with no pretense.

## WE ALL "KNEW" EACH OTHER

Even though the conference was a new concept, we have been interacting on the Women in Orthodontics® Study Group for the past few years. This familiarity with each other made many feel comfortable that they were going to a meeting with

"friends", even if they had never met any of them in person. And we could tell immediately at the welcome cocktail hour that everyone was excited and comfortable with each other.

## THE FOOD AND VENUE WERE TOP NOTCH

The Camby provided a fantastic location in the center of Phoenix and a fun and upscale venue to host the meeting. People loved the high-end service and food. Some of our sponsors reported to me that they took pictures of the food setups and sent them to their corporate CE people on "what to do" when hosting an event! There were also many restaurants and great shopping within walking distance of the hotel. A small group even organized an early morning hike, because popular hiking paths were only 10 minutes away!





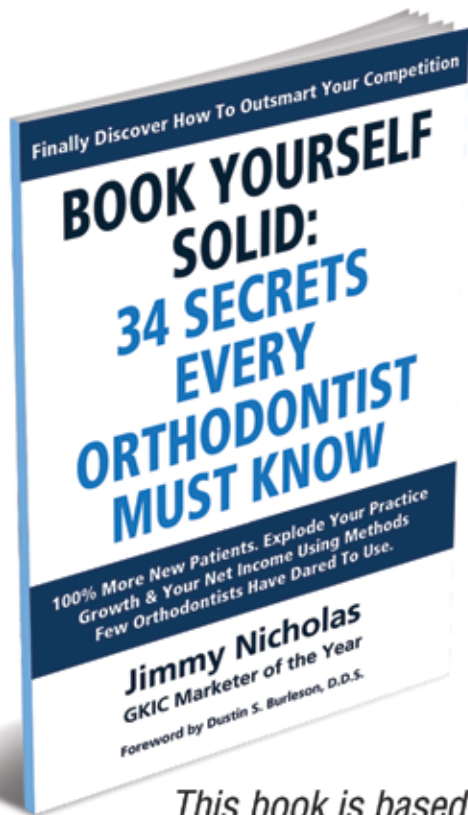
### EVERYONE LEFT INSPIRED

Whether it was trying a new clinical technique, learning to delegate or opening their dream office, everyone left the conference feeling energized and empowered. And this is what I want my legacy to be for the profession. Empowering women to fulfill their potential and to follow their dreams. See you next year! 📺



# FREE Book

## For Orthodontists Wanting More New Patients



### In This Book You'll Discover:

- ✓ How to automatically build trust before a patient or parent even calls your office
- ✓ How to predictably attract more of your ideal patients
- ✓ Why your potential patients are going to competitors instead of your practice
- ✓ How to increase your visibility and be the go-to orthodontist in your market
- ✓ How to hold every marketing dollar accountable in both your online and offline marketing
- ✓ & More...

*This book is based on data from over 15,000 new patient phone calls placed to orthodontic practices located in various sized markets, ranging from small rural areas to big cities.*

***Receive A FREE Case Study Bonus  
If You Are One Of The First 50 Doctors  
To Request This Book***



**Request Your FREE Book At  
[www.YourOrthoMarketingBook.com](http://www.YourOrthoMarketingBook.com) Or  
Call 24/7 Toll-Free (844) 219-5058**

# The Golden Smile

**Dazzle everyone with a 24k smile. Gold braces are a new statement in smile straightening fashion. Here are three groups to show you the way to a Golden Smile!**

## Gold 'n Braces

Gold Braces? Yes, Gold Braces. Even with the advent of ceramic brackets, plastic and hybrid brackets there had not been an esthetic metal bracket. Traditional metal brackets have been the reason for the term “Tin Grin”. That changed, believe it or not back in early 1991, with the Midas™ Bracket. At that time stainless steel brackets were occasionally plated to be used as earrings or jewelry but not looked at for treatments.

Our proprietary process took years of research in order to have a plated surface that would stand the rigors of the mouth and Orthodontic treatment. As an Orthodontist I wanted to make sure that my Orthodontic technique would not change if I offered Gold brackets. Part of our process was to make sure we would be able to maintain slot integrity and offer all wires sizes in stainless and nickel titanium, all Gold plated. All of this has been accomplished and these brackets have been used by hundreds of Orthodontists throughout the world. In addition, it has been brought to our attention that the Gold plating of the brackets seems to have successfully protected patients with nickel allergies from the underlying metals of the base bracket.

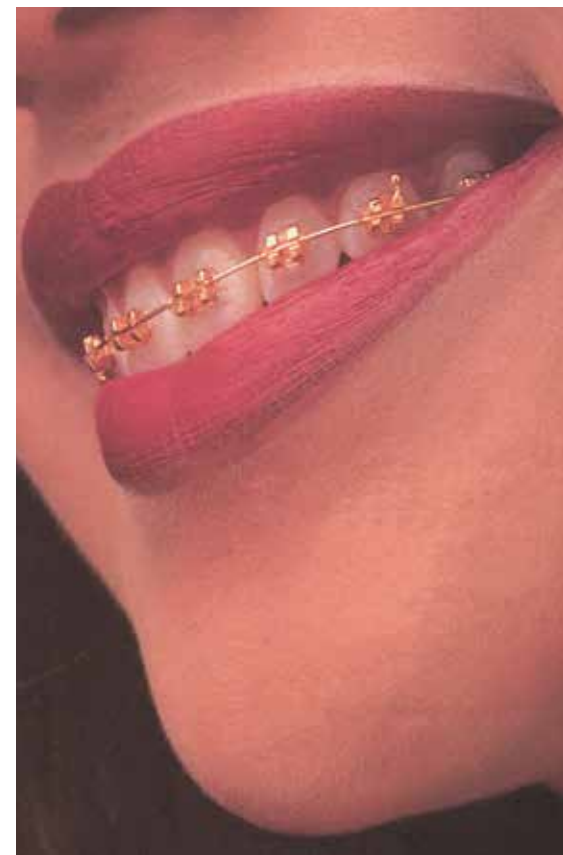
You may ask “But how do they look as my patients are concerned with the Aesthetics?” Initially, it was thought that

Gold brackets (The Midas™ Bracket system) may be gaudy and stand out. Contrarily, it has been shown that they are less noticeable because of their color on the light background of the teeth. I originally had the same question from many of my patients. The first patient I placed them on was a Bank Teller who I was able to talk into wearing them, she like other patients who had not yet seen Gold braces and was wary. For the 2 years she was in treatment she was my biggest referrer. She could not have been happier with their appearance. From then on, in the office we would fabricate a clear retainer with the Midas brackets super glued to the outside allowing me or a staff member to show a prospective patient the brackets in a real-world setting. This allowed patients to see first-hand how pleasing the appearance of the Gold braces were in the mouth. In fact, I have done this with traditional stainless brackets and ceramic brackets so again the prospective patient could evaluate them all together.

I offer the Gold brackets in my practice at a similar cost as silver and most of our patients opt for the Gold. It's been a great practice builder. We also offer our patients the option of Gold arch wires in ceramic brackets and our adults are thrilled with the softness in appearance it gives to their treatment. Since being the

originator and having treated thousands of patient in gold, many patient will seek us out asking if their Orthodontist is able to offer our product, and the answer is Yes! Unlike many Gold color brackets on the market today, which are coated in a non-precious coating, our brackets are electroplated in a proprietary Gold alloy, which are constantly being evaluated to ensure uniformity. We are the original Gold Plated Bracket.

*For more information please visit our website at [www.Goldnbraces.com](http://www.Goldnbraces.com)*



# DynaFlex Atlas Light and Bright Gold Brackets

DynaFlex® uses our incredibly strong and durable Atlas™ Mini bracket for our Light Gold and Bright Gold line of brackets. The Atlas™ Mini bracket is manufactured from 17-4 medical grade stainless steel with an 80 gauge mesh pad and a silky smooth slot for maximum performance. Independent laboratory comparison has shown the Atlas™ Mini

bracket to be twice as strong as the competition during a tie wing crush test.

DynaFlex® Atlas™ Mini Light Gold is achieved through a heat ionization process which essentially tints the bracket to a beautiful light gold tone with a shiny luster. This process eliminates flaking or discoloration of the bracket and will sustain the beautiful gold tone throughout treatment.

DynaFlex® Atlas™ Mini Bright Gold bracket goes through an intense, multiple coat plating process that is utilized in other medical applications. The Bright Gold color will not fade, discolor or flake during normal treatment use. 🎯

## Bright Gold Brackets



## Light Gold Brackets



*"The Light Gold brackets by Dynaflex are very aesthetically pleasing. They are slightly less noticeable than the silver and add a bit of sophistication to the patients orthodontic treatment."*

*-Dr. Genevieve M. Otto,  
DDS, MSD*



# Allure Ortho Mini Gold Brackets

Gold brackets are making a big comeback in the Ortho World, and Allure Ortho has become the GO-TO company for Gold Brackets.

Allure Ortho's 24K Gold Orthodontic Plating uses a 9-step process to ensure that, with proper care, will last for the duration of your treatment.

We begin surface preparation in a non-acidic ultrasonic bath, performed multiple times, followed by the rinsing and inspection of each piece. We follow multiple steps applying a bath of pure

24 karat gold in multiple layers, with a focus on controlling the temperature and voltage for the plating ions to fuse best onto the base metal. These steps of plating are followed with precision as to ensure the thickest and most resilient Orthodontic plating.

Proper care is necessary as gold is a very soft metal. Do not use abrasive tooth brushing (extra soft bristle is best) or abrasive toothpaste as this will scratch the surface of your beautiful 24k gold causing the base metal to be visible. In addition,

acidic food and drink choices should be limited and always followed with a good oral water rinse as they could cause tarnishing.

Allure Ortho also keeps the cost of "Allure Mini Gold" super affordable, giving your patients the chance to obtain the smile they desire at a very affordable price!

When choosing 24K Gold brackets, remember they are jewels and not tools. Treat them accordingly and your smile will thank you! 🦷



**NO  
HASSLE  
RETURN  
POLICY**

## ALLURE mini GOLD

24K gold mini twin brackets

- 24K Gold That Lasts
- Low Profile
- 24K Gold Wire & Accessories  
Also Available



# STAY GOLD

### WHAT DRs. ARE SAYING

*"My favorite gold bracket & they stay gold."*

--- Dr. Dovi Prero | Beverly Hills, CA

**ONLY \$3.75**  
per bracket

**BUY 10 CASES  
GET A FREE  
TYPODENT**  
w/ gold brackets

**GOLD IS BACK!**

*Experience the Difference!*

844.442.5587

www.allureortho.com

As always, we bring you answers from the edge with some of the most successful orthodontists in the country. Getting a chance to hear what these great minds think is always a treat and we love to see the future through their eyes. The best way to improve and grow is to find others who have already done what you wish to accomplish and emulate them!

## Featuring Dr. Brad Hudson and Drs. Hurley & Volk

### Interview with Dr. Brad Hudson



Dr. Brad Hudson established Hudson Orthodontics in the Northern Virginia suburbs of Washington, DC in 2013. He has offices in Springfield, Fairfax, and Centreville, Virginia. He is a graduate of the University of Tennessee (DDS) and the University of Michigan (MS Orthodontics). He is ABO certified and his research at the University of Michigan received the 2011 Milo Hellman award. His focus is on increasing access to high quality treatment in his community.

#### PROORTHO: WHAT TOPIC IN ORTHODONTICS HAS YOUR ATTENTION THESE DAYS? WHY?

HUDSON: Digital workflow capabilities now allow orthodontists to provide clear aligner treatment completely “in house”. Several software products are now available that allow orthodontists to create digital treatment plans and produce aligners from their own 3-D printing lab. Aside from being really cool from a tech standpoint, I believe this will help orthodontists to improve the results, affordability, and overall experience for patients.

Digital workflow will allow orthodontists to better customize treatment and fees for patients with varying degrees of difficulty and ultimately increase orthodontic treatment utilization. Orthodontists can now take full ownership of their clear aligner treatment and start thinking about attachments and plastic like they do the brackets and wires in their drawer. Orthodontists love autonomy, and patients love affordability and convenience. This will be a win-win if it plays out like I think it will.

#### PROORTHO: WHAT’S YOUR BEST SOURCE OF NEW PATIENTS? WHY?

HUDSON: The majority of our new starts have always come from patient referrals, and we see this increase every year. People are social creatures so this really shouldn’t surprise me, but I am always impressed by how many of our

patients find us by “word of mouth”. We have a nice office and high tech equipment, but I don’t think those things alone create patient loyalty. My team places a huge emphasis on service, and I believe patient referrals happen because we work together as a team to help people feel good about themselves and the experience of orthodontic treatment.

At the end of the day, people trust their family and friends when it comes to choosing service providers and they filter all their orthodontic treatment options through their social network whether that’s at church, work, the soccer field, or on social media. Nothing makes me prouder of my team than to meet a new patient who chose our office on the recommendation of a friend.

#### PROORTHO: WHY DO PATIENTS CHOOSE YOU OVER OTHER OFFICES? HOW DO YOU GET THE DIFFERENCE ACROSS TO YOUR TARGET AUDIENCE?

HUDSON: This starts with our core focus: We make high quality treatment affordable and accessible to as many people as possible. That mission is behind everything we do from marketing, to new patient experience, to the delivery of orthodontic treatment. For example, we have made significant changes to the way we practice by removing anything that adds unnecessary complexity, cost, or barriers to starting treatment. We utilize technology in everyway possible, as long as it increases quality and convenience for our patients without adding excessive

cost. Our whole team has been part of the process of refining our craft, and as a result we all believe and take pride in our product. Once again, I think the choice is ultimately made because patients trust our team and because our core focus on high quality, affordable treatment resonates with our community.

**PROORTHO: WHERE DO YOU SEE THE PROFESSION IN 10 YEARS? IN 2 YEARS? HOW ARE YOU PREPARING FOR WHAT YOU SEE COMING?**

**HUDSON:** This is an exciting time in orthodontics. Unprecedented industry disruption is underway, brought about by trends including the rise of digital workflow, direct to consumer aligner companies, “corporate orthodontics”, and increased debt burden among younger practitioners. I believe these trends do make it more difficult for private practice orthodontists to become established, but I also believe there are tremendous opportunities for orthodontists with the right mindset.

Two years from now I believe that the orthodontic industry and consumers will still be trying to make sense of this new

orthodontic landscape. Orthodontists will continue to see a drop in professional referrals, as it will become even more difficult to establish and maintain referral relationships. Consumers will be faced with the choice of what orthodontic service will best fit their needs: private practice orthodontist vs. general dentist vs. mail order clear aligners, etc.

It’s more important than ever for orthodontists to understand who they are and to “own” their vision. I prepare our team for the future by sticking to our core focus and maintaining the quality of our treatment experience. Our core focus is aligned with our target population. We exist to provide patients with the service and results that they want and a fee that is in line with that service. If we continue to deliver what our patients want, they will enthusiastically refer their friends and family. Community reputation and patient loyalty will be paramount, as our practice will face ever-increasing competition from companies backed by private equity funds and billion dollar valuations.

When I look at our 10-year horizon I expect to see a more crowded orthodontic marketplace that has adapted to what the average orthodontic consumer really

wants. There is a demand for lower cost treatment options, and direct to consumer aligner companies have showed us the massive potential in serving that market. I believe the net affect of these current trends will be a stratification of fees and modulation of service as the marketplace will start filling the demand for low cost, limited treatment options. At the same time, I believe that braces are here to stay and there will still be a strong demand for in-office orthodontic treatment directed by the orthodontist and fees will stay strong for comprehensive treatment. The challenge for the private practitioner will be making sure their message is heard among the noise.

The good news is that more people than ever before are seeking orthodontic treatment! Success in practice will come from maintaining absolute clarity in our practice vision and our target population. We must understand our patients in order to deliver excellent service and results that fit their expectations. This is how “raving fans” are created. With this mindset, I expect we will continue to drive loyalty, patient referrals, and strong growth into the next decade and beyond. 📈



## Interview with Drs. Hurley & Volk



Ryan and Tonya are married and practice in multiple locations in the northwest suburbs of Chicago at Hurley & Volk Orthodontics which was established in 2010. Their practice was their first baby, but they now have two young daughters, Joslyn and Eyla, who have taken over their hearts.

Tonya grew up on a farm in Nebraska where she later attended college and dental school. Ryan grew up near their practices and attended the University of Notre Dame for undergraduate studies and the University of Illinois at Chicago where he went to dental school and met Tonya in the orthodontic residency program.

They admire their team, appreciate their practice and love the communities in which they work. When not working they spend their time in Lake Geneva, Wisconsin, visiting family and friends in Nebraska and cheering on the Irish at Notre Dame.

### PROORTHO: WHAT TOPIC IN ORTHODONTICS HAS YOUR ATTENTION THESE DAYS? WHY?

HURLEY & VOLK: The rapid change in delivery models - direct to consumer, Invisalign stores, corporate models. The world is changing fast. Adapting our practice to consumer demands through tiered offerings and leveraging technology to provide convenience in ushering a new patient into active treatment is an area of interest to us given the changing landscape. Limited objective treatment is something we as orthodontists should be spearheading and are positioned to do so like no one else. Informed consent to limited objective treatment also requires being presented the alternative comprehensive treatment - and the relative benefits and risks associated. SDC has shown there is a large patient population that is ok with limited objective treatment. There is a way to treat these people better, while gaining true informed consent, at a similar price, with retainers and being very profitable on a per visit basis. There is more opportunity here than doomsday.

### PROORTHO: WHAT'S YOUR BEST SOURCE OF NEW PATIENTS? WHY?

HURLEY & VOLK: Current and past patients and their families hands down. ROI from internal marketing always crushes ROI from external marketing for us. Anyone can, and we do, pay money to market their practice through external channels, but it is more cost effective and gratifying to have people that pay us to market for us instead. It means we are doing the things we need to inside the office as a team from a patient experience and treatment standpoint. Dentists can change their referral patterns on the spot and just because one person clicked through to our website does not mean their neighbor will, but if we can exceed

expectations for those who come to us for their care we truly believe they will send multiples our way without paying them to do so.

### PROORTHO: WHY DO PATIENTS CHOOSE YOU OVER OTHER OFFICES? HOW DO YOU GET THE DIFFERENCE ACROSS TO YOUR TARGET AUDIENCE?

HURLEY & VOLK: I guess it would be great to think patients choose us because we as doctors are charming and do exceptional work, but we are often imperfect people and although we take great pride in our work, we have just as many cases that don't finish to our desires as any other ortho who tries their best. Patients choose our practice because of our team who motivate us to push forward our values and purpose and not the other way around. It is humbling, but also liberating, to think that this show would go on if we were not here. Our team drives this practice and the experience they deliver to our patients. We give them free rein to do what is right, make people feel special and then we get out of their way. They run an office and give back to the community in such a way that people want to be treated here and be where they work.

### PROORTHO: WHERE DO YOU SEE THE PROFESSION IN 10 YEARS? IN 2 YEARS? HOW ARE YOU PREPARING FOR WHAT YOU SEE COMING?

HURLEY & VOLK: Life is good right now if you are a private practice orthodontist in this economy, at least it should be, and hopefully will be for the next 24 months. DTC aligners, Invisalign treatment centers, increase in consolidation and corporate models, downward pressure on fees, rising overhead, economic downturn, further shift to non FFS. It all looks to be coming.



We have been preparing by getting debt free personally and in the business as fast as possible. We think there will be opportunities in a troubled market for those with cash on hand and who are not overly leveraged. Even in worst case scenarios for the ortho market there are still going to be unicorn privately

owned practices - FFS, busy, well run and monitored, high quality and service oriented. We think those practices will have progressive mindsets of treatment options and a tiered approach to fees/ services given, an ability and desire to implement change, an amazing team driven culture, treat patients beyond

their expectations and have a genuine community purpose. We don't get to make the rules, and the more we worry about the things out of our control the less energy and resources we are putting into being that practice that will thrive no matter the obstacles the future looks like it may hold. 🎲



*Meet*

**Angela Weber**

**Reimagining What's Possible**

By Angela Weber, CMO OrthoSynetics

**PROORTHO:** How'd you get started in marketing orthodontics? How long have you been doing this?

**WEBER:** I started my career in advertising working at a niche agency in New Orleans. I absolutely fell in love with all aspects of advertising and learning about various industries and what made them tick. The agency life is unstable at best and when it came time to move on I found the perfect opportunity at Orthodontic Centers of America. I'd come to know and admire the company through their commercials which aired consistently on mass media. I still remember the jingle "Thank you for making me smile". Orthodontic Centers of America was arguably a trailblazer and the first for many things that is now common practice. I just knew I wanted to be part of it.

And here I am 18 years later and still obsessed with what we do and proud to have worked alongside some of the best orthodontists in the industry. Getting to be creative in new ways has been my favorite part of this journey.

**PROORTHO:** How has the industry changed?

**WEBER:** It's interesting to sit back and reflect on how the industry has evolved over the last decade and even in the last few years. Much of the change has been driven by consumer behavior. Consumers are digitally empowered and time-starved. They have technology at their fingertips and they are not afraid to use it for the sake of convenience. There's a lot of opportunity in our industry because the consumer demand is there, and profitability is great. Competition in our industry has increased as national competitors want to seize this opportunity and meet those consumer needs. There is no reason local orthodontists can't do the same. I think it's important to understand the root cause so that you can determine your strategy to fight back. Any time you are making a shift in your practice, you must ask, "What problem are we solving?" Each market will experience the impact in different ways and at different times. It all

comes down to knowing your market and your patient base.

**PROORTHO:** Why are you so good and so well-known these days? Why do so many top orthodontists mention you whenever the topic of marketing arises?

**WEBER:** I'm not the one known but the brands we work for are, and that's exactly how it should be. For me, it's always been about the orthodontists we support. It's the clients we work for that are well-known and up and comers in the industry. We let our work speak for itself.

**PROORTHO:** What are you most excited for these days?

**WEBER:** I've always been in the orthodontist's corner. There's a fighter in me that loves the excitement that competition brings. I truly believe that the corporate competitors are opening the door for exciting change. Change that will expand the market. I am enjoying being in the fight and helping orthodontists figure out their place in this. The answer won't be the same for everyone and that's okay. No matter what, you have to be true to your beliefs, but somewhere in the middle is a compromise. Whether it's through aligner only practices, remote consultations or lite treatment. We are working toward the answers for each of these model practices so that it becomes less of a risk. As with everything, there are going to be orthodontists that like the road untraveled- these are the problem solvers that set out to inspire. We have both types who utilize our services.

**PROORTHO:** What's your biggest fear for orthodontists these days?

**WEBER:** No matter what industry you are in there are and will be challenges to overcome. My biggest fear is for the orthodontist that never reaches his/her full potential because they aren't sure which direction to take. Not making a stand and settling for the status quo may mean dying a slow death. The key is to know what you want but be flexible in how you get there.

**PROORTHO:** What's the one thing you'd advise an orthodontist to do?

**WEBER:** Find someone in the industry that really speaks to them. There are many visionaries in our industry. Let these problem solvers inspire you. Being a practice owner can be isolating at times. It helps to find a mentor to offer advice or support when you need it. Even if it's someone in a different business. I give so much credit to the mentors in my life who are all so different than me. I learn so much from our interactions because it opens up another line of thinking. I find it critical to getting unstuck and sparking new ideas. It's so important to have that network to bounce ideas around and learn from each other's mistakes. I've been told that I'm not very good at taking advice, which is probably true. However, even those of us who are stubborn need exposure to a variety of perspectives to grow.

**PROORTHO:** I've heard you say that marketing is not discretionary spending. What do you mean by that?

**WEBER:** If you want to grow or even maintain your practice you really don't get to choose whether or not you market. You choose how you spend your money but not whether or not you should. Marketing spend should be viewed the same way as your clinical supplies. You can control the % spend and spend effectively, but it's not something you can do without or cut to zero if times get tough.

**PROORTHO:** Why does it take so long to start a practice from scratch?

**WEBER:** Building brand awareness takes time and without marketing can take even longer. As a startup, spending the money on marketing is hard. I get it, there's no money coming in and the money you spend on marketing during the first few months to a year is a real hardship. But again, it shouldn't feel optional, you should think of this as an investment in your brand. The fastest way to get your practice going is to get your brand out into the community. A new practice should start marketing as early

as 3-months prior to the doors opening. Your marketing efforts will be the prime driver of new patients while you build relationships. Driving new patients via referral sources like dentists and patient are great, but one thing you can't speed up is building relationships. Those take time and are the slow way to grow. You want to spend frugally but you have to spend both time and money getting your brand known.

**PROORTHO:** What do you see the most successful orthodontists you know doing differently or better than those who struggle?

**WEBER:** They are hyper-focused on the big picture. When you are more focused on the big picture this allows you to stay focused and charge ahead. They want to try new things, and they get that some of these will work and some won't, which is okay. It's the learnings from what's been tried that pushes the practice forward and prevents things from getting stale. Fear of failure is a real hindrance to success. There's a certain confidence in trusting your judgment and the team you surround yourself with. Spending too much time deliberating decisions can paralyze progress.

**PROORTHO:** I've heard digital leads are not quality leads. Why is that?

**WEBER:** The point of digital advertising is to turn lookers into buyers. The conversion of this type of lead is a lot lower than what a traditional referral

based practice is used to. But wait it gets worse (not really). If you are advertising on social media you are reaching consumers when they weren't necessarily looking for you. A typical digital lead conversion rate is 10%-20% and not the traditional 65% for referral relationships. If you are in the 10%-20% range give yourself a high five and don't stress. These leads are colder leads that need more time to convert.

Stay top of mind and when they are ready, you will be their first choice.

**PROORTHO:** What do you say to someone who doesn't think it's worth it to deal with low-quality leads?

**WEBER:** With any lead generation activity, you take the good with the bad. Not every lead is going to work out for a variety of reasons. However, mastering the art of converting lookers into buyers is the future. It's a source of patients that gives you the most control of your future. It's a different type of lead that requires a different type of approach. Today's lead may not convert until several months from now. But this pipeline of growth could lead to your stability in the future. You just need to be patient.

**PROORTHO:** I've heard you say that it's a bad idea to copy what others are doing in your area - especially if you're the new orthodontist in town. Can you explain?

**WEBER:** The problem with this is that there's nothing special about it. Other

people's ideas aren't you. Staying authentic and spending time developing your story is the best investment you can make. The last thing you want to do is inadvertently support consumer perception that all orthodontists are the same. If that's true, then price is the only differentiator. The other issue is who says they are right in their approach? Especially if you are a new orthodontist in town, trying to compete with an existing practice by "Me too" marketing. This approach can waste a lot of advertising dollars. Your budget is better spent by creating your own space.

**PROORTHO:** What do you see happening in the next 2, 5 and 10 years in orthodontic marketing and in orthodontics in general?

**WEBER:** For years there has been a dominant path to success and it was hard to screw it up. Over the next few years, you will have decisions to make in terms of where you fit in. There will be many paths to practice success which will depend on your ability to adapt. Consumers are driving change in every industry. You will need to listen to their wants better than anyone.

**PROORTHO:** It seems like the rampant interest in consolidation, DSOs and group ownership of practices kind of validates what OCA tried to do back in the day. Any thoughts?

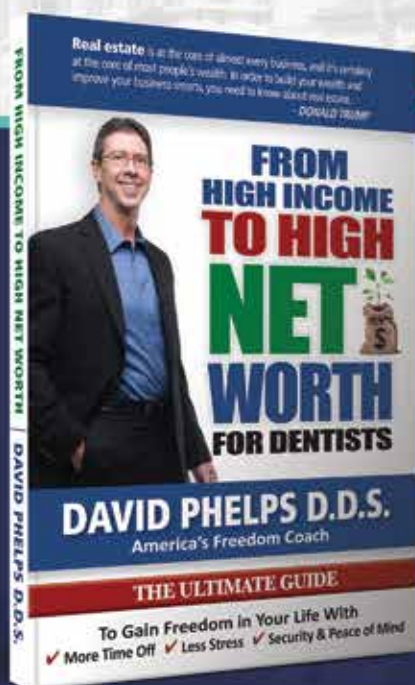
**WEBER:** It's been interesting to observe the resurgence of the DSO model. Although, I'm not sure it ever truly went away. What OCA did for many orthodontists is allow them an opportunity to have a partner in business that supported the business side of the operations and provided capital necessary for growth. However, the orthodontist maintained a 60% ownership interest. I can see how more than ever orthodontists would want this type of support and are not eager to go at it alone. At OrthoSynetics, we have a "DSO like" business model where we provide the business and expert support, but you maintain full ownership. 🎲





“ If you’ve ever been *curious about alternative investing (outside Wall Street)* this book is for you. *It should be on every Orthodontist’s bookshelf.* ”

- **Dr. Dustin Burleson**  
Founder, Dust Burleson Seminars



# FROM HIGH INCOME TO HIGH NET WORTH

*The Ultimate Guide For Dentists & Orthodontists Ready To Build Wealth And Freedom Outside Wall Street*

**In This Book, You'll Discover:**

- ✔ How to create your own **Personal Wealth Building Blueprint**
- ✔ Strategies to **build wealth & cash flow** outside your practice
- ✔ How to **control real estate** without the ownership headache
- ✔ Keys to Invest "Tax Smart" and **mitigate increasing tax rates**

**Request Your Copy For FREE At:**  
**[www.HighIncomeBook.com](http://www.HighIncomeBook.com)**

**Or Claim By Phone: (903) 883-6734**





# Why they didn't start treatment?

By Dianne Watt

Every purchase decision in life comes with risks. Can I afford this car? Will the holiday meet my expectations? Will this skin cream actually work?

When it comes to orthodontics, patients want to know 5 things:

- ◆ Can you get me the result?
- ◆ Will it fit into my lifestyle?
- ◆ Will it be painful or damage my teeth?
- ◆ Will I be embarrassed wearing the appliance?
- ◆ Can I afford the payment plan?

## CAN YOU GET ME THE RESULT?

Most practices will show before and after photos, thinking this is enough to demonstrate their expertise. But patients want more. They want to hear the experiences of previous patients who had a similar problem to them and how it changed their life. They also want to see the result first hand. Show

them the digital treatment plan of those patients, tell their story, and then show their finished result. They also want to hear from other people. They'll search online for reviews, and they will trust these reviews from strangers just as much as they trust a recommendation from a friend. They are looking for social proof of your technical expertise. A google online review strategy and social ambassador campaigns are key strategies we help TIO practices with.

## WILL IT FIT INTO MY LIFESTYLE?

There's a lot of talk right now about patient convenience. But patient convenience is more than just saving visits to the orthodontic practice. Convenience is judged by consumers, throughout the entire sales funnel. From inquiry to appointment to start to treatment to finish. Now, this is going to sound scary... the most successful practices I work with

have been able to grow their business by offering the following:

- ◆ A new inquiry response time of under 5 minutes
  - Many practices will leave online inquiries on the to-do list. Because they are busy treating and scheduling new patient appointments. At TIO we help practices choose their sales champions. These champions run their practice sales department (albeit, sometimes it is only compromised of one team member) and we train that department in the specialist skill set that salespeople need. The result is that prospective patients feel nurtured right from the first contact. They are educated, prior to the consultation and they walk into that consultation ready to start. So many practices still leave the sales to the consultation, but when you are asking a patient to part



with thousands of dollars and more importantly you're going to change their physical appearance, it makes more sense to start servicing and to demonstrate your expertise from the first moment of contact.

-----  
*“What we need to remember here, is that patients are after the result. That's the real value they see.”*  
 -----

◆ A patient consultation appointment available in under 4 days

• For many practices, their new patient consultation availability can be 4 months away not 4 days. Not only does that give a patient time to go elsewhere but it also sends the message that treatment is not convenient. Now I've heard the stats that this appointment available has to be within 48 hours. But after signing up 100's of patients myself I can tell you that what people want within 48 hours is service. If you can service them well on the phone and on email, then they will see 4 days as convenient because they feel like they have already started their journey. And if you can manage your schedule well, and fill any rescheduled patient slots, then a lot of the time you will actually be able to offer an appointment within 48 hours anyway. Almost 8 years ago, TIO introduced a no doctor consult formula. This opens up the schedule and means that doctors only see patients who are 100% ready to start. No more wasted Doctor time. This has been key to our member's success and we continuously train our practices on this formula.

◆ Same day treatment starts

• Save the patient time. Get them in the mindset of “ready to start” before they walk through the door for their consultation. Let them know that there will be a spot reserved for them on the day of their consultation should they wish to get started. Digital scans only take about 5 minutes these days, it easy to reserve a place and have a staff member at the ready to scan. What's also great about this mindset is that you can save your team follow up time. And make sure these same day starts are planned for in the schedule. Otherwise, you will stress your team out if you keep adding in starts when they are already busy. Busy staff won't have time to answer any additional patient questions, and an orthodontic practice USP is service, not factory. Some of our member practices have actually hired a dedicated staff member just to be available for scans.

◆ Remote treatment monitoring and appointments on demand

• Many practices will schedule an appointment every month, thinking “well the patient pays once a month, so I better show value” or they base the appointments on set time intervals such as 10 to 12 weeks apart. What we need to remember here, is that patients are after the result. That's the real value they see. The fewer visits you can offer them... whilst still making communication between the practice and patient convenient... the more treatment can fit into their lifestyle. And if you can use an App like Dental Monitoring, you can schedule patients based on when you need to see them. So this means a mind-shift where patients do not have a future appointment set in your schedule unless you need to see them. And with a less clogged up schedule, when you do need to see a patient, there is plenty of availability.

**WILL IT BE PAINFUL OR DAMAGE MY TEETH? WILL I BE EMBARRASSED WEARING THE APPLIANCE?**

Most of us are pretty good at busting the myths around pain and explaining the aesthetic treatment options. So the only thing I would say here is to again focus on the social proof. If your website and advertising are covered with images of child patient treatment results, then it's not going to look very welcoming for adults. And if you are treating younger patients with aligners, such as Invisalign Make sure your website isn't covered with just kids in braces.

**CAN I AFFORD THE PAYMENT PLAN?**

Take the typical inquiry process below:

A: *“Hello, how much are braces?”*

B: *“Our treatment prices vary depending on the case, you'll need to have a consult to find out more.”*

Not a great start to servicing a new patient. Try this:

B: *“Absolutely I can help you with that, let me find out a little bit about you and we can discuss some options.”*

Once you've build rapport, found out a little about their treatment concerns, then you can say

B: *“Our treatment prices do vary, and the feedback from our patients is they love our payment plans. We really try to work with your family budget. Most payment plans are around \$xx per month, which is about \$xx per week, does that sound doable for you?”*

People want to hear about prices in terms of how it fits into their family budget. They will pay more to see an orthodontist if you can demonstrate your expertise and be flexible with the payment plans. And please don't base your down payment on your lab fees, base it on what the market can afford to pay on the day, the rest can be paid over time. 🧑‍🦷



# Thought Experiment - The Next Big Thing

By Dr. Marc Ackerman & Dr. Ben Burris

What event will totally disrupt the landscape of orthodontics more than any other we can imagine? That's easy and we have mentioned it before:

*“When someone is able to directly print clinically effective clear aligners at speed and in the volume necessary to make them commercially viable the orthodontic world will shift on its axis.”*

In case you thought this was already a reality based on Align's clever videos showing the aligners emerging from a vat of liquid and giving the impression they are directly printing aligners without the use of models, don't feel bad. Many orthodontists and dentists assume Align can direct print without the need for the extra steps of printing models and all that goes with it – and that is by design from what we can tell. No, at this point in time no one we know of can print aligners without first printing models. There have been rumors over the last year or so that there are companies that are close but it turns out they are about as close as i-Cat is to making it possible to do Invisalign off of one of their scans (they have been

promising that was “going to happen soon” since about the time Ben graduated in 2004). But someone will figure it out sooner or later and given the untold billions that are out there waiting to spend their money on straighter teeth, we are sure there are more than a few working on the problem (or they should be).

Anyway the point of this article is not to state the obvious but to consider the implications of this technology coming to pass and try to predict its impact on the orthodontic profession. Here are a few predictions/considerations presented as food for thought.

1. If this technology is developed by a single company and is patentable then this will be a virtual death blow to the rest of the aligner companies – no matter how dominant they are now. As we often reference the book, *The Innovator's Dilemma*, we see no reason to stray from that now. The book explains what happens to dominant tech when a new tech emerges and moves up market so we won't rehash that. In the book, everyone has access to the new technology and the dominant players still lose. Imagine what will happen if someone gets a patent on the process.
2. If this technology emerges in several places so that most aligner companies have access to it, it is still unlikely that one of the long-established players will come out on top. Again, see *The Innovator's Dilemma* for explanation.
3. If either of the above scenarios happen, odds are there will be a significant cost reduction when it comes to producing aligners for several reasons:

- Less steps to produce aligners means less machinery, less labor and more accuracy due to automation.
  - The lower cost per aligner can either go towards the company's profit margin (or marketing) or be passed on to the customer or both. Both is the most likely in scenario 1 and lower prices for customers is more likely in scenario 2 but it depends on a lot of things of course.
  - A lower cost, more accurate, shorter turnaround time aligner created by this innovation will dominate the traditional market because us dentists love nothing more than to reduce our overhead.
  - A lower cost, more accurate, shorter turnaround time aligner created by this innovation will dominate the emerging direct to consumer aligner market for obvious reasons.
4. Lower pricing, more marketing and broader appeal of the inexpensive, accurate aligners offered by those who have this technology will drive consumer desire to unimaginable heights. This will have broad implications for both aligner consumers and those who want braces if:
- Less steps to produce aligners means less machinery, less labor and more accuracy due to automation.
  - The lower cost per aligner can either go towards the company's profit margin (or marketing) or be passed on to the customer or both. Both is the most likely in scenario 1 and lower prices for customers is more likely in scenario 2 but it depends on a lot of things of course.
  - A lower cost, more accurate, shorter



- turnaround time aligner created by this innovation will dominate the traditional market because us dentists love nothing more than to reduce our overhead.
- A lower cost, more accurate, shorter turnaround time aligner created by this innovation will dominate the emerging direct to consumer aligner market for obvious reasons.
5. Orthodontists/Dentists realize that the fees we charge for the easiest cases are ridiculously high and have no basis in reality other than what we have always done.
- Most cases in the general population are easy cases – we only see the hard cases because they are the only ones willing to pay the ridiculous prices we have asked in the past.
  - The vast majority of consumers want Straighter and they want it in a short amount of time from a friendly doctor and a friendly team. The idea of keeping patients in braces for years is just plain stupid.
  - If, by chance, a DTC company is the one to develop/acquire this technology and manage to patent it, things could change in ways that we cannot predict. A few things to consider in this scenario:
  - DTC, doctor directed aligner therapy takes far fewer doctors per 10,000 patients treated than traditional practices. Like an order of magnitude fewer. This means if a DTC company becomes dominant in the aligner space there will be far less need for the traditional dentist or orthodontist. For the foreseeable future there will be a need for traditional practices to handle “difficult cases” but these cases are a small portion of the general population and given the mindset of the consumer who is after “straighter” rather than “ideal”, it’s questionable as to how much demand there will be for these services long term.

- Those who do braces as opposed to aligners may continue to enjoy success and their business may even be bolstered by the increased consumer desire for straighter teeth assuming they understand the marketplace, pricing, customer service and consumer desires. Braces seem to be surging in popularity these days in many segments of the American populous but this can change any time as consumers are fickle.
  - If a DTC company has a 20 year jump on other aligner companies due to their patents on direct printing aligners, the consequences for traditional aligner companies and traditional orthodontics at large would be dire and too large in scope to accurately predict.
6. An increasing number of dentists/orthodontists graduating along with increasing school debt and the years it takes to become a provider may combine with the emergence of this technology to significantly alter the appeal of being a dentist.
- We are certain that there will always be money to be made and customers to serve in dentistry but being successful in the dental

space will require a wholly different mindset should this technology come to pass.

- Dentistry will likely follow the path that medicine has but the transition will be rapid once this technology emerges. Probably the most likely model for dentists who maintain an antiquated mindset to consider will be what happened to pharmacists.
- It will be interesting to see if dental schools will be able to continue to charge outrageous prices while not preparing dentists for running any form of business and if dental students will be able to borrow outrageous amounts of money to spend on their “education” as well as the lifestyle most dental students and ortho residents believe they are entitled to.

As with any thought experiment or attempt to predict the future this is fun to do, highly speculative and unlikely to encompass the wild ass things that will actually happen. We know all this and own it but believe this topic is important to discuss for many, many reasons. Also, please remember that it makes no sense to get mad at the meteorologist for their predictions on what’s coming... 🌩️



keepsake

# Off your phone. Into your home.

In 5 minutes order your best photos printed, framed, and shipped to your doorstep.



Search "Keepsake" on the App Store



## How it works



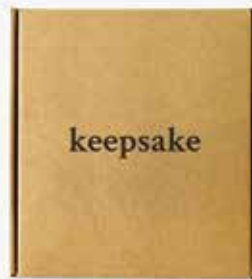
### Select an Image

We've all got amazing photos. Choose one of your favorites.



### Choose a Frame

Preview your photo in over 100 frame choices, and choose one that you love.



### That's it!

We'll take care of the rest. Your frame will arrive ready to hang!

keepsake



Get 20% off your first order at keepsake!

Use code:

**SMILE220**

[www.keepsake.us](http://www.keepsake.us)



Handmade in the USA



Starting at just \$25



Free Shipping



## An Interview with Dr. James "Jep" Paschal

Dr. James "Jep" Paschal operates a busy orthodontic practice in Georgia—with offices in Greensboro and Madison—and enjoys an active life with his wife and three children. A native of South Carolina but raised in Florida, Jep is a distinguished graduate of the Medical College of Georgia, where he earned his DMD. Additionally, he attended the University of Texas Health Science Center at San Antonio and completed residencies in both Prosthodontics and General Practice while earning his MS degree in Biomaterials & Prosthodontics. After five years of practice in Atlanta, Jep ventured north, rounding out his resume by completing an Orthodontics residency at the University of Rochester Eastman Dental Center in New York, where he holds a faculty appointment.

Currently, in his 20th year in practice as a dentist and 15th year of practice as an orthodontist, Jep has witnessed a fair amount of change in the industry and in the practice of orthodontics. As a dedicated educator open to new ideas, methods, products, and techniques, Jep demonstrates a unique perspective on implementing cutting-edge technology into the everyday practice of orthodontics by fluidly adapting his business, his mindset, and his treatment techniques to the ever-evolving needs and desires of patients.

---

*"The goal is to use braces, fixed appliances, and removable aligners for means which they are best suited."*

---

**PROORTHO:** You've dedicated years to advancing your education, exploring new treatment modalities, and sharing your knowledge by conducting courses for your fellow orthodontists. Reflecting on your years in orthodontics, how is your practice today different from when you began?

**PASCHAL:** I'm in year 15 of practice after initially coming out of residency to start an active self-ligating practice with very little emphasis, at the time, on clear aligners. Fast forward to today, and you'll see that we've embraced technological advances and evolving treatment modalities: we are laser-focused on clear aligners and have a CBCT digital x-ray machine and four intraoral scanners. We no longer take impressions in our practice; we only use the scanners. We've also changed our entire bracket-removal and finishing sequence at the end of treatment, thereby cutting the required time in half by transitioning from a three- or four-bur sequence to a two-bur sequence.

Today, I practice with what's known as the sagittal first philosophy, which means we treat the anterior-posterior dimension of the face and occlusion first. Once we instituted this concept into our practice, we were able to change our workflow and greatly improve the efficiency with which we treat patients. Our average treatment time for patients a few years ago was two or more years; now the average treatment time has dropped to about 14 to 16 months, even for significant Class II and III case treatments. Whether a patient requires sagittal correction or not, we simply select the appliance best suited to the individual case because we are originating from a Class I platform when utilizing aligners, brackets, or both.

It's always been my nature to explore new ideas, and we carry that tendency into our practice where we continue to seek innovative ways to increase efficiency in every possible area, from major workflow concepts to seemingly smaller, everyday procedures like bracket removal.

**PROORTHO:** Given that your practice embraces innovation at all levels, can you elaborate a bit on some of the evolving concepts you've incorporated, particularly into your everyday procedures?

**PASCHAL:** We fabricate and place an abundance of in-house clear aligners, but as far as aligner therapy is concerned, we are very flexible about moving in and out of brackets and into aligners as needed to suit the individual patient's needs. The orientation of our practice is moving to a model where nearly 100 percent of our patients finish with clear aligners if they desire. The question now is simply a matter of when we transition them into aligners. Depending on the individual patient's treatment needs, we may place clear aligners at the very beginning of treatment so the patient never has braces; in other cases, aligners are not appropriately utilized until much later in treatment, perhaps, for example, with just four months left in treatment. Our practice now operates under the perspective that nearly every patient is an eventual aligner patient. That's the future of orthodontics: utilizing multiple technologies to satisfy both the patient's needs and desires. The goal is to use braces, fixed appliances, and removable aligners for means which they are best suited. Advances in technology give us so many new colors and dimensions to "paint with," and if we, as a profession, fail to embrace them, someone (or some other

company) will. In our practice, we are converting more and more children and adults into clear aligners, either initially or later during treatment.

Another significant change is the new finishing protocol we've implemented over the last two years. As I mentioned, a few years ago I was using a three- and four-bur finishing procedure all in an effort to remove residual composite and make the teeth look beautiful following orthodontic treatment. Today, thanks to some help from some friends at Komet USA, I'm down to just two burs! I perform this task myself—in my state, like most, assistants are not permitted to use highspeed handpieces—and I found myself frustrated by the extended finishing sequence and chair time required. So we began looking for a solution: ideally, we wanted a bur that would remove composite effectively and quickly while initiating polishing of the teeth. I tried a number of different options, and I finally settled on what we affectionately call the bullet bur (Komet H274Q.FG.018). It's a bullet-shaped bur with small flutes and cross cuts. The cross cuts efficiently remove the composite as the blades are cutting. Quite simply, this bur removes the composite and gets the tooth down to an initial polish in a single step. Next, I follow up with a bullet finishing bur (Komet H274UF.FG.018),

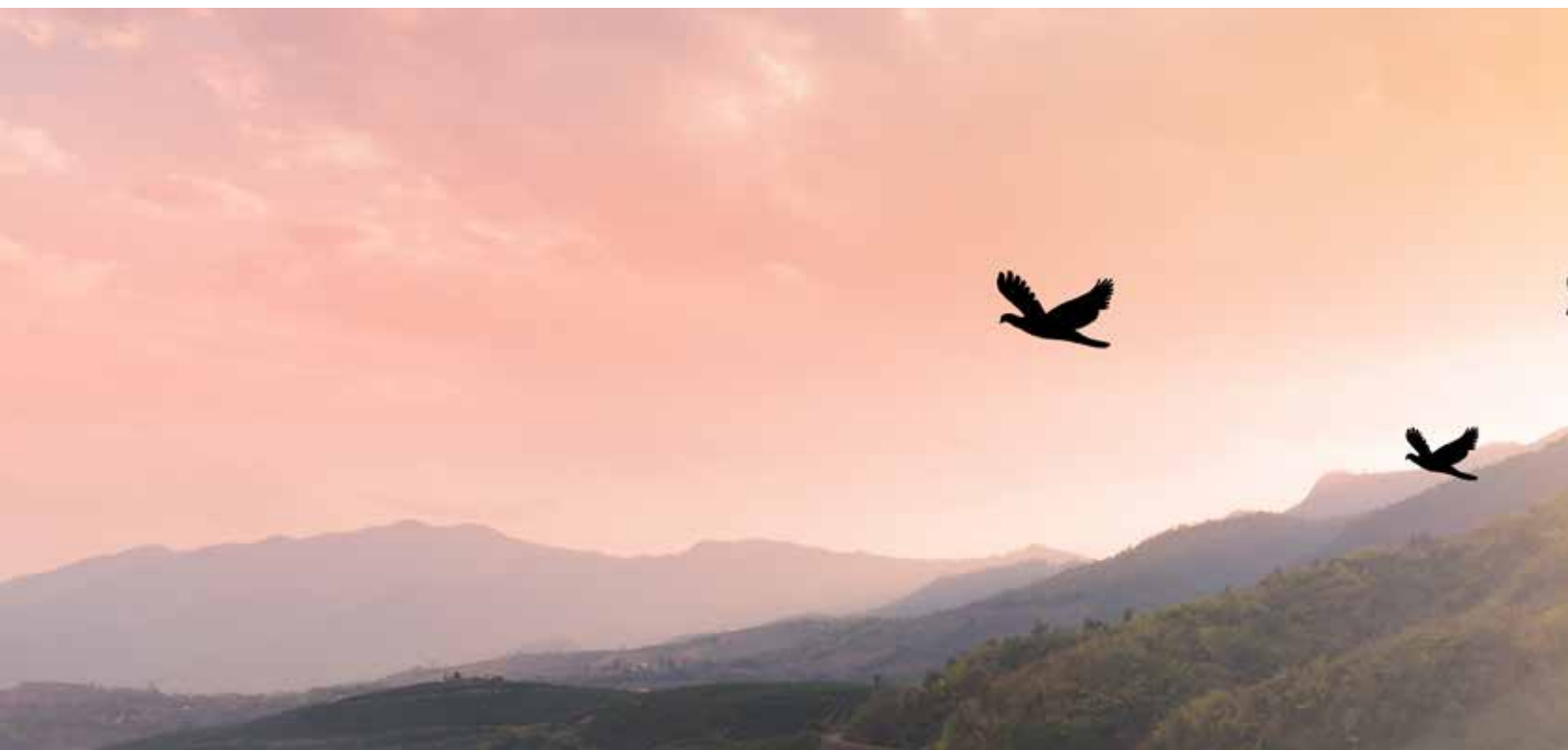
which is the exact same shape but with 24 flutes and no cross cuts. It gives a finer cut to provide a final polish to the tooth.

The bottom line on this procedure is that we've gone from always using a three- to four-bur sequence to a simple two-bur sequence for shaping and polishing. The first bur does such a good job pre-polishing that, quite literally, finishing time has been cut in half. For the patient, the experience is much more comfortable because removing the glue with a highspeed handpiece does not create the head-rattling so often experienced with a slow-speed unit. We've also seen much less post-procedure sensitivity with these two burs. All in all, it's such a small change to implement to significantly improve the overall experience for both the doctor and the patient, and cutting doctor chair time in half for bracket removal makes quite an impact on the practice. This is, hands-down, the most efficient bur system I've ever used: I literally use the same two-bur sequence all day, every day, from full debonds to simple bracket repositions.

Another great improvement came about two years ago when we brought in an intraoral scanner for standard scanning. After implementing it, we quickly realized what a difference it would make in the debonding/retainer phase of treatment. Using traditional

methods, the patient is exhausted after going through bracket removal and placement of a bonded retainer. Because of the length of the appointments, they usually need to be scheduled during the day, and, in our small to mid-size practice, our assistants would have to stay through lunch to make the retainers, and the patient would need to return in the afternoon. And let's face it: no one likes that! Now, however, we can do all of this in two 30- to 40-minute appointments about two weeks apart. At the first appointment, we scan and then bond the lower anterior retainer. The patient leaves without the lower archwire, but the upper remains in place for the final month of treatment. The scan then goes to the lab, and we remove the brackets virtually and fabricate the retainer. Two to four weeks later, depending on the case, the patient returns for the second appointment. We remove the braces, clean up the teeth with the two-step procedure, and place the retainer.

We no longer have "debond days," which are exhausting to the patients and staff alike. The office atmosphere is so much happier now! The debonding sequence alone has justified these practice changes—from the two-bur sequence to the scanning procedure—completely changing the culture in our office, in a very good way.



**PROORTHO:** What trends stand out to you in contemporary orthodontics, and how have they affected your practice?

**PASCHAL:** Generally speaking, we are seeing a change in patient attitudes about orthodontic treatment, specifically in their perspectives and expectations. Today's patients expect their treatment to be less intrusive than historical practices, and a big part of that comes from the mass marketing of direct-to-consumer aligners. With do-it-yourself options available to potential patients, the orthodontist and the general dentist are often removed from the consultation and treatment process altogether. Some individuals are receiving orthodontic treatment without ever having a discussion with an orthodontist, or even their dentist, about how to straighten their teeth and align their bite. For example, some patients may simply dial the 1-800 number presented on a television commercial for direct-to-consumer aligners, thinking they can properly straighten their teeth by ordering a kit and doing it themselves. In this scenario, all face-to-face, personal attention by a dental professional is taken out of the equation.

As a profession, we cannot ignore the notion that dental consumers have changing desires, and the reality is that the companies offering direct-to-consumer aligners are satisfying that.

That desire simply is, "I want what I want, I want it on my terms, and I want it as conveniently as I can possibly get it." As professionals, we should examine the situation and accept the fact that our patients have this expectation, and we need to find ways to satisfy it. In the past, we could say it's not an option, and as the "gatekeepers," many would simply not do much limited treatment and only address what the patient wanted. With some companies working to make it viable, it's our responsibility to focus on providing treatment options that fall in line with our patients' needs and desires. We should be ethical in what we do, mindful of quality treatment, and, at the same time, we should be able to adapt our modalities. Frankly, if a patient's desires are not falling in line with what we feel is best for the patient, then we need to honestly say, "If you want to go to a direct-to-consumer product, that's your prerogative, but that's not my professional recommendation." In those instances, we must be able to admit that we are not the option for them.

For us, the primary dilemma with direct-to-consumer products is simply that, because it is directly marketed, we're never even going to have a conversation with those potential patients. At any given time in the U.S. market, we have 10 to 20 million adults who have both a desire for straight teeth and the ability to pay. So

conservatively speaking, of the 10 million adults at any given time in the North American market, we currently only treat anywhere from 600,000 to a million per year. If we're only treating 1 million out of 10 million adults who desire and are able to pay, something is keeping 9 million adults from being treated. That "something" is predominantly inconvenience, whether it's a perception of braces or the time required away from work during treatment. That's what direct-to-consumer clear-aligner companies are really going for: they've opened up a market we've never treated. We simply need to figure out a way to more efficiently treat these patients. In general, that's what we need to be looking at. How do we expand the group that we're currently treating? The best way is to make it more convenient, which is one thing I'm working to do. By shortening treatment times with the sagittal-first approach, by eliminating the discomfort and mess of traditional impressions, by offering a quick and efficient finishing sequence that gets the patient out of the chair quickly and with exceptional results—these are only a few of the ways we can improve convenience for our patients. Together, they add up to a busy and successful practice. 📍





# Is Professionalism Dead in Orthodontics?

By Dr. Leon Klempner

I speak to hundreds of orthodontists every year (and frankly, doctors in many other disciplines as well) and one thing that I stress is that they have to do things differently than they are used to doing if they want to survive. I also tell them that they don't really have to change the way they practice their profession in order to thrive. That might seem like paradoxical advice but it's not. Let's unpack what I mean by these seemingly conflicting statements.

When I was running my own orthodontic practice I quickly realized

that things were changing and I needed to embrace the change if I was going to continue to be successful. So, I went out and learned how to capture the attention of patients without leaning on the old crutches: referrals from dentists and traditional advertising streams. I created a strategy that consisted of the perfect blend of digital marketing. This helped me control my own destiny. I wrestled control away from the traditional channels and communicated directly to patients online. I was able to build my reputation up and eventually sold a very successful practice.

After I retired, I realized that I could replicate my success for other offices around the country and set up my marketing company to do just that. I now travel the country advising orthodontists having trouble finding a stream of new patients to do the things that I have done, and completely change the way they market their office and onboard new patients. That is where I think things need to change the most. Develop a digital marketing plan that communicates why you are worth paying more for and then convert the patients you reach by making it easier for them to start treatment.



To convert the patients you capture with your digital marketing you need to make it more affordable by accepting insurance payments directly to offset the out of pocket expense for them to begin a plan. You also need to reduce your down payment and make monthly payments more affordable by extending the payment beyond treatment time by about six months. You'll also have to make the office environment less clinical and more fun. People should want to come to your office for treatment and not dread the experience. More convenient office hours and hiring staff who are personable as well as knowledgeable is important too. Remember, you can teach skills but you can't teach personality.

In other words, you should not continue to rely on the old way of doing things. They don't work in today's world. You need to make some drastic changes.

On the other hand, the argument I also often make is that most doctors don't have to change the way they deal with patients on a professional level to survive today. In fact, the value you offer in your training, your advice and guidance throughout the treatment process is what will set you apart from alternatives like corporate dentistry and mail-order orthodontics.

You see, there's this idea floating around that in order to compete in today's marketplace doctors have to slash their fees and lower the quality of their service, essentially converting the office into an assembly line. We're being told that professionalism is a thing of the past in the age of the on-demand economy. No one wants to wait, or be told when, where and how to get their teeth fixed. Some people don't even want to leave the house for treatment.

Traditional private fee-for-service practices are up against a whole slew of competing alternatives that are commoditizing our business, causing downward pressure on price and automating services so that a segment of our industry is as transactional as an Uber ride. The problem is that this also reduces the role of a professional orthodontist

to a mere technician. A good article by website marketing consultant, John Locke, outlined his thoughts on the difference between a technician and a professional. A technician can perform the mechanical skills required of a job, something a professional can also do. But Locke added that although they might look the same on the surface, the professional offers greater value than the technician in form of education, consultation, and advice in their chosen field.

---

*"You'll also have to make the office environment less clinical and more fun. People should want to come to your office for treatment and not dread the experience. More convenient office hours and hiring staff who are personable as well as knowledgeable is important too. Remember, you can teach skills but you can't teach personality."*

---

Things have definitely changed in orthodontics. Patients would like to be part of the decision-making process but they are demanding greater choice and convenience for their money. But, that doesn't mean we have to be turned into teeth-straightening automatons.

Professionalism is not dead. As orthodontists, we have a responsibility to offer options and explain the benefits and pitfalls of each. We can make the treatment process much more collaborative so the patient feels they have a sense of control over the plan.

Are patients really adequately equipped to make an informed decision if they are not presented the available options as well as a professional opinion? Yes, they want straighter teeth, but are they aware of the benefits of a healthy airway, the enhancement of a proper smile arc or the profile implications of a skeletal dysplasia?

Patients deserve to know the options. We can't dictate treatment. It comes down to giving the respect that patients have come to expect of a professional. The internet has made for a savvier patient who comes to us with preconceived notions of what treatment should be performed and what the results should be. We owe it to the patient to provide all options and explain to them the pros and cons of each one. That is the value of our education and experience. A professional can have a dialogue with a patient to discuss the nuances of a plan; a technician is not equipped or qualified to do this.

It's true. A population of patients out there do prefer a technician who can outline a plan based on a computer program and then wait for the postman to deliver aligners with no input whatsoever. I also know for a fact that there are many more who value and trust a professional orthodontist. You just need to know how to find them and learn how to communicate with them why you are worth paying more for once you do.

We shouldn't contribute to the dumbing down of orthodontics. We have a responsibility as professionals to provide our patients with all available options as well as our professional opinion. Sure, there are plenty of changes to be made to the way we do business but shortchanging the patients of our professional obligation is not one of them. There is another way. 📌



# BID MY SMILE

By Greg Pellegrom & Michael Lowe

*"Are there benefits of metal braces over aligners? What exactly am I getting for the fee – does it include retainers? Why does one treatment plan from one office cost nearly twice as much as another one from a different office? Could I get a better monthly payment with more money down? What is this doctor's reputation and rating in the community? Will my orthodontic benefit and dental insurance be taken? Taking off work is hard – is there a way that the doctor would only need to see me every couple of months?"*

These questions, and others, are often associated with the process of researching and shopping for orthodontic care. And it is an important consideration – behind home, car, and education, it is frequently the largest household-level expenditures that many families will make. For such an important decision, a process that can be time-consuming and unclear, has been reported as frustrating by many consumers.

On the other hand, for orthodontists and staff members, nothing can be more exasperating than investing time and energy into educating a patient, only to lose a new start because the patient was not ready, willing, or able to begin treatment.

Enter BidMySmile: a new digital marketplace that is uniquely positioned to benefit both consumers and providers, streamlining a process that in its current state, is inefficient and uninformed. It makes the selection of a provider a

convenient task that can be done from anywhere at any time. In fact, consumers in 2018 prefer to research and shop all areas of healthcare online. And it is highly unlikely that this trend will be changing any time soon. As importantly, it makes the process of getting a new patient started as straightforward as possible. Since its launch earlier in 2018, BidMySmile has a verifiable 98% start rate on the patients it delivers to offices for consult.

Here's how it works - patients snap five quick photos of their teeth and bite – based on provided instructions – and then create a profile, which describes what they are seeking to accomplish with treatment. The patient "case" is then sent out to all in-network providers within a specified geographical range. The orthodontist reviews the patient profile and can either choose to submit an offer or not. All offers are sent directly to the patient and are 100% confidential from other

BidMySmile providers. From there, the patient can review the provider profiles and research them individually online before selecting the offer that is right for him or her. Finally, the connection is made, and the patient attends an in-office consultation informed and ready to start, which significantly shortens the consult time for everyone.

The platform has been reported as easy to use by both doctors and patients.

*"Despite the attention-getting name, which serves to attract consumer traffic, our service is not a 'bid' or 'auction' platform in the traditional sense."*



**Dr. Cosmo Kramer**  
Orthodontic Specialist  
Member since Apr 2, 2018

Our practice prides itself on providing high quality treatment in a fun atmosphere at a price you can afford. We do this by offering the latest technology in equipment and materials. You will personally be seen by the doctor at every single appointment ensuring a great outcome and beautiful smile!

### Practice Info

Edit Provider Info

Board Certified	Yes
Years Experience	14
Locations	2
Accepts Insurance	Yes
Number of Doctors	1

### Retainer Info

Edit Retainer Info

Upper	Removable
Lower	Bonded Fixed
Number of Sets	1
Replacement Fee	\$199
Years of Checks	2
Additional Info	

We provide an extra upper retainer that is clear plastic at no additional charge.

### Office Hours

Edit Hours Info

Monday	8am - 5pm
Tuesday	8am - 5pm
Wednesday	10am - 7pm
Thursday	8am - 5pm
Friday	7am - 1pm
Saturday	Closed
Sunday	Closed

### Provider Location

“That’s not how it works at all. The virtual consultation allows for a preliminary diagnosis and treatment plan. All patients are informed that offers are subject to change based on the in-office consultation and verification of insurance benefits.”

Soon after the business launched, the management team watched as multiple patient uploads started to flow through the system on a daily basis. Mike Lowe,

Co-founder and COO, was somewhat surprised at what was important to patients. “To be honest, I expected that it would be mostly about price,” he shared. “But that’s just not the case – there are a number of important variables and people will absolutely pay more for what’s important to them.” Pellegrom added, “We know based on third-party research that patients like to compare multiple

options and will do so whether shopping online or in person.”

Today the business has nearly 100 providers “in network” across over 15 states. Marc Ring, Director of Marketing, was initially attracted to the business concept based on a slightly different insight. As a former owner of a marketing agency, he found that many of his small business clients had a difficult time measuring the return on their marketing budgets. “I had healthcare professionals, including dental offices, who would have a strong month or a strong quarter – and they couldn’t tell you why,” explained Ring. “They would just blindly spend on Facebook campaigns or Google AdWords, without knowing if it was directly working.

BidMySmile is the one example of a sure ROI for the practice – there is no investment or spending money until after a patient has been delivered. We are seeing an average of four to six patient sign-ups in each of our target markets – daily.”

“We don’t make any suggestions related to treatment or fees - and our data so far indicates that patients rarely choose the lowest price,” mentioned Jameson Stafford, Co-founder and CTO. “The platform is set up in such a way that we can analyze the growing volume of data related to what patients are asking for and what doctors are offering, whether it be treatment recommendation, convenience, total cost, or monthly payments,” said Stafford, who coded the website.

-----  
*“To be honest, I expected that it would be mostly about price,” he shared. “But that’s just not the case...”*  
 -----

The company moved into several new markets in Q4. “We wanted to really isolate the pilot to Denver, and we were able to do that” offered Ring. “But as we began targeted expansion, we quickly discovered that new potential markets were popping up all over the country, in the form of either interested providers, interested patients, or both.” Stafford, a tech entrepreneur who has built multiple successful businesses emphasized the importance of resources. “We tackled our pilot market on a shoestring just to validate the concept. And it worked. But with our recent financing and committed capital partners, we can now move faster as we grow.”


The service is free for patients to use. For providers, there is a monthly subscription fee. Pellegrom explained, “We looked at many different business models – and even piloted a few different versions – but ultimately we decided to keep it simple.”

Lowe hopes that BidMySmile can create broad awareness around the benefits of orthodontic treatment, and the importance of selecting a specialist.

“With some of the recent trends, we have all seen examples where, unfortunately, the patient ends up with the short end of the stick. We highlight the important differences between choosing a specialist and other options

front and center on the site. We have found that many times, patients just don’t understand what they are getting and together we can change that.”

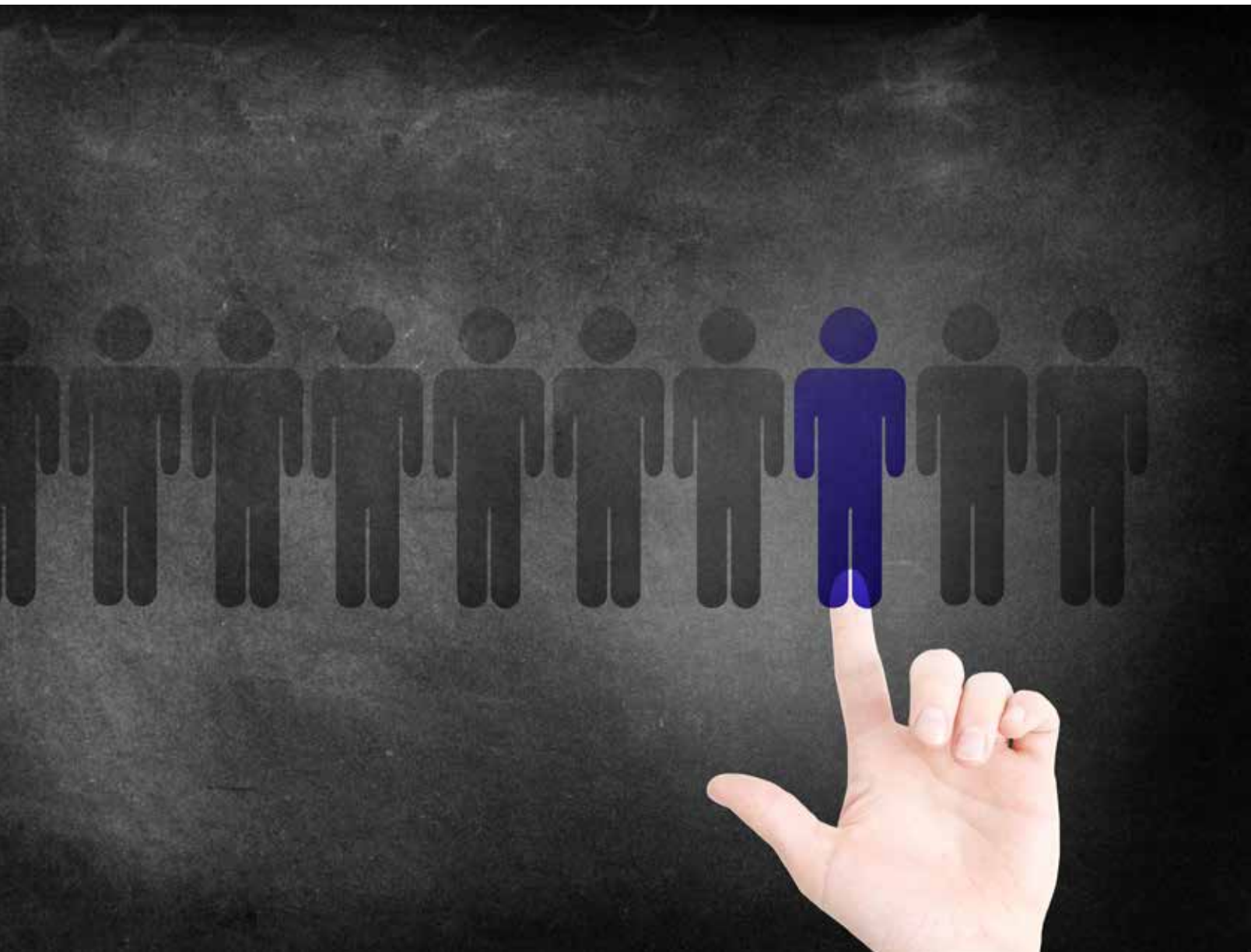
And coming back to those questions that began this article – “they are real and were taken directly from BidMySmile’s Live Chat. It’s time to adapt and give today’s consumers what they want, convenience and affordability.”

*The company’s website is [bidmysmile.com](http://bidmysmile.com)* 

---

### References

1. *Customer Experience Trends in Healthcare 2018, Doctors.com*
2. *Fletcher Spaght, orthodontic market research survey*



# ARE YOU DISILLUSIONED BY HIGH PRINTING COSTS?

Call 866.907.1222 or visit us  
online at [cityprintusa.com](http://cityprintusa.com).



**CITYPRINT** INC.  
Your Partner in Printing

*"There must be 5,000 printers between my offices in Seattle and City Print yet I turn to them time and time again for my printing. Why? They make it easy, their quality is always top notch, they get it done on time, and their prices are fabulous. They say you can't have price, quality, and service - with City Print you can."*

Keith Lee  
Keith Lee Business Systems

*"If you want great printing from true professionals, you only have one choice - CityPrint. They are the best in the industry!"*

Dustin Burleson  
Dustin Burleson Seminars



**CITYPRINT** INC.

Your Partner in Printing

[cityprintusa.com](http://cityprintusa.com) • 866.907.1222

# DISCOVER THE DIRTY LITTLE SECRET TO ORTHODONTIC PATIENT EVENTS...



*And Find Out How You Can Schedule 27 New Patients in Only TWO Hours*

After Learning The Secrets of Event-Based Marketing, **We Successfully Scheduled 27 New Patients In Just 2 Hours** At Our Patient Event

Before you spend another penny hosting a patient event, you need to visit [www.OrthoEventBlueprint.com](http://www.OrthoEventBlueprint.com) for a special report from Ortho Marketing DFY, **The Ultimate Blueprint to a Successful Patient Appreciation Event**. Learn what you're doing wrong, where you're wasting your marketing dollars, and how to fix it. The vast majority of orthodontists are doing some form of patient events. Most spend thousands of dollars just to entertain their patients for a few hours. At the end of your event, ask yourself, **"What did we actually accomplish? Are there any measurable results?"**

**In Ortho Marketing DFY's report, you'll discover:**

- The Blueprint to Running an Event That Will Actually Make You Money
- Methods for Using Event-Based Marketing to Grow Your Practice
- How to Persuade Your Existing Patients to Refer More Friends & Family Through Your Events
- How Dustin & Tyler Coles Have Scheduled 27 New Patients at a 2 Hour Event
- How Patient Events Can Be the Best Investment You Can Make to Grow Your Practice



**Do You Want to Schedule More New Patients? Are You Sick and Tired of Wasting Money On Patient Events That Don't Generate Revenue?**

**Ortho Marketing DFY** (Done-For-You) was built to help orthodontists grow their practices using trusted and proven marketing strategies. Dr. Dustin & Tyler Coles, owners of one of the largest and fastest growing orthodontic practices in Arizona, have tested and implemented these marketing strategies not only in their own practice, but in the practices of 50+ orthodontic clients in the US and Canada. The Ortho Marketing DFY team, a group of professionals led by orthodontists, can help you implement marketing, management and conversion strategies that have helped generate over \$300 million in orthodontic revenue.



If you own an orthodontic practice or know someone who does, we urge you to download a copy of this report. Discover the secrets to event-based marketing and how it can be the most cost-effective form of marketing in your practice.

If you need more new patients and you're ready to finally make money with your events, The Ultimate Blueprint to a Successful Patient Appreciation Event can help you develop and implement the same success strategies that have made us thousands of dollars in our own practice and the practices of our clients.

This free report could change your life and the life of your practice forever.

*Dr. Dustin and Tyler Coles*

Dr. Dustin & Tyler Coles



**Get Your Copy Today!** [www.OrthoEventBlueprint.com](http://www.OrthoEventBlueprint.com)

3210 S. Gilbert Rd. #4 Chandler, AZ 85286  
[www.OrthoMarketingDFY.com](http://www.OrthoMarketingDFY.com)

# AAO/Gaidge Report: *We Kinda Suck...*

By Dr. Ben Burris

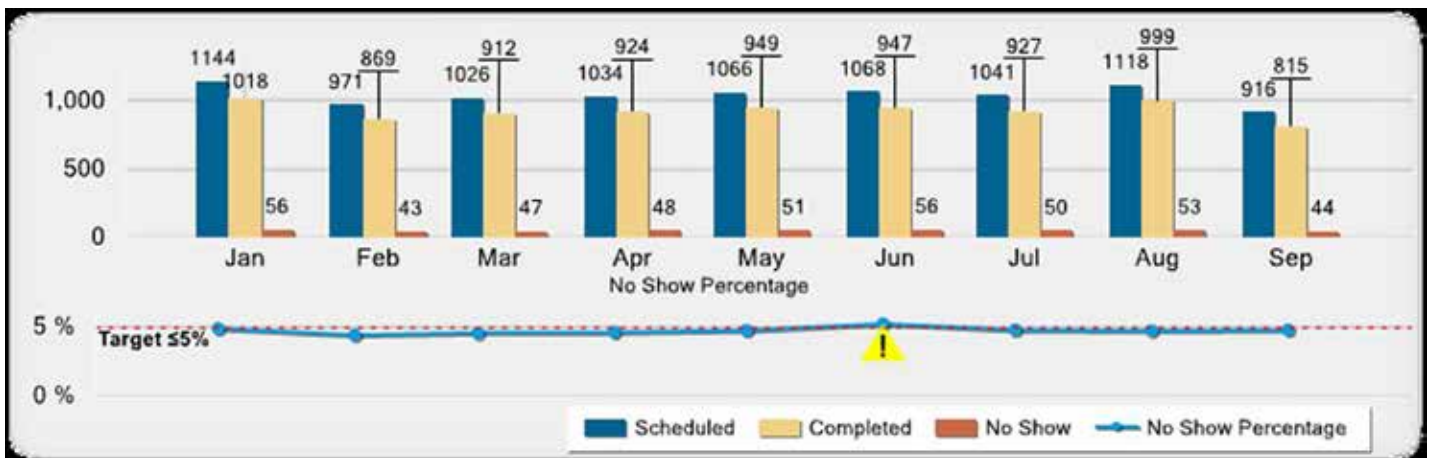
It's amazing to me that we, as a profession, still don't consider keeping braces on people beyond estimated treatment time a bad idea. It IS a terrible idea for many, many reasons – mainly because having braces on more than 24 months is BAD FOR PATIENTS' oral health but also because it means we suck at our job and destroys the trust patients showed us by starting treatment.

AN OVERTIME PATIENT IS AN UNHAPPY PATIENT. Unhappy patients degrade your business and will ultimately be the death of it. It is so simple to avoid this issue becoming definitive for our practices but we refuse to acknowledge the problem and deny the root cause.

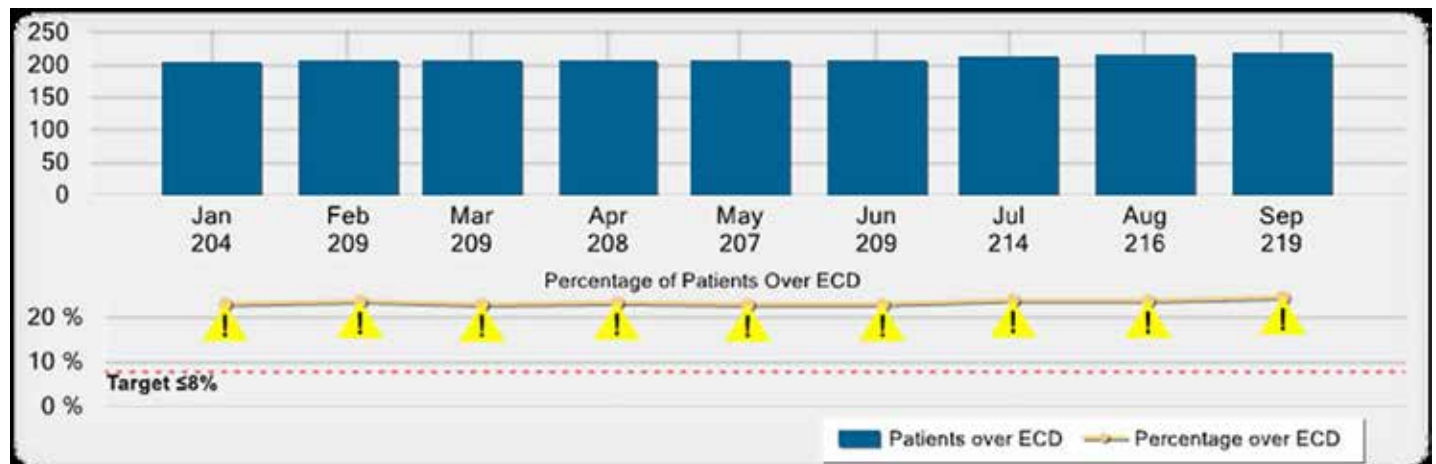
So the AAO and Gaidge put out these stats based on what AAO members are willing to admit. After several years

in a study group that collects practice numbers on members annually I've grown a healthy skepticism for self reported stats and I KNOW that there is almost always a wide gulf between what is reported and reality when orthodontists talk about our practices... I don't believe a word of this report – I especially don't believe the patients past estimated completion date stats.\*

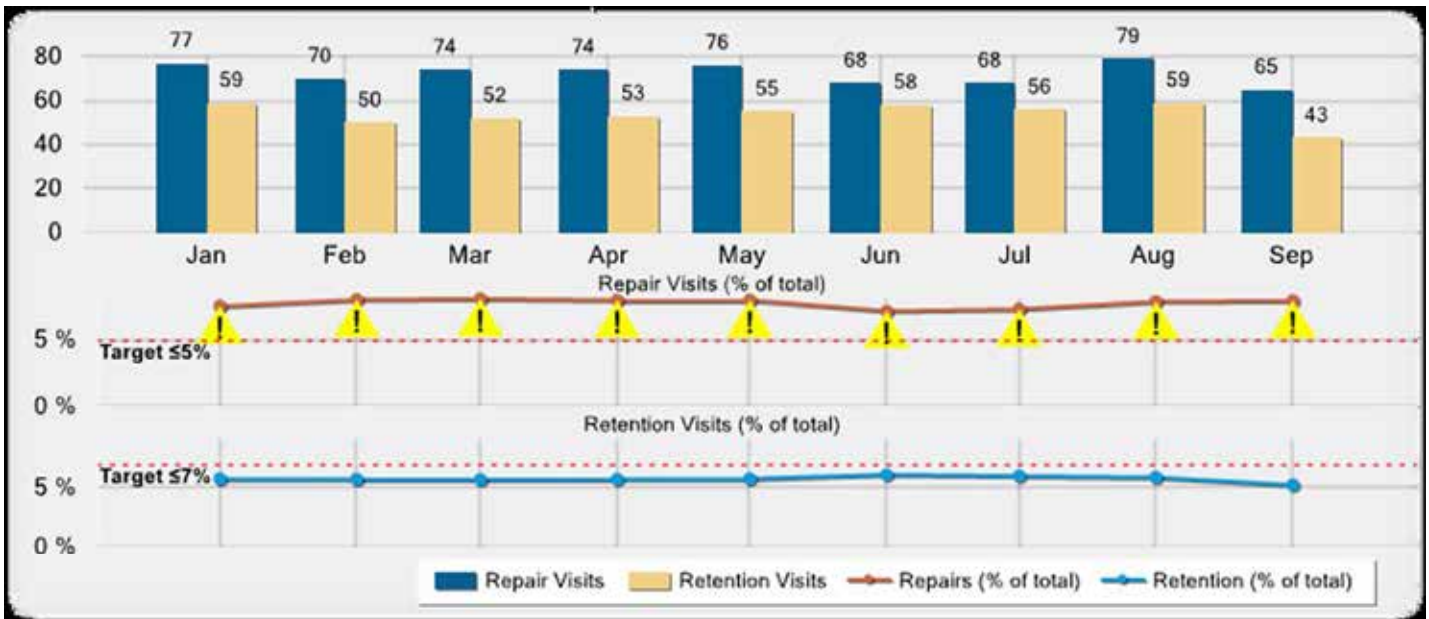
**THE FIRST BAR GRAPH BELOW SHOWS NO-SHOW APPOINTMENTS WHICH AVERAGED APPROXIMATELY 50 PER MONTH OVER THE FIRST THREE QUARTERS OF 2018. THE NO-SHOW PERCENTAGE AVERAGES 4.8 WITH ONLY ONE MONTH TRENDING ABOVE THE RECOMMENDED 5 PERCENT BENCHMARK.**



**THE FOLLOWING BAR GRAPH SHOWS PATIENTS PAST THEIR ESTIMATED COMPLETION DATES DURING THE FIRST THREE QUARTERS OF 2018, WITH THE AVERAGE NUMBER OF PATIENTS PAST THEIR ECDS BEING 211. THE AVERAGE PERCENTAGE OF PATIENTS PAST THEIR ECDS, 23.6, SIGNIFICANTLY EXCEEDS THE BENCHMARK OF 8 PERCENT.**



REPAIR VISITS FOR THE FIRST THREE QUARTERS OF 2018, SHOWN IN THE GRAPH BELOW, AVERAGED 7.8 PERCENT WHICH IS ABOVE THE 5 PERCENT BENCHMARK. RETENTION VISITS AVERAGED 5.8 PERCENT WHICH IS BELOW THE 7 PERCENT BENCHMARK.



An overtime rate of 23.6 percent is ridiculously high and extremely detrimental to any practice but most of the practices I've seen are actually in the 30-40 percent range when it comes to overtime patients. Most doctors/offices extend treatment time in their software for patients past estimated date so this hides the real number (and makes us feel better because the red line disappears). But patients know better. They remember what you told them.\*\* The important part to understand and acknowledge here is that we do a terrible job of delivering on our promises even if you believe what I consider to be a gross underestimate of the percentage of overtime patients (the 23.6 percent reported by Gaidge). What if FedEx or UPS had this kind of failure rate? What if any of the vendors you deal with – your lab for example – failed to deliver on time at this rate? You'd be furious and you'd stop using them immediately. Yet we do this to patients every single day, don't think twice about it and cannot understand why patients are attracted to different, disruptive models. As I've said many, many times – orthodontists are like taxi drivers!

Can you not see the issue here? Don't you understand that this is a MAJOR threat to your practice and your business

and your relationship with patients? Overtime patients are death for a practice's reputation and overhead. You can't afford either of these millstones tied around your neck! I don't care much about broken bracket rates as there is no cost to additional appointments unless you are at capacity (and almost no one is) and patients who have a couple broken brackets tend to finish faster because of the extra visits. I also don't care much about no-show rates other than to point out how few new patients the average practice schedules a month. BUT overtime patients are a huge, huge, huge deal that we, as a profession, must address if we hope to remain viable long term.

After ensuring you get enough new patients in the door and that you start enough cases, controlling how many overtime patients you have is the most important thing you can do. If you consciously make a decision to refuse to have overtime patients you'll work less, make more and, most importantly, have much happier patients. An overtime patient is an unhappy patient. Period. If they haven't done what needs to be done in 18 or 24 months they won't do it in 30 or 36 or 42 or 48 months and holding them in braces is just stupid. Ideal is stupid. What we do is Enhancement and

the result that patients want is Straighter. PLUS, orthodontists are not perfect! We cannot work miracles and there is no such thing as a perfect case. Get over yourself and deliver the best you can in the time you promised. Your patients will thank you...

*\*To be clear I don't blame the AAO or Gaidge for the lack of accuracy I suspect is present – they can only go on the numbers they are given by members.*

*\*\*Oh, BTW, for those of you who think you're clever and give a "range of time for case completion" know that patients only focus on the low end while you only focus on the high end so this is a recipe for disaster and increasing the number of patients who perceive they are overtime when you do not. For example, if you say, "We will complete the case in 18-24 months" at the new patient visit, the patient will only hear 18 months and you will only see 24 months so you are setting yourself up for failure. FWIW*

*\*\*\* You should monitor your overtime patients daily in the morning meeting, by running a "patients with a zero balance report" weekly and by doing everything you can to finish patients on time every single day. If you allow patients to run you over on scheduling so it's crazy at your office after school you'll never finish cases on time. 📱*

# Brush Up On Your Reading

## Straighter: The Rules of Orthodontics



Drs. Marc Ackerman and Ben Burris are announcing the publication of their book...

## Straighter: The Rules of Orthodontics

It is a radical departure from the traditional approach to clinical decision-making and practice management. Drs. Ackerman and Burris reject the warmly held idea that these two areas are mutually exclusive. The book rests on the premise that orthodontics is in large part elective and falls under the category of enhancement healthcare. With that in mind, the authors suggest that orthodontists treat consumers rather than patients and these consumers are seeking an orthodontic intervention that is effective, efficient, fair priced, and easily accessible. Readers will gain insight into the current market trends in orthodontics and learn how to modify their mindset and office systems to align with the needs of the consumer.

For more information about the book, check out [orthopundit.com](http://orthopundit.com)

# Simplify Everything in Your Practice

Three-Day Mastermind with Dr. Ben Burris,  
Bridget Burris, and Dustin S. Burleson, DDS, MBA



**February 1-3, 2019 • Orlando, Florida**

**Simplify and start experiencing growth for your practice.**

What if there was a way that you could simplify the way you run your practice...and that in turn would allow you to treat cases faster and have happy patients, happy employees, and lots of referrals?

**There is.** And that is just one of the things that you will learn at our three-day mastermind event!

- Spend **Day One** with Dr. Ben Burris, Bridget Burris, and Dustin S. Burleson, DDS, MBA – where you'll get an opportunity to see the new **SmileyFace™ Orlando Orthodontic Practice Model**. See Dr. Burris and his team in action **PLUS** receive a wealth of take-away items including scripts, and templates that are **ready to use and customize** for your own practice.
- **Day Two** will be a full mastermind with **Dustin & Ben helping you one-on-one** where you can share strategies and get real world advice on how to solve your practice's challenges, and capitalize on opportunities in your market. **You will also receive a BONUS Comprehensive Marketing Analysis** of your practice's website, social media and more by Dr. Burleson.
- On **Day Three**, Bridget Burris will host a **spouse & office manager retreat** while you spend the day as **Dr. Burris's private guest at the prestigious Isleworth Golf Country Club**. Join Dr. Burris on this exclusive course where you can discuss what you have learned one-on-one.

**This event has limited seating and is only available to ONE doctor per market area only. Don't miss out on this once in a lifetime opportunity!**

**Register today at [www.OrthoRevolution.com](http://www.OrthoRevolution.com)**

