



NEWSLETTER

WINTER 2006

The
ultimate
in service
since 1982

Dentist Spotlight



Denise Jabusch, DDS
Loomis, CA

Graduate of: UCSF 1985

Family: husband, Mark
daughter, Lauren -18 yrs. old

Favorite...

Author: of *Kite Runner*

Movie: *Spellbound, The Promise*

Restaurant: Lemon Grass

Vacation spot: Ngorogoro Crater,
Tanzania, & Patagonia Chile

Hobbies: Travel, ballet & writing

Hero: My Mother

Recent Cont. Ed. Class:

*Hands-on Use of a Microscope in
Endodontic Procedures* - Gary Carr, DDS

Like Most about Dentistry:

Getting to know patients, their lives &
interests. Having a new technique be
successful.

Like Most about Creative

Arts: Their consistent quality

Making a Great Impression

by Gary McCrummen, DDS



The following is a simple impression technique of a single unit that has worked well in my practice: After packing two cords and refining the margins, contour and polish the adjacent contact surfaces so the lab technicians have a good surface to build to. Leaving a slightly moist cotton triangle on the facial, and the lingual of a lower tooth, will help prevent contamination prior to taking the impression. Remove the top cord, rinse and dry the tooth checking to see that the margins are clean, that the first cord is below the margin, there is no bleeding or debris, and that the tissue is retracted for a clean impression for the lab. Take the time now to verify all is ready to reduce the risk of needing to take more time later.

I inject light-body, fast-set Aquasil with a thin tip at the margin, pushing the material clockwise ahead of the tip so I can see the sulcus filling up and keeping it in the material until the walls and occlusal are covered. If any blood is noted in the material I go around the margin again. Starting at the same time as I do, the assistant begins filling a Premier Triple-tray with heavy body material, opposing side first, placing more material on the lingual surface for extra bulk when they close. The tray is inserted, the patient bites into their normal occlusion, and I inject more heavy body

material starting in the posterior, covering the tray up to, and fully around the handle.

Do not be conservative with impression material as you want a stabile impression. The timer is set for three minutes.

At the end of three minutes the material is checked for set, the patient opens slowly, and the triangles and cord usually come out with the impression. Hold it up to the light to verify correct bite and examine the margins. If you can see the margin all of the way around, so will the lab technician. If all is perfect, I heavily spray the impression with Lysol Disinfectant, place it in a sealable zip-lock type baggy, fill out the lab slip, box it with absolutely no pressure on the impression, and send it off.

You may have your own technique that works. If you do not, try this as it has evolved and worked for me and Creative Arts Laboratory very successfully for over 21 years. Make a good impression for yourself, your lab that wants to make the very best for you, and your patient that is paying for, and expects, the very best you can provide.

Dr. McCrummen has worked with Creative Arts for 21 years. He has written numerous articles for various dental publications. He works and lives in Big Fork, MT.

Visit Us at the **SDDS MIDWINTER CONVENTION** February 9th & 10th - Booth #3

Be sure to look for us at the the MidWinter Convention - Booth #3. Take a spin on the **Creative Arts Prize Wheel** for your chance to win various prizes, gift certificates, and product discounts.

* Located at the Sacramento Convention Center *

Visit the Exhibit Hall **FREE** of charge! Just sign in that
Thursday, February 9th from 11:30am-5:30pm & Friday from 8am - 11am



Valerie's inspirational QUOTES:

"The only place you find success before work is in the dictionary"
~ May V. Smith

"There's always room for improvement - it's the biggest room in the house."
~ Louise Heath Leber

Mark your calendars for
**Friday,
March 31, 2006**

Napa-Solano
Dental Society Presents:

- Edward Swift Jr, DMD, MS -

**"Clinical
Dental Materials:
A Practical Review"**



InVizion™ (Zirconia YZ with VM9 porcelain),
or Full-contour milled crown (ProCAD block)



Various restoration options



Dr. Kinzer with Bob & Valerie Penrod

The Role of Occlusion by Gregory Kinzer, DDS

Bob & Valerie recently attended one of Dr. Kinzer's lectures in Napa. It was hosted by the Napa-Solano District Dental Society. For more info on classes and the Seattle Institute go to www.seattleinstitute.com.

The following are some of Dr. Kinzer's key points:

- > Dr. Kinzer recommends being conservative - accomplishing the esthetic, structural, and functional goals with the least amount of treatment.
- > The goal of a restorative practice is Force management to protect the natural teeth, periodontium, and restorations. Success will be determined by how the patient responds to occlusion. Therefore, Dr. Kinzer makes his own temporaries and lets the patient wear them for about a month. He works out a lot of occlusion problems in the temporaries.
- > Contact is needed on several teeth to distribute the force (stress).
- > To properly evaluate your patient, identify the neuromuscular envelope of function. Look for WEAR (wear from forces), FRACTURE, MOBILITY of teeth, and SENSITIVITY.
- > Because of their strength, PFM's and Zirconia (YZ) are good choices for patients with occlusion problems

Seattle Study Club Symposium 2007 (make reservations by calling 239.598.330)

January 23 - Jan 27, 2007. Held at the Ritz Carlton in Naples, Florida. This is a clinical meeting and the theme is "The Art of the Smile" (bringing the Quintessence book of the same name to life). Become a member of a Seattle Study Club to attend (www.seattlestudyclub.com)

Increase Your Practice by Melinda Heryford, Practice Management Consultant

Going Beyond Satisfied to Loyal - Creating the Loyal Patient

Common expectations of your patients when they come in for their regular professional cleaning are: the greeter will be friendly, the hygienist will be "nice", they will receive an examination (they hope they won't need any dentistry), and they expect to come back in another six months. This kind of service is expected from the dental office and creates merely a satisfied patient.

For practice success and increased referrals, a dental team must create Loyal Patients. Loyal patients want to come back, they tell the success stories of the practice, and they refer their friends and co-workers. Loyalty is created with moment-by-moment delivery of extraordinary service beyond what is expected. The first step to creating loyalty is to treat all patients in such a memorable way that when their treatment is complete they will tell others how GREAT the treatment is and how this is first time they have received this kind of complete dental care.

In order to begin, build and communicate to your patients the service stories by letting them know:

- > You use technology that allows them to see what is happening- i.e., intra oral pictures, digital radiography
- > About the quality of materials used
- > Your lab, CADL, sends an "Our Guarantee" card with every restoration. When placing a crown, share with them that the highest quality metals are used and that there will be no nickel in their restoration.
- > About your highly skilled team, let them know about the credentials and licensing requirements for each team member
- > About the continuing education courses that you have taken, and how you keep up on current technology
- > Of your appreciation for each team member by acknowledging them and complementing them in front of patients
- > Of the good access you provide to appointment times and what is done for thorough hygiene appointments

Let your patients know of the high quality service you offer and the difference it makes. **Your patients will appreciate that you care enough about them to give them the very best. They will feel compelled to share with others about their GREAT DENTAL TEAM!**



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