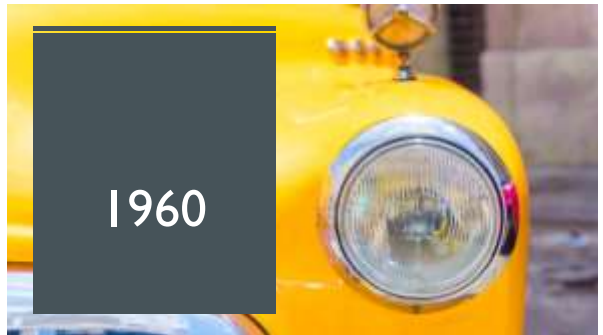
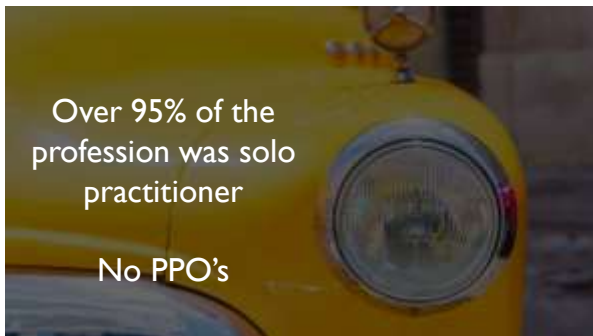


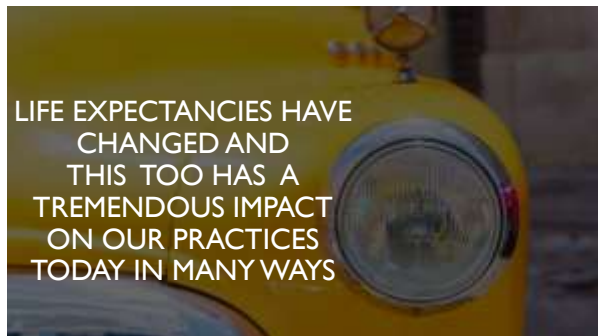
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2



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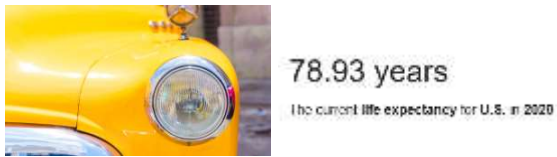


5

	men and women	
1960	69.0	73.9
1980	73.0	75.3
2000	75.0	78.1

1960

6



2020

7



2020

8



2020 (THE US IS 39TH)

9



BEYOND 2020

10

Men

If they are in the top 25th % health-wise at 70 you have a predicted life span of 18 years but if you're in the bottom 25th% only 6.7 years

11


Men

If they are in the top 25th % health-wise at 80 you have a predicted life span of 10 years but if you're in the bottom 25th% only 1.5 years

12

Women


If they are in the top 25th % health-wise at 70 you have a predicted life span of 21 years but if you're in the bottom 25th% only 9.5 years



13

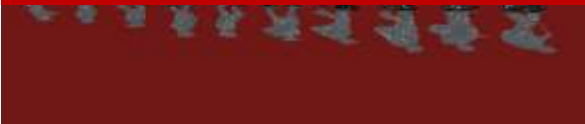
Women

If they are in the top 25th % health-wise at 80 you have a predicted life span of 13 years but if you're in the bottom 25th% only 4.6 years

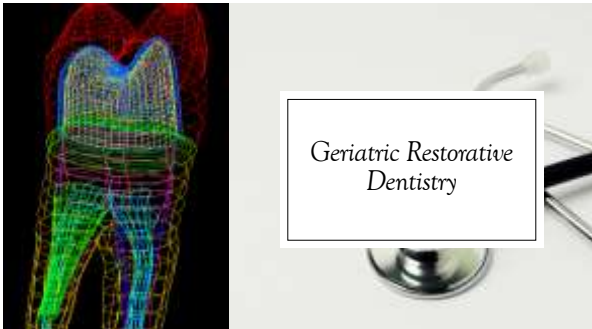


14

With the aging population we are challenged more and more with saving teeth and our clinical procedures



15



Geriatric Restorative Dentistry

16

Edel

93 years old
A long-time patient over 30 years
Failing health



17



Edel ...30 plus years together

18

#25 is broken down to the gum level with a parulis along with tooth #26 with decay


Options for #25

Extraction, none resorbing graft, and add tooth to her current partial

She says, "I don't want to go through an extraction"

Then, I tell her to save the tooth we have to do a root canal

She says that's fine, just no surgery



19


#25 is broken down to the gum level with a parulis along with tooth #26 with decay

Options for #25

Then I ask her, about whether she would like me to add a tooth to her partial or have a post/crown


She says, whatever is easier with the least risk

We decide on the partial and she understands when she goes to sleep, there will be a gap and she is fine with that



20

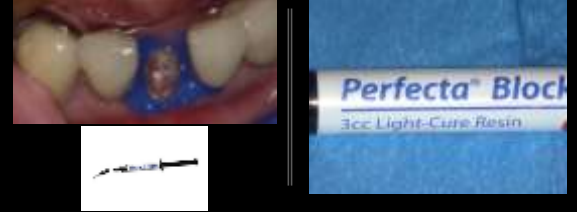
After the root canal very little tooth remains



21

Prior to Cleansing the canal and preparation with micro-etching

Premier's Perfecta®Blockout Light Cure for 10 seconds



22

Cleansed with 29 Micron Alumina



23

AquaCare
Dental Air Abrasion & Polishing Unit



- Sylc
- Bicarbonate
- 29 micron Aluminaoxide
- 53 micron

24

AquaCare: The Dual Chambers

Aluminum Oxide 29 micron: routine decontamination of tooth surfaces, removal of aprismatic enamel to improve bond strength...

↓

Aluminum Oxide 53 micron: more abrasive, ideal for hypo mineralize cases, removal of bonding resin used for temporaries...

↓


Sodium Bicarbonate: cleaning powder, effective in removal of the biofilm and general prophylaxis cleaning...

↓

Sylc Bioactive glass 45S5 (BAG): Desensitizing [Powered by Novamin™] and remineralizing proven hydroxyapatite formation

25

Universal Bonding Agent is scrubbed for 20 seconds, air dried for 5-10 seconds, then light cured



26


2 layers of a Universal Flowable

It literally goes where you want with no slumping with an ideal flow



27

In contouring, I want to leave the coping 2 mm plus above the gum and slope the buccal to allow room for the added tooth to look like it will transition from the gum naturally




28

After finishing and polishing, Astringedent X is applied for 10 seconds, rinsed and we are ready for a final impression




29




A3 Shade via Shofu's EyeSpecial III C

Isolated Shade Mode



Standard Shade Mode



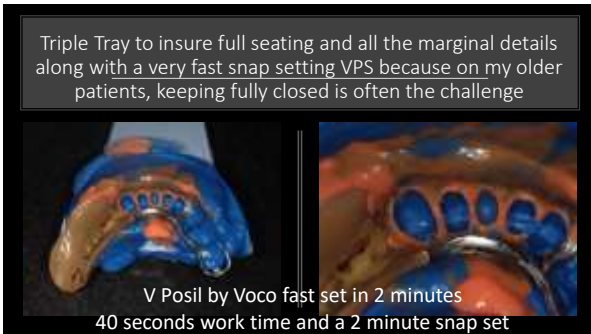
30

Utilizing today's snap set VPS flowables...removal time is 2 minutes after placement

31



32



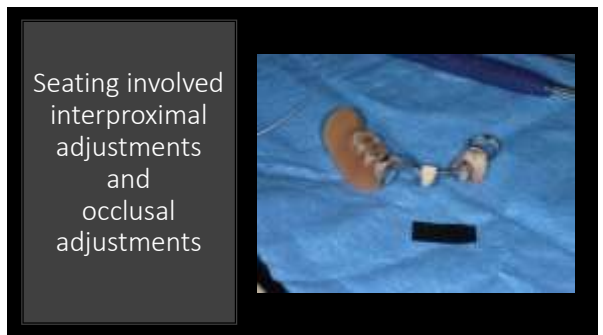
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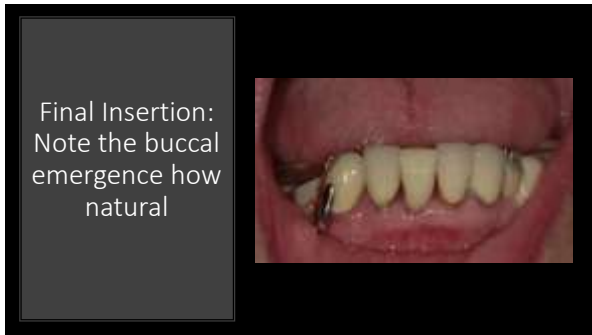
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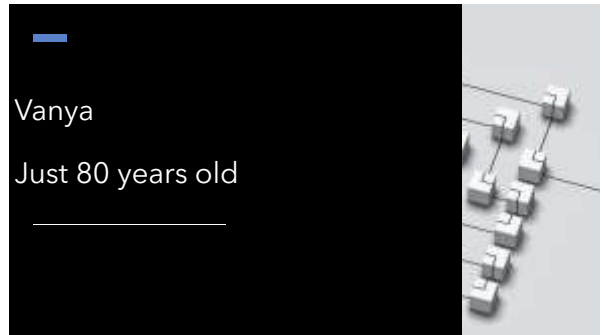
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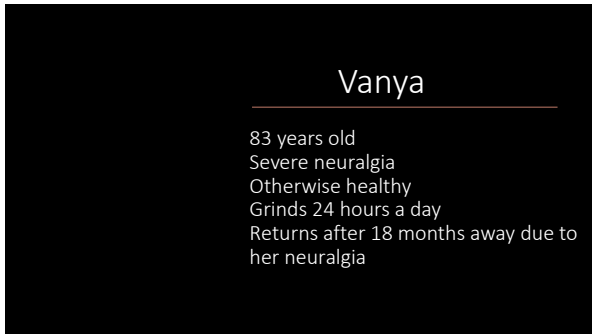
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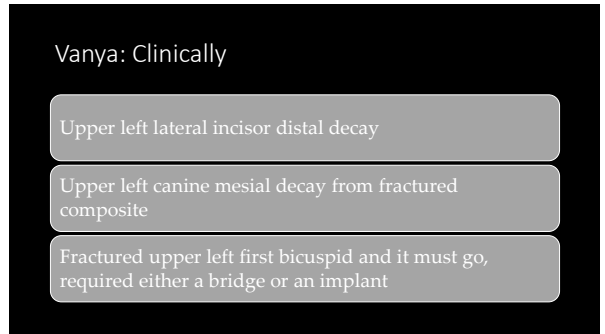
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38



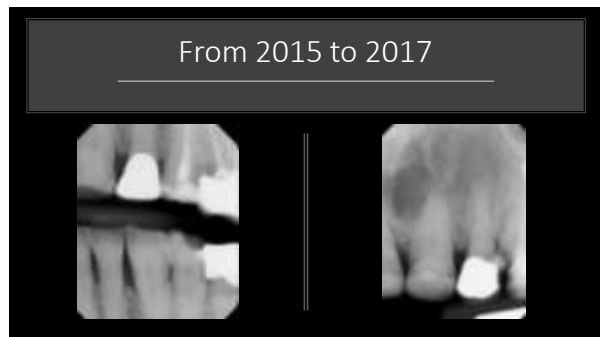
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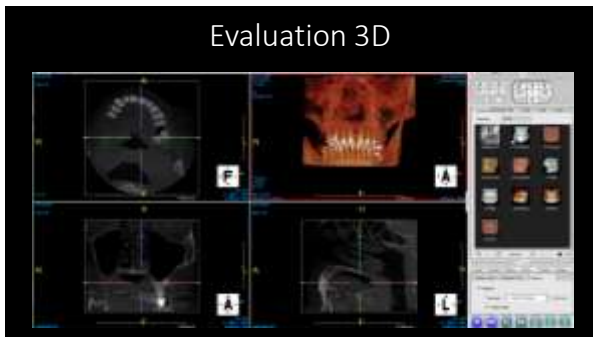
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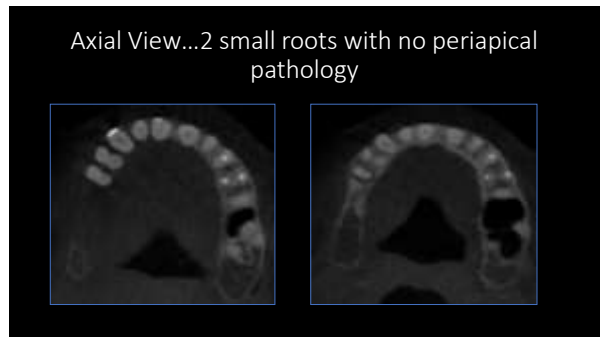
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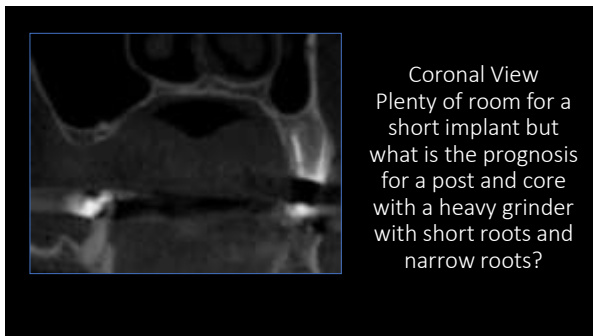
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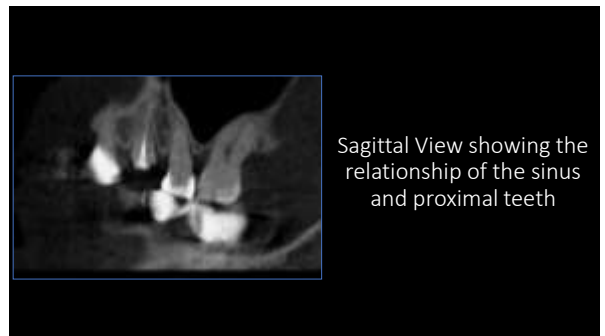
43



44



45



46



47




48




49

Guidelines to Better the Restorative Odds of Success

- 1.5-2mm of buccal and lingual ferrule
- **1mm ferrule wall thickness**
- 2-2.5 mm for biologic width
- Crown to Root ratio at least 1 to 1



50



Gates Glidden burs/round bur at 10,000 rpms with electrics
Final preparation DT Prep burs

51




DT Light Post System: Quartz Fiber Post

52

Fiber Reinforced Posts

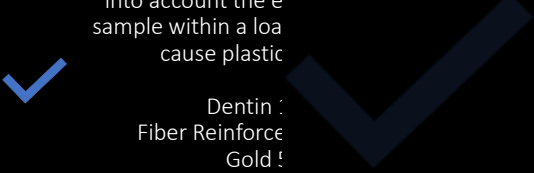
Flexural properties of endodontic posts and human root dentin
Gianluca Plotino, Nicola Grande, Rosella Bednini, Cornelias Pameijia, Francesco Somma:
Dental Materials 23, 2007 1129-1125



53

Flexural Modulus is into account the e sample within a loa cause plastic

✓ Dentin :
Fiber Reinforce
Gold !
Stainless Meta



54

Flexural Strength p.
the resistance to f

Dentin
Fiber Reinforce
Cast Gold Pc

55

Comparison of Posts

Table 3 - Mean (SD) of the flexural properties of the specimens tested

Group	Post type	Flexural modulus (GPa)	Flexural strength (MPa)
1	Cast gold post	144 (2.6)	1042 (24.8)
2	Microfilled Res post	144 (2.6)	974 (24.2)
3	Composite glass fiber post	16.2 (2.6)	161.4 (21.2)
4	Cast iron post	15.2 (2.5)	1045.1 (22.5)
5	Resin core post	16.4 (2.7)	1038.2 (22.2)
6	Thermoplastic	16.1 (2.6)	1032.2 (22.0)
7	Resin core	17.0 (2.6)	1024.6 (21.8)

56



57

Gold posts showed the highest flexural strength of all posts and metal posts

Gold posts were found to have the most flexibility of all metal posts

58



59

With an oval foramen, to enhance flexural strength, we followed a multiple post approach

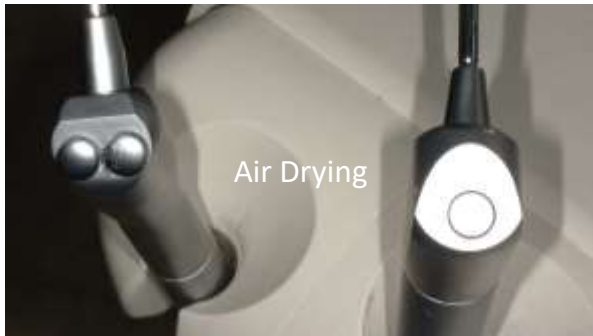
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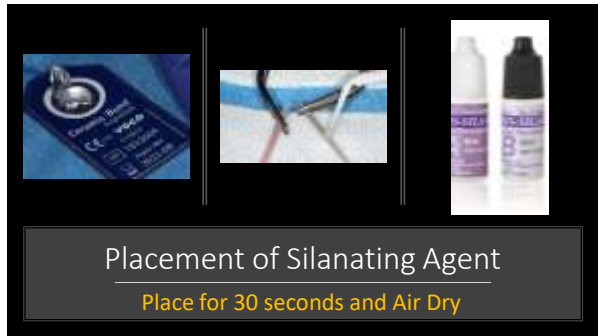
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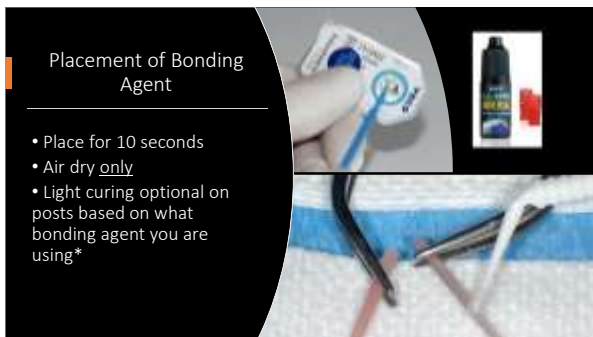
62



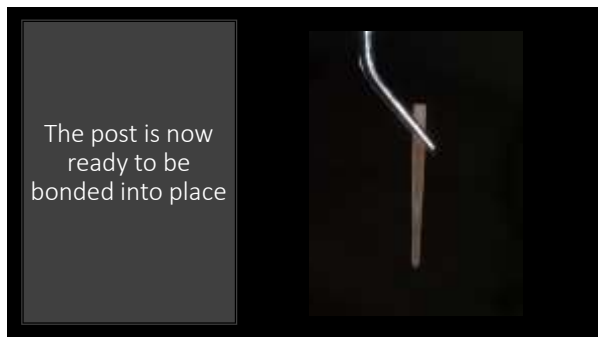
63



64




65



66


Optimal clean canal/channel to maximize bonding mandatory for success

67



Microscope pictures of an example
It's all about cleansing to create the optimal bonding surface

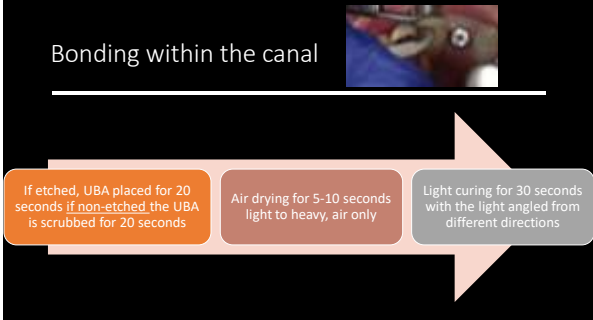
68



Dual Curing Universal Bonding Agent with NO mixing

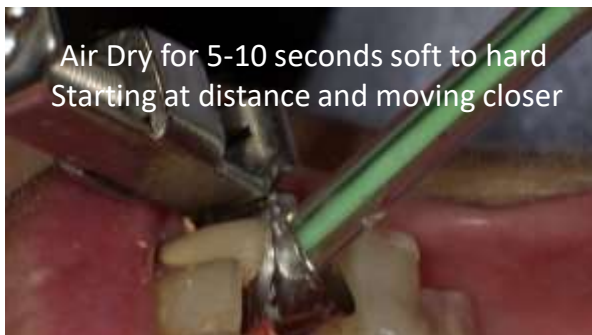
69

Bonding within the canal



70

Air Dry for 5-10 seconds soft to hard
Starting at distance and moving closer



71

Get close
Light Cure for 30 seconds (Valo)
Rotate the light to verify full canal curing



72

Core Materials in our office, varying set times and routinely nice flow properties




- Rebuilda DC
- Visalys
- Luxacore
- Fluocore
- FillUp

73




Material Options: I like an ideal flow, easy to stack, not too runny and easy extrusion force into the canal

74



Insert your posts in the correct order. Once in place, tac cure for 5 seconds

75



Inject more if required and again tac cure. Allow final self curing for 4-5 minutes

76

X-ray showing decay on the upper left lateral incisor alongside the new posts/core



77

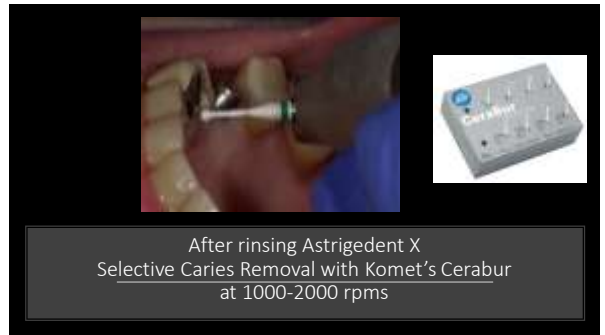
Time to remove gingival tissue and expose the decay on upper lateral incisor



78



79



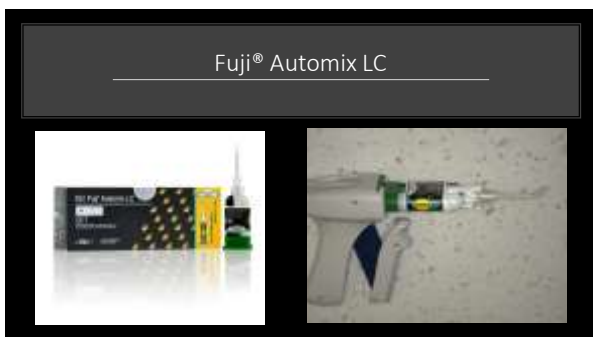
80



81



82



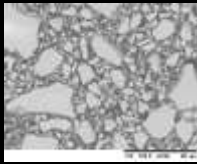
83



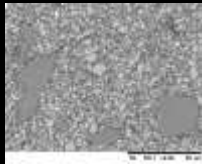
84

Advantages of Small Filler Particles

GC Fuji II LC*

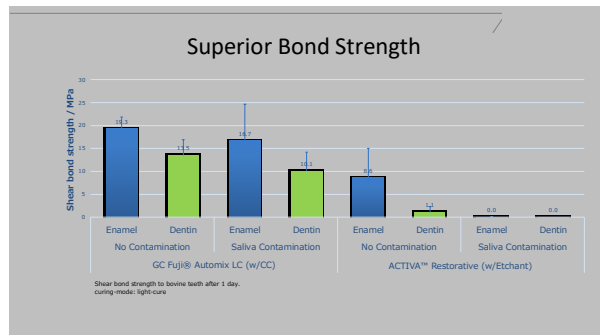


GC Fuji Automix LC




Smaller filler particles result in higher fluoride release and higher polishability

85




86

The Impression




Bionizons scan body 3.8 for the upper bicuspid

Double cord technique for upper left canine



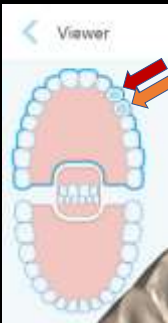
87



Separate Units, 24 hour grinder, Esthetic Zirconia, Screw Down Implant

88


Viewer



One preparation is highlighted at a time for scanning the procedure.

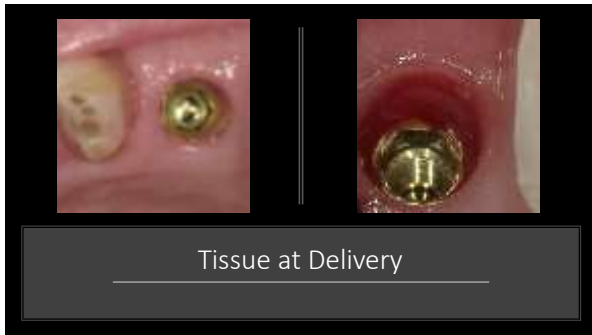
Each preparation is captured and saved (green dot) prior to beginning the scan on the next preparation

89

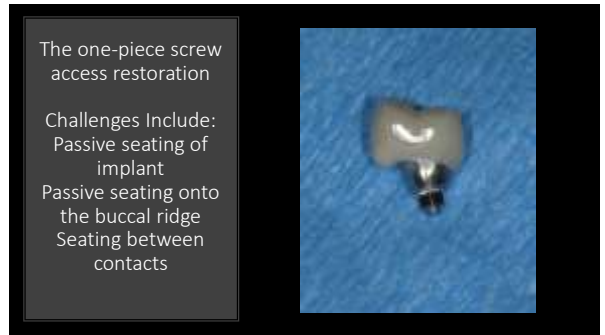


Itero Model with final impression of scan body and upper cuspid crown

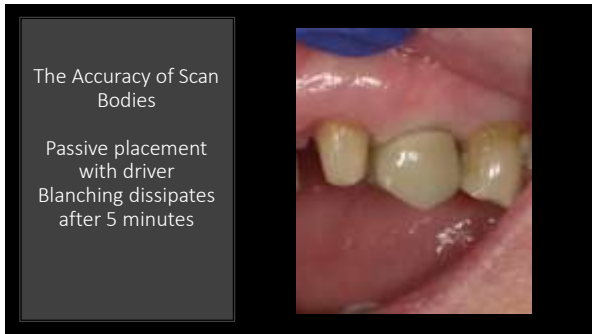
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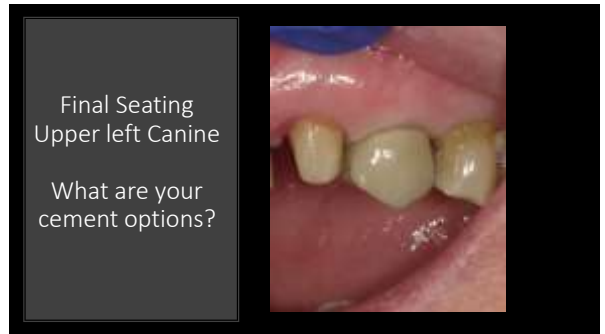
91



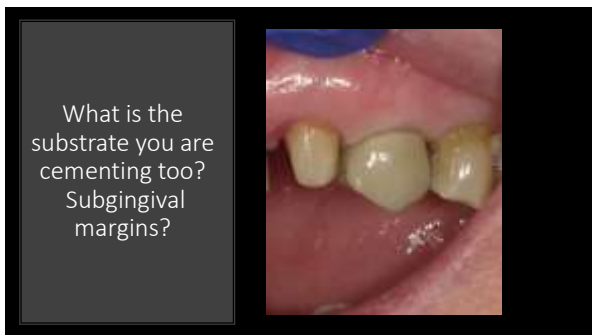
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93



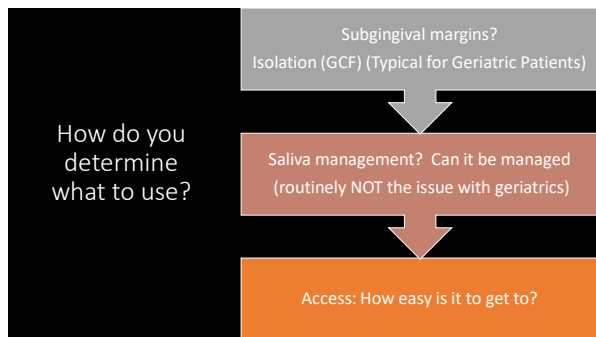
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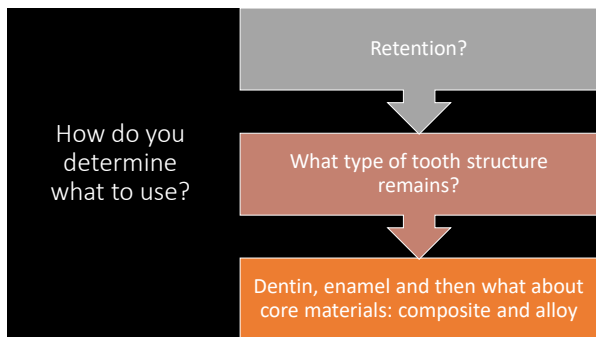
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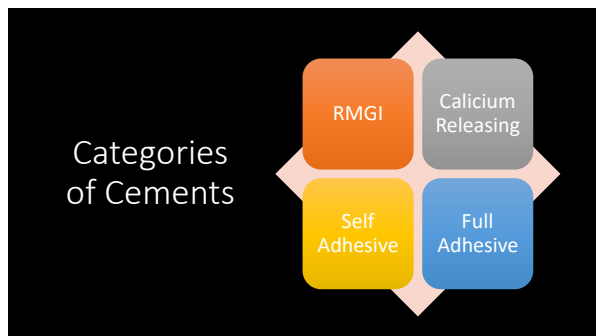
96



97



98



99

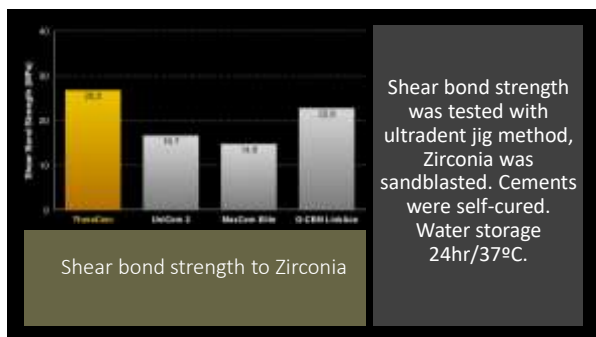
- In this example which is very typical of geriatric patients, the options included:
- Activa Bioactive
 - Calibra Bioactive
 - Ceramir
 - FujiCem2 nov Evolve
 - MeronPlus QM
 - RelyX™ Luting Plus
 - Theracem

100

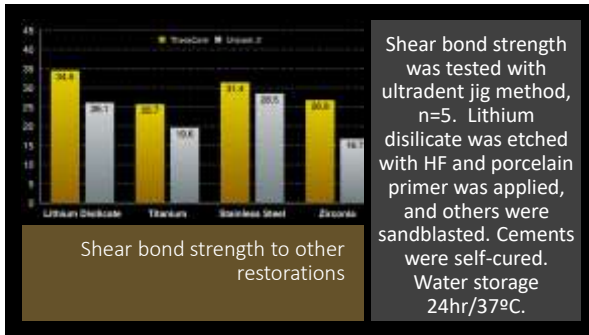
Theracem®

Cementing to zirconia
 No primer required
 Tac curing,
 Very easy clean up
 Full set in 5 minutes

101



102

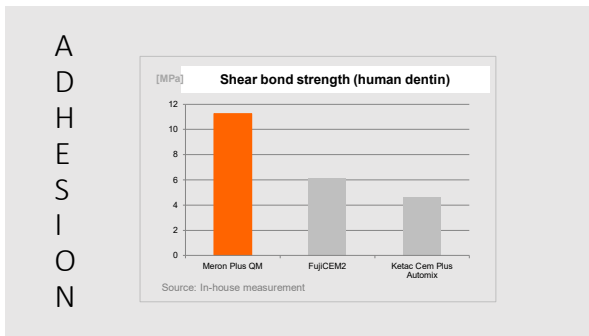


103

Meron Plus QM

- Cementing to zirconia
- No primer required
- Initial clean up at 2.5 minutes
- Very easy clean up
- Full set in 5 minutes

104



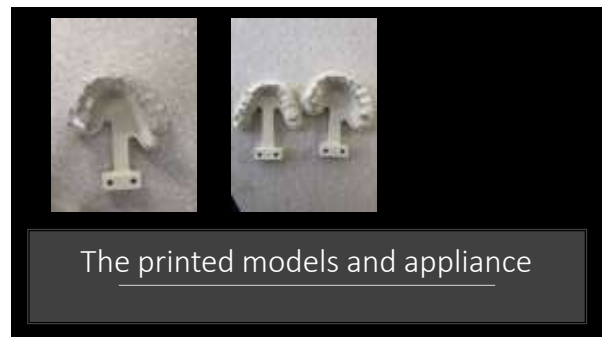
105

Ideal thickness
Look for 360°
extrusion

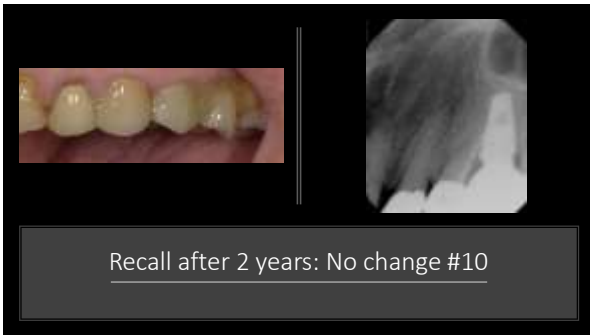
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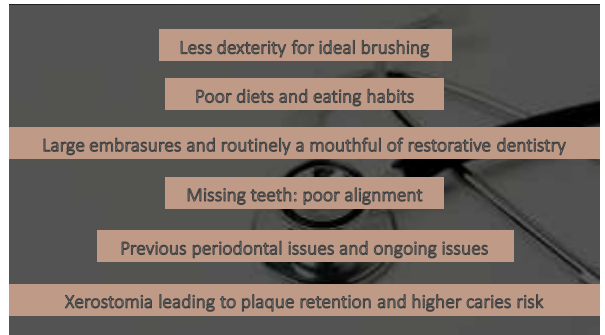
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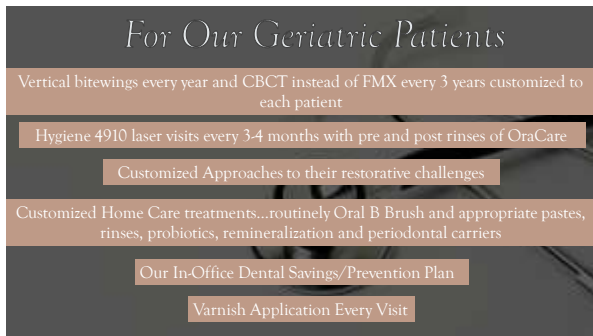
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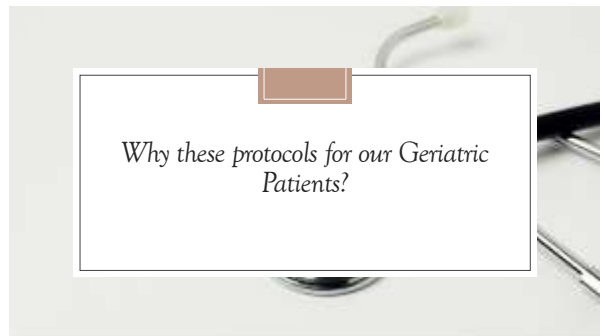
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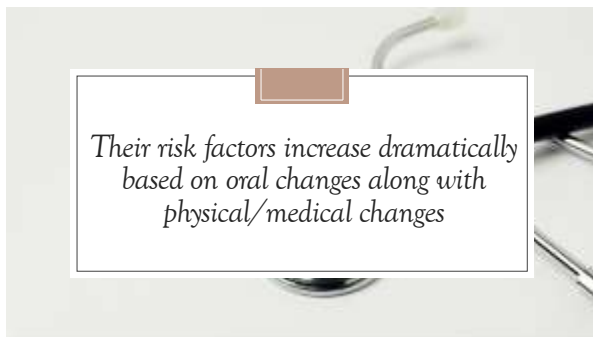
110



111



112



113



114

Visits every 3-4 months

Periodical evaluation	44.00	WALL
Vertical bitewing-7 to 8 films	74.00	-CBI
Fluoride Varnish	35.00	-CBI
Local Anest. Periodontal Therapy	275.00	-CBI

115

Their visits are each an hour unless they are missing the majority of their teeth

The majority participate in our in-office dental plan

Hygiene Care

Target: 100%
Actual: 83%

Diagnostic %
Target: 100% | Actual: 94%

Attendance %
Target: 75% | Actual: 88%

Geriatric Per Hour

116

Geriatrics present all too often with high medical risk and one essential protocol in our office is pre and post rinsing

117

The Guidelines from the AHA:
Why HOMECARE really is a BIG DEAL

Antibiotic Prophylaxis Recommendations

Table 7

Primary Reason for Review of Infective Endocarditis Guidelines

1. It is essential to stay in contact with frequent exposure to certain bacteremia associated with daily activities that their bacteremia cannot be avoided. All heart or oral health procedures.
2. Prophylaxis may prevent an exceedingly small number of cases of IE, if any, in individuals who undergo a dental, oral, or oral health procedure.
3. The risk of antibiotic-associated adverse events exceeds the benefit, if any, from prophylactic antibiotic therapy.
4. Maintenance of optimal oral health and hygiene may reduce the incidence of bacteremia from daily activities and is more important than prophylactic antibiotic for a dental procedure to reduce the risk of IE.

118

Your Patient Forgets to Pre-medicate...

Do you reschedule?

119

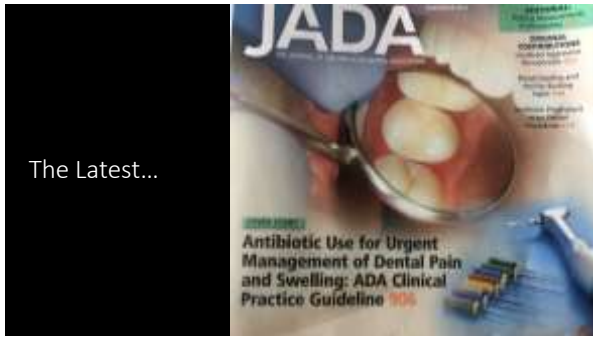
Table 7

Medical Conditions for Which Endocarditis Prophylaxis is Recommended

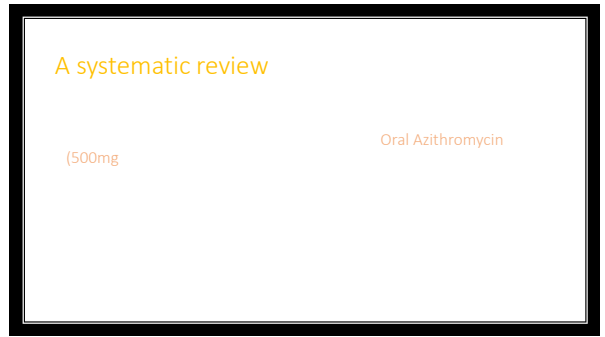
Individuals with a prosthetic heart valve, prior aortic aortic valve replacement, bicuspid aortic valve, mitral valve prolapse with regurgitation, mitral valve disease, and aortic valve disease.

1. Prosthetic aortic valve
2. Prosthetic mitral valve
3. Prosthetic tricuspid valve
4. Prosthetic aortic valve replacement
5. Prosthetic mitral valve replacement
6. Prosthetic tricuspid valve replacement
7. Prosthetic aortic valve replacement
8. Prosthetic mitral valve replacement
9. Prosthetic tricuspid valve replacement
10. Prosthetic aortic valve replacement
11. Prosthetic mitral valve replacement
12. Prosthetic tricuspid valve replacement
13. Prosthetic aortic valve replacement
14. Prosthetic mitral valve replacement
15. Prosthetic tricuspid valve replacement
16. Prosthetic aortic valve replacement
17. Prosthetic mitral valve replacement
18. Prosthetic tricuspid valve replacement
19. Prosthetic aortic valve replacement
20. Prosthetic mitral valve replacement
21. Prosthetic tricuspid valve replacement
22. Prosthetic aortic valve replacement
23. Prosthetic mitral valve replacement
24. Prosthetic tricuspid valve replacement
25. Prosthetic aortic valve replacement
26. Prosthetic mitral valve replacement
27. Prosthetic tricuspid valve replacement
28. Prosthetic aortic valve replacement
29. Prosthetic mitral valve replacement
30. Prosthetic tricuspid valve replacement
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96. Prosthetic tricuspid valve replacement
97. Prosthetic aortic valve replacement
98. Prosthetic mitral valve replacement
99. Prosthetic tricuspid valve replacement
100. Prosthetic aortic valve replacement

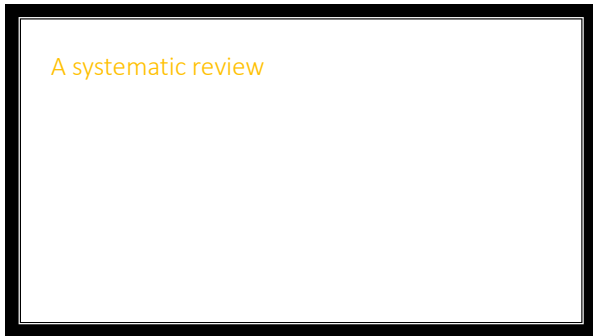
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121



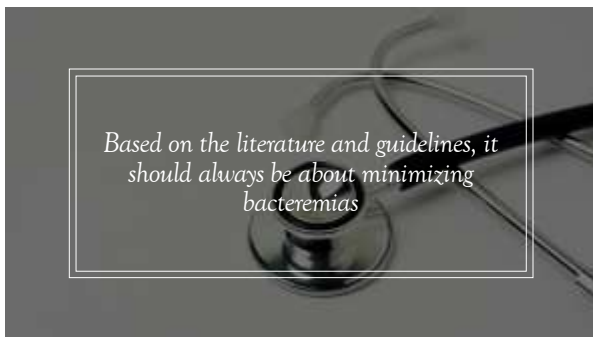
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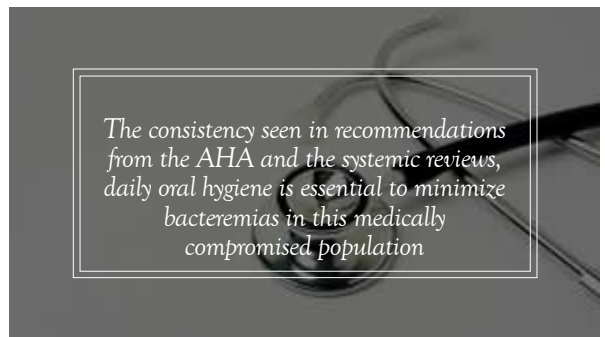
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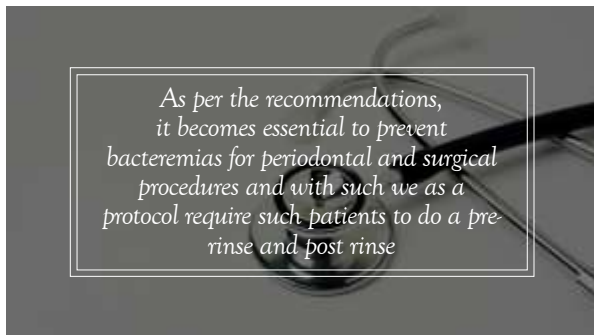
124



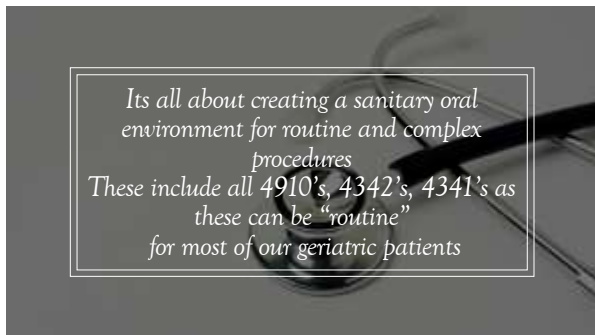
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126



127



128



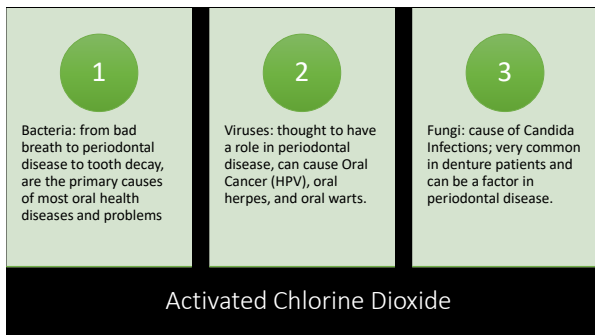
129



130



131



132

The Comparison

Indication	Chlorhexidine	Chlorhexidine
Anti-Biofilm	Yes	Yes
Anti-Plaque	Yes	Yes
Anti-Fungal	Yes	Yes
Prevention of Periodontitis	Yes	Yes
Prevention of Halitosis	Yes	Yes
Prevention of Oral Infections	Yes	Yes

133

The Many Uses of Ora Care

- Bad Breath
- Gingivitis reduction (common in geriatrics)
- Canker sores and oral viral infections
- Implant maintenance
- Denture maintenance
- Treatment for Candida
- Soaking your toothbrush after a cold or simply once a week
- Poor Oral Hygiene Compliant Patients (after brushing)

134

Pre and Post Rinses for all Surgery Patients
Post Op 1-2 weeks
BID is our PROTOCOL

135

Pump 4 times each bottle
Let it sit for 30-60 seconds
Rinse and gargle for 30 seconds

136


My Wonderful Dad
He thinks it's 5 pm always

137

Oracareproducts.com

138

This past year members of Catapult were introduced to IORINSE®



catapult GROUP

139

Regular application of 10% Povidone Iodine showed to be a good alternative to control dental caries in children effected with early childhood caries

Journal of Clinical Pediatric Dentistry, 2010 Spring;34(3):233-238

140

Molecular Iodine is non-staining and is the active iodine that is biocidal

141

These results suggest a 30 second application of PVP-I is effective in suppressing both Porphyromonas gingivalis and Fusobacterium nucleatum in a dual-species biofilm and provides clinical support for the control of subgingival biofilm

Archives of Oral Biology 57 (2012) 364-374
Department of Periodontology, Tokyo Dental College

142

Slot's Clinical Study Citations (cont'd)

Author	Year	Journal	Volume	Pages	DOI
...
...

143

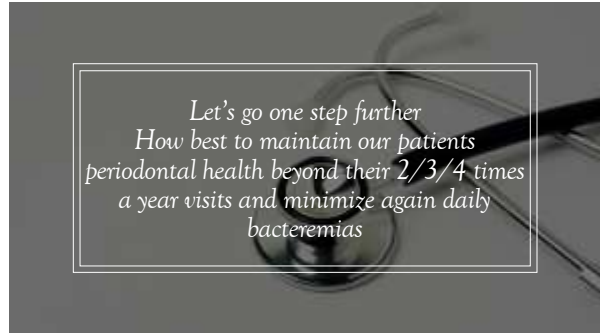
Product Line-up

Product Name	Size	Strength	Pack	Units	Case	Price
10% PVP-I Mouth Rinse	150ml	10%	12	1200	1200	1200
10% PVP-I Mouth Rinse	300ml	10%	6	600	600	600
10% PVP-I Mouth Rinse	500ml	10%	4	400	400	400

144



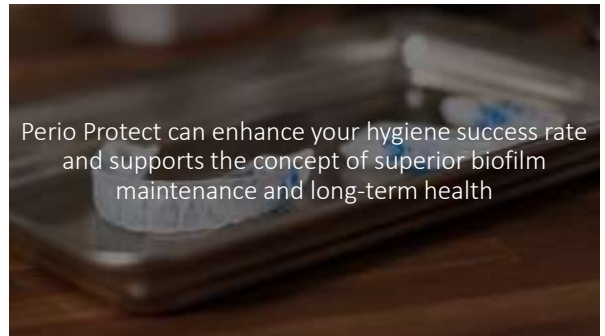
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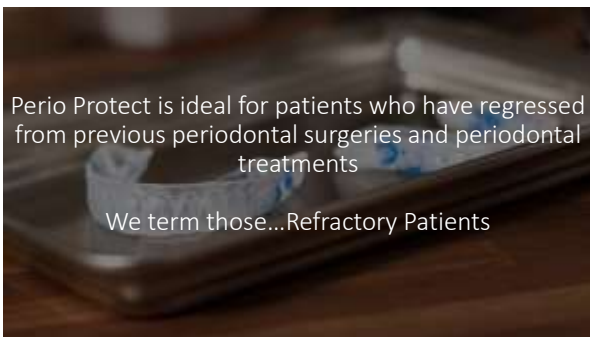
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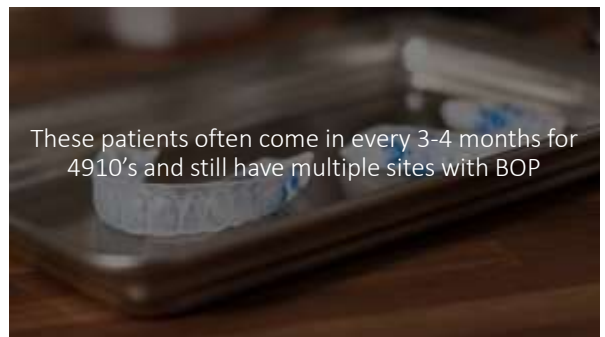
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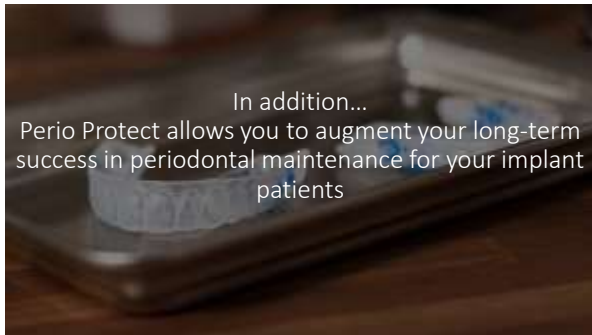
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149



150



151



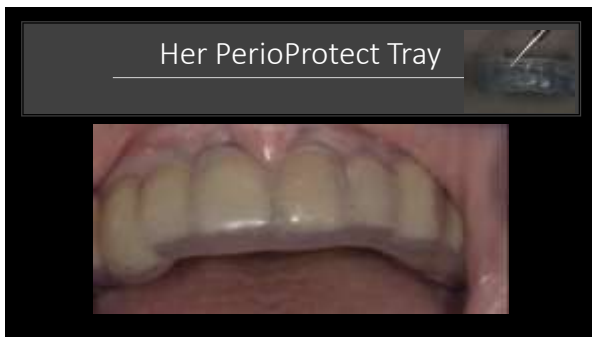
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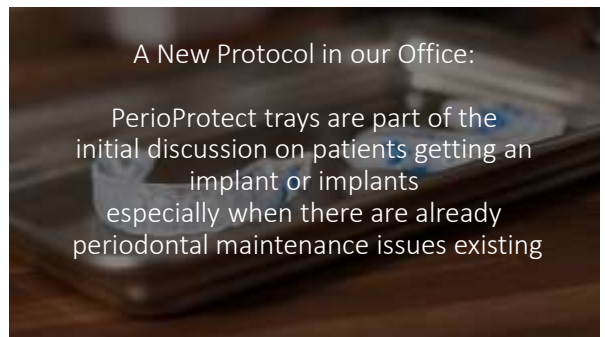
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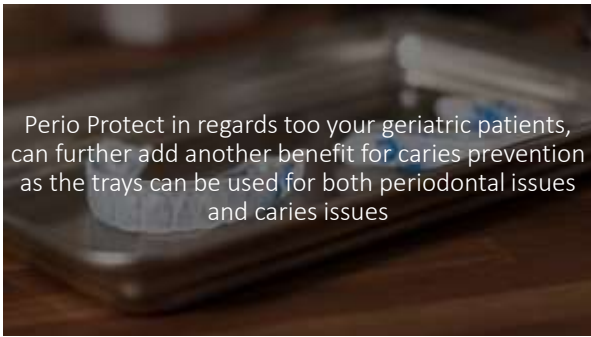
154



155



156



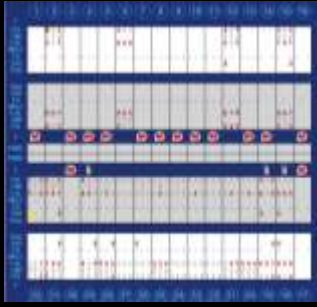
Perio Protect in regards too your geriatric patients, can further add another benefit for caries prevention as the trays can be used for both periodontal issues and caries issues

157

Janina with
4 maxillary teeth BOP
from the partial

Probing as noted

Caries risk

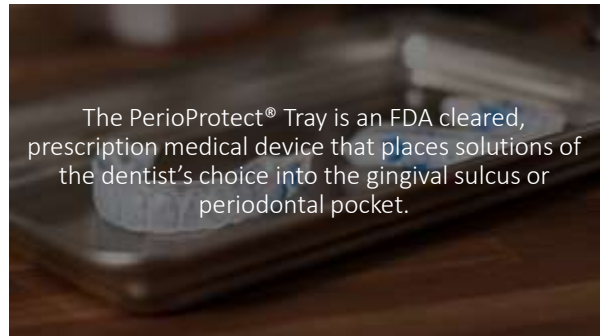


158

Her Perio Protect
Tray

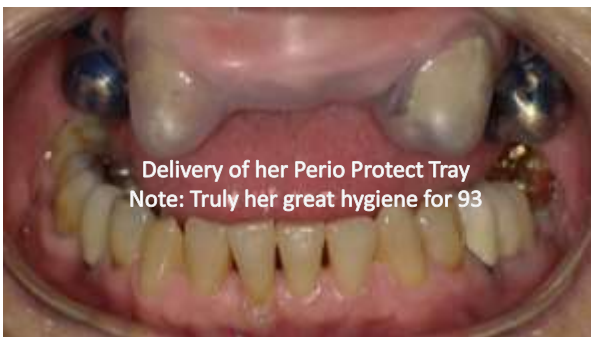


159



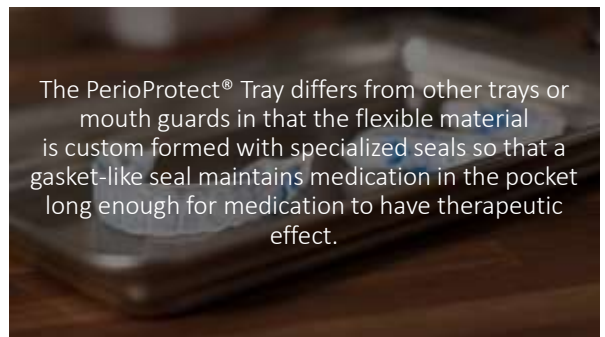
The PerioProtect® Tray is an FDA cleared, prescription medical device that places solutions of the dentist's choice into the gingival sulcus or periodontal pocket.

160



Delivery of her Perio Protect Tray
Note: Truly her great hygiene for 93

161



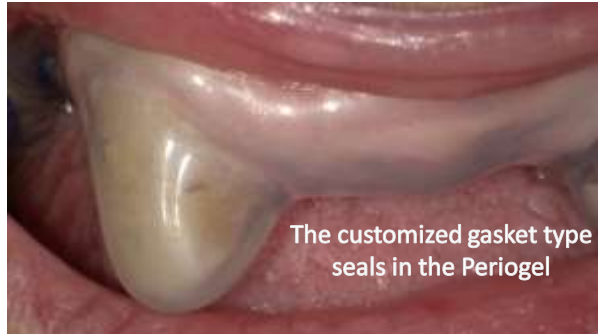
The PerioProtect® Tray differs from other trays or mouth guards in that the flexible material is custom formed with specialized seals so that a gasket-like seal maintains medication in the pocket long enough for medication to have therapeutic effect.

162



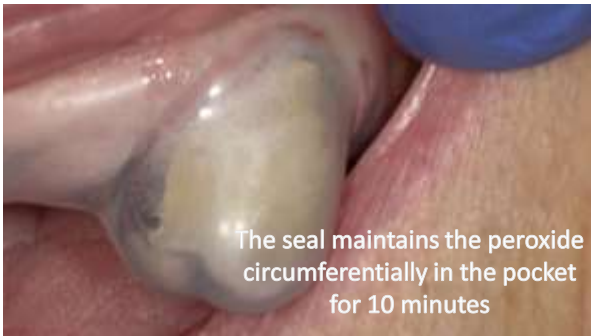
All she has to do is place the gel lightly inside each tooth, for many of our patients the care-giver does this

163



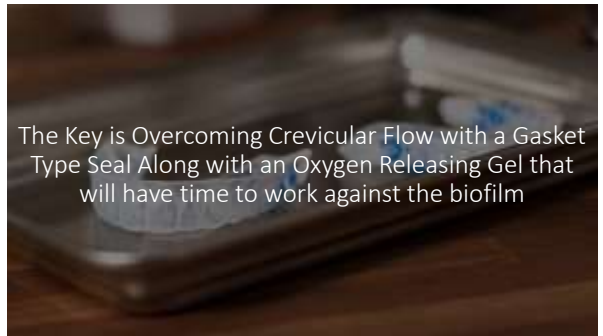
The customized gasket type seals in the Periogel

164



The seal maintains the peroxide circumferentially in the pocket for 10 minutes

165



The Key is Overcoming Crevicular Flow with a Gasket Type Seal Along with an Oxygen Releasing Gel that will have time to work against the biofilm

166

Crevicular flow occurs within the pocket 40 times per hour under healthy conditions and even more so when the pocket becomes infected

167

It's all about BIOFILM

168

The True Problem
How do you stabilize the pocket immediately after treatment?



Palmer, RJ, Caldwell DE. J Micro Methods 1995;24(2):171-82. A flowcell for the study of plaque removal and regrowth.

169

Remove 50% of the initial biofilm, re-growth resulted in a four-fold (400%) increase in 3 hours

Remove 75% , re-growth (300%) in three hours.

170

Another way of looking at the recurring problem in our offices.

What's going on in between appointments and can we be more preventative for those patients who need it?

171

4 Hours of Care Per Year



172

The Classic Literature

Why treating periodontal disease needs new approaches

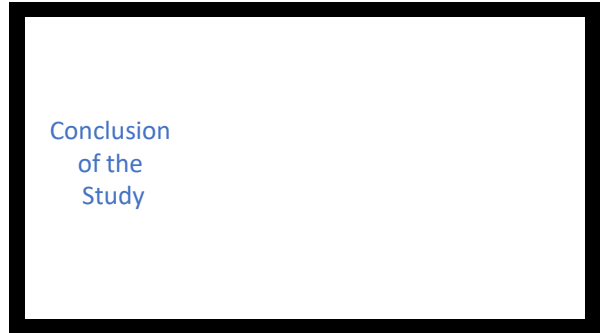
173

Evaluating The Gold Standard

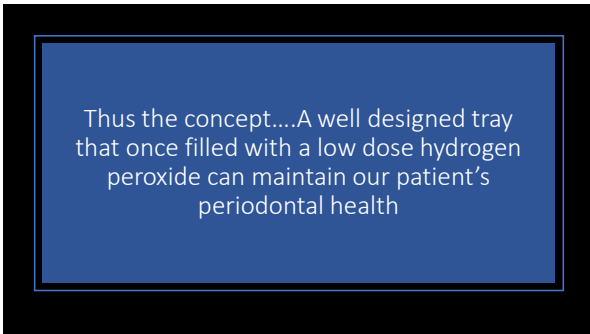
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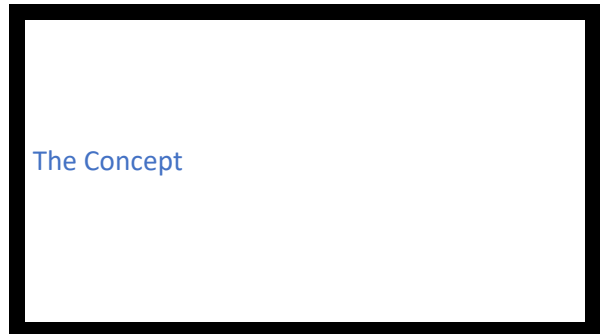
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176



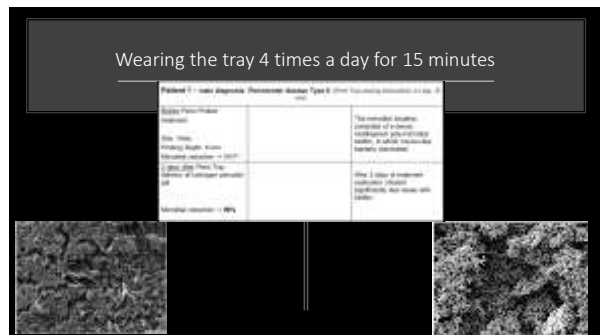
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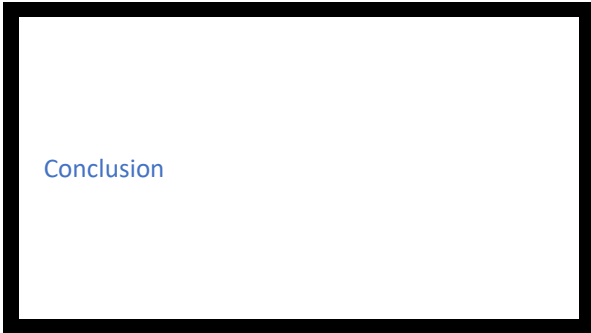
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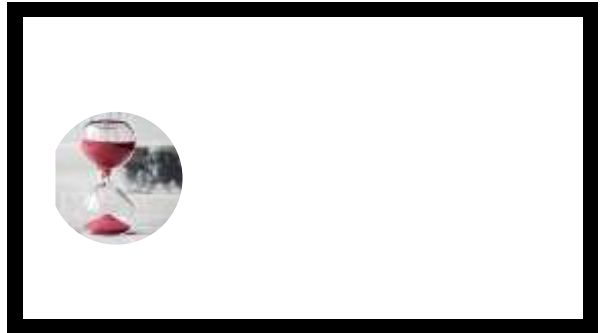
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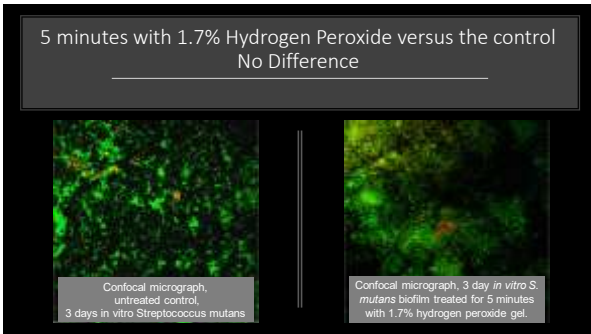
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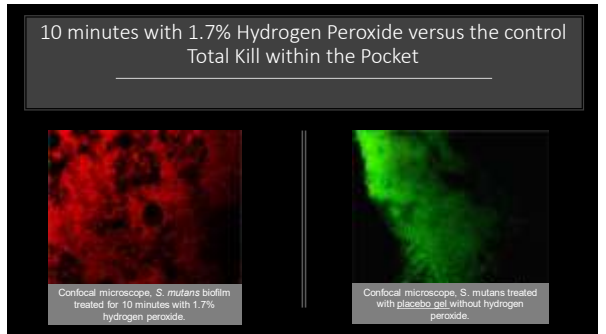
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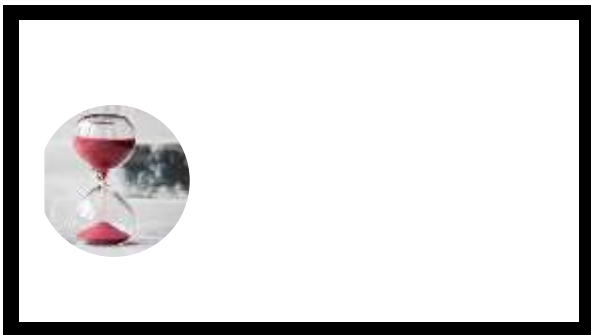
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183



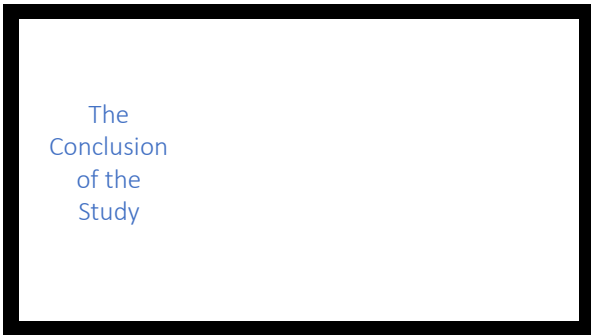
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185



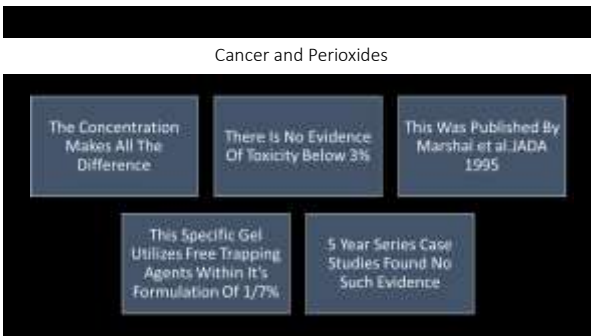
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187



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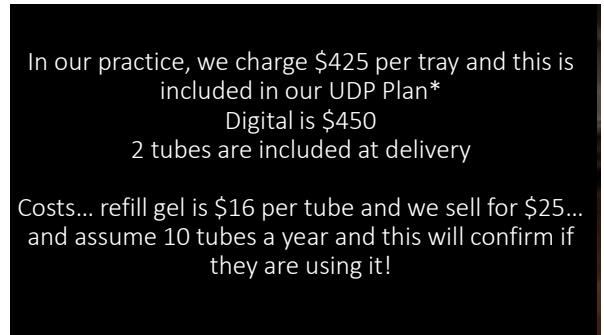
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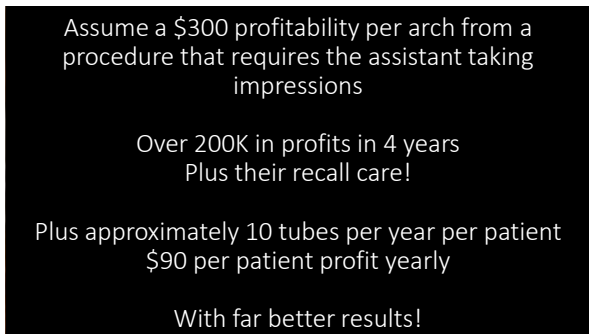
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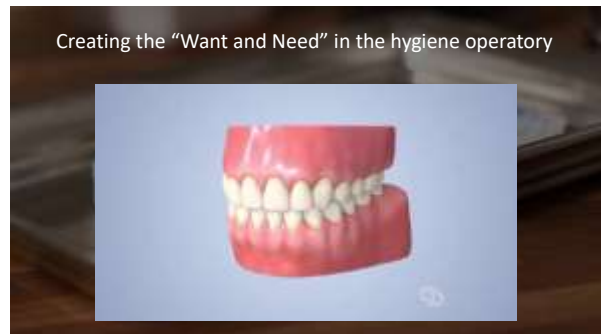
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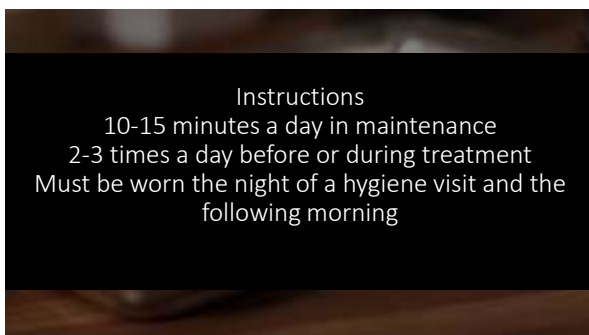
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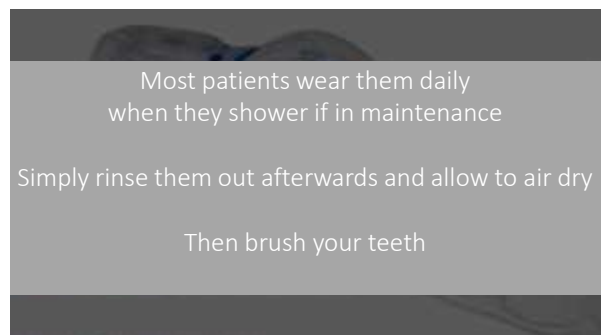
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196



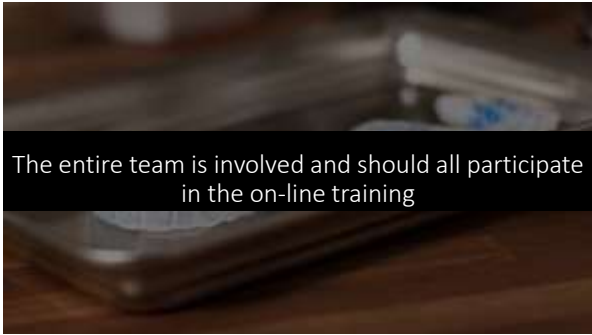
197



198



199



200

Conversions happen in the hygiene operator and thus require the Doctor and Hygienist to be 100% on the same page

The Assistant scans or takes the impressions (they must be accurate) and delivers the trays

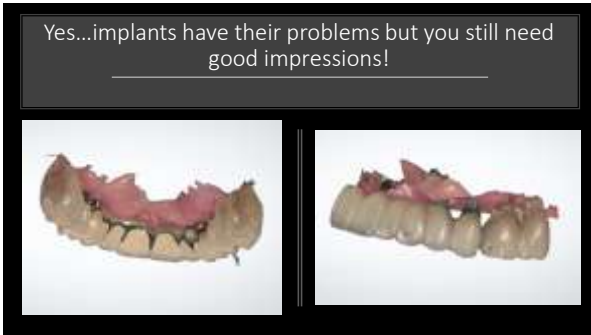
The Front Team must be able to answer financial questions about PerioProtect®

The Hygienist monitors the results, recall after recall

201



202



203



204



205



206



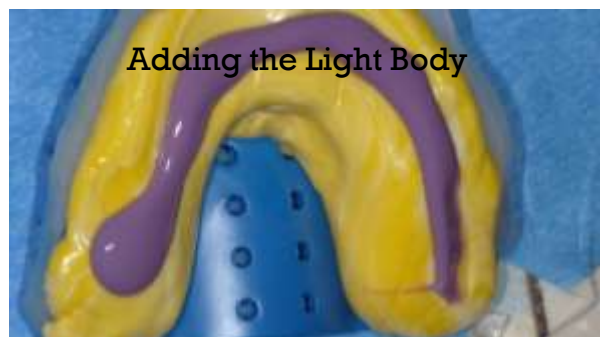
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208



209



210

2010-2011

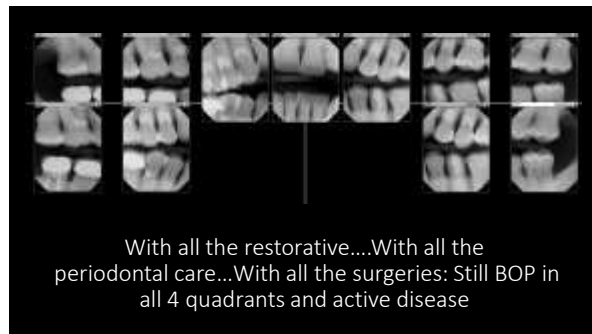
217

2011-2012 (1 lost 13!)

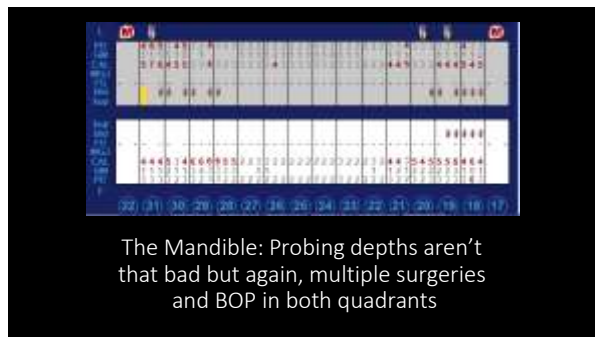
218

2014-2015

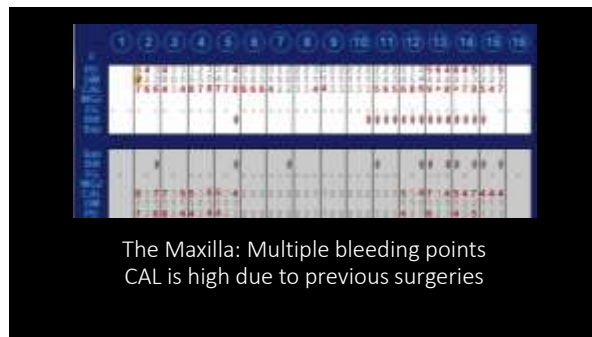
219



220



221



222

1330 REVIEW OF ORAL HYGIENE
0180 COMPREHENSIVE PERIODONTAL EXAM
 Dental History and Medical History
POTENTIAL DNA, Genetic, Saliva Testing, Occlusal Evaluation, Restorative Evaluation, Sensitivity

At the Initial Exam or Recall...Treating Refractory PERIO PROTECT IMPRESSIONS
 Start Trays 2-3 weeks later

Delivery of Trays
 Wearing 2 times per day for 2 weeks before beginning Active Therapy


Active Therapy 1-2 visits or more if pockets greater than 6 visits 4341's (sequential therapy)
 Half of full mouth debridement with lasers, continued BID use of PP trays
 Or
 4910 if Active Therapy is not required with continued BID use of PP trays
 (Often Isolated 4342's)
 Always with lasers

EVALUATE 6 WEEKS LATER
 No traditional probing for 3-6 months

223

The assistant examines the trays after the insertion to evaluate if the gel is fully contained in the trays.

If not it's either too much gel or ill fitting trays



224



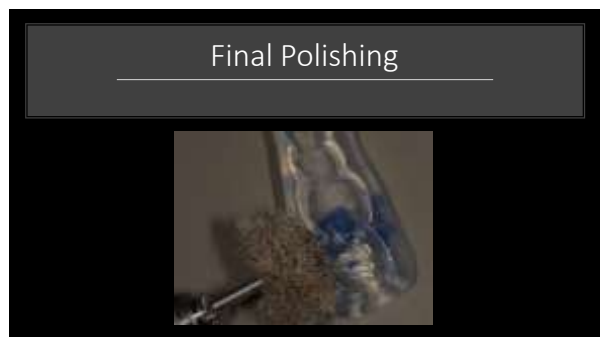
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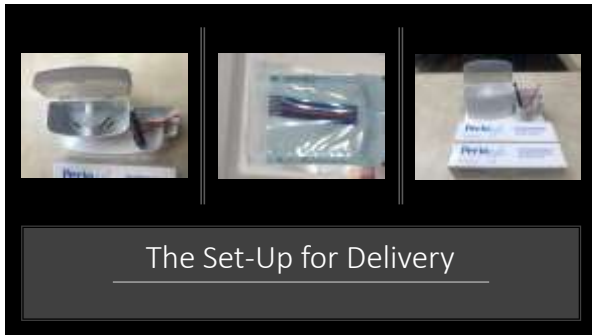
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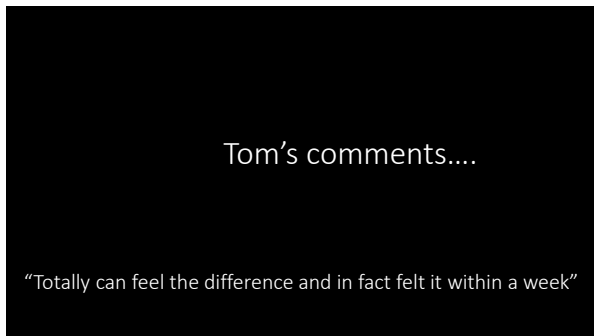
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240



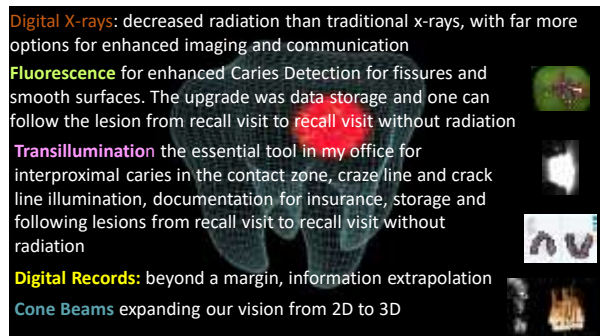
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242



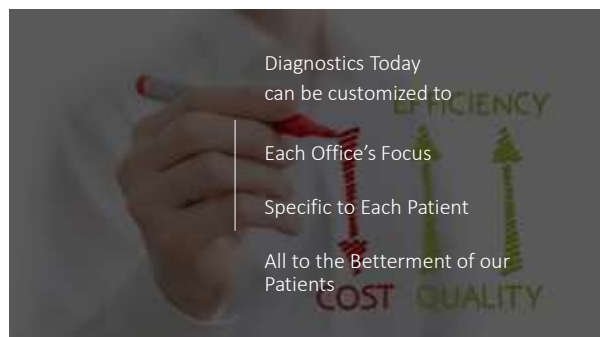
243



244



245



246

The #1 group who requires a CBCT are our geriatrics patients

As medical billing grows, so will the ease of reimbursements and more ROI

247

Enhanced Imaging

Clinical indications for 3D CBCT technology help further diagnostic concerns when 2D isn't enough

248

Diane

Patient for over 20 years
72 years old
"A history of swelling"

249

CC: NONE TODAY, BUT

"I had pain last month in my upper left area, I was swollen and it went away after I took an antibiotic that I had"

The hygienist sees nothing, does a percussion test, takes this peri-apical all negative with slight bite change #13

250

After adjusting the bite

In the PAST...

I would have waited because I had no clear-cut diagnosis

1963, The Rolling Stones taking a smoke break prior to their tv debut.

251

With my limitation of 2D images...


I have learned to scan such patients the same day

More than 1/2 of our scans are done by my assistants after hygiene visits to evaluate

Sagittal View

252


CBCT's have become mainstream in our day to day practice and streamline the case discussions and work-flow



253


Versus referring to specialists for a CBCT and waiting and waiting

We prefer to be in control and send out such data as we are the "General Contractors"

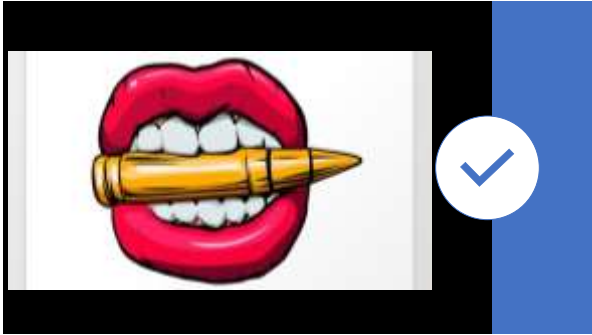


254

With CBCT's payments of \$1,599 monthly, our workflow simply has become more efficient, saving patients time and consultations and always driven to better treatment plans



255




256

We currently take 50-70 scans a month

\$225 in replacing FMX
\$350 for a 15 by 13*
\$99 as a post op

More in the future with medical billing



257



258

Customizing Advanced Diagnostics



Radiation doses in dental radiology - FAQs for health professionals ...
<https://www.ons.org/resources/faq/health-professionals/dentistry/radiation-doses>

259

Selectable Options with Each Scan



260

FOV	Rapid	Standard	HD	UHD
μSv	9.8	30.2	51.2	68.3
μSv	17.3	53.6	91.1	121.4
μSv	25.2	78.3	133.1	234.9
μSv	-	78.3	133.1	234.9

261

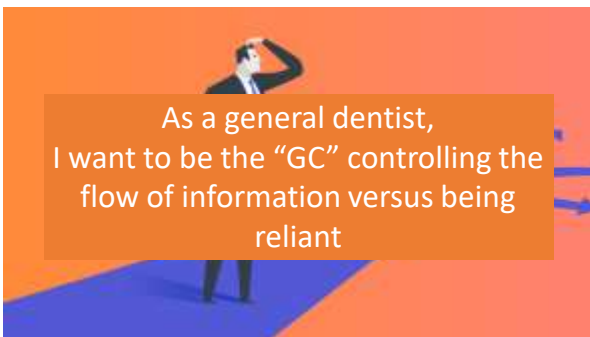
CBCT Imaging and Decision Making

Why I no longer take an FMX



262

As a general dentist, I want to be the "GC" controlling the flow of information versus being reliant



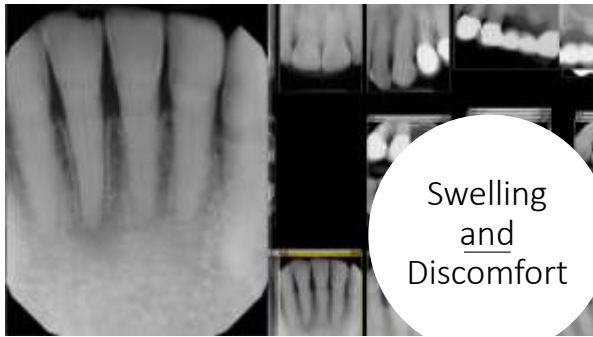
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Murray

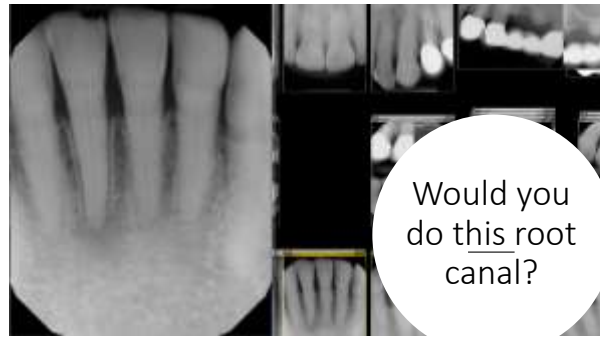
Returning home from Egypt
Pain and Swelling



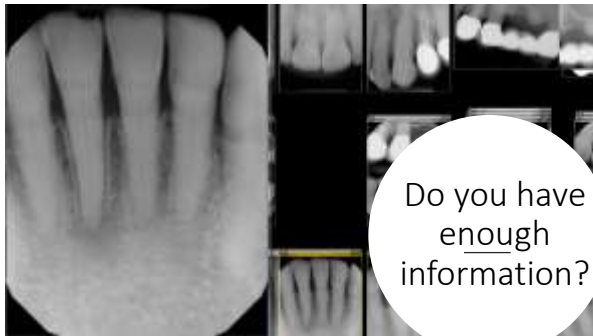
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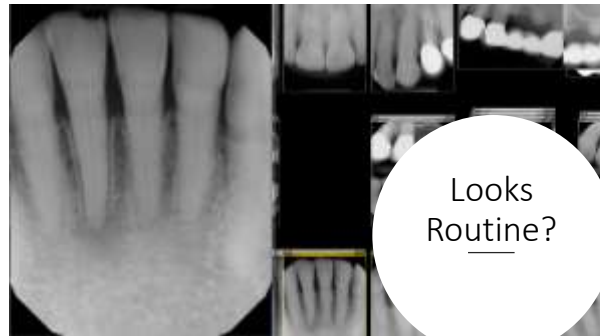
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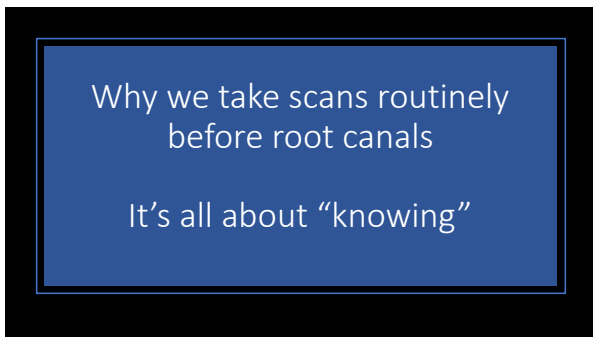
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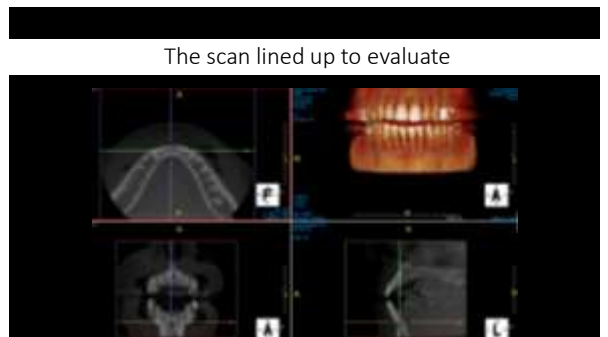
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268

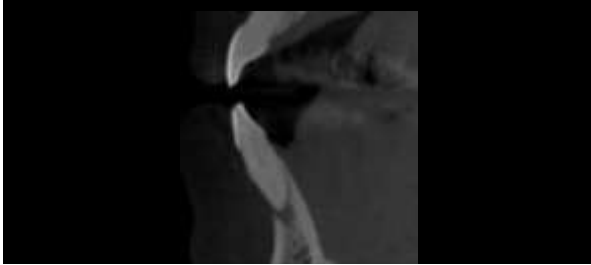


269



270

The money view: Do you want to do this?

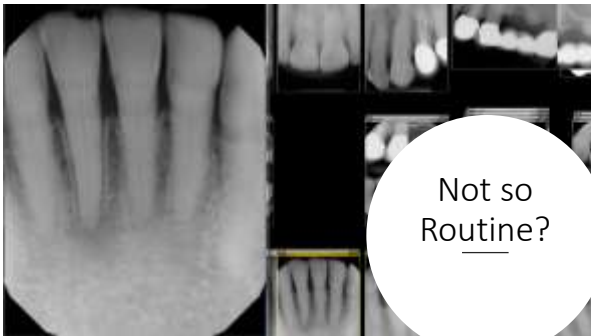


271

Is an implant an option?



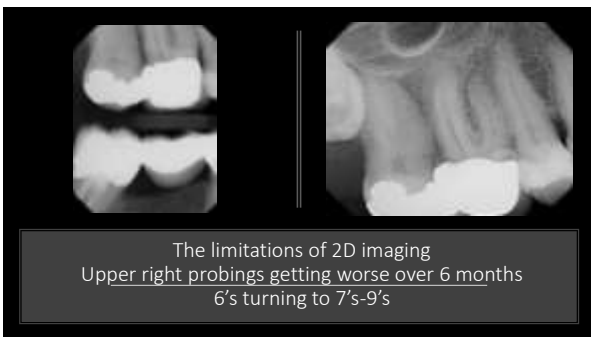
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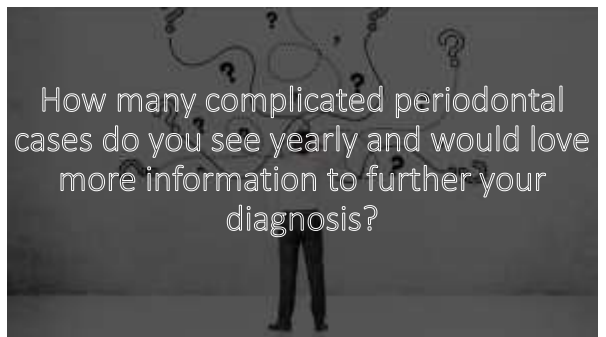
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274



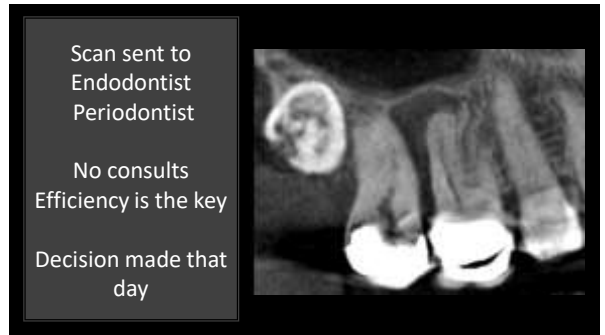
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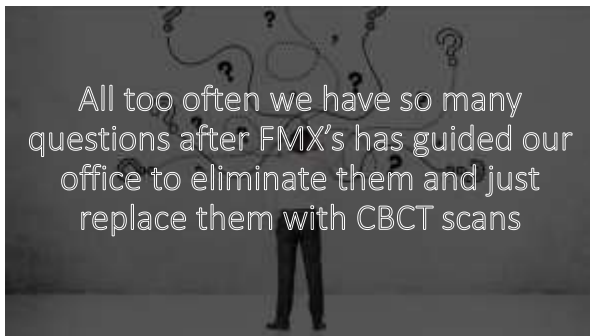
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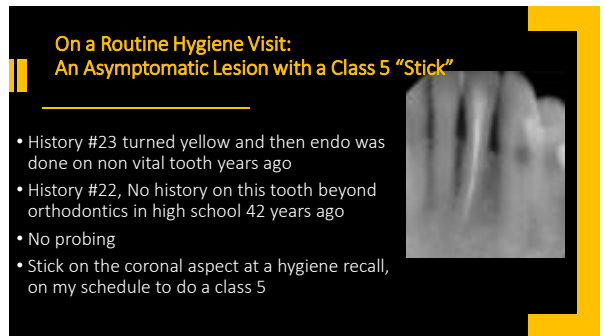
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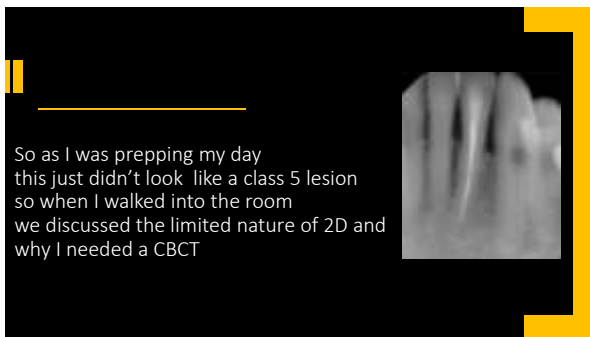
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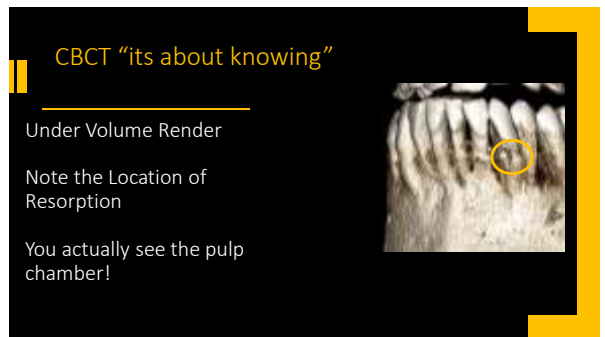
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280



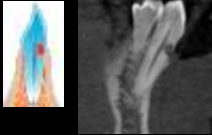
281



282

The "Money View" in Coronal

This view shows proximity to the nerve.




We then pulp tested and it was negative

283

Axial View

As you scroll down one can see another view if the nerve is involved along with buccal osseous location



Non-Vital

284

Scan sent to Endodontist Periodontist

No consults Efficiency is the key


Decision made that day



285

The issues...who does what first?

- It was decided that I would access the canal and then lay a flap buccally to treat the lesion
- Endodontics would be completed afterwards in two visits with calcium hydroxide therapy (first visit)




286

Accessing the canal

The extent of the defect is noted

File will be removed and paper point inserted to protect the restorative material from blocking the canal



1:50,000 epi in gauze to inhibit bleeding around the defect



287

The liner

Placement of Calcimol or TheraCal

Light cured

Then final composite placement






288

Bonding the class 5

Peak SE for 15 seconds...air dried

Peak Universal scrubbed for 20 seconds air dried and light cured





289

CBCT "its about knowing"

Placement of 2 layers of a no or lowing flowing flowable

- Beautiful No Flow Plus X
- Beautiful Low Flow Plus X
- G-aenial Universal Injectable Flow
- G-aenial Injectable Bulk Fill Flow
- Grandioso Universal and Heavy Flow



290

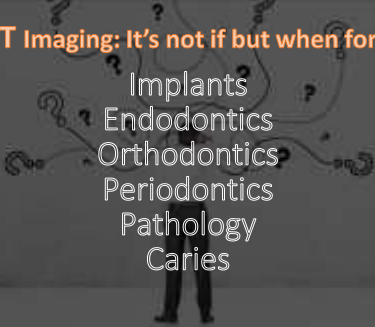
2 years later




291

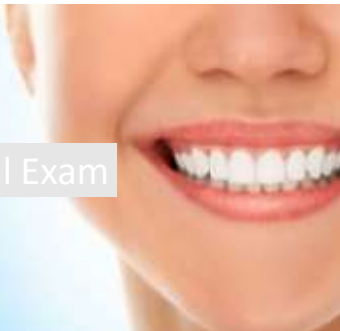
CBCT Imaging: It's not if but when for GP's

Implants
Endodontics
Orthodontics
Periodontics
Pathology
Caries



292

Today's Initial Exam




293

GIVE and TAKE

ADAM GRANT

Stop Selling
Start Listening
Ask Questions

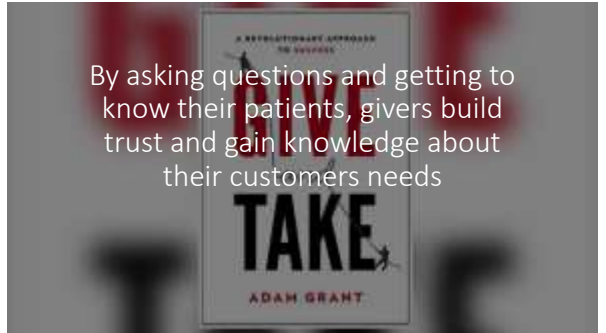


294



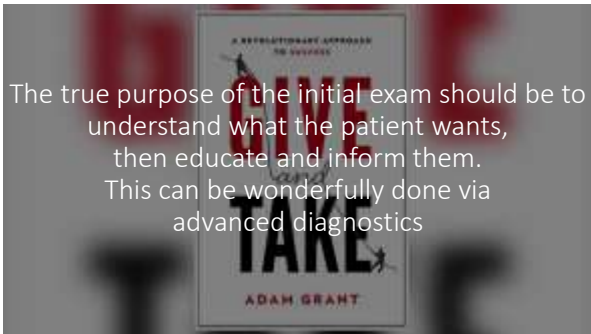
Takers tell patients what they want to do
 Matchers offer a deal to get the work going
 Givers ask the patients what they want done

295



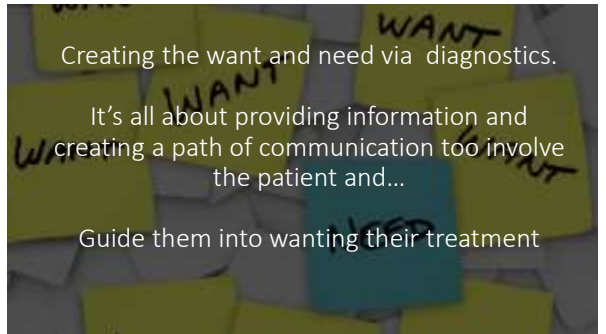
By asking questions and getting to know their patients, givers build trust and gain knowledge about their customers needs

296



The true purpose of the initial exam should be to understand what the patient wants, then educate and inform them. This can be wonderfully done via advanced diagnostics

297

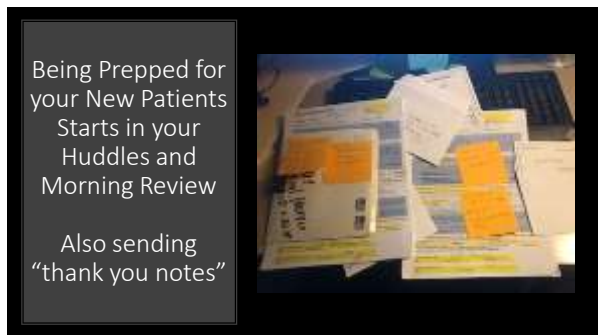


Creating the want and need via diagnostics.
 It's all about providing information and creating a path of communication too involve the patient and...
 Guide them into wanting their treatment

298



299



Being Prepped for your New Patients Starts in your Huddles and Morning Review

Also sending "thank you notes"

300



301

The Initial Exam

It begins with getting to know your patient

Their concerns, their "wants" and the initial form truly helps

Their medical and dental histories and then a customized diagnostic approach

302

The Flow

Routinely I will examine

- Main Concerns
- Occlusion
- TMJ
- Oral Path

and routinely request a CBCT

Based on the patient, the CBCT will routinely be 10 by 8 standard definition but this can vary based if there are joint issues along with patients age and other initial findings

303

The Flow

As the CBCT is completed I routinely review it while my assistant then takes vertical bite-wings and digitally scans the patient

304

The Process of Treatment Plan Acceptance

Modern Day Technology

Advanced Diagnostics
CBCT versus FMX

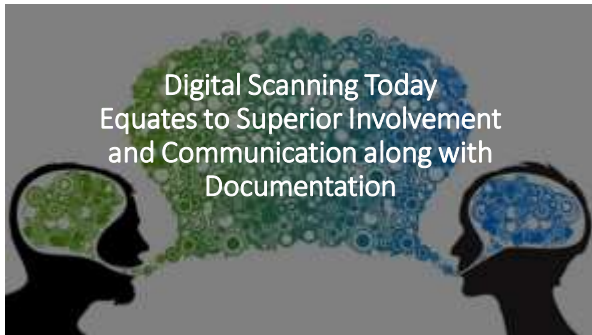
Treatment Plan Acceptance

305

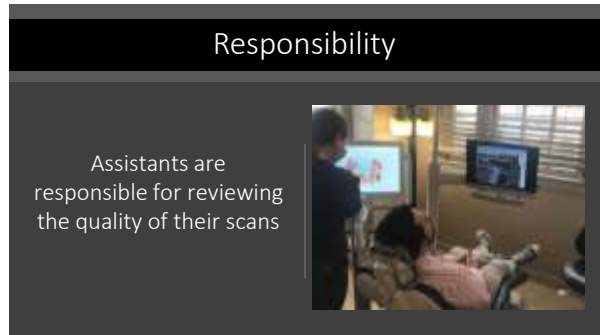
Protocols

The vast majority of our new adult patients are scanned by our assistants

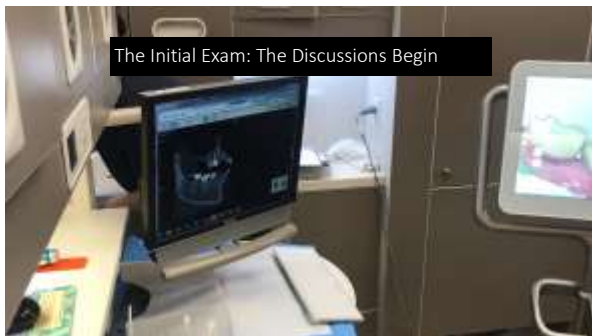
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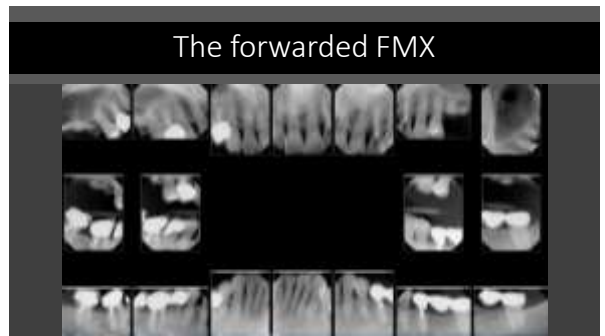
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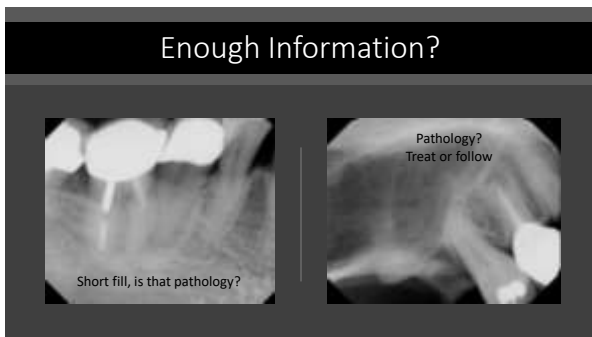
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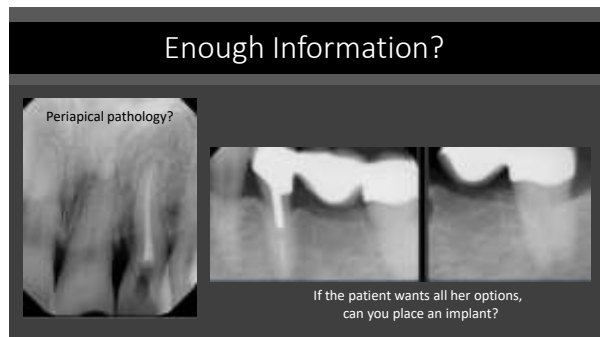
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310



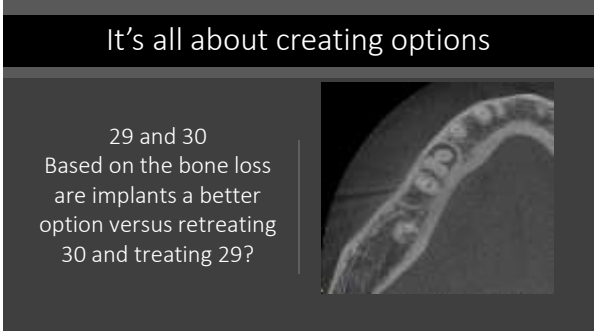
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312



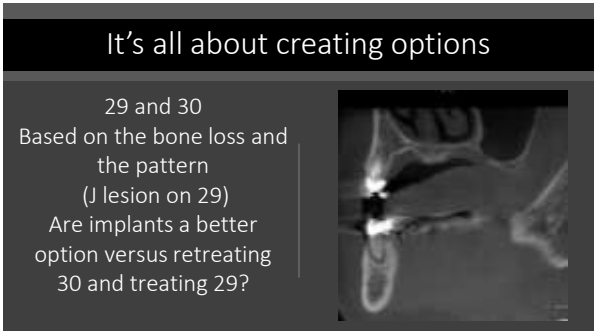
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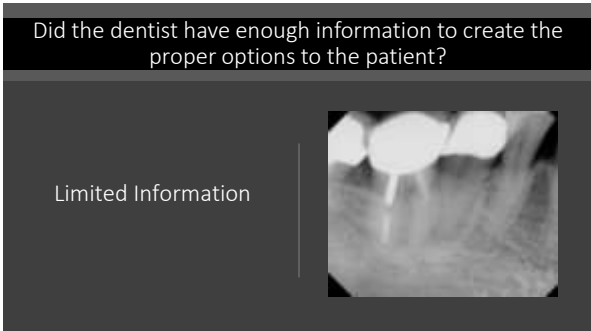
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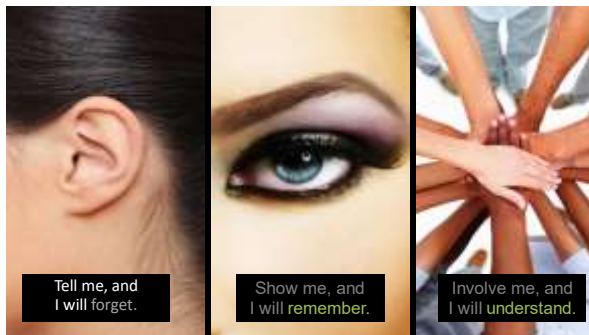
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318



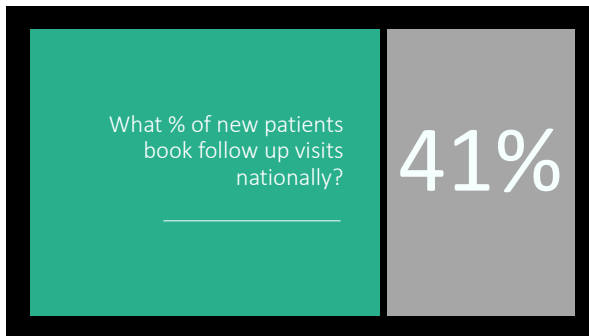
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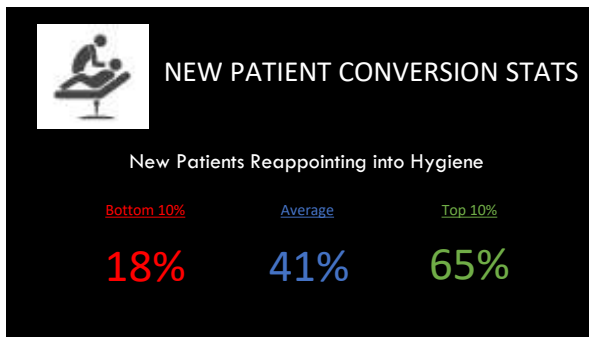
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322




323




324

Ideally the goal is to maximize our ROI on marketing and keep those new patients and transition them into long term patients

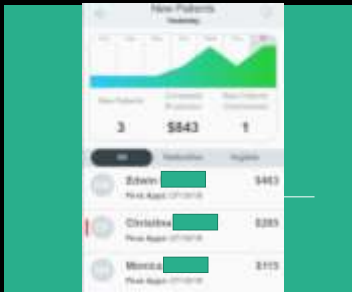


325



Every Day... Follow up from the previous days of new patients


326



With a simple click on the new patients unscheduled


The red vertical line is a call to action of unappointed

327



With one software, now simply call, text or email the patient

328



Unscheduled Treatment

University Dental Professionals

Good Afternoon Ms. Faulkner, Dr. Graham wanted me to follow up and schedule you to complete your treatment. It should only take about an hour. He has the following availabilities: 2/12 @9:30, 2/20 @ 8:00, 2/26 @ 8:30, 2/28 @9:30. Please let us know if you would like to take any of these. Thank you and have a nice day.

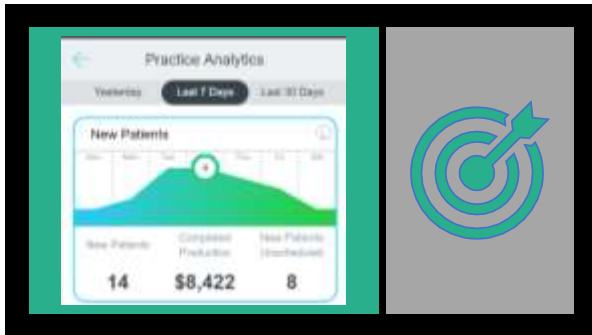
329



The questions on new patients

- Are these private pay patients?
- If they are insurance based, which PPO's are they apart of in my practice?
- How are they finding our office?
- This all drives decision making versus just looking at numbers

330



331

Every Monday in our huddle, Sara presents me a list of the new patients, return visits, treatment plans and how they found our office and are they private or PPO

332

Table with multiple columns and rows of patient data. A red box obscures a column of information.

333

New Patients Q1 2018 vs 2019

2019 Month	Total Patients	Internet Referral	Private Pay	Personal Referral	Insurance Referral	New Sign	ROI	Doctor Referral	Other (Friend, Employee, Live in the Building, etc)
January	52	28	21	0	13	4	0	0	0
February	35	20	20	0	13	0	0	0	0
March	44	11	27	0	13	0	0	0	0
Total	131	59	68	0	39	4	0	0	0
Percentage		44.9%	51%	0%	29.8%	3.1%	0%	0%	0%

Other Referrals: 10%

334

49 new private pay patients over 3 months at a cost of \$1599 per month, good or bad?

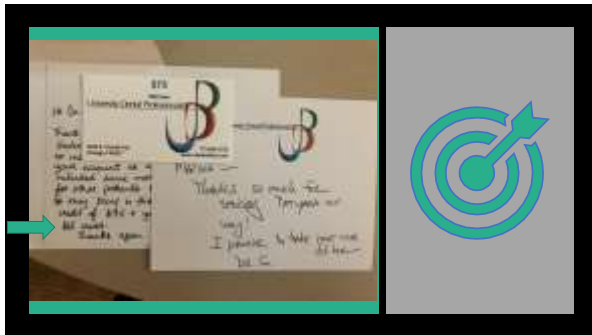
\$95 dollars per private patient

335

For personal referrals, it's all about saying thank you the same way

\$100 dollars per patient

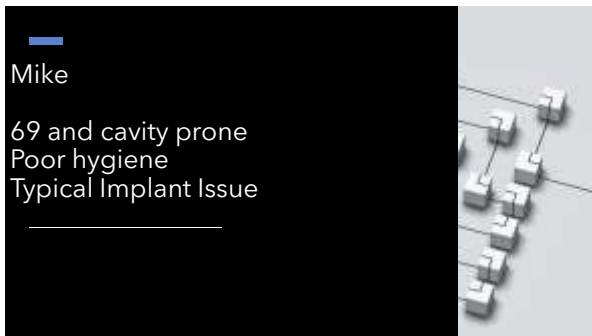
336



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341



342

The Challenges of Conservative Dentistry



How would approach this? Laterally or occlusally?	How do you remove the excess tissue?	How do you isolate the gingival box and get a great emergence?	How do you then get a great contact?
How do you protect the pulp?	How do you do selective caries removal?	How does a wedge...wedge against an implant? It's not that easy!	DO you really charge a 2 surface for this?

343

After...

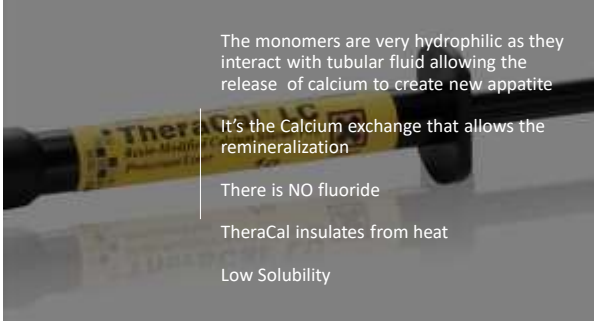
- The initial preparation
- Selective Caries Removal
- The tissue was lasered to remove excess tissue
- Astringent X to stop any residual bleeding

344

Theracal: Pulpal Protection



345



The monomers are very hydrophilic as they interact with tubular fluid allowing the release of calcium to create new appatite

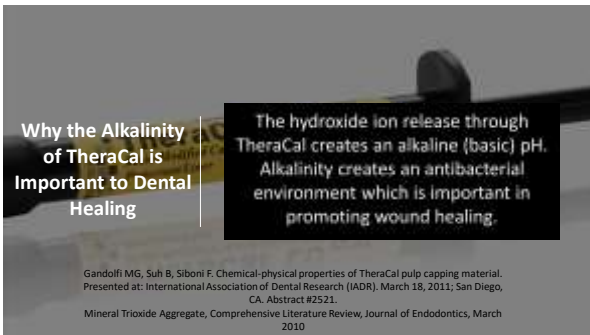
It's the Calcium exchange that allows the remineralization

There is NO fluoride

TheraCal insulates from heat

Low Solubility

346

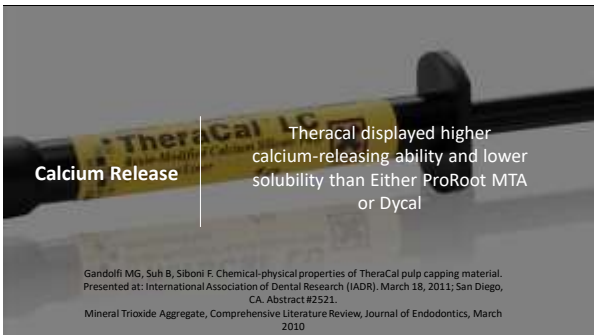


Why the Alkalinity of TheraCal is Important to Dental Healing

The hydroxide ion release through TheraCal creates an alkaline (basic) pH. Alkalinity creates an antibacterial environment which is important in promoting wound healing.

Gandolfi MG, Suh B, Siboni F. Chemical-physical properties of TheraCal pulp capping material. Presented at: International Association of Dental Research (IADR). March 18, 2011; San Diego, CA. Abstract #2521.
Mineral Trioxide Aggregate, Comprehensive Literature Review, Journal of Endodontics, March 2010

347



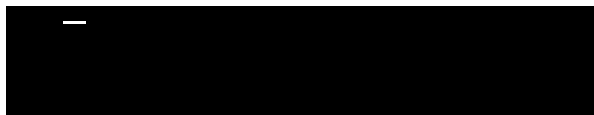
Calcium Release

Theracal displayed higher calcium-releasing ability and lower solubility than Either ProRoot MTA or Dycal

Gandolfi MG, Suh B, Siboni F. Chemical-physical properties of TheraCal pulp capping material. Presented at: International Association of Dental Research (IADR). March 18, 2011; San Diego, CA. Abstract #2521.
Mineral Trioxide Aggregate, Comprehensive Literature Review, Journal of Endodontics, March 2010

348

The Indirect Pulp Cap.... Commonly referred to as “the liner”



349

The Steps

- Cleanse**
 - Cleanse with 2% Chlorhexidine for 30-60 seconds or Hypochlorite, or Ozone
- Rinse**
 - Rinse...suction or blot dry
- LEAVE**
 - LEAVE MILDLY MOIST
- Dip**
 - Technique Tip: If you dried the tooth, dip a micro-brush in a dampen dish with water, then remove excess and moisten the tooth

350

The Steps Continued

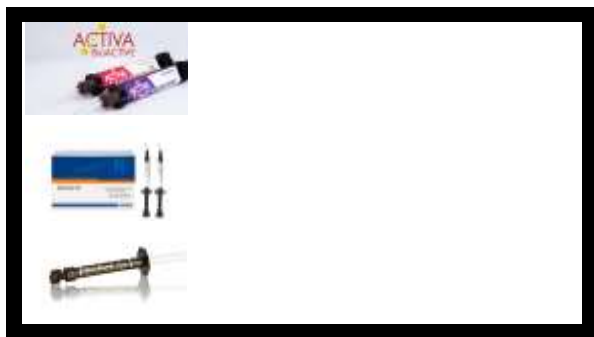
- Simply place a thin layer over the area to be covered
- It should flow over the mildly moist dentin
- Another option: Scrub the area with Theracal, then place a thin layer over the scrubbed area

351

Further Thoughts

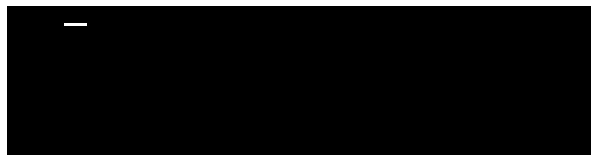
- 1**
No more than 1mm in thickness
- 2**
One can re-prep excess away once light cured
- 3**
Then etch, bond and complete restoration

352



353


Elevating the Margin



354

Creating the Ideal Box

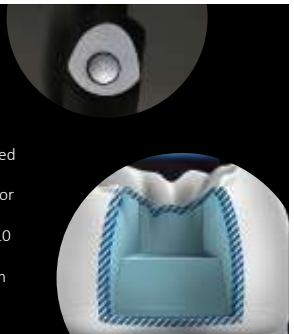
- One wing of the molar band was cut off
- The matrix was placed
- NO wedge was required as the band was twisted tight
- The margin was blot tested with a micro brush for any moisture contamination



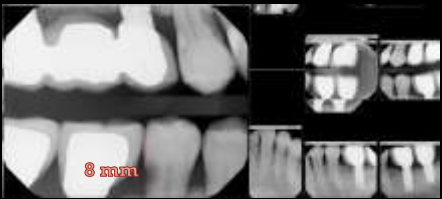
355

Creating the Ideal Box

- The box now isolated was etched, rinsed and blot dried
- Universal Bonding Agent was applied for 20 seconds, no scrubbing required
- Air dried with "air only" syringe for 5-10 seconds
- Light cured 30 seconds based on depth and the light was rotated




356



Measuring the Distance?
This becomes essential in proper curing.
Is your light directly on top of this or does that add distance?

357



Directional Curing all areas within the preparation even with a uniform beam

It's all about proper curing and minimizing micro-leakage

358

SDR Placement or a suitable self leveling bulk fill flowable

- As the Bulk Fill Flowable is placed
- Allow 5 seconds to self level
- Light cure for 30 seconds based on depth and again rotate your light to insure full curing



359



Excess SDR is removed and the box is prepared to the gingival level and this will allow a nice emergence

360

The Class 2 Technique It's all about the SEAL



361



The Challenge in these large class 2's, sealing the margin and interproximal
Note the open gingival margin

362

Class 2 Challenges

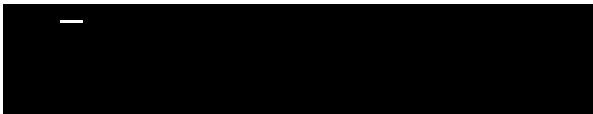
- Try large wedges from the open embrasure side
- Try placing the ring in a different position and potentially not over the wedge but directionally pushing the wedge towards the marginal area
- If still an issue, try a different ring such as the Garrison Green Ring which allows a wider platform

363

It's all in the wedge!
Two Systems that offer Class 2 solutions

364

The Class 2 Technique Placement



365

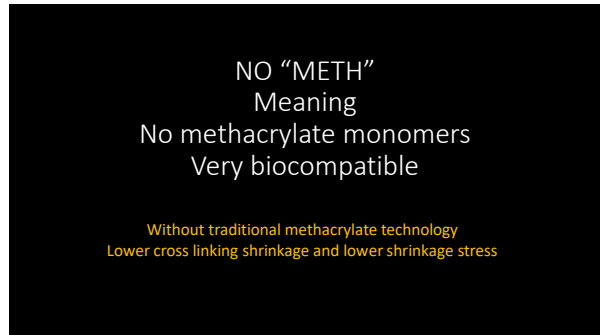
Part 2 of the Class 2

- Paladent Molar band, Ring and multiple stacked wedges due to implant and large embrasure
- Total Etch (Reusing All Bond Universal)
- Light curing for 20 second increments (less deep)
- SDR placed and cured
- Admira Fusion Universal X-tra Bulk Fill final 4 mm increment

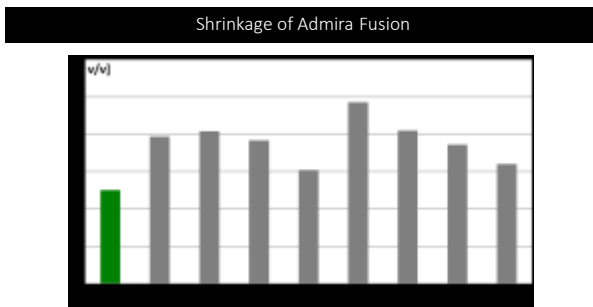
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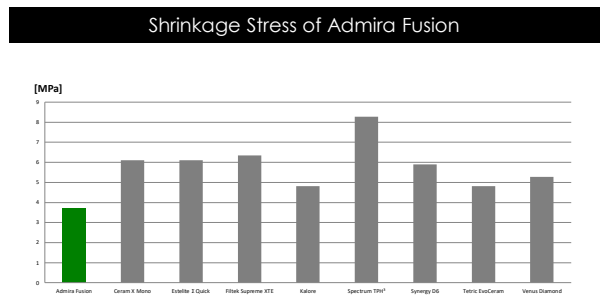
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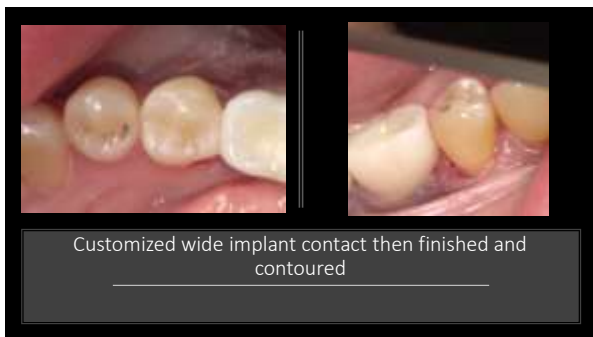
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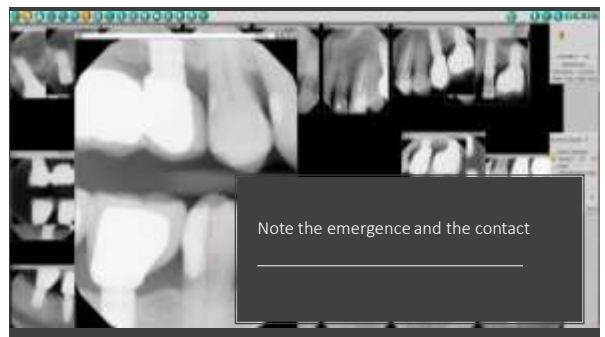
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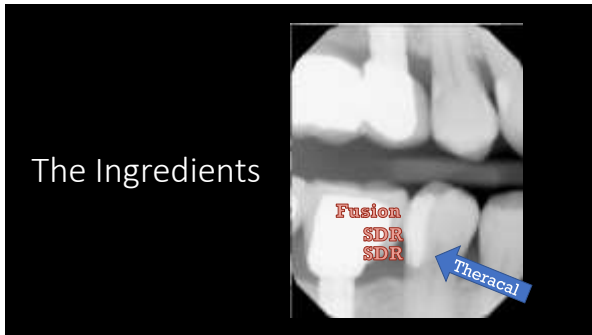
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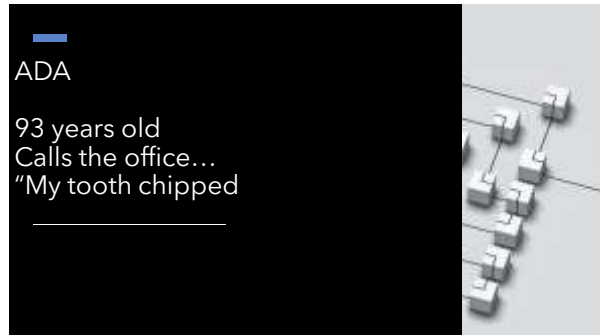
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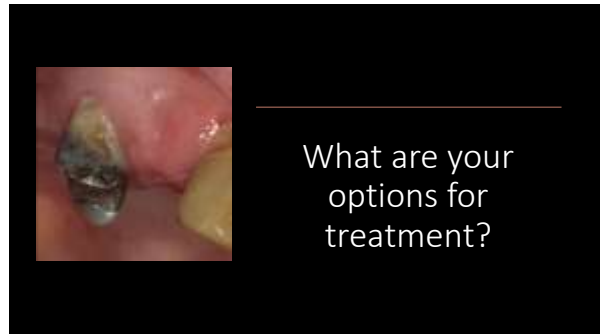
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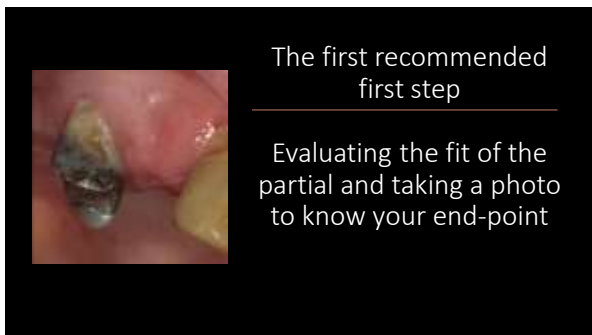
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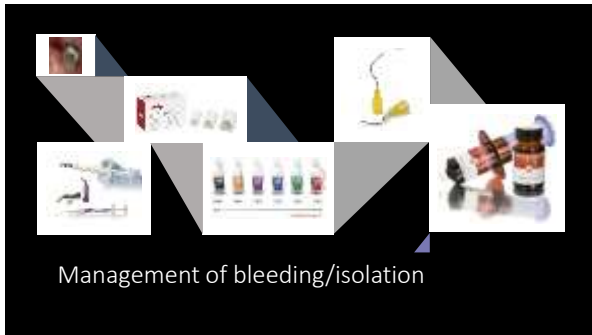
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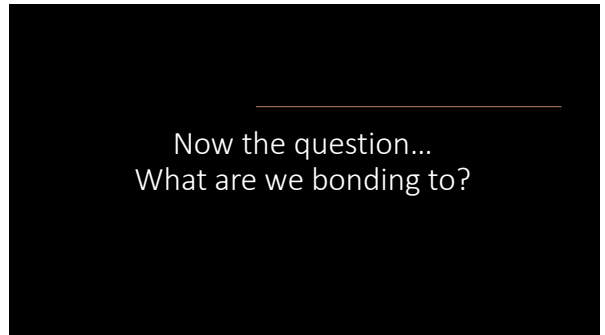
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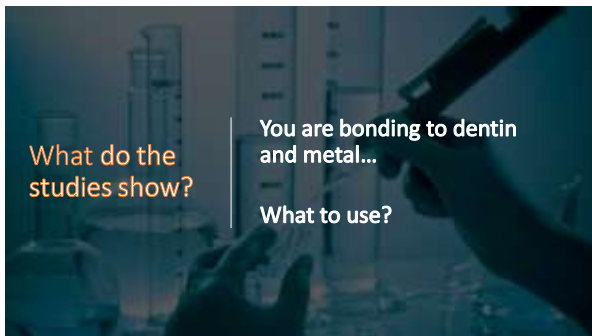
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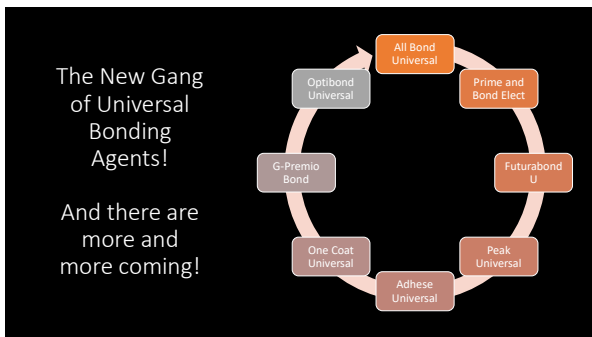
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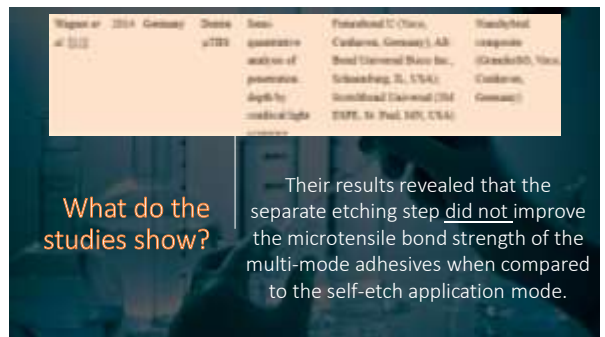
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384

Chen et al (2012)	Class	Design	Etch of Enamel	Resin/Resin Etch (Strength)	Microtensile
	UBA	Micro tensile	None	Coak, 3M/3M, 3M, USA; SouthBond Universal (3M, Espe, St Paul, USA); All-Bond Universal (Dentsply, Weybridge, UK, USA); PrimeBond C (3M, Espe, St Paul, USA); Clearfil Universal Bond (Kuraray, Tokyo, Japan)	Composite (3M, Espe, St Paul, USA); Coak, 3M/3M, 3M, USA

What do the studies show?

Their results revealed that the separate etching step did not improve the microtensile bond strength of the multi-mode adhesives when compared to the self-etch application mode.

385

Molina et al (2014)	Class	Design	Interface	SouthBond Universal (3M)	Microtensile
	UBA	Micro tensile	Microtensile and degree of conversion	ESPE, St Paul, USA; All-Bond Universal (Dentsply, Weybridge, UK, USA)	3M/3M, 3M, USA; ESPE, St Paul, USA; 3M/3M, 3M, USA

What do the studies show?

This new category of adhesives exhibited inferior microtensile bond strength values compared to the control 'conventional' adhesives.

386

What do the studies show?

Study	Adhesive Class	Etch of Enamel	Microtensile Bond Strength (MPa)
Chen et al (2012)	Resin/Resin Etch	None	10.1 ± 0.2
	SouthBond Universal	None	10.1 ± 0.2
	All-Bond Universal	None	10.1 ± 0.2
	PrimeBond C	None	10.1 ± 0.2
Molina et al (2014)	Resin/Resin Etch	None	10.1 ± 0.2
	All-Bond Universal	None	10.1 ± 0.2
	SouthBond Universal	None	10.1 ± 0.2
	All-Bond Universal	None	10.1 ± 0.2

387

Universal Bonding Agents

One bonding agent for all 3 applications!

Total Etch...The same technique as always, simply etch 15 seconds the entire preparation, rinse, suction and blot dry*, then Universal Bonding Agent (UBA) is simply applied throughout for 20 seconds

Selective Etch... 15 seconds of etching enamel only, rinse, suction and blot dry*, then scrub your UBA for 20 seconds

Self Etch... Simply scrub your UBA for 20 seconds

388

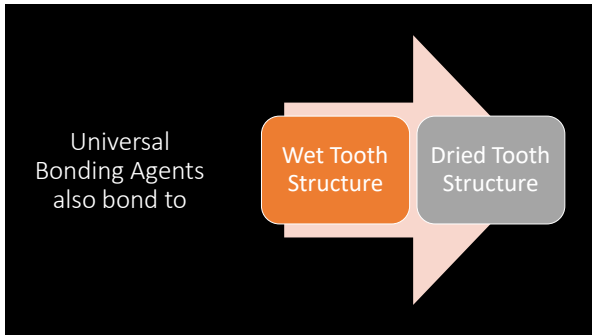
True Customization of Adhesive Techniques with Universal Bonding Agents

- If you are bonding just to **dentin**, etching is NOT required. A perfect example is a crown buildup or a geriatric crown repair
- If you are bonding JUST to **enamel**, it is essential to total etch especially if there is uncut enamel present
- If you are bonding to **both**...Selective etching is now seen as the best option for maximizing bond strengths when applicable

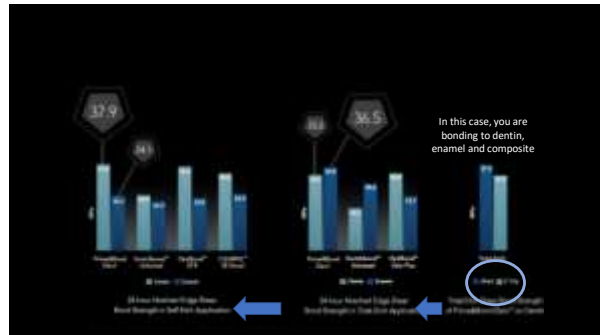
389

Universal Bonding Agents also bond to

390



391



392

All Bond Universal

- NO additional activator required unless you want full self cure
- NO refrigeration needed, store at room temperature
- Can be used via a single bottle
- Can be used in a unidose and resealed between restorations on the same patient

393

FuturaBond U

- For all direct or indirect materials including posts
- NO additional activators required for self or dual-cure modes.
- Bonds to all light, dual and self-cured resin materials
- Bonds to metal, zirconia, aluminum oxide, silicate ceramic without any extra primer
- No refrigeration necessary

394

Utilizing a Universal Bonding agent

395

Options

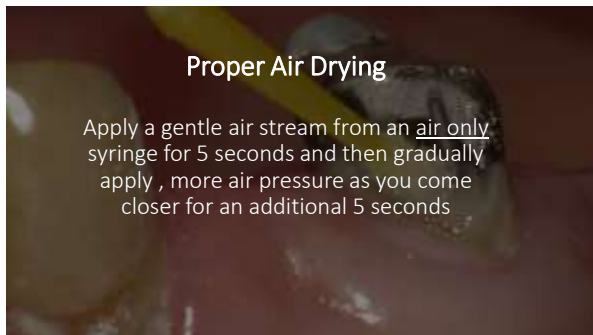
Etching is optional based on the fact there is NO enamel present

If one elects NOT to etch, the universal bonding agent must be scrubbed along the dentin for 20 seconds and metal surfaces

If using Peak Universal, one must either TE or SE with Peak SE

No metal primer is required

396



397



398



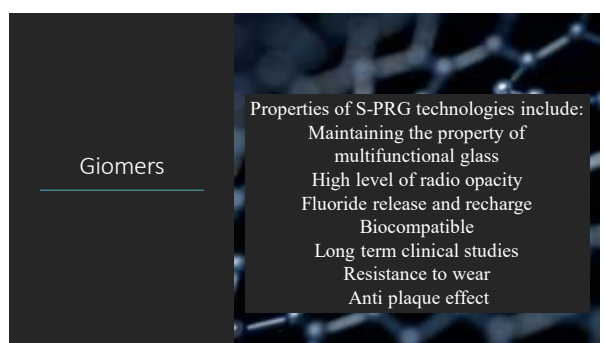
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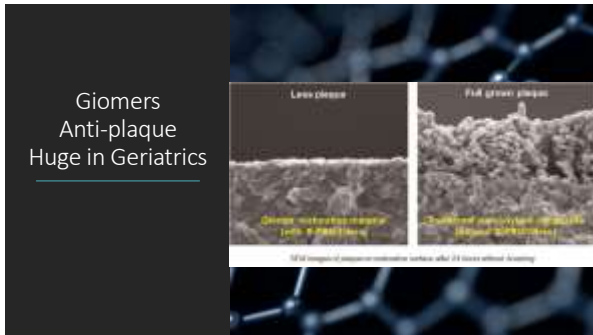
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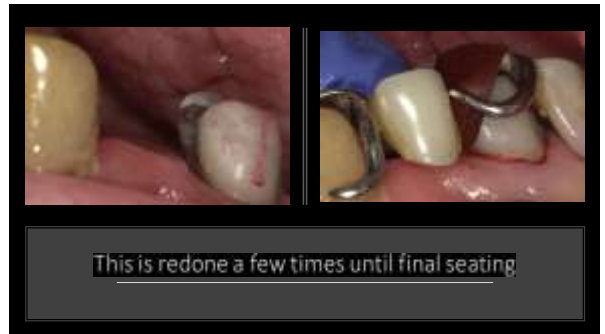
403



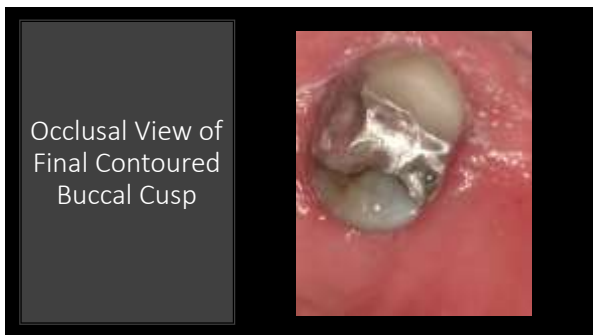
404



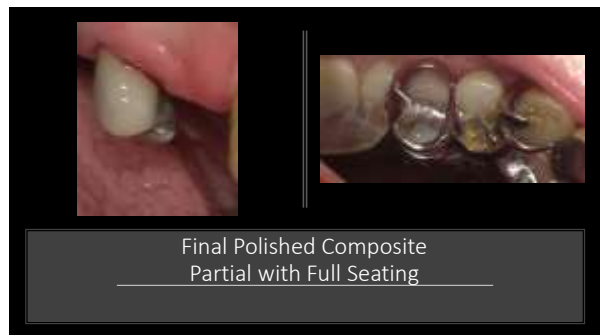
405




406



407



408

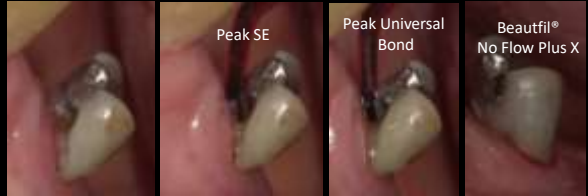


Her Story continued

- Relatively Healthy still at 99!
- Asymptomatic
- Pocketing WNL
- No mobility
- Terrible hygiene
- Wearing the same partial
- Yet....now new decay on the mesial

409

Typical decay from plaque accumulation
After Astringent X and rinsing




410

Utilizing a Universal Bonding agent
It is scrubbed for 20 seconds and bonds to metal and dentin

No etching required because there is NO enamel present

No metal primer necessary as these contain MDP



411



Multiple Directions of Light Curing for 20 seconds

412

Today's Flowables:


- Lower shrinkage
- Higher filler content
- Lower flow

413

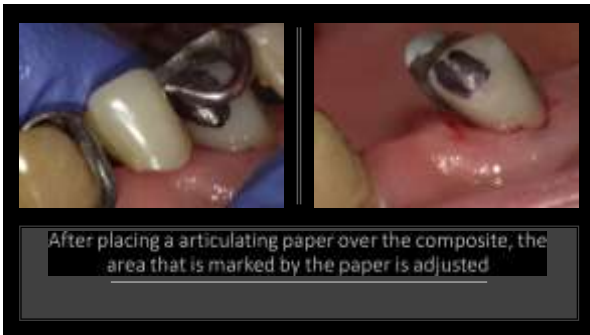
Multiples layers of a universal flowable

Each layer is cured 5 seconds

Final curing 20 seconds

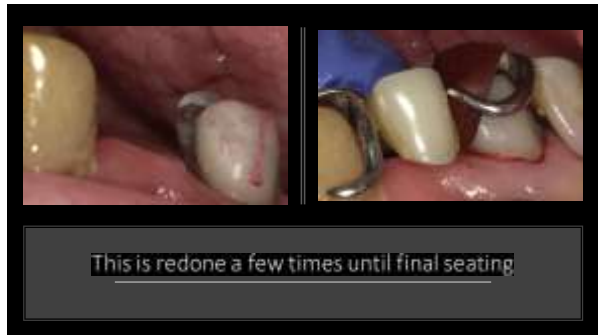


414



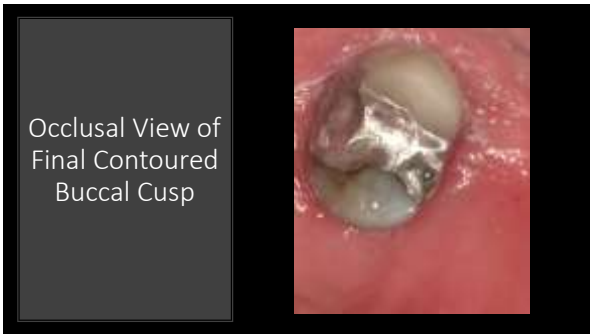
After placing a articulating paper over the composite, the area that is marked by the paper is adjusted

415



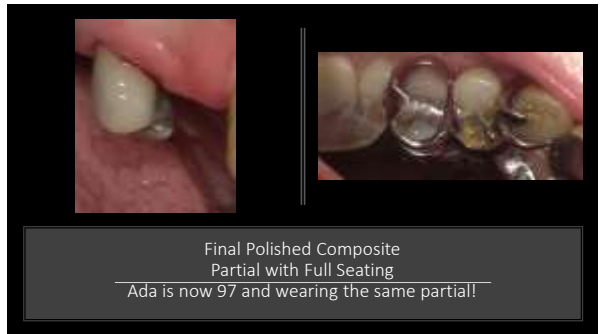
This is redone a few times until final seating

416



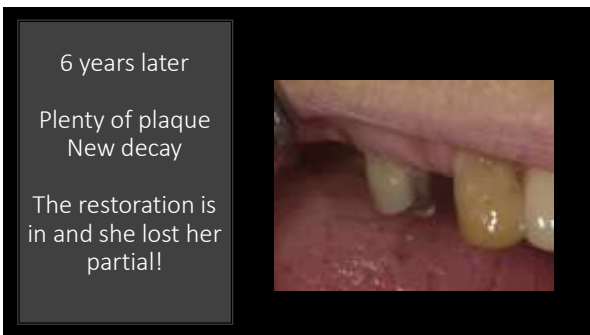
Occlusal View of Final Contoured Buccal Cusp

417



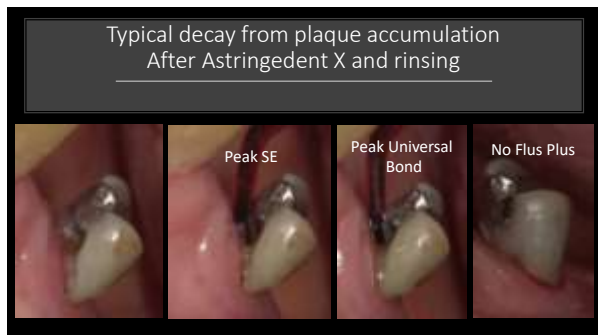
Final Polished Composite Partial with Full Seating
Ada is now 97 and wearing the same partial!

418



6 years later
Plenty of plaque
New decay
The restoration is in and she lost her partial!

419



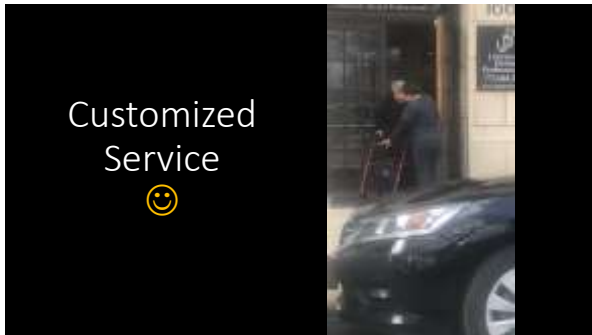
Typical decay from plaque accumulation
After Astringedent X and rinsing

Peak SE

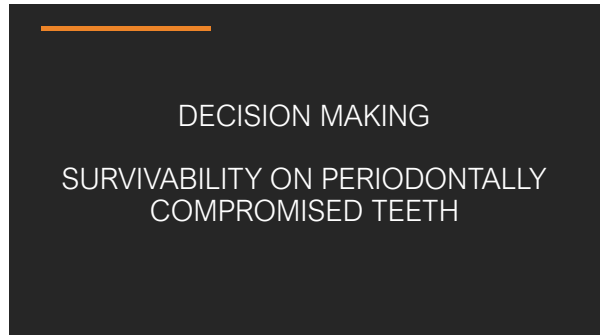
Peak Universal Bond

No Flus Plus

420



421



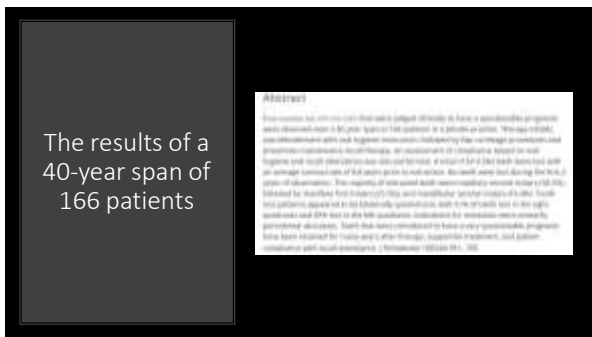
422



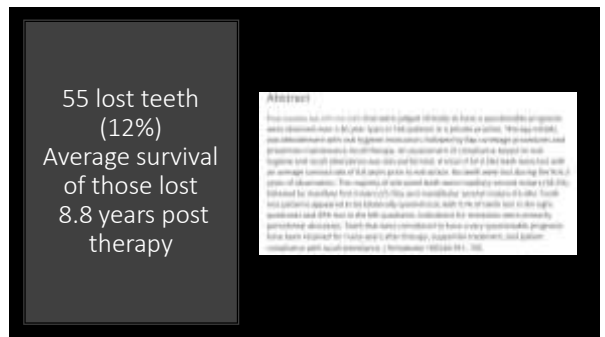
423



424



425



426

His initial care...
Just the first of many mistakes!
I followed the traditional approach

433

We worked him up with
Initial therapies/Extractions and Surgeries

434

435

The Question
Do implants have the same success rate in patients with a history of severe periodontal disease?


436

What does the literature say?

Greenstein G, Lamster I. Bacterial transmission in periodontal diseases: a critical review. *J Periodontol* 1997;68(5):421-31.

437

The landmark study from 1995



Mombelli, Gaberthuel, Marxer, Grandner and Lang

438

The purpose of this study was to determine the presence of suspected periodontal pathogens in the peri-implant microflora of osseointegrated implants exposed 3 and 6 months to the oral environment of patients previously treated for periodontal disease

439

The patients of this study showed a high peri-implant prevalence of anaerobic putative periodontal pathogens 3 to 6 months after exposure of the implants to the oral environment.

440

The bugs included:
Aactinomycetemcomitans, Pgingivalis
Pintermedia , Fusobacterium,
Crectus, Spirochetes

441

Bone loss occurred around implants in patients with a history of aggressive periodontitis more often than around implants in patients with history of chronic periodontitis or periodontally healthy individuals.

442

In 2007

Karoussis IK, Kotsovilis S, Fourmousis I.
A comprehensive and critical review of dental implant prognosis in periodontally compromised partially edentulous patients.
Clin Oral Implants Res 2007;18(6):669–79.

443

Patients with a history of periodontitis were compared with individuals who were periodontally healthy

444

Significantly greater probing depths, more peri-implant marginal bone loss, and a higher incidence of peri-implantitis.

445

It was concluded that implant survival rate was acceptable in individuals with a history of periodontitis who were in a maintenance program.

446

In 2008

Al-Zahrani MS.
 Implant therapy in aggressive periodontitis patients:
 A systematic review and clinical implications.
 Quintessence Int 2008;39:211-5.

447

Conclusion of the study

Periodontal diseases should be controlled before placement of implants and it is imperative to continue such after placement.

448

Thus the question, what type of maintenance program?

449

This is where we failed the first time and yet the studies had said for years

We must treat the periodontal issues and maintain health in order to have long term implant success

450

His periodontal issues were not under control and his hygiene was poor with only daily brushing and not following any of our recommendations

451

2010 DNA testing yet, we really continued the same maintenance and his home care continued to be poor

452



453

He is coming to the office but just not stable

454

As we moved into 2013, his hygiene continued to be poor and the bone around the implants continued to diminish

In essence, this was predictable

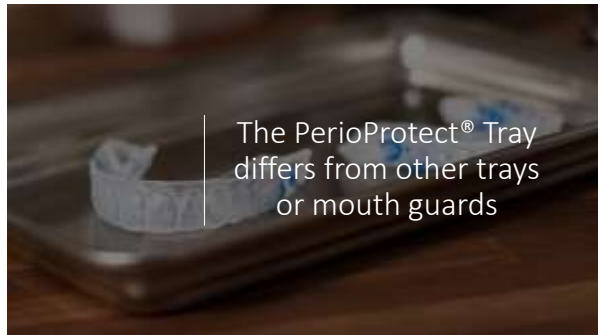
455

Poor hygiene
+
Previous aggressive
periodontal issues
=
Poor Prognosis

456



457



458



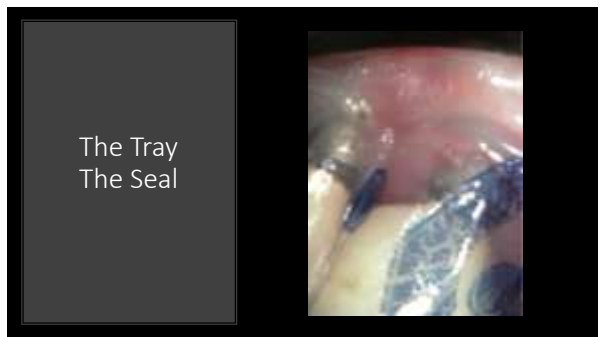
459



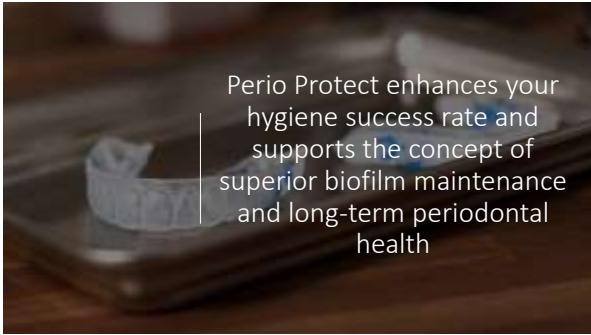
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461



462



463



464



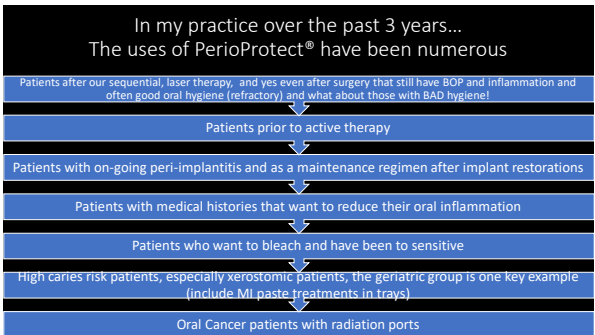
465



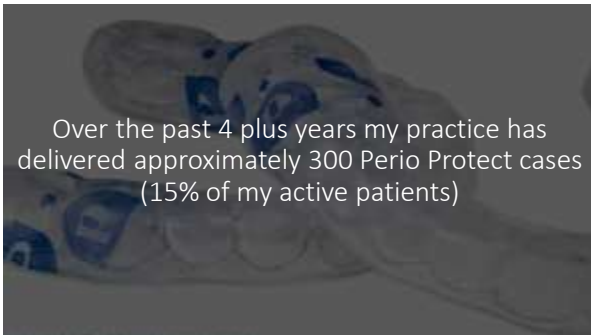
466



467

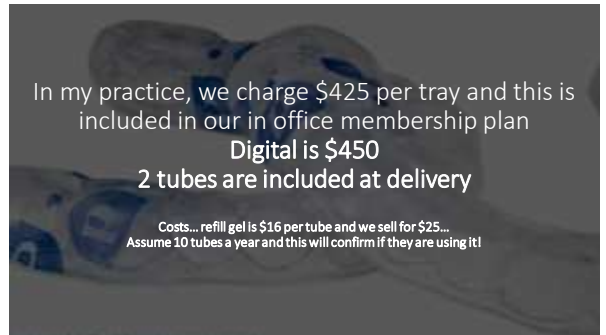


468



Over the past 4 plus years my practice has delivered approximately 300 Perio Protect cases (15% of my active patients)

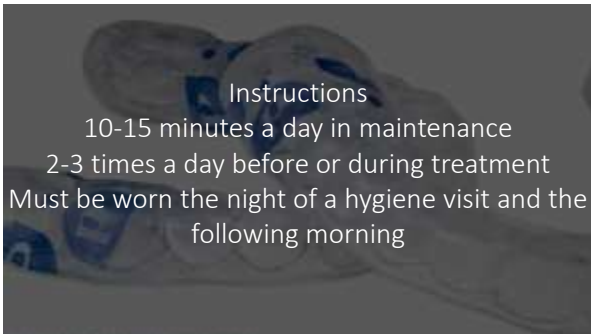
469



In my practice, we charge \$425 per tray and this is included in our in office membership plan
Digital is \$450
2 tubes are included at delivery

Costs... refill gel is \$16 per tube and we sell for \$25...
Assume 10 tubes a year and this will confirm if they are using it!

470



Instructions

10-15 minutes a day in maintenance
2-3 times a day before or during treatment
Must be worn the night of a hygiene visit and the following morning

471



Most patients wear them daily when they shower if in maintenance

Simply rinse them out afterwards and allow to air dry

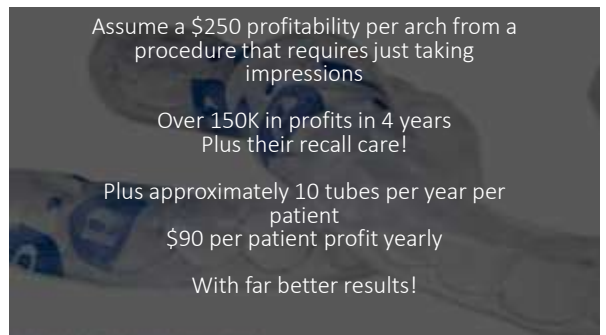
Then brush your teeth

472



Routinely they love the feel of the freshness and this is their primary motivation

473



Assume a \$250 profitability per arch from a procedure that requires just taking impressions

Over 150K in profits in 4 years
Plus their recall care!

Plus approximately 10 tubes per year per patient
\$90 per patient profit yearly

With far better results!

474

You would think a vast improvement in his periodontal pathogens....

475

Yet,
Perio Protect cannot work if there is poor compliance

476

He wore them infrequently
Would not power brush
Would not WaterPik
Would not use anti-microbial rinses

477

2017 2nd DNA test done

478

2017



479

2017



Poor Compliance

480

2018 the "SHIFT" in compliance

His breath was worsening and
His mouth in his words "not comfortable"

His graft failed when #3 was extracted

03/22/2018	Almanasan	1000	Periodontal maintenance
04/02/2018	Almanasan	1000	Perio Protect (1st appx)
04/02/2018	Almanasan	1000	Perio Protect (2nd appx)
04/02/2018	Almanasan	1000	Perio Protect (3rd appx)
04/02/2018	Almanasan	1000	Perio Protect (4th appx)
04/02/2018	Almanasan	1000	Perio Protect (5th appx)
04/02/2018	Almanasan	1000	Perio Protect (6th appx)
04/02/2018	Almanasan	1000	Perio Protect (7th appx)
04/02/2018	Almanasan	1000	Perio Protect (8th appx)
04/02/2018	Almanasan	1000	Perio Protect (9th appx)
04/02/2018	Almanasan	1000	Perio Protect (10th appx)

481

My periodontist opened up the area around
the implants

We removed coronal screw threads, treated
the surfaces and polished the surfaces

482

Oral B Power Brush
Committed to Perio Protect
Used his old tray for 4 months while healing

03/22/2018	Almanasan	1000	Periodontal maintenance
04/02/2018	Almanasan	1000	Perio Protect (1st appx)
04/02/2018	Almanasan	1000	Perio Protect (2nd appx)
04/02/2018	Almanasan	1000	Perio Protect (3rd appx)
04/02/2018	Almanasan	1000	Perio Protect (4th appx)
04/02/2018	Almanasan	1000	Perio Protect (5th appx)
04/02/2018	Almanasan	1000	Perio Protect (6th appx)
04/02/2018	Almanasan	1000	Perio Protect (7th appx)
04/02/2018	Almanasan	1000	Perio Protect (8th appx)
04/02/2018	Almanasan	1000	Perio Protect (9th appx)
04/02/2018	Almanasan	1000	Perio Protect (10th appx)

483

5 months after extracting #3
Scanned for a new Perio Protect tray
Occlusal Adjustment

03/18/2018	Almanasan	1000	Periodontal maintenance complete
04/18/2018	Almanasan	1000	Occlusal adjustment complete

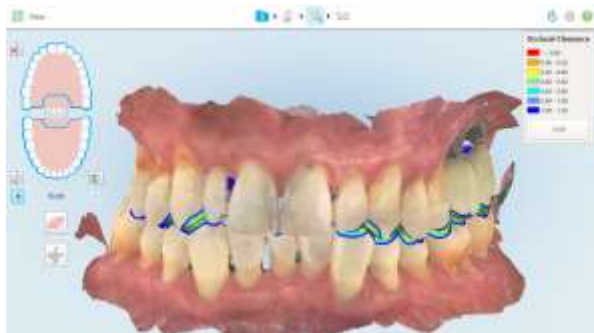
484



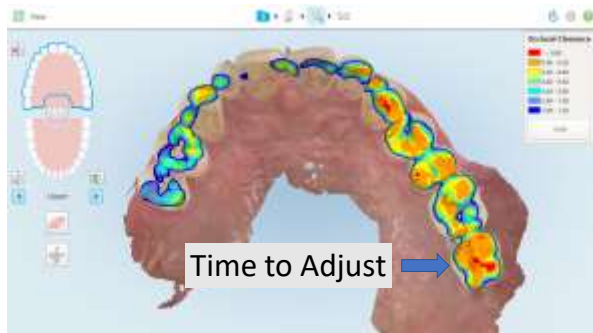
485



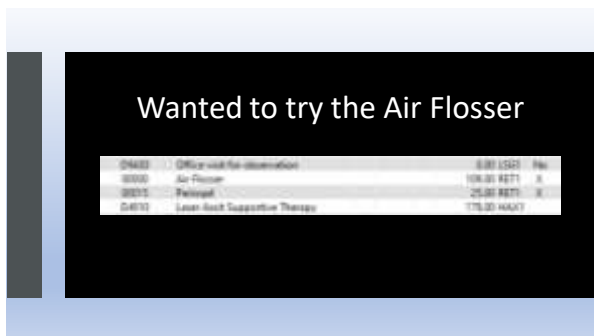
486



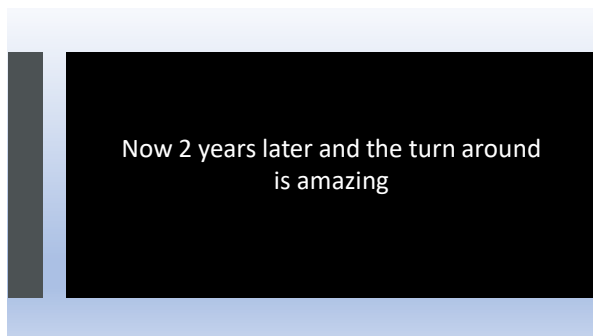
487



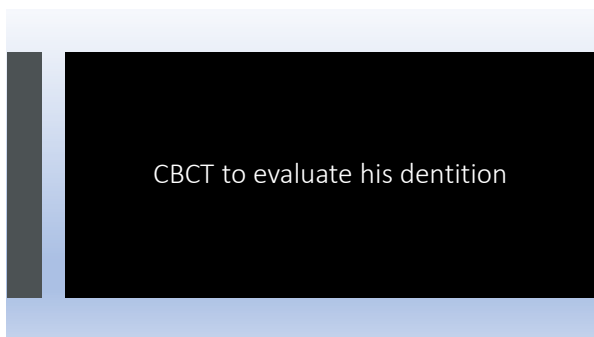
488



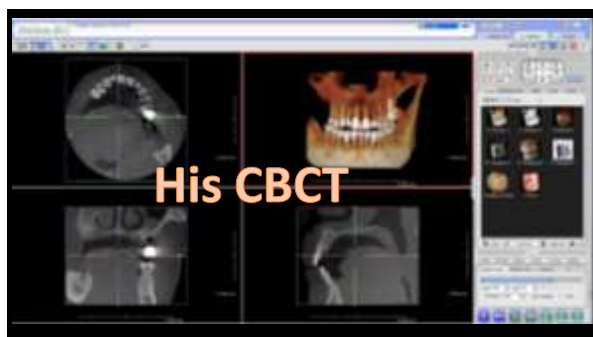
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490



491



492



493



494

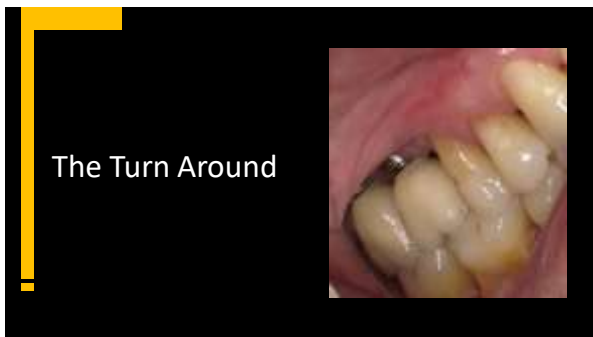


495

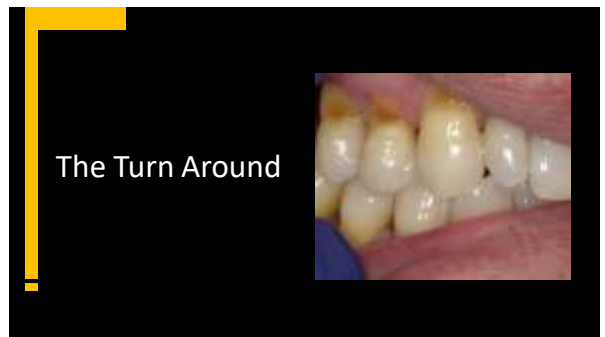
His Regimen

- 3-month 4910 re-care visits
- All with laser assisted therapy
- Mild occlusal adjustments every year
- Morning Am Perio Protect/Power Brushing Am/PM

496



497



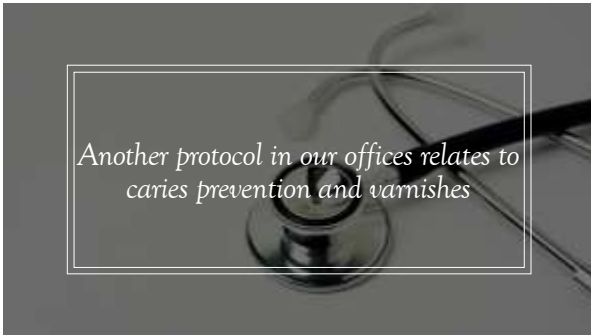
498



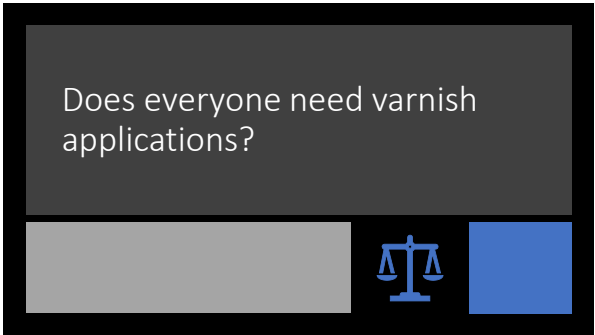
499



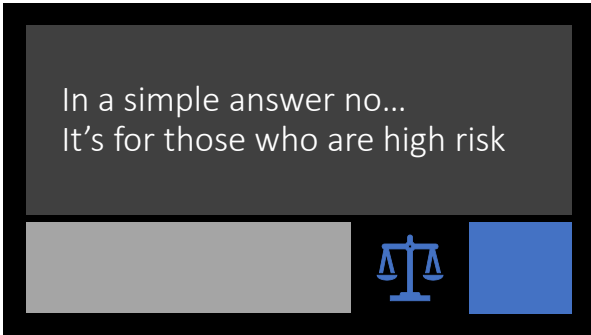
500



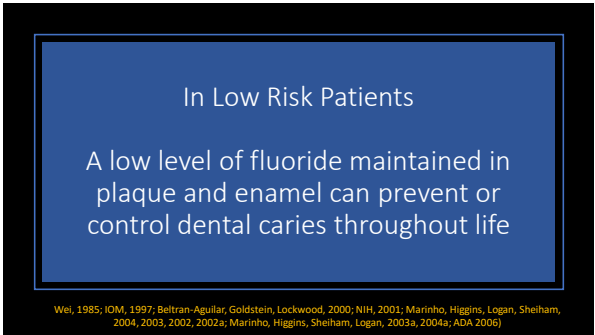
501



502



503



504

When an adequate balance of remineralization and demineralization is maintained with low-doses of fluoride, **high-dose fluorides may not provide any additional protection.**

Wu, 1985; IOWA, 1997; Reiten-Pedersen, Goldstone, Lashwood, 2000; NIH, 2001; Marinho, Higgins, Logan, Sheiham, 2004, 2004, 2005, 2012a; Marinho, Higgins, Sheiham, Logan, 2005a, 2005b; ADA 2006

505

In regards to varnishes, the amount of fluoride deposited in the tooth surface is considerably greater in demineralized versus sound tooth surfaces.

DiDell-Larsen, Madari, Teotimas, 2006; ten Cate, Featherstone, 1993

506

Thus, the benefits of fluoride varnish are greatest for individuals at moderate-risk or high-risk for demineralization or tooth decay.

(Marinho et al., 2004; Marinho et al., 2005a; ADA 2006)

507

The varnish hardens on the tooth as soon as it contacts saliva, allowing the high concentration of fluoride to be in contact with tooth enamel for an extended period of time (about 1 to 7 days).

508

This is a much longer exposure compared to other high-dose topical fluorides such as gels or foams, which are typically 10 to 15 minutes.

509

Fluoride varnish applied at every orthodontic adjustment visit showed nearly 70% reduction in white spot lesion development



Kerran PL, Parson M, Dyer F, Millard DT, Farnham S, Gerrman R. Fluorides for the prevention of early tooth decay (demineralized white lesions) during fixed brace treatment. Cochrane Database Syst Rev 2013; 12: CD009809

510



511



512



513

Not such a small #



514

Not such a small #



515



516



Our #1 Flavor in our Office for Geriatrics

517

SERIOUSLY, THE VARNISH TASTES AS GOOD AS THE DONUT BUT HELPS THEIR TEETH!

518

Ideal Characteristics of a Varnishes in our office

- It must flow!
- Not discolor
- Be highly retentive
- Immediate fluoride release

519

Xerostomia

520


NeutraSal® is a prescription supersaturated calcium phosphate rinse that mimics saliva

521

Dissolves in water to form a unique oral rinse with added sodium bicarbonate to help perform the functions of saliva

522

The addition of sodium bicarbonate to supersaturated calcium phosphate rinse adds a significant salivary buffering quality



523

Ease of use
Single-use packet dose dissolves in water to create oral rinse




Can be used 2 to 10 times a day, as needed

524

Directions for use

Mix with 1 oz of water
Allow 15 seconds to dissolve and can be stirred



Swish with 1/2 the amount for 1 minute, spit and repeat

525

Improves xerostomic symptoms across a range of severities



Restores healthy pH balance in the oral cavity

526

Proven effective in the treatment of xerostomia
In dental patients with varying degrees of xerostomic symptoms

- ◆ 90% noted improvement in swallowing
- ◆ 93% noted improvement in drinking
- ◆ 80% noted improvement in eating
- ◆ 86% noted improvement in taste disorders
- ◆ 90% noted improvement in talking



527



528

Another study showed
 93% of patients had a decrease
 in strep mutans

Average salivary pH went from
 5.9 to 7 after rinsing

529


The Script can be
 downloaded off their site

Yep that easy, fill it out and
 fax to
 877-546-1779

They bill insurance and if no
 insurance they directly bill
 the patient a discounted rate
 and ship



530



Xerostomia

Another option that is very easy to adopt to

531

The ADA Seal Statement



Contains 1g of Xylitol versus
 most xylitol gums containing 170mg

532

The ADA Council on Scientific Affairs
 Acceptance of Ice Breakers Ice Cubes Sugar
 Free Chewing Gum is based on it's finding the
 physical act of chewing Ice Breakers for 20
 minutes after eating stimulates saliva flow
 which helps to prevent cavities by reducing
 plaque acids and strengthening teeth

533



Contains 1g of Xylitol versus
 most xylitol gums containing 170mg
 Recommendation is 5-6 times a day

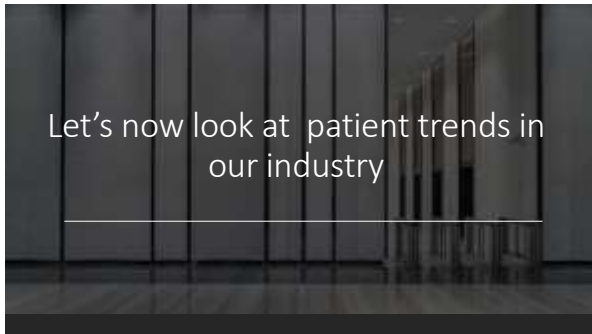
534



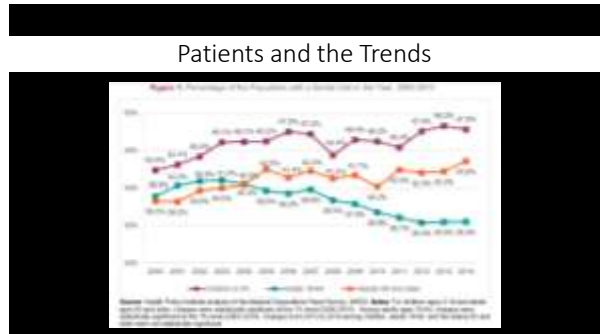
535



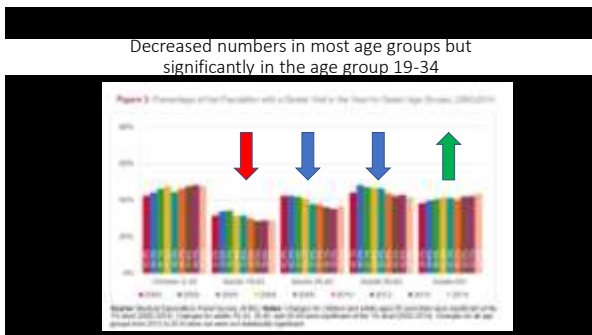
536



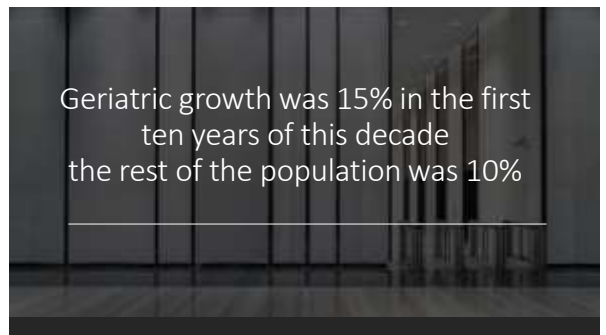
537



538



539



540

One in 5 Americans will be 65 and over
by 2030

541

Enter the Baby Boomers

542

Baby Boomers account for 70% of the
disposable income in the US

543

57% of baby boomers who have not visited
the dentist this year cite cost or lack of
insurance as the main reason

544

WHY?

545

They had jobs with dental insurance
Had co-pays
Paid little out of pocket...

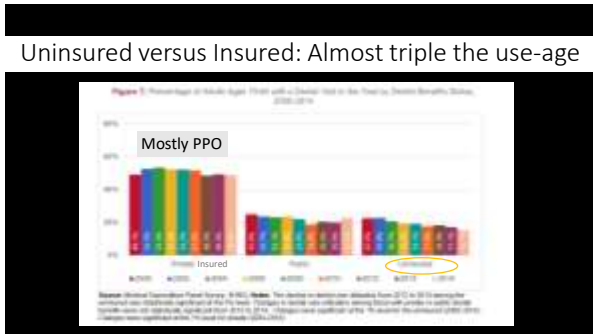
546

120,000,000 Americans don't have dental insurance
This will continue to grow with retirees

547

Now let's discuss the uninsured...

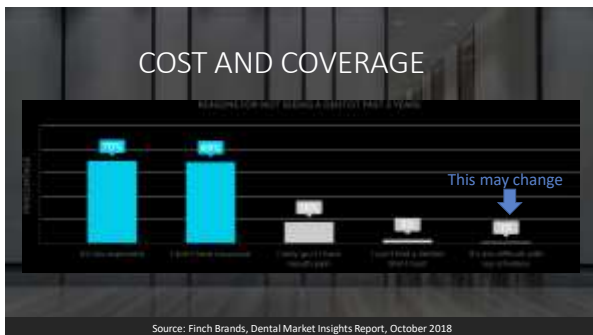
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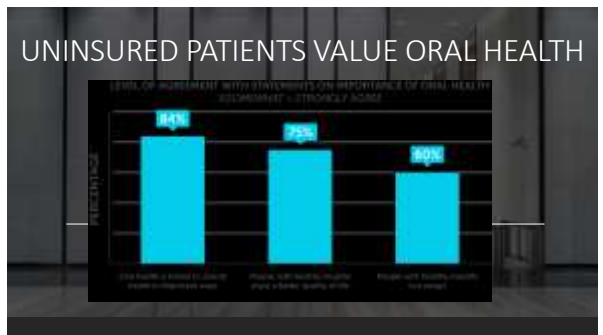
549

PRIMARY REASONS
UNINSURED PATIENTS AVOID THE DENTIST

550



551



552

HOW UNINSURED PATIENTS FEEL

Uninsured patients are very worried about the cost of care and are stressed when they are in your office.

They hate not having coverage and think they are paying too much.

They do not have a good way of determining what they should pay and are uncomfortable negotiating fees.

In short, they feel exposed.

Source: Finch Brands, Dental Market Insights Report, October 2018

553

UNINSURED PATIENTS WANT DENTAL COVERAGE

Uninsured consumers are interested in purchasing a dental care plan if it is simple, transparent, and affordable.

554

So fewer patients are going to the dentist and especially those without insurance

555

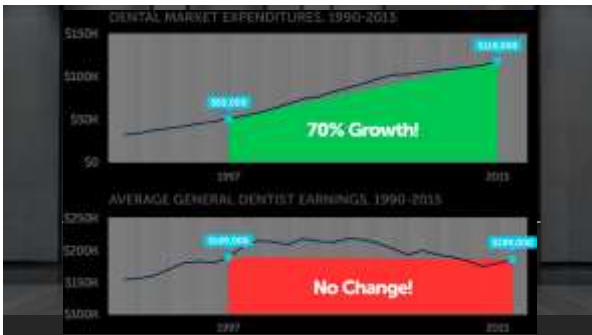
Yet there is more money in dentistry like never before but sadly, dentists salaries, team's salaries are not showing such 😞

556

Why?

PPO's are growing tremendously and taking the profits

557




558

Dental insurers generate \$75 billion of revenue each year, but only 60% goes to patient care!

1 IBIS World, "IBISWorld Industry Report- Dental Insurance in the US", October 2016
2 CDA.org, "CDA legislation calls for more value, transparency, from dental plans", March 21, 2018

559

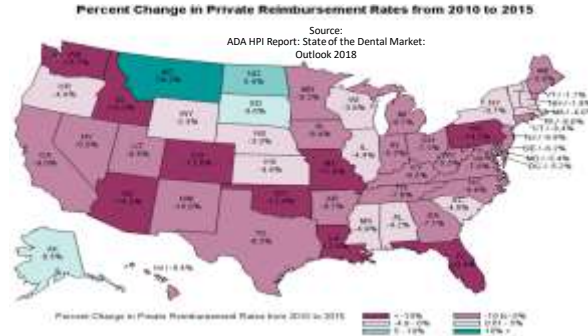


This equates to DENTAL INSURERS DRAINING \$30B FROM THE DENTAL MARKET EACH YEAR and spending it on marketing at Blackhawk Games!

560

REIMBURSEMENT RATES DECLINED FROM 2010-2015 IN STATES THAT HOLD 99% OF ALL DENTISTS IN THE US!

561



562

What per cent of US dentists took 7-8 PPO's in their practices in 2018?

68%

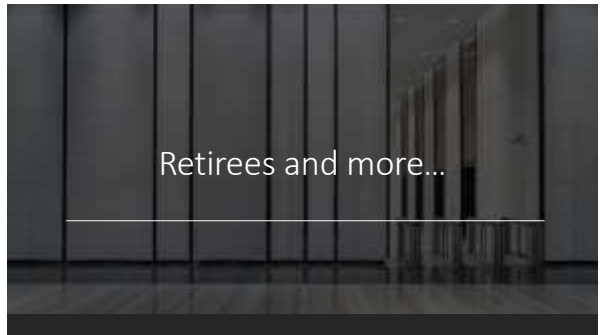
563

If these offices were busy, would they be taking these 35-50% discounts?

564



565



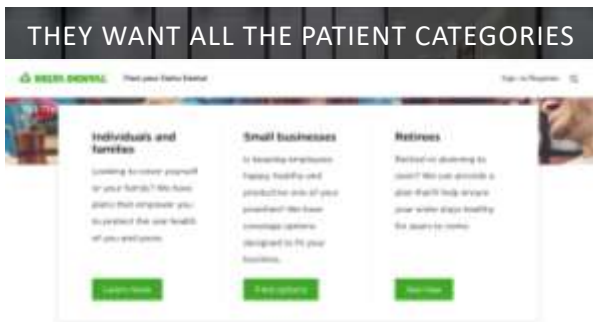
566



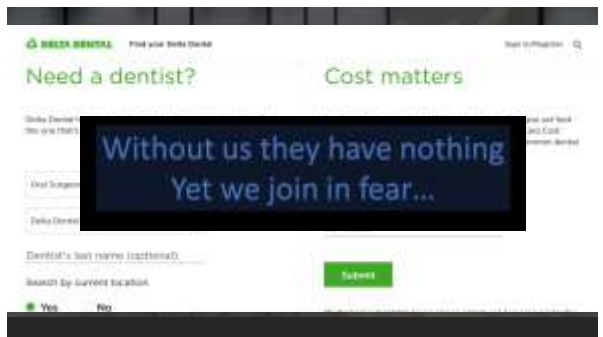
567



568



569



570

Oral Health may be improved by regular visits to the dentist and dental benefits play an important role in ensuring that people take advantage of affordable dental care”

Delta Dental Web Site

571

What is affordable dentistry?
Should they decide?

572



Launching Our Prevention Plan 2015
It's all about patient retention, value and the foundation...hygiene re-care


573

Our vision years ago to create a value-add approach for our patients and future patients by creating our own membership plan and practice the way we wanted to versus being driven by PPO after PPO

574


Our Goal

- Attracting new patients
- Converting PPO patients
- Affordable pricing per our “terms”



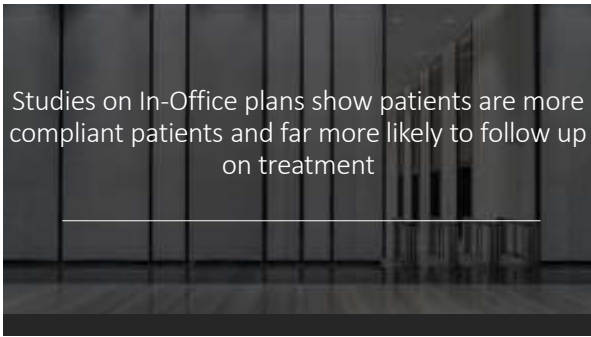
575

These are not affordable fees in our world
“The Latest from Delta”

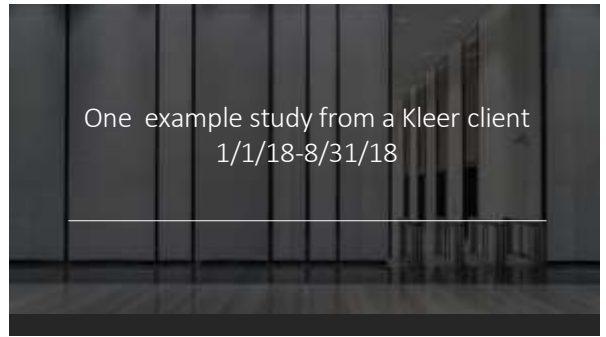


Are your costs going down?

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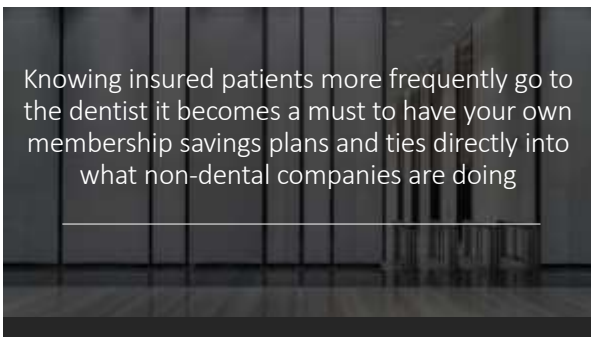
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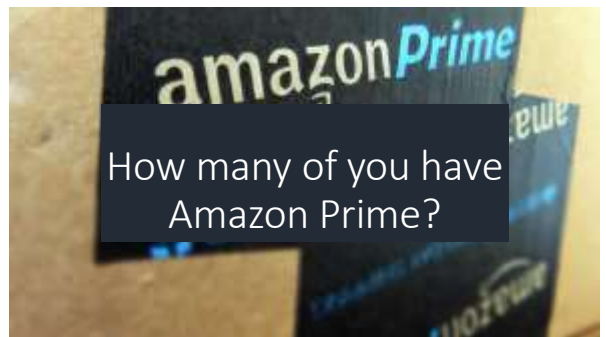
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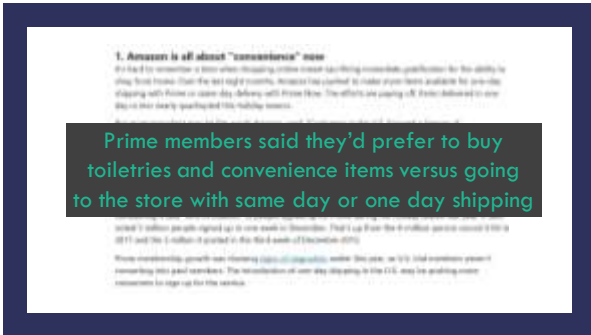
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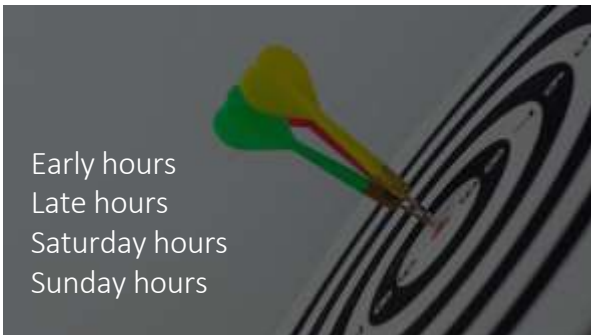
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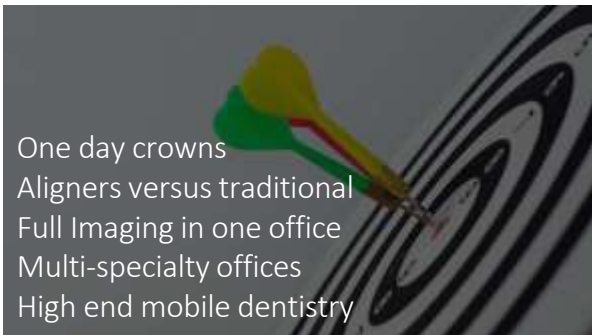
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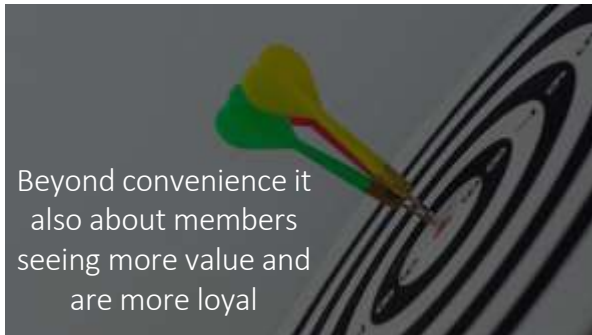
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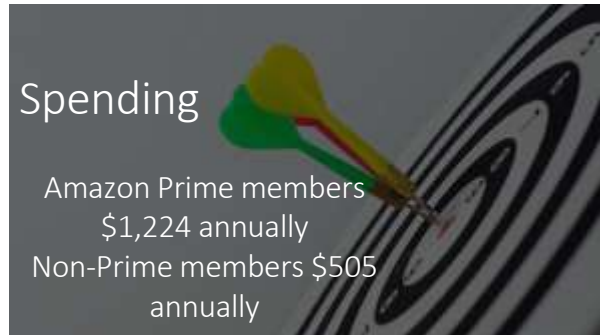
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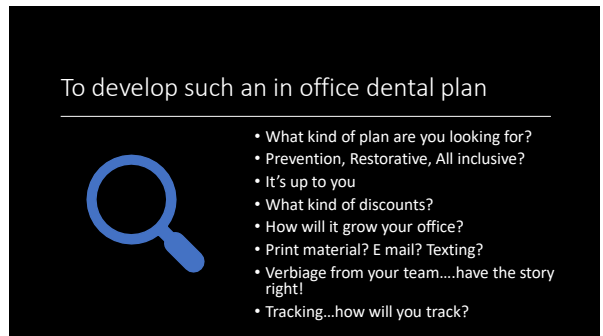
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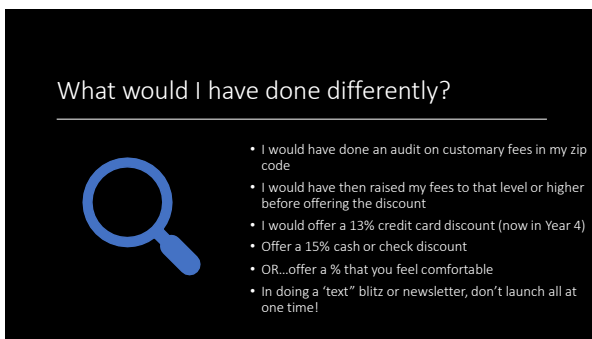
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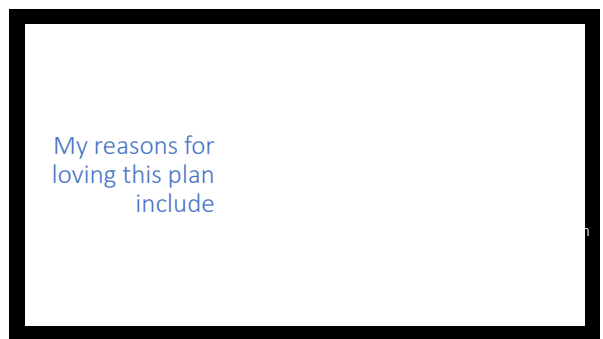
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My reasons for loving this plan include

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In the last 4 years and now entering year 5, we have raised our fees 3% per year and we are above our original fees with more people signing up each year

596

- 1
We are at 856 members!
We have over 2300 active patients
We are converting Met Life patients who pay their own premiums
- 2
We officially launched a family plan because I hired an associate who loves kids
- 3
Kids and our protocols go hand in hand for 2019


597

In-Office Dental Plans
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support@kleer.com
1-844-965-5337

598

A TURN-KEY, CLOUD BASED PLATFORM THAT INCLUDES EVERYTHING YOU NEED FOR A SUCCESSFUL MEMBERSHIP PLAN



599

Customized for your practice – care plans, fee schedule, subscription price, options, exclusions and marketing materials

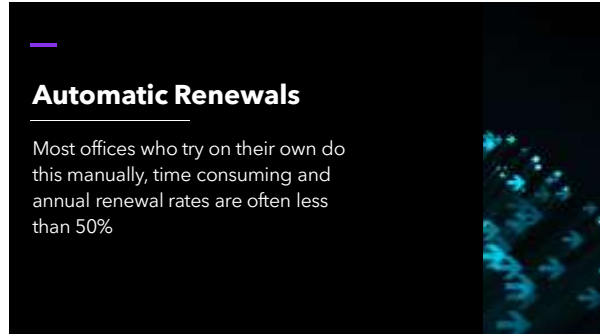
The Klear Advantage –includes live support, implementation playbook, custom patient brochures, custom landing page, and marketing tools

HIPAA compliant

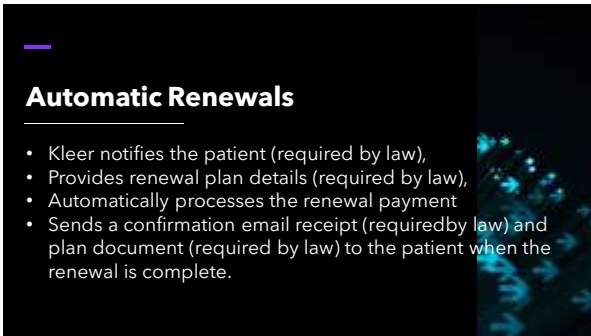
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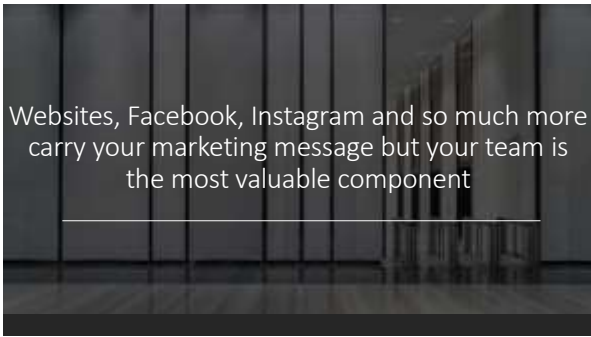
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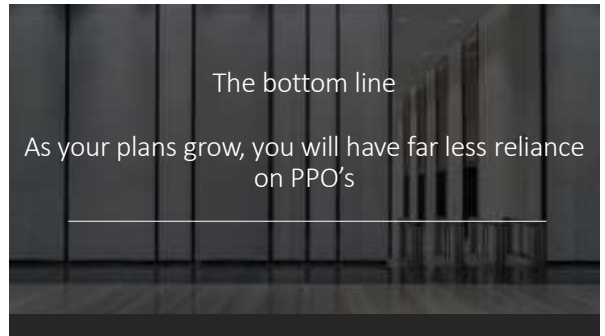
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