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I have made the leap from the back pages of *First Impressions* to the front. Even though Brian Taylor is stepping down from his role as publisher of *First Impressions* and day-to-day operations to enjoy some well-deserved R&R, I am sure he will still make a cameo at meetings and continue to entertain us with his magic tricks and golfing skills.

Most of you know who I am, but for those who do not, here is a quick overview of my background. I started in the dental industry in 2003 as a manufacturer’s rep and later became a sales trainer. While filling these roles I discovered a gap in the dental marketplace. To fill that gap I founded a website to help dealers and manufacturers connect: DentalSalesPro.com. In 2010, MDSI (this magazine’s publisher) acquired DSP. It was a natural fit, and I took over MDSI’s dental division.

Since the content of this entire publication is to enable you as a sales professional to create real value for your customers and translate that into sales and success for you and your practices, I plan to continue my tradition of writing about topics that directly affect sales teams.

With our October issue, we try to address the concerns of sales reps as you head down the home stretch and try and hit 2014 sales goals. Q4 is also when our thoughts and the needs of our customers turn to equipment. Despite the fact that Section 179 Deduction is still at the $25,000 limit (and not the $500,000 that we had in 2012 and 2013), don’t let that deter you from striving to hit your goals by convincing your customers the value of updating their offices and also their equipment. There are still so many outdated offices which would be best served by some new equipment and an overall makeover.

Our cover story (pg. 26) takes an excellent look at office design. Take some of these insights to your customers. This is also a great time of year to revisit your relationship with your service techs and find out what is really going on behind the scenes at your offices. There may be some hidden opportunities there.

I look forward to my new role as publisher and appreciate your continued support.

Happy Selling

Bill Neumann
NEW Versa-Temp® 2, from the makers of Genie® Impression Material, combines the performance and natural-looking aesthetics you want—for temporaries that set quickly, handle easily, look great and stay strong until the final crown or bridge arrives.
Ask the Expert

Q: How much should I focus on my competition when initially speaking with a practice?

A: Many companies struggle with how to handle this. They tend to over emphasize how much they should be concerned about it, and therefore make it almost the main message in their conversation. It is true that many of you sell products and/or represent companies that have many competitors. While we have covered portions of this in previous columns, this is a good place to bring it all together. Please look to follow these five thoughts, and experience shows that you will have much better results.
No. 1: Not everyone can be the best
While most of you represent good companies and products, when the lead theme is telling the dentist why you are better than your competitors up front, the interpretation becomes “here we go again.” The dentist has become somewhat immune to these presentations, and instead of getting them interested or impressed, you can actually lose points by saying the same thing the manufacturer rep from the competitor company just told them yesterday. It also is heard as a bashing session, which many offices are tired of. Instead, focus on their practice, successes, what they are looking for to improve on, etc.

No. 2: Dentists can often use you and the competition
Yes, it’s ok many times to just get your foot in the door and get some business as opposed to none. Dentists use several products or companies within a certain category for a few reasons, one of which is that not all products work with every patient or every situation, or not all company product lines have all the choices they sometimes want. Examples include composites, burs, cements, bonding agents, impression materials, supply companies/dealers, labs, and so on. If they interpret you are trying to completely replace what they’ve already chosen, used or bought, they will fight you quite a bit (even if they are looking for a replacement). You may get nothing out of it. If you are as good as you say you are, let them keep what they have, and at least try you out and then you will get more of their business after they see results.

No. 3: Dentists don’t often know all your competitors
Because a large part of your training and company’s business focus is on what others are doing, often we will bring up XYZ product or company early on. Remember that dentists do dozens of procedures and must have hundreds of products or services in order to function every day. They can’t possibly know every composite or impression material on the market. They may know a few, but if you are concerned about XYZ and they know only ABC, you have just introduced them to your competitor. How does that help you? The dental practice may actually check out or look them up. Unless they ask you about a competitor, avoid doing this.

No. 4: You don’t know why they are using a competitor
Sometimes you see the competitive product in their operatory or front desk area, or have been told by your dealer rep they are using a competitor’s product. But, do you know why they have it? It’s dangerous to make assumptions, and even more dangerous thinking you then have to show them why you’re better. They could have the competitor there because their hygienist wanted it (and she’s no longer there). Maybe they got the product as a freebie or some ridiculous promotion. Maybe they hate the product. You don’t know. Don’t worry about it. As per No. 2, even if they like it, it doesn’t always mean it’s for every procedure or every patient situation. Focus again on showing interest in their practice and what’s important to them. Let them bring up the competition and ask questions, and then you know much more rather than assuming or guessing.

No. 5: The price wars
When I speak with reps, they are so conditioned to view dentists as cheap that they feel they should often lead with their great special or how they are priced lower than the competition. Remember that dentists do dozens of procedures and must have hundreds of products or services in order to function every day. They can’t possibly know every composite or impression material on the market.

This topic is something that requires more discussion, and we spend more time on it in our full “How to Sell to Dentists” workshops, but for now, recognize that you can’t always be lower priced (and if you are, that’s not always interpreted in a positive way by dentists), and most of your top targeted dentists who you want to be long-term customers simply do not buy on price primarily. This may be a shocker to you, but I’ve been doing this for several decades now, am a dentist myself, and have tons of survey results that are constantly being updated that back this up. Yes, they want the price deal, but you have to first establish your interest in their practice overall and what they are doing, and then they will want to do business with you.

Most of the time your competition is not an actual company. It is simply indifference. Dentists will usually either buy your product or do nothing different at all (continue to do what they are doing). Focus on them. Be a resource for them. Listen, make suggestions, and come off as someone who can help them within their philosophy and practice interests. FI
Most sales reps would run a gauntlet to meet the needs of their dental accounts – which is why it is so important to consider the role of the dental hygienist. “Hygienists can be quite influential in the dentists’ purchasing decisions,” says Andrea Kowalczyk, RDH, BSDH, senior dental hygiene performance coach, Enhanced Hygiene. Many dentists rely on their hygienists to keep them informed about the latest advances in preventative products and therapies, she adds.

First Impressions recently spoke with Kowalczyk about the role dental hygienists play and why it is so important for reps to forge a strong relationship with them.

First Impressions: Please tell us about the typical responsibilities of dental hygienists.

Andrea Kowalczyk: The majority of dental hygienists work in a clinical setting treating patients. Hygienists perform oral health assessments and screen for oral cancer and suspicious areas in the dentition. They perform dental prophylaxis (cleaning), non-surgical periodontal therapy, dental sealants and teeth whitening. In addition, hygienists educate patients on their oral health, including home care, tobacco cessation and nutritional counseling as it pertains to oral health. When hygienists are not seeing patients, they may have responsibility for the patient
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recall system and supply ordering. Hygienists who do not work with patients are often employed in academia, research, public health or corporate positions.

**FI:** What dental products are hygienists interested in? Scalers, hygiene hand pieces, ultrasonic devices, preventives such as oral rinses, prophy paste, toothbrushes, etc.?

**Kowalczyk:** I would say all of these! However, hygienists are keenly interested in products that contribute to their personal comfort and their ability to be effective in patient care. For example, many hygienists love new, sharp instruments that make getting into tight areas of the mouth easier. They also appreciate hand pieces and stools that offer ergonomic benefits, such as cordless hand pieces or saddle stools. Loupes (magnifying eyewear) are popular as well. User-friendly dental software is important. In my experience, many hygienists are not loyal to particular brands of toothpaste or rinse; as long as the active ingredients, such as fluoride, are present, hygienists tend to encourage patients to purchase based on their personal preference or budget.

**FI:** How important is it for dental products sales reps to build strong relationships with dental hygienists at the practices they call on?

**Kowalczyk:** Hygienists need to know who their reps are, and that their reps are available, approachable and willing to support the practice team members when they have questions about products. Hygienists should have good contact information for reps, and if reps change, hygienists should be updated with the new contact information. Generally, hygienists are more willing to reach out to reps whom they have met, so a visit to the practice is a good idea. Good sales reps will call ahead for convenient times to stop in or host lunch-and-learns.

**FI:** What can sales reps learn from hygienists? How can they apply this insight to better servicing the dental practice?

**Kowalczyk:** Reps should understand the value hygienists bring to the practice. Seventy percent of restorative work is treatment planned in the hygiene room. Furthermore, everyone loves a free lunch, as well as education and/or CE credits. If reps can host lunch ‘n learns about products, or sponsor continuing education, that is a great way for them to get to know hygienists. (CE and lunch ‘n learn content should be relevant to hygienists.)

**FI:** What do dental hygienists value in their sales reps?

**Kowalczyk:** Hygienists are usually very busy, so they need reps who value their time, respond quickly to email or calls, and are friendly and knowledgeable. No one likes a pushy sales rep, or one who seems dismissive.

**FI:** What advice can you offer to sales reps when they visit prospective dental customers?

**Kowalczyk:** Some reps talk more than listen, or they give a “hard sell” rather than provide an education. Reps should call ahead; make a point to learn the names of team members; listen to concerns and questions; and educate, rather than push, a sale. They should be approachable and reliable. And, they should always leave their contact information and follow up. FI

**Editor’s note:** Andrea Kowalczyk, RDH, BSDH, received her A.S. in dental hygiene at Brevard College, Cocoa, Fla., her B.S. in oral health promotion at O’Hehir University and a post-graduate certificate in dental hygiene mentoring from O’Hehir University. She is a member of the American Academy of Dental Hygiene, The American Dental Hygiene Association, the Texas Dental Hygiene Association and the National Dental Practice Based Research Network. Her background as a dental hygiene mentor for a large dental group has allowed her to create and present continuing education courses for dental professionals. In addition, she has a special interest in assessing a patient’s unique risk of developing dental decay, and has written articles on the subject.
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Dental hygienists are well prepared to assist in preventing oral health diseases, said the American Dental Hygienists’ Association following this summer’s report by the Pew Charitable Trusts that included examples of mid-level dental providers in Minnesota and Alaska performing routine preventive and restorative care to underserved populations.

“Dental hygienists are educated, licensed and prepared to be a part of the solution,” said ADHA President Kelli Swanson Jaeck, RDH, MA, in a statement. “We know that the public will benefit from a provider who can provide both preventive and specified restorative services.” With more than 185,000 dental hygienists licensed in the United States, the profession is ready and available to meet this growing need.

The state of Maine recently passed legislation allowing a dental hygienist or an independent practice dental hygienist to become a dental hygiene therapist, reports ADHA. Maine and Minnesota, as well as tribal lands in Alaska, have moved forward to address their access to care challenges and now recognize these oral health workforce models.

Currently, 37 states allow the public to directly access the oral healthcare services of a dental hygienist in at least one practice setting, according to ADHA. In California, a dental hygienist with an advanced license, in certain pilot situations, can work under remote supervision to perform a variety of services in schools and nursing homes, including X-rays, sealants, and interim therapeutic restorations. The state of Oregon also allows hygienists to perform certain services under remote supervision.

Several states, including Washington, New Mexico, Kansas and Vermont, are currently deliberating dental hygiene-based mid-level workforce proposals that would allow registered dental hygienists with additional education and experience the opportunity to help meet the public’s oral health needs. New Hampshire and North Dakota are among states that are studying alternative workforce models.

“The profession of dental hygiene is on the cusp of transformation and is committed to improving access to oral healthcare through the integration of dental hygienists into the healthcare delivery system as essential primary care providers.”

– Swanson Jaeck

Hygienists ready to step up

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enco Dental service technician Mark Ladzinski has been interested in gardening for years. “My father has a big green thumb, and I learned a lot from him,” he says. But his interest deepened when he bought a house in Philadelphia 11 years ago.

Today, he and his wife, Kristen, enjoy the fruits of that interest — a 1,500-gallon, DIY koi pond in their backyard. “We both love it a lot,” he says. “Chewy [their Yorkie, Chewbacca] can care less.”

Koi are brilliantly colored fish – often with dashes of orange, yellow, white and black — that were bred in Japan to survive that country’s brief, cold winters. They live an average of 25 to 35 years, and typically grow to a length of about 20 inches — though they can grow as long as 36 inches and weigh 45 pounds or more.

Ladzinski built his pond — picking up some basics off the Web and attending some pond seminars — six or seven years ago. It took about a month to build, and has been modified over the years. It measures roughly 10 ft. by 5 ft., and is 4 ft. deep. It houses 13 koi. “My lucky number,” he says.

“I designed and built everything myself” he says. He used a pond liner with carpet padding underneath to protect the liner from sharp rocks and any roots. “I dug the pond out by hand and listed the dirt on craigslist under ‘free dirt fill.’ People came and picked most of the dirt up.”

Though the pond is meant for watching, the gardener has to be actively engaged for the fish to thrive. In the winter, he keeps water running and puts in an additional pump, which circulates water and keeps most of the pond from freezing. “I leave the pond alone in the winter, because the koi slow down, and I do not want to shock or disturb them,” he says. No food is necessary (because their metabolism slows). In spring, when the water temperature reaches 60 degrees, he drains the pond half way, puts in fresh water, and then cleans the filter once a week. He has a filtration system with bioballs and barley pellets to keep the water clear.

Predators, including blue herons, cats and bullfrogs, can be a problem. “I had unwanted visiting bullfrogs,” he says. “I caught them all and drove far away to put them in a community pond. I was missing a small koi once and suspected the big frog in the disappearance. When I caught the frog, I felt the outline of the koi in his belly.

“I leave the leopard frogs alone, it’s nice hearing them during the warm nights.”

Blue herons were a challenge as well. “I had a blue heron take a couple koi in the beginning. I researched the Web and saw a person put stakes along the perimeter with clear fishing line. When the heron walks up, he bumps in the line and gets spooked. I have not seen him since.”

In addition to the pond, the Ladzinskis have planted a variety of perennials and annuals in their backyard. In 2010, they entered the garden in the 2010 Pennsylvania Horticultural Society’s garden contest and came in second place. “We took a year off, changed a few things, and in 2012, we came in first.

“We retired on top.” FI
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Excellent clinical skills are a must for a successful dental practice. But no longer can dental professionals afford to let business skills be a distant second.

Henry Schein sponsored its annual Business of Dentistry Conference this summer, with the intention of empowering the entire dental team to operate efficient, successful practices.

Never has the profession needed such a conference more, say Mike Allsop, vice president, marketing; and Matt Singerman, customer education manager, Henry Schein Dental Practice Solutions.

“What we’ve seen since the economic downturn is that those dentists who didn’t have solid practice management skills were the ones who suffered the most in terms of lower profitability,” says Allsop. “In the past decade, maybe for the first time for many dentists, they saw profit margins shrink. It was eye-opening. And it became important for them to invest in business skill training for them and their teams.”

More than 1,100 people attended the three-day conference, including dentists, front-office staff and managers, dental assistants, hygienists, medical directors, dental IT specialists and group practice executives. Nearly 60 speakers addressed
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KPIs
Today’s dental practice faces many challenges, according to Allsop and Singerman. PPOs seek discounts; dentists face increasing competition from colleagues who are active in social media and the Internet; and same-day dentistry is making an impact on case acceptance. “Dentists who don’t have the skill set to manage these things are at a disadvantage,” says Allsop.

Dental teams can address these pressures by improving the practice’s operations and efficiencies, he continues. Identifying key performance indicators, such as case acceptance rate, amount of unfilled chair time, continuing care participation, days outstanding for accounts receivable, etc., is critical. “And using the tools available in their software technology is a smart place to start,” says Allsop.

Conference attendees received training on Henry Schein’s Dentrix dental management system. “We’re helping dentists focus on how to identify their active patients, and stabilize and increase their number,” says Allsop. Perhaps surprisingly, many practices don’t have a handle on that number. “By using Dentrix, they can focus their marketing and communication efforts on that segment of their patients, and realize significant increases in revenue.”

What’s more, the Dentrix Practice Advisor helps the practice gauge its performance against industry standards, and offers recommendations on how to improve.

“One of the reasons this conference is so valuable is that we bring together leading experts and give them a chance to share their insights and opinions about key performance indicators, based on their research and the work they do with practices,” says Singerman. “By listening to experts such as [Pride Institute CEO] Amy Morgan, [speaker and consultant] Deborah Engelhardt-Nash and [dental consultant] Dr. Charles Blair, they can get an accelerated deep dive into business strategy metrics.”

Best results are achieved when the dentist and his or her entire team gather, wear a collective hat of business manager, and examine the practice’s key performance indicators, says Allsop. “By working together, they can truly make an impact,” he says. “The Business of Dentistry conference…crystallizes our objective – that is, getting the entire team to work together to improve the performance of the practice.”

Communication skills
The business of dentistry involves more than numbers, according to Allsop and Singerman. “Dental practices have realized that communication must be a core competency,” says Allsop. In fact, patient communication, treatment planning and case acceptance were among the topics covered during the conference.

Dentists are learning quickly – because of competition with other dentists and the business pressures facing them – that they will suffer economically if they fail to take care of their patient, fail to communicate, or fail to maintain their patient base.

“With the advent of the Internet and social media, patients can be very vocal and public about the experience they had in the dental practice,” says Allsop. “That puts added pressure on dental teams to ensure that every patient who comes in has a positive experience.”

“The same economic pressures squeezing dentists are squeezing their patients,” adds Singerman. “Patients are experiencing changes in what their dental plans will cover, or they are accepting jobs with no dental coverage at all.” Practices have to step up, offer better customer service, be more accommodating of their patients’ schedules, and offer a flexible range of financing options. They can do so only by improving their efficiencies. Again, dental practice management software can help.

This year’s Business of Dentistry premier conference sponsors included DEXIS®, Ivoclar Vivadent®, PracticeSafe-Guard™ and DemandForce®. The conference also included a pre-conference track offered by Planmeca covering the benefits of digital restorative dentistry; and Henry Schein Financial Services featuring “Entrepreneurship in Dentistry.”

“What we’ve seen since the economic downturn is that those dentists who didn’t have solid practice management skills were the ones who suffered the most in terms of lower profitability.”

– Mike Allsop

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Mindfulness and meditation are now being taught at Google, General Mills and Target—among others. Though corporate America may have just discovered this, it has been taught and practiced for thousands of years. The power of mindfulness is in its simplicity. It is basically the ability to bring and hold your attention where you want it. Seems easy enough? Try it for 30 seconds. For example, try paying attention to your breath for just that long. What do you notice? It is the very definition of something that is simple but not easy. So why bother?

We have become more distracted and overwhelmed. It has been suggested that 95 percent of our actions are not a result of conscious thought. Let that sink in for a minute. This would mean that the vast majority of what we do is a result of unconscious drivers, motivators and habits. This makes a lot of sense as a survival strategy. Once we have figured it out, why assign any more mental capacity to it? Autopilot seems like a good idea. With my newfound habits that keep me from being eaten by the tiger, I can focus on developing better food foraging techniques.

But what happens when the habits to avoid being eaten are no longer effective? What happens when my new world calls on me to do more than survive? The problem isn’t that we have habits; it is that we don’t have transparency into our habits. Because they are unconscious, we lose the ability to see them—and thus to evaluate whether they are working for us.

Mindfulness is a way of bringing awareness and insight to our mostly unconsidered behaviors. It requires that we learn to switch from the narrative network to our direct network. Think of the narrative network as the way the world looks through our many filters and interpretations. Think of the direct network as the world actually is. Thanks to the research of brain scientist Norman Farb, we know that these two networks actually exist and that with practice we can learn to more easily notice which one is in operation and switch from one to the other.

The great news is that we know that practice pays off. We also know that you can practice this at any place at any time. Just learning to bring your attention to something, to anything, is beneficial. It can be a body-scan where you bring your attention to different parts of your body and notice what is there. It can be a breathing exercise where you simply notice the quality of your breathing. It can be practicing attentiveness to external events, minus the immediate judgment you would normally have. Or if you do have judgments notice what narrative you have that informs those judgments.

We live in a world of increasing complexity. The future will belong to those who can pause in the midst of the chaos and through intention gain new and bigger perspective.
About the equipment

Because dental practices are specialized treatment facilities, they have needs that are profession- and practice-specific. Dental cabinetry must be aesthetically pleasing, while addressing these needs by providing designs that meet ergonomic workflow, infection control, technology integration and unique storage requirements. They must be built with quality materials and components to be able to withstand the demands of the healthcare environment.

Probing sales questions

- Do you have a lot of clutter on your countertops?
- Are all supplies and ancillary devices easily within reach during a treatment procedure?
- Does your staff have to leave the operatory to retrieve supplies or equipment during treatment procedures?
- Do you use CPUs and monitors in each operatory?
sales focus

Midmark has collaborated with designers to create specific palettes that will help customers choose color combinations that express their individual style – everything from the desirable traditional elements to an impressive contemporary design.

• What plans do you have to incorporate new technology or equipment in the future?
• Would you like the option to take your cabinets with you if you ever move locations?
• How old are your current cabinets? Do they reflect the image you want to portray to your patients and staff?
• How important is the décor of your office?
• Do your patients comment on your office appearance today? If “yes,” what do they say? If “no,” do you wonder why they don’t comment?

New products
Artizan® Expressions by Midmark is the ideal balance between expressive design and function that will forever transform the dental space. The new line breaks the stereotype of dental cabinetry with one-of-a-kind designs. Features like the treatment station slim profile midsection with cantilever-forward upper; the central station vanity front; recessed sink; and the Ultraleather accents make the Artizan® Expressions line nearly impossible to recreate, even by the most talented cabinetmaker. The new Artizan cabinetry also offers maximum design flexibility by allowing customers to combine several cabinet and resin panels, countertop materials and upholstery colors to create a look that is distinctively their own. Midmark has collaborated with designers to create specific palettes that will help customers choose color combinations that express their individual style – everything from the desirable traditional elements to an impressive contemporary design.

Preventive maintenance tips
• Make sure the cabinets are level at installation.
• Keep hinges adjusted for proper door and drawer alignment.

Working with customers

Sales reps should talk to their accounts about how their new cabinets will fit in with the overall office design – including lighting, chairs and other equipment. And while customers may be trying to achieve a certain look, at the end of the day, it’s about balancing function with aesthetics. If cabinets detract from workflow or storage needs, or if they lead to infection control issues, they are not providing a value for customers.

Quality counts
Milling companies and office retailers – which might attract accounts with lower prices up front – might be ill-suited to offer cabinet solutions for healthcare/dental settings. Less expensive – and lower-end – cabinets (or components of the cabinets), which might be designed for general office use rather than healthcare settings, may need to be replaced soon after they are installed.

Another issue that lower-end cabinets pose is that of infection control – or lack of it. High quality, healthcare-grade cabinets are designed to minimize seams and other such points, which collect spills and bacteria. (Today, some cabinet drawers include single-piece units that can be popped out for cleaning.) Wooden drawers and shelves must be designed to withstand cleaning and disinfection, or else the wood might peel (a process known as delamination).

Countertops present similar considerations: Laminate may be inexpensive, but it has seams, which can be a source of infection control issues. For this reason, seamless, solid surface counters are becoming increasingly attractive.
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For more information, contact your Midmark Sales Representative, call 1-800-MIDMARK or visit midmark.com.
Hey, good lookin’

When dentists think about redesign, they have to think efficiency, productivity – and looks.
There are two things to keep in mind about dental office redesigns and renovations. First, many dentists must be brought to the idea kicking and screaming. They are worried about cost and downtime. They may fail to see the need for renovation until a kind soul gently tells them that the fake wood paneling, carpeting and tattered chairs in reception just aren’t “cool” anymore and that the layout of the office is anything but efficient.

Second, when the project is finished, nine times out of ten, the dentist asks, “Why-oh-why didn’t I do this five years ago?” Equipment reps and service techs can be an integral part of the renovation process, from start to finish, according to those with whom First Impressions spoke. “They’re pretty much the quarterback,” says Inga Paul, senior interior designer, Goetze Design Services, Kansas City, Mo. They may initiate the discussion with doctors and staff; and work with the contractor, architect and interior designer, if there is one. They pace the project. In short, they fill a lot of roles.

Productivity and efficiency are the top considerations for any redesign. But in an age of HGTV and Pinterest, more and more dental teams – and customers – expect offices have to look good, too. Equipment reps, in conjunction with architects and the dental staff, can help.

First Impressions recently spoke with three experts on the subject of dental office redesign and renovation, as well as the role of the dental distributor in the process: Inga Paul of Goetze Design Services; Jim Waller, equipment specialist, Burkhart Dental; and Patrick Crowley, a Boston, Mass.-based dental and medical office designer and author of Dental Office Design: 1001 Practical Tips for Creating Your Ideal Dental Office. Here are some of their observations.

“...If you’re going to spend money to move into this space, you should love it and be happy to go to work there every day – and give yourself room to grow.”

Inga Paul

Inga Paul, senior interior designer for Goetze Design Services, has been with Goetze Dental 16 years. The company has locations in Kansas City, Mo.; Des Moines, Iowa; Omaha, Neb.; St. Louis, Mo.; Springfield, Mo.; and Wichita, Kan. Goetze regards Luke Draily Construction as a partner, providing general contracting, construction management and/or design-build services. But clients are free to select a contractor of their choice.

Dentists’ biggest misgivings or fears about a redesign/renovation project

“They are afraid it will cost way too much, and that they won’t get enough return,” says Paul.

Many dentists fear that the project will be long, drawn-out and expensive. “But you can do much of the back work and research before spending a lot of money,” she says. “It’s taking that first step that holds a lot of them back. It’s a tough decision. [They wonder], ‘What if I don’t like it when it’s finished?’”

Some dentists fail to see the need to undertake a project in the first place, she says. “They rarely come into their office through the front door. They don’t spend a lot of time in their reception area. But if they walk through that area and see that the carpet’s worn and the doors are a little beaten up, that’s a heads-up that something needs to be done. And it helps if someone they trust says to them, ‘You know, it’s time for us to do a little work.’ And you don’t have to spend a ton of money to spruce things up – a coat of paint, new carpeting – those are all things you can do before a renovation.”
Role of the distributor equipment rep
“They’re pretty much the quarterback,” says Paul. They are the liaison between the doctor and the renovation team, including the contractor, architect and designer. Equipment reps stay in touch with the dental team about the equipment they should install. “They pace the project,” says Paul. “They visit the practice during the install to make sure everything is going OK. And they act as the liaison with the manufacturer reps, to make sure those reps do in-services. And if there’s a nick or scratch in the equipment, they’re the ones who go back to talk to the rep. They fill a lot of roles.”

Getting the distributor service technician involved
“The earlier the service tech gets involved, the better,” says Paul. They typically spend a lot of time on the job site. If the dentist is considering moving equipment from the old office to the new site, the service tech makes sure it is movable, and that it will function properly following the move. They can provide estimates about the cost of disconnecting and reconnecting equipment, and they work with contractors throughout the rebuild or renovation process.

Planning for the future
Building and renovating an office is something most dentists do once or twice in their careers, says Paul. “So we tell them, ‘Don’t shortchange yourself.’” Some try to acquire a small space to save on rent or leases. “But we tell them, ‘If you’re going to spend money to move into this space, you should love it and be happy to go to work there every day — and give yourself room to grow.’” As a rule, Paul encourages doctors to have one or two operatories into which they can expand should the practice grow. “If it’s a doctor who’s looking to sell his or her practice or have an associate come in, then we want to make sure they plan ahead for the next five years, so they don’t have to move [prior to their retirement].”

The HGTV effect
“People have always come to us with piles of pages, ‘I saw this lighting, this paint color, and I like it,’” says Paul. “But today, because of all the do-it-yourself activity, they give it more consideration. And they know it might not be as cost-prohibitive as they used to think.” What’s more, today’s dental teams are open to bold design ideas; they’re not tied to boxy, square plans, says Paul.

Preparing a practice for sale
“If you’re planning to sell your practice, we want to make sure you have a space that’s sell-able,” says Paul. More often than not, that means completing the renovation with the general dentist in mind. Paul and the renovation team try to make sure the office has adequate space for lab and sterilization, and that the operatories are of a reasonable size.

Room by room
- The lounge: “People are putting a little more thought and value into their employee lounge,” says Paul. Dentists want to give their staff a pleasant and comfortable place to sit, keep their belongings, have lunch and conduct team meetings. There’s a benefit for the dentist: When staff members feel comfortable eating lunch in the lounge, there’s a better chance operations will gear up promptly in the afternoon.
- Bathrooms: They are bigger than ever, partly due to the Americans with Disabilities Act.
- Operatories: They continue to grow in size, though there are limits. Paul prefers operatories to measure between 10 to 10 and a half feet wide, to 11 and a half to 12 ft. deep. They probably won’t get much bigger, because instruments and equipment must be within arm’s length of the dental team, she says.
- Sterilization area: Although it isn’t a showroom, the sterilization area should not be hidden from view. Making the sterilization area pronounced and plainly visible to patients instills confidence that the practice is taking the necessary steps to ensure patient safety. What’s more, making the sterilization room visible to all gives staff a reason to keep it clean and tidy.
- Checkout: It’s best to separate this area from reception, says Paul. Besides HIPAA regulations, “when you’re talking about money, you don’t want everybody to hear that conversation.”
- Storage: Bigger is better. Paul prefers one large, centrally located storage area, rather than several smaller ones scattered throughout the office.

With the young doctor in mind
“Technology for young graduates is huge,” says Paul. Dentists coming out of school tend to be more apt than their older colleagues to specify digital technology, such as imaging equipment and automated dental management systems. They don’t want shelves of folders behind the front desk, and they have a difficult time coping with paper-and-pencil scheduling systems. As a result, the discussion about digital technology and the infrastructure to support it, such as conduit and ceiling mounts, should begin early in the redesign or renovation process.
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Patrick Crowley began his career working for a large firm, building hospitals, schools and prisons. In 1989, he started his own firm, with a focus on smaller projects, specifically, dental and medical offices. He is the author of *Dental Office Design: 1001 Practical Tips for Creating Your Ideal Dental Office*, and conducts seminars on the topic throughout the country.

**The importance of pre-planning**

When Crowley began designing dental offices more than 20 years ago, he created a two-to-three-page questionnaire for his clients to fill out, to answer key questions about their practice and goals for the renovation/redesign/rebuild. Today, that questionnaire has grown to 14 pages. “It’s probably the most important tool I have,” he says. “I continually refer back to it throughout the project.”

The detailed questionnaire is a logical first step for any project, he says. “I ask the dentist a lot of questions people have never asked him or her before.”
Examples:

• Do you own the property? Do you lease it?
• How are you financing the project?
• What are your staffing levels?
• How many patients do you see a day? What kinds of procedures do you perform? (This information will affect the size of the sterilization area, equipment needs, storage needs, etc.)
• Do you want cuspidors on the chairs? (If so, additional plumbing work will be needed; best to know that before work begins.)
• Will you be using a medical gas system?

Answering these questions – and many more – allows the dentist to reflect more closely on his or her goals. True, it takes time, effort and commitment on the dentist’s part, he says. “Normally, they take a week or two to fill it out, and a lot of times, it comes back in dribs and drabs. But my job is to set the stage for the design phase.” Responding to the questionnaire has the added benefit of getting more of the office staff involved, which is good for all concerned. “Sometimes the office manager has a better grasp of certain aspects of the practice, such as how many patients are seen per day,” says Crowley.

Typical misconceptions

Many dentists feel that the design phase should be relatively brief, with construction constituting the major part of the job. Crowley disagrees. Hence the 14-page questionnaire. “Construction and mechanical installation should be a matter of creating the office that has already been designed,” he says. Attention to detail upfront alleviates the need for change orders – something most contractors disdain. “Contractors like to be in the field swinging a hammer,” he says. “They don’t want to stop in the middle of the project and ask, ‘Are these outlets supposed to be 42 inches high or 44 inches high?’”

Upfront planning cuts down on unpleasant surprises later, he adds. For example: If the dentist and design team fails to specify what type of baseboard should be used – wood, rubber- or vinyl-coated, or carpet base – the contractor may assume the client wants the most inexpensive one available. Meanwhile, the dentist has something else in mind altogether. “It’s a matter of defining the project,” says Crowley. “Crossing every ‘t’ and dotting every ‘i.’ That’s why we say the design phase should last longer than construction.”

Transplanting old furniture

“When they move into a new office, I coach my clients to bring very few things from the old office,” says Crowley. If they insist on
Office design

bringing old furniture, it should be reupholstered. Install new artwork, adopt new branding and logo, and consider new uniforms for the dental team, he advises.

The HGTV effect
“The home improvement network and do-it-yourself remodeling shows do have an impact,” says Crowley. “We like them because they get the dentist thinking about style and color. If I’m talking about recessed lighting or a hanging pendant light, they can visualize it.” Considering colors for the walls and accessories gets the entire staff energized about the project, he adds.

Sometimes, the client can fall in love with materials or accessories they see on a remodeling show, but those materials might not be suitable for the dental office. For example, they might be attracted to a particular flooring material, which is ill-suited for the rigors of the dental office. “In those cases, we might have to roll them back a little,” says Crowley.

Is there such a thing as too nice?
Clients must walk a fine line when remodeling their office, says Crowley. “They shouldn’t install marble floors and crystal chandeliers; this is not a monument to themselves. It has to be a professional setting.” Dentistry is often viewed as an elective procedure (even if, from a medical point of view, it’s as essential as a visit to the internist.) For that reason, the office should be inviting. Scrap the harsh fluorescent lighting. “Make it feel more like a Starbucks or a nice hotel, to offer patients a more pleasant experience,” Crowley says.

Room by room
- Restrooms: “We try to make restrooms like those you’d find in a beautiful hotel or fine dining establishment,” says Crowley. Leave the stainless-steel paper towel dispensers to McDonald’s. “We don’t want that in the doctor’s office.”
- Reception: Avoid taping instructions to the wall or front desk, such as “We accept Mastercard/Visa.” Stylish frames are inexpensive at IKEA; buy some. Chairs should be arranged in pods, as they are in fine hotels these days, rather than in lines or rows against the wall. And today’s offices have more outlets than ever. “People are always plugging in.”

“Contractors don’t want to stop in the middle of the project and ask, ‘Are these outlets supposed to be 42 inches high or 44 inches high?’”

Wi-Fi for patients?
“Yes,” says Crowley. Wi-Fi is a great amenity. Furthermore, Crowley specifies chairs and couches with outlets for USB ports.

Planning for the future
“I need to determine where the doctor is today and where he or she wants to be in five, 10 or 20 years,” says Crowley. Some may cringe at the thought of thinking 20 years hence. But if the doctor is in his or her 30s or 40s, they need to make the effort. A skilled designer who is experienced in dental office design can greatly assist a dentist in this planning regard, he adds.

Bigger offices
“In the past 18 months, I have done more 14-chair jobs than I did in the previous 25 years,” says Crowley. Why? Crowley theorizes the trend represents dentists’ attempts to provide as many services as they can – pediatrics, orthodontics, endodontics, oral surgery, etc. – under one roof. “They want to capture those patients and service their needs fully,” he says. At the same time, patients don’t want to get shuffled off to a specialist either.

Preparing for sale
If the doctor is thinking about retiring in five to seven years, Crowley is thinking about designing for maximum flexibility. Examples: The operatory should be compatible for a right-hander or left-hander, and the room should be flexible enough to accommodate specialists, general dentists or hygienists. Colors should be neutral.

Famous last words
Dentists almost never say at the conclusion of a renovation or rebuild, “I bit off more than I could chew,” says Crowley. In fact, most of the time, they say, “I wish I had done this years ago.” Some dentists compare the process to firing an employee: “They’ll say, it’s not pleasant to fire someone, but I wish that person would have left earlier.” Investing half a million dollars in a new office may be painful, “but they feel such relief when they get situated in it, and their practice benefits from a gain in revenue and more satisfied patients,” he says.
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Dentists’ greatest fears
“One of the greatest fears would be about the financial end of a new project, stepping out on a limb and hoping for everything to work out as planned,” says Waller. “One way I help on calming this concern is taking our clients around to recent office builds and remodels, showing them what other colleagues have done and having the opportunity to talk with those colleagues to hear the ups and downs firsthand.”

Role of the equipment rep
“Doing this for the last 17 years, I truly think our role is invaluable,” says Waller. “The knowledge we bring to the table, the experiences we have, being able to see all the different offices and having that in our file, are always a great help for our clients in making their decisions – working hand in hand with the client and contractors to make sure their needs and wants are being met throughout the project. In most of our larger jobs, I become the liaison between the client and the contractor throughout the project, making sure things are getting done right and have taken into account all the clients’ wishes.”

The service technician
“Our service team plays a large and important role,” says Waller. “We have a lead project service technician assigned to any given project from the start. They are brought in early and kept up to date on the project. Both the service team and I work hand in hand with the contractor and client, making sure all the needs are met. The service technician, along with our equipment coordinator, orchestrates the install with the contractor and office, and gets everything scheduled and lined up. We are the last in, so we have finished products to work around; care and cleanliness are all taken into account. The service team and equipment coordinator keep the doctor and team in the loop so the office can schedule a move-in date, stock the new clinic, and arrange the training for all the new equipment.

“The training and maintenance class is so important,” he continues. “We bring in manufacturers’ representatives along with our team and go through each piece of equipment, showing how it works, how to maintain and clean it.” The service team is just a phone call away from the client, to provide refresher training or training for new staff, he adds.

Designing for the future
Is there a CAD/CAM milling unit, digital impression unit, monitors and/or TVs in the future for the new office? There’s only way to find out, says Waller: “It’s just really a matter of sitting down and seeing what the client has, and talking about what they may want in the future. In the construction phase, we make accommodations for the space, power and conduit for these, and for what may be around the corner.”

Multiple locations
Burkhart works with several large clinics with multiple offices, says Waller. In most cases, continuity from one clinic to another is very important to the practice owner. “Most of the office layouts are very similar and function the same way.”

The HGTV effect
Design and remodeling programs, such as those on HGTV, “give the client so many more options and drive the thought process,” says Waller.
Interior designers come up with great ideas, and dental equipment manufacturers are climbing onboard. “They come to the table with many more options on the design and color of their equipment.” The fundamental requirements for the office, such as space and workflow, can’t be compromised, “but some of the designs are really well thought out. It is all good.”

Room by room

- **Operatory**: With the operatory being the most important room in the project, the redesign/renovation team needs to spend a great deal of time with the client and his/her team, discussing their needs, says Waller. “Planning for now and the future” is key, he says. Important discussion points include: “What pieces of equipment does the practice have or want, and what are its requirements?” “Do we have the space, power and conduit for future equipment?”

- **Sterilization**: Again, planning for the future is key, says Waller. New sterilizers on the market have thumb drives and Cat5 hookup to keep track of sterilization cycles in a digital format. Today, many clinics shy away from relying on their printers to record cycles, he says. With the digital hookup, the staff need not worry about a printer running out of thermal paper or ink. What’s more, digital systems generate error codes, which the dental staff can explore with the Burkhart service department.

**Municipal building codes**

“In our area, the med gas plumbing continues to evolve and encompass more and more,” says Waller. “Air and vacuum are considered med gas along with nitrous oxide, so when building and remodeling, it needs to be brought up as far as getting the most done at once.
Redesign tips

- Employee lounge: Make it comfortable. The staff deserve it.
- Sterilization area: Don’t hide it. A well-lit, clean sterilization area instills confidence in patients.
- Operatory: Plan for the future.
- Bathrooms: Think fine hotel, not McDonald’s.
- Reception area: Ditch the handwritten signs taped to the desk. Arrange seats in pods, not rows.
- Checkout: Separate it from reception.
- Reusing furniture? No, but if you must, reupholster.
- Wi-Fi for patients? Yes.

“Even if all the rooms will not be used, or you’re thinking of doing something down the road, it needs to be discussed and planned for,” he continues. “In renovations, some plumbing and electrical used to be grandfathered in, but in our area, it all needs to be brought to today’s code. That is sometimes quite an additional expense that needs to be discussed in the beginning.”

The new doctor

Today’s young dentists come to a redesign project with more information than their predecessors, says Waller. They are less willing to cede decision-making to others, including the distributor. “Some gather information from colleagues, and a lot gather information from the Internet and social media.” Not surprisingly, it takes more time to filter through what it is they are after and how to approach the project.

“I feel a large part of my role with clients is to help streamline decisions,” he continues, adding that Burkhart’s longstanding recommendations about brands and models have held up well and continue to provide value. “I always learn from my projects, but with newer clients, it’s amazing what I learn and hear. In the end, we have a great project completed with very satisfied customers, which is my reward in doing this.” FI
The lab might not be a huge revenue-generator for the typical dental practice, but business-savvy dentists know that prompt, high-quality lab work contributes to patient satisfaction. That’s why it’s important for the dental staff to carefully consider the in-office lab when designing or renovating their office, says Rick LaDuca, president and general manager, Handler Red Wing International, Westfield, N.J., manufacturer of dental laboratory equipment. LaDuca shared with First Impressions his thoughts about designing the in-office lab.

**Who needs an in-office lab?**
“Every dentist, general or specialized, has a requirement for an onsite lab...even pediatric dental offices,” says LaDuca. “Dentists realize that by dedicating lab space in their office, they can sometimes take care of routine lab work on demand and get patients out of the chair quicker with less cost.” Carefully designed labs help the dental practice incorporate rapidly changing advancements and new technologies, he adds. “It is obvious that traditional methods of creating restorations and prosthetics are being challenged.”

**Basic in-office lab procedures involve pouring and finishing models using vibrators and model trimmers; making adjustments to prosthetics using hand pieces and/or lathes accompanied by dust collectors; polishing dentures using lathes and splash hoods; repairing dentures using pressure pots; making mouth guards and trays using vacuum formers, notes LaDuca.

**Who’s doing the work?**
“Many dentists share a love for the lab and choose to do all of the work themselves,” says LaDuca. “Hygienists and assistants, however, do a lot of the model work, such as pouring models and trimming models.”

**What can go wrong in the in-office labs?**
“At Handler, we are concerned about environmental and physical safety in the lab,” says LaDuca. “Many lab applications are messy, it is the nature of the business. We get concerned when users are not following best practices and using the proper equipment for optimal safety. For example, many users are not changing or cleaning their pumice tray when polishing prosthetics. This is cause for cross-contamination, and there are more examples we could cite. We also get concerned when people are not following instructions and not using equipment properly. This could lead to injury, poor quality, property damage, etc.”

**Common redesign/renovation mistakes**
“The No. 1 mistake is poor planning or lack of planning, and we understand why that is,” says LaDuca. “First, the dentist is thinking about making money to pay down debt and keep the practice thriving and growing. The income comes from patients in the chair, not the lab. Therefore, the focus is designing and building the ‘office,’ and the lab in many cases is not really considered as part of the office.”
Another reason, he says, is that many dentists work with architects and designers who don’t understand the dental business. “What happens oftentimes is, Handler is contacted after almost everything is done and then we have to ‘back door’ the solution to make it work in a short period of time, so the office can open. We do it and we do it well, but it usually is not the most efficient long-term solution.”

**Common misconceptions**
Two misconceptions: First, dentists can find it difficult to justify the cost of the lab, given their thoughts about where income is generated, says LaDuca. And second, they fail to understand space requirements. “It is like fitting a round peg into a square hole sometimes,” he says.

**Ideal layout of the in-office lab**
It’s difficult to describe the ideal layout or location of the lab, because of the many variables involved, says LaDuca. Still, there are some general guidelines. “Let’s say it’s an office with four or five chairs, two general dentists and two standard size sit-down work stations, so each dentist has their own work space. Here, they usually work with a lab hand piece, lathe with built-in dust collection, and other basic tools. They can script their cases here, make adjustments and perform basic lab procedures.”

The lab should accommodate at least 7 feet of stand-up processing space or plaster bench with a small sink to pour models, trim models, make mouth guards and trays, and provide for storage, he continues. It would include a vibrator, plaster dispenser, model trimmer, polishing equipment and vacuum former. There could also be shelves to hold cases.

A comfortable and ergonomic room size for this type of layout would be 100 square ft., or 10 ft. by 10 ft. “If the dentist wishes to incorporate CAD/CAM design and even a small milling machine, we would recommend adding another 50 square feet, and go 10 ft. by 15 ft.”

**OSHA-related considerations**
The lab must have at least one sink to clean and disinfect items, and must have room for dust collection or particle containment, says LaDuca. Many inspectors require an eye wash station as well. (Handler can incorporate eye wash into the sink faucet, so no additional space is necessary, he says.) OSHA inspectors look for protection devices, such as shields to be worn when grinding and polishing, to protect eyes and keep users from being splattered with potentially infectious material. Having and using storage, especially if hazardous or even flammable materials are present, is also important. (Handler has incorporated flammable storage in several VA hospitals and government facilities.)

**Final tips**
“We find that when the customer involves us upfront, we can educate and prepare them for pending obstacles and requirements, such as OSHA.”

LaDuca. And second, they fail to understand space requirements. “It is like fitting a round peg into a square hole sometimes,” he says.
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Dirty Little Secrets

Editor’s note: Are your customers asking tough hygiene questions? Here is your chance to ask someone “In the Know.” Nancy Dewhirst, RDH, BS, will take your questions and tell your tales. Pulling from centuries of experience, endless education, lots of research, and occasional consultation with other experts, Nancy invites your emails at Infectioncontrol@mdsi.org. The best question or tale at the end of the year gets $100.

Surface-level recommendations

A newly graduated dental hygienist has made quite an impact on one of my accounts. She has gotten them to purchase new equipment, including four new piezo ultrasonic scalers, and they are beginning to follow her advice on infection control products now too. They trust her because she supposedly learned the latest information in school.

However, now the four hygienists are afraid to use any chemicals on their new ultrasonic scaling units because the new hygienist says no surface disinfectants may be in contact with the non-metal parts of the scalers. I have not been told this by the manufacturer, and don’t see it in the literature anywhere. Have you heard this? If this is correct, is it only that specific scaler, or has something changed? Should all of the offices avoid surface disinfectants on ultrasonic scalers?

Also, what about the inside of the ultrasonic scaling equipment? I notice that most of the offices do not treat the waterlines of the scalers unless they simply route dental unit water from the reservoir through the scaler as they use it. I don’t have anyone who shocks the scalers as part of their maintenance protocol – again, because they think no chemicals can be used on the plastic.

Let’s break this into separate questions:

Q 1. How reliable is the information offices use to guide their asepsis decisions? (How can we help?)

A Recent graduates bring important information into our profession. However, since they are learning so many things all at once, it is always possible that a student is not remembering all the information correctly. Students may learn a certain protocol without knowing the reason behind that protocol; yet they believe it is the “only way” to do it. Institutions, including dental hygiene schools, may have policies (for example: not using a chemical on a certain piece of equipment), but the reason for that policy may only apply to their situation. Students may incorrectly infer that the protocol is “law” and applies to other situations. The important lesson here is to always follow manufacturers’ directions, CDC recommendations and OSHA regulations. Dental reps can help offices triangulate those references.

Q 2. Is there a specific restriction by the manufacturer on use of surface disinfectants on their ultrasonic scaler?

A How reliable is the information offices use to guide their asepsis decisions? (How can we help?)

Q 3. Is there a general restriction by other manufacturers on the use of surface disinfectants on other ultrasonic scalers?

Q 4. How should the internal waterlines of ultrasonic scalers be maintained?

Q Is there a specific restriction by the manufacturer on use of surface disinfectants on their ultrasonic scaler?

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This particular manufacturer recommends avoiding the use of some types of surface disinfectants that are not compatible with their piezo ultrasonic scalers. The manufacturer does not recommend using any surface disinfectant containing phenols. However, the manufacturer does not discourage the use of other surface disinfectants, including those with quaternary ammoniums, hydrogen peroxide, and low levels of bleach and alcohol.

**Hint:** If someone notices staining or damage from surface disinfectants and wants to switch products, be sure to recommend washing the surfaces completely with soap and water and rinsing thoroughly, to remove residuals of the first product.

**Q** Is there a general restriction by other manufacturers on the use of surface disinfectants on other ultrasonic scalers?

**A** It is well known that any of these ingredients can damage or discolor soft materials. In fact, it seems that most reps can recall at least one (perhaps more?) customer who has equipment that visibly shows the effects of surface disinfectants, including those with quaternary ammoniums, hydrogen peroxide, and low levels of bleach and alcohol.

**Q** How should the internal waterlines of ultrasonic scalers be maintained?

**A** All non-removable water pathways must be maintained to remove and/or prevent build-up of bacterial biofilm contamination. The CDC recommends using an approved waterline cleaner to shock the lines periodically. If plain, or distilled water is used as the treatment fluid, the shock treatment must be done weekly. The shock treatment can be done about monthly if waterline biofilm management products are added to the source water because they retard (but don’t prevent) the build-up of biofilms. Again, follow manufacturer’s directions.

**Q** The CDC recommends using an approved waterline cleaner to shock the lines periodically. If plain, or distilled water is used as the treatment fluid, the shock treatment must be done weekly.

**A** Disinfectants. Common visible effects are discoloration (usually brown, yellow, or orange plastics), stickiness and cracking. This is the dilemma of making all equipment and surfaces safe for re-use on another patient; if an item cannot be sterilized, or is not discarded after one use, it must be cleaned and disinfected and/or covered with an impermeable barrier. Surface disinfectants are generally EPA cleared for use on hard, non-porous surfaces. Plastics and fabrics such as chair upholstery are soft and may absorb the disinfectants over time. Of course, it is always best to go straight to the manufacturer of each unit to be correct.

**Q** What’s new

**A** One of my accounts has remodeled their office. They have an acupuncturist in their practice, and a room dedicated to myofunctional therapy. These rooms have different use than the dental operatories, and the treatments don’t generate aerosols, so the designer recommended carpeting and different decor to make it more “harmonious”. The architect put those rooms away from the dental operatories to avoid “dental noises” – the rooms are on the other side of the reception room. Last week I saw workers transporting patient care materials through the reception room, down the hall and into the sterilization room. This seems risky and looks “unclean.” What should I tell them?

**A** You are correct: moving patient care items can be risky, and should be done in controlled (clinical) areas of a facility. Patients who observe this might believe the safety standards of the office are suspect because the observation is unexpected and raises many questions about the office, equipment and workers. If
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In a perfect world each office would have distinctively “clinical” areas that allowed for efficient and aseptic preparation, patient treatment and clean-up.

the office design does not allow for circulation between patient treatment rooms and the sterilization area away from patient or public areas, then something does need to change. Here are some suggestions as you counsel your customers:

- In a perfect world each office would have distinctively “clinical” areas that allowed for efficient and aseptic preparation, patient treatment and clean-up. Those areas should be separate from public (reception), business and private (lounge, kitchen) areas in an office, to minimize crossing between areas with different safety and asepsis standards.

- The acupuncture and myofunctional therapy areas are treatment areas and must meet all appropriate safety standards. Instrument transport is included in those standards.

- Even though construction is complete, perhaps they will consider “borrowing space” from somewhere to create a hallway that is separate from the reception room to facilitate safe and efficient circulation within the clinical office areas. This suggestion reduces opportunity for an accident such as dropping an item, and removes the chance that patients might touch, see or somehow be exposed to the transported items.

- My immediate suggestion, for use without architectural changes, is to use a closed container, perhaps on a cart, to transport all items between the treatment areas and the sterilization area. The container should appear clean, completely hide the contents, and be easily transported. This solution reduces the chance of an accident where items may be dropped or left unattended long enough for someone to see or touch them. Since patient care items will still be transported through public areas, careful safe practice controls must be observed. (Just imagine this scenario: a worker is taking instruments through the reception room. An elderly person requires help entering the office. The worker puts down the instruments and rushes to assist the person. While their attention is on the elderly person, a child reaches out and grabs the instruments…)

- Transporting items through public spaces:
  - Makes it difficult to control the risks of exposures and cross-contamination.
  - Introduces the real risk that items may become contaminated.
  - Gives the appearance that items may be “not be clean.” This is negative marketing!

The bottom line:

1. Instruments and patient care items should not be placed in or transported through public areas such as the reception room.
2. If contaminated items must be transported through public office areas, strict safety protocol must be observed to protect patients and workers from accidents and cross-contamination.
3. Transporting patient care items through public areas creates the perception of questionable safety and asepsis. FI
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Editor’s note: At The Dental Advisor, not a day goes by without our phone ringing from a customer asking for the “best.” As a dental publication that was designed after Consumer Reports, over the past 25 years we have learned one thing – the best changes from day to day. Providing relevant and timely information to customers is something we strive for. This series of Tech Talks focuses on educating dental sales professionals on the products and technology they are selling so they can in turn educate their customer. Product evaluations are available at dentaladvisor.com.

CAD/CAM

Are you still working with clinicians who are hesitant about adopting digital impressions or CAD/CAM in their office? Currently there are many choices for digital impressions on the market, but sales as a percentage of the overall market have not increased significantly in the past few years. Many clinicians are not seeing the benefit of digitizing a process that seems to work for them. However, the advantage of digital dentistry is not only the wow factor, but precision in the process.

Regardless of the system a doctor decides to use, digitizing the impression allows the dentist to see their preparation up close and magnified. Margins and preparation design are clearly displayed through any of the digital systems. This allows the doctor to clearly see what a laboratory typically sees, and make any necessary adjustments prior to fabricating a restoration. For those choosing to mill restorations in their office, this ability to see the finalized digital impression provides clarity and precision in milling resulting in a shorter cementation time.

In speaking with many clinicians who utilize CAD/CAM and Digital Impression systems, there are still some important issues to address:

1. Digitization is not a magic wand. Principles of good preparation and tissue management need to be followed using products that clearly define the margin.
2. Not all materials are available for every mill. Many clinicians use a variety of materials to restore, including full contour zirconia, which after milling requires a long sintering time and well as a final stain and glaze process. This does not make sense for a busy dental practice, and is typically outsourced for under $100/unit.
3. Not every case is appropriate for digital dentistry. Many clinicians prefer the use of an experienced laboratory technician for complex restorative and esthetic cases.

Regardless of the technology chosen, all systems offer a digital impression as the starting point. From a digital impression, files can either be designed and sent to an in-office mill or to a participating laboratory. If an office owns a mill, the choices are available to do both. If a digital impression device is selected, files can be sent to laboratories that have the capabilities to “read” the file in order to mark margins and design a restoration (CAD). The main limitation with in-office milling is that the only available blocks are composite and all-ceramic. In-office milling also requires a firing furnace if doctors are using e.max, one of the more popular materials. However, the cost savings may be significant if a clinician is utilizing only ceramic restorations. Doctors that utilize PFM, Gold, and Zirconia are probably better suited utilizing a digital impression system.

What’s available
Currently, the available systems on the market for in-office milling are: CEREC (Sirona), PlanScan (Planmeca/ e4D), Carestream, and Benco’s One Visit (a combination of 3M ESPE’s Tru Definition Digital Impression System and Glidewell’s TS-150 Mill). Biolase recently introduced the Galaxy system which uses 3 Shape TRIOS Digital Impression and The Galaxy BioMill. As for digital impression systems available, the current market consists of 3M ESPE’s Tru Definition, iTero (Align Technologies), TRIOS COLOR (3 Shape), and CS 3500 (Carestream). There are newer digital impression systems that are available, but not widely utilized yet.

Sales representatives have additional opportunities for sales related to CAD/CAM, including cements, stain and glaze, porcelain ovens, retraction devices, tissue management products, diode lasers, and material blocks. Learning the differences in the available technologies, regardless of what you can sell, will assist you in providing the best service to your dentist customers. FI
Simplified Guided Surgery: New Opportunities for Implant Surgeons

“Digital workflow” is a hot buzzword in today’s dental practice. As dentists and specialists have ready access to cone-beam CT (CBCT) 3D-imaging for improved diagnoses, they also have the opportunity to use these images to facilitate – and even improve – ease and accuracy of dental implant placement.

Guided dental implant surgery has been shown to be the safest and most accurate method to place implants, no matter how much experience a clinician may have with traditional ‘free-hand’ techniques. Simplified planning software combines digital images of the patient anatomy with projected future tooth position and allows comprehensive treatment planning and fabrication of a custom drill guide to optimize implant placement and surgical experience, even in cases with limited access and visibility.

Practice expansion and differentiation are key to clinicians, and advanced technologies and techniques associated with guided surgery offer both marketing and operational opportunities by delivering improved outcomes, attracting new patients and reducing surgeon stress.

While drill guide systems have been available for several years, most have been expensive, difficult to easily procure on a timely basis, of limited use due to technical issues and frequently designed with limited clinical oversight in guided surgery planning. In addition, guide designs posed significant limitations in access and visibility, and often required the purchase of planning software and guided surgery instrument kits, at costs exceeding $10,000.

Advances in guide design and business models now make guided surgery accessible, reproducible and affordable. Expert service and education in case diagnosis, planning and surgical technique are now readily available. Most importantly, these advances produce overall improvement in efficiencies and outcomes, while affording a positive surgical experience for both the patient and the surgeon.
A Septodont rep’s years of experience in the dental practice, as well as in the classroom, make her a valuable resource to her dental customers and distributor rep partners.

The role of the dental assistant can be quite complex at times, especially in busier offices, according to Kayce Hollingsworth. The Septodont sales rep brings to the table not only an enthusiasm for servicing her dental customers, as well as more than 20 years of experience as a dental assistant and 16 years of teaching experience, including dental assistant registration coursework and OSHA/infection control training.
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“In some of the busier offices, I find it can be challenging for dental assistants to stay on top of all that needs to be done with regard to infection control, set up, organization and ordering, as well as all the compliance documentation that must be maintained and their regular duties with the doctor and patients,” she says. “Mainly, it is challenging for dental assistants to find the time and efficient systems to complete all the necessary duties while focusing on patient care.” According to the American Dental Association, the typical responsibilities of dental assistants include:

- Assisting the dentist during a variety of treatment procedures.
- Taking and developing dental radiographs.
- Asking about the patient’s medical history and taking blood pressure and pulse.
- Serving as an infection control officer, developing infection control protocol and preparing and sterilizing instruments and equipment.
- Helping patients feel comfortable before, during and after dental treatment.
- Providing patients with instructions for oral care following surgery or other dental treatment procedures, such as the placement of a restoration.
- Teaching patients appropriate oral hygiene strategies to maintain oral health.
- Taking impressions of patients’ teeth for study casts.
- Performing office management tasks that often require the use of a personal computer.
- Communicating with patients and suppliers (e.g., scheduling appointments, answering the telephone, billing and ordering supplies).
- Helping to provide direct patient care in all dental specialties, including orthodontics, pediatric dentistry, periodontics and oral surgery.

Continuing to teach after making the leap from the clinical side of dentistry into sales has helped Hollingsworth better understand the needs of her accounts. “I feel these courses have provided me the opportunity to establish and maintain more valued relationships with the offices and with the dealer reps,” she says. “The experience has also provided a platform for networking that has led to relationship building. I have had to stay informed and updated on the latest requirements and procedures, which requires a lot of reading and research. I feel this helps me to be a better resource to the doctors I call on and to the reps I work with on a regular basis.”

A new beginning
Hollingsworth decided to make the switch from dental assistant to dental products sales rep in January 2008, she says. “At the time, I wanted a new direction and a new challenge in my career, and I felt that dental product sales was a good fit for me with my background and would provide the challenges and opportunities I was looking for. I knew several sales reps at different companies who really enjoyed their positions, and they encouraged me to look into that area of the industry.” It wasn’t long before she met Judy Persson at Septodont and joined the company.

“I have been with Septodont for six and a half years now, and I really enjoy my work and look forward to each day in the field,” Hollingsworth continues, noting that her experience as a dental assistant puts her at an advantage in her role as a sales rep. “My background gives me a natural ability to relate to my customers, because I have been on that side of the business,” she says. “My experience using many of the products I sell has helped me identify with the needs of the dentists and dental professionals in the office. It is beneficial to understand the procedures and the terminology, as well as being able to identify solutions to problems they may be having. And, it feels good to be able to assist offices in that way.”

“My background gives me a natural ability to relate to my customers, because I have been on that side of the business.”
Teaching from the heart

Originally, Hollingsworth took up teaching as a means of generating extra income. She quickly discovered that working with students was quite fulfilling. “Initially, my decision to teach was financially driven,” she explains. “I was newly divorced and needed a way to supplement my income for myself and my two young daughters.” After being approached by a well-known instructor in the industry who encouraged her to consider taking on a class or two, in 2000, she joined the teaching staff at the privately owned Dental Assisting Academy. “I found that I really enjoyed the instruction and interaction with the students,” she recalls. “My role as a dental assisting instructor involved preparing the dental assistant for all aspects of clinical care and anticipating the needs of the doctor and the patients. The curriculum I worked with included terminology and didactic study, as well as clinical hands-on instruction and practice.”

It wasn’t long, however, before the new requirements for dental assistants convinced Hollingsworth to expand her teaching role. “I had been teaching at the Dental Assisting Academy for almost three years when the laws in Texas changed, requiring dental assistants to obtain a registration,” she says. “Through my professional contacts, I was approached by the continuing education director at Baylor College of Dentistry to teach the radiology and infection control courses for auxiliaries.”

She began teaching the registration course for dental assistants in 2003 through Baylor’s continuing education department, and continues to do so today. “This job involves self-study prior to the course, with prepared instructional manuals provided to the student,” she says. “Then, a two-day lecture review course is required on the subjects of radiology, infection control and jurisprudence. It has now been condensed to a one-day course. At the end of the lecture, an exam is given as a proctored and timed test. A 70 percent or above must be achieved to pass in order to receive the documentation required. The application is then submitted to the state board for registration approval.”

In 2004, Hollingsworth expanded her teaching responsibilities once again—this time to include OSHA infection control training. “While I was working with Baylor’s continuing education department, the program was receiving requests for the required OSHA and infection control training,” she says. “I was approached by several dental professionals who asked if I would consider teaching this course. I called OSHA to learn what the requirements were, took some online courses and became certified. This training, together with my DANB certification and RDA with Texas, provided me with the credentials I needed to train dental assistants in infection control. From there, I did a considerable amount of research and put together a course to address the needs of dental offices and dental personnel.”

In addition to offering in-office training, Hollingsworth currently lectures to dental professionals with sponsorships from dealers and dental societies at their annual training events. “Since the OSHA and infection control training is a yearly requirement, there is quite a demand for these courses,” she says. “It is normal to see larger events with 200 to 300 attendees, and sometimes more.”

There’s no question that the educational service Hollingsworth provides for the industry is invaluable. But, at the end of the day, it’s about building relationships and supporting her customers and dealer rep partners. “I feel the courses I teach have enabled me to establish and maintain more valued relationships with the dental offices and the dealer reps,” she says. “My teaching has also provided a platform for networking that leads to relationship building. I must stay informed and updated with the latest requirements and procedures, which requires a lot of reading and research. I feel this helps me to be a better resource to the dentists I call on and the reps I work with on a regular basis.” FI
If anyone could make going to war sound funny, it was Bill Gorman.

“I had reached 18 years of age and the draft was getting more and more of those old men (those 19 and 20 year olds),” he wrote in his memoirs of his wartime experiences, from the summer of 1942 to January 1946. “I was giving serious consideration to joining the Air Force and the right opportunity came along.

“I had gone home for the weekend in Cordele [Ga]., and the recruiting team from Turner Air Force Base in Albany came to town. They had a big brass band and played pretty marching music and got me in the mood to fight a war. The sergeant in charge promised me that if I would join that day, I could spend the rest of the war at Turner Air Force Base. I joined. He lied.”

Gorman was to spend two tough years in the Pacific Theater.

Bill Gorman, chief “bookkeeper” of Atlanta Dental Supply for 60 years, patriot, family man and mentor and advisor to hundreds of young dentists, died at age 90 in July.

“He lightened things up,” says Atlanta Dental President Gary Kirkus. “But he was a tough manager. He held everybody accountable.”

“He was loved,” adds Jay Fawbush, customer service and iCare team manager for Atlanta Dental — and Bill Gorman’s grandson. “He was always laughing, always smiling, always wanting to see everyone. But he could get serious. He was a powerful speaker, and when he stood in front of a group of people, he would hold your attention.”

Gorman was born in September 1923 and raised in Cordele, Ga. His father, William McKinley Gorman was a postal worker and a veteran not just of World War I, but of World War II as well. In fact, he was part of the Allied invasion of France on D-Day 1944, says Fawbush. His mother, Bobbie Gorman, was a homemaker.

Flag-raising
When World War II erupted, Gorman enrolled in an aircraft maintenance program
and worked on Piper Cub airplanes. Upon finishing the course, he was scheduled to go to Brookley Air Depot in Mobile, Ala., to work on Army aircraft. Then he enlisted in the Air Force. Not surprisingly, his wartime experiences were to have a profound impact on Gorman for the rest of his life. In his memoirs, he describes light-hearted moments, but horrific ones as well. “Eight narrow escapes that are unexplainable,” he wrote of his experiences. “I have often wondered why I was spared and for what purpose.” Later in life, he found the answer in his faith and his family, says Fawbush. He never lost his sense of patriotism. Every morning for 25 years, before Atlanta Dental moved to its current location, Gorman would raise and salute the American flag, says Kirkus.

After the war, he met his wife-to-be, Helen Annette Moore, while the two worked at Rich’s, a now-defunct department store in Atlanta. The two married in 1947, and were together until Helen’s death in December 2012.

“His feeling was, do as much for your customers as you can. If you do what’s right for them, even if it takes money out of your pocket, ultimately, the business will be profitable.”

– Gary Kirkus

In 1949, Milton Goolsby, who with P.L. Blackshear was co-owner of Atlanta Dental Supply as well as its financial leader, hired Gorman to work at the company. (Years later, Gorman and Blackshear’s son, David Blackshear, were to acquire the company and remain partners for 34 years, until they sold it to employees, including Gary Kirkus, in the 1980s.)

“He was our CFO, but he always introduced himself as the ‘bookkeeper,’” says Kirkus. Not only did he manage accounting for Atlanta Dental, but for 40 years, Gorman served as an advisor to countless young dentists setting up their practices. It was the beginning of Atlanta Dental’s professional practice management offering.
“He would sit at their kitchen table, help them set up their books and bank loans, and help them set up their practices correctly,” explains Kirkus. Year after year, at the annual Hinman meeting, dentists whom he had helped would make a point of visiting the Atlanta Dental booth to check up on their mentor, he says. (Gorman would later remark that he missed just one Hinman in his 60-year career, and that was the year he was serving in the armed forces during the Korean War.)

Gorman wasn’t one for sales “techniques,” explains Kirkus. “He believed in 100 percent relationship-driven sales. His feeling was, do as much for your customers as you can. If you do what’s right for them, even if it takes money out of your pocket, ultimately, the business will be profitable.”

Gorman became president of Atlanta Dental, but he remained CFO — that is, “bookkeeper” — until his retirement in 2009 — 60 years after joining the company.

Commanding presence

Though he could bring levity into almost any situation, Gorman could be serious when he needed to be, says Kirkus. At 6 feet, 2 inches, he also had a commanding presence. He was a founding member of American Dental Cooperative, now NDC, and in 1991, served as chairman of the American Dental Trade Association, now the Dental Trade Alliance.

Even as chairman of ADTA, he couldn’t hide his sense of humor. At that organization’s meeting, he asked the audience to stand for the National Anthem, then proceeded to play “Dixie,” which he had programmed into his watch, says Fawbush.

“We have what we called ‘Gorman-isms’ around here,” says Kirkus. “One of his most famous was, ‘Computers are a fad; they’ll never stick.’” Gorman used a typewriter until he was 75, when Kirkus set him up with a computer so Gorman could track his beloved stock market. After that, he was hooked on automation.

Perhaps because of his service in the Pacific, Gorman became a world traveler. He and Helen circled the globe, visiting China, Africa, the Holy Land (more than once), Central America, even Antarctica. In his office, he displayed a map of the world, which was dotted with pins to denote where he and Helen had traveled.

He also had a strong sense of faith. “He would pray with employees if they asked him to, but he didn’t push his faith,” says Kirkus. For 30 years, he taught Sunday school to senior men in a group known as the Fishers of Men. Speaking at a memorial service after Gorman’s death, Kirkus said, “He said his class kept losing members as they went home to be with the Lord; Mr. Gorman has left the class and is with the Lord and Helen. Well done.”

‘He lived life’

“My grandfather lived life, because he knew it was a blessing,” says Fawbush. He grew to believe that he had been spared his life during World War II so that he could be of service to his family and others.

Even after Helen died in 2012, he continued a family tradition that the two had started some 60 years earlier. He gathered the family — which, when he died, included two children, five grandchildren and five great-grandchildren — at the Oceanside Inn & Suites (soon to be a Holiday Inn Resort) on Jekyll Island off the Georgia coast, for a long Labor Day weekend.

Then, this summer, he took the family on an Alaskan cruise. “His knees were giving out,” says Fawbush. “He had a handicapped sticker on his car, but he wouldn’t park in the handicapped space. He was very stubborn, but in a good way.” But he had been planning the Alaska trip since January, so they went. “We came home on Saturday, and he died the next day,” says Fawbush.

“If you knew him, you’d know he accomplished everything he said he would,” he continues. And with a sense of adventure he never lost.

“The next day, about fifteen of us boarded a C-47 and we flew for hours to get to Brisbane, Australia,” writes Gorman in his memoirs. “An Air Force depot was there and a brand new type of airplane had just arrived on a carrier. It was a P-61 Black Widow Night Fighter. None of us had ever seen one before.

Anyway, we put the wings on it, put the engines in it, hung the props and got those birds ready to fly. Of course, our pilots had never seen one either, so it was quite exciting to go up in a plane on its maiden flight with a pilot who had never flown one before.

“Now I know why young, foolish boys are best to have in the service.” F1
Bill Gorman’s account of his wartime experiences, which he wrote for his family in the mid-1990s, are a mixture of humor, terror, sorrow and hope.

“Fort McPherson in Atlanta was my first experience with the Army,” he writes. “They asked questions, probed, gave shots and examined me where I had never been examined before. I was issued the worst-fitting uniform that I had ever seen. The necktie was about the only thing that seemed to fit right.”

Five days later, he transferred to Turner Air Force Base in Albany, Ga. “They called all of this basic training,” he wrote, explaining life at Turner. “I had better names for it.”

“After six weeks of this torture, we graduated. We looked real nice, too, as we marched in review. All of us had learned our left arm from our right.”

At his next stop, Seymour Johnson Air Force Base in North Carolina, Gorman attended aircraft mechanic school. “While waiting to start class, they managed to fill up my time with KP [kitchen police]. I managed to wind up in the breakfast mess hall, and the first job was to crack two eggs and put them into a white bowl. Five thousand men ate there that day, so I guess I must have cracked 10,000 eggs.

“He accomplished everything he said he would.”

– Jay Fawbush

Sergeant Bill Gorman sitting in front of a P-61. 421st NFS.
“We marched everywhere and had to sing as we marched. Someone would start a song and the rest of us would have to join in. I always started off with ‘Dixie’ and all the Yankees had to sing. However, I was not always the first to start a song, and many, many times I had to sing ‘When Sherman Goes Marching Through Georgia.’”

In July 1943, Gorman was assigned to the 421st Night Fighter Squadron. At Orlando Air Force Base in Florida, he and colleagues trained on the P-70, which, he writes, was actually a Douglas A-20 light bomber painted black for nighttime duty. On Dec. 4, 1943, Gorman boarded a ferry on San Francisco Bay; one month later, he arrived in Milne Bay, New Guinea. “New Guinea isn’t the best place in the world, but it was better than staying on that boat another day.”

War is full of accidents, violence and absurdity. With more than 125 hours of combat flying, Gorman captured all of that in his memoirs.

For example: “I was riding in the back compartment, which was a radar observer’s place,” he writes. “With me were two puppies that we were carrying back with us. Fertile Myrtle and Sterile Gerald.

“We stopped at Rock Hampton, Australia, and landed on a grass strip. Someone had not removed the big boulders, and our nose wheel hit one and collapsed our nose gear. We came to a grinding stop and some of the supplies landed on both Fertile Myrtle and Sterile Gerald, killing both of them. Neither my pilot nor me were hurt, but I was stranded for a while. My pilot caught another plane and left me to fix the one that crashed. There was not much I could do, though, with me and my toolbox, with a plane with a collapsed landing gear. It was not bad duty, though, and I did have a nice place to stay.”
The violence of war quickly caught up with him. “We were always the first Air Force on any newly won island,” he writes. Typhus fever claimed many lives on one island, Pulau Owi, he writes. While there, Gorman had one unusual experience — riding in the gunner’s seat of a P-61 piloted by Charles Lindbergh, who was there as a civilian observer.

Gradually, the 421st got better at protecting soldiers on newly won islands. “On moonlit nights, we would keep one plane in the air over the island all night. If the moon was down, then we had one plane at the end of the runway with its engines warm, ready to take off at a moment’s notice.”

“One thing that we were not guilty of was outstaying our welcome at any one place,” he writes. “Time to move again.” From Owi it was on to the Philippines via shallow draft ships called LSTs, or Landing Ship Tanks. Landing was not easy. “The air battles were unreal. This was all Navy, because we were out of reach of land-based planes. Hundreds of planes were in dogfights and falling all over the place. At one time, I counted nine planes falling. At night, you could read a book on the deck of the ship from the tracer bullets and ack-ack light.”

Some of the LSTs — including Gorman’s — got stuck on a sandbar. “I tried to figure out how deep to dive so that the bullets would be spent before hitting me, so I just laid on the bottom quite a bit.” He did make it ashore, but the fighting remained fierce for six weeks.

“A new type of warfare was introduced to us as we approached the beach at Leyte,” he writes. “It was the Kamikaze. This was a suicide pilot that was taught to take off and fly but not have to land. His plane was a flying bomb and he aimed the plane at the target. One went over our LST just as we were pulling it to the shore and just missed the top of our mast. It hit the ship next to us and 180 men were killed on it.”

Life on land wasn’t much easier. “One bomb picked me up and blew me out of my tent about ten feet. My mosquito net and tent were riddled with shrapnel. Later on, another bomb fell, and I could hear it swooshing, getting closer and closer to me. I tensed up and it hit the ground about five feet from me, but it was a dud and sunk in the mud without exploding.”

In December 1944, on a C-47 transport from the island of Peleliu to Leyte, this happened: “After about an hour out, there was a slight explosion and the right engine caught fire. We were going down fast, for you could feel the wind and the whine of the plane. The worst part was not knowing how high we were above the ocean. Finally, we began to level off and the fire went out. We limped back to Peleliu and landed just after dawn. We were then told that we had dropped 9,000 of the 10,000 feet that we were flying.”

Finally, the war neared an end. “One day we were told that a bomb had been dropped on Hiroshima, Japan, and that it had the power of 20,000 tons of TNT,” he writes. “Nobody believed this, because we did not have a plane that could carry that much of a load. Soon another one was dropped, and were told that the war was about over.”

Even after the war ended, the troops were in danger, and Gorman describes an event that occurred after the Japanese surrender, and that would affect him deeply: “One evening just before dusk, we were getting ready to take off. I was already strapped in the plane. One of our ground officers who was going home the next day wanted to be able to tell his family that he had flown over Japan. He got permission from the CO and he took my place in the gunner’s seat. On takeoff, the plane blew a tire, exploded and all three men on board were killed.”

All of which would prompt him to write: “Eight narrow escapes that are unexplainable. I have often wondered why I was spared and for what purpose.”

“They had a big brass band and played pretty marching music and got me in the mood to fight a war.”

— Bill Gorman
Windshieldtime

Chances are you spend a lot of time in your car. Here’s some automotive-related news that might help you appreciate your home-away-from-home a little more.

**Ford: Well equipped and reliable**
The 2015 Ford Fusion may not offer a lot of new features, but that’s not to say it’s outdated. Despite having a design that has been completely carried over, the newest version of the mid-size sedan is said to be well equipped and capable of leading its competitors in fuel economy and safety. And, the 2015 Ford Fusion Hybrid, which doesn’t need to be plugged in to operate, reportedly can travel at 44 miles per gallon in the city.

**Next-generation car buyers**
AutoTrader.com released the findings of the 2014 Automotive Buyer Influence Study, which provides insight into how consumers shop for vehicles online, offline and across multiple devices. Now in its third year, the study demonstrates how the consumer shopping process is rapidly evolving as the next generation of car buyers – millennials – are quickly becoming the largest car buying cohort. Overall, the 2014 study findings indicate that millennials rely on the Internet to car shop, as well as mobile devices such as smartphones. That said, this group appears to be as undecided as other generations when they begin the car shopping process, with 70 percent undecided on which make/model they are interested in purchasing.

Key findings from the study include:
- Millennials take longer to make their purchase decision.
- Traditional media is aging out.
- Computers are being used less frequently for car shopping.
- Social media is rarely used for car shopping.
- Mobile devices, such as smartphones, are being used increasing more frequently.

**Used cars make a comeback**
Car shoppers may want to think used this fall. According to ALG, the analytics division of TrueCar, a wave of newer vehicles has started to flood the secondhand market and will gradually bring resale values in line with what they were before the economic downturn in 2008. Indeed, recent low used car sales, together with the Cash for Clunkers program, which eliminated nearly 700,000 vehicles from U.S. roads, have resulted in limited used-vehicle supplies. But, that appears to be changing. As new-car sales continue to increase, and car shoppers continue to trade in old but high-quality vehicles, the used car market should pick up — with attractive pricing for shoppers. By 2017, ALG forecasts the average new vehicle will retain 49.4 percent of its value after three years, in contrast to the 54.6-percent retention recorded for vehicles through June 2014. Furthermore, ALG forecasts the growing supply of used vehicles in the market should ease the industry back to a 46-percent residual average by 2019 — the same as it was before 2008. To obtain a copy of the ALG Industry Report, or for more information about ALG and its products, visit www.alg.com.

**Locating hard-to-find parts just got easier**
It can be tricky finding parts for luxury vehicles. Luxury Parts Wholesale offers a comprehensive online store with a variety of brands and items to choose from. The products are said to be the same quality as those offered at luxury retail stores, but at a wholesale price.

**Fun and safe**
Mitsubishi Motors North America, Inc. announced its 2014 Lancer compact sports sedan (excluding the Ralliart and Evolution models) has been named a Top Safety Pick by the Insurance Institute for Highway Safety (IIHS). The vehicle recently passed an IIHS crash test in which 25 percent of its frontal area on the driver’s side impacted a barrier at a speed of 40 miles per hour. (The test reportedly replicates what occurs when the front corner of a vehicle collides with another vehicle or object, such a tree or utility pole.) The 2015 Mitsubishi Lancer, considered equally safe, features heated side view
mirrors with turn indicators (standard on all models); an advanced next-generation continuously-variable transmission (CVT) that mimics the operation of a precision seven-speed transmission; redesigned 16-inch two-tone alloy wheels; FUSE Hands-Free Link System® with USB port; six-speaker audio system; fog lights and more.

Vehicle history free of charge – almost
Until recently, vehicle owners traditionally paid $30 or more for a vehicle history. Today, Washington-based VinAudit.com, is taking a different approach. VinAudit founder David Wu, a former Google software developer, offers a comparable service for 50 cents per report to qualifying used car dealers, reportedly the lowest in the vehicle history market. VinAudit.com provides vehicle history reports as an official consumer access provider for the National Motor Vehicle Title Information System.

Kelley Blue Book offers easier access
Kelley Blue Book www.kbb.com, a vehicle valuation and information source, has announced the installation of a ReadyCam® on-site studio at its Irvine, Calif. headquarters, offering global media outlets immediate and easy access to its analysts and executives. The ReadyCam studio is reportedly an all-inclusive video studio designed to capture, record and transmit HD video and audio over the Internet to anywhere around the world, using VideoLink’s EnhancedIP™ network. The studio simplifies the production of live, pre-taped and on-demand video content.

Preventing tire trouble
Weather and road conditions can be tough – especially on a car’s tires. Ride-On offers a line of tire sealant products, designed to safeguard tires from travel hazards. For instance, Inovex Industries’ Ride-On Tire Conditioner & Sealant™ is an industrial-grade tire sealant made to protect vehicle tires and rims by sealing punctures, conditioning casings, and helping to reduce rim corrosion and scale buildup in industrial, off-road and agricultural tires. The product is said to prevent flats and seal punctures up to ¼ inches in diameter, as well as slow leaks. Ride-On sealant is formulated to prevent freezing and separation at high temperatures, and is available in both six-gallon pails and 55-gallon drums. For more information visit www.ride-on.com/tire-conditioner-a-sealant.html.

The ReadyCam studio is reportedly an all-inclusive video studio designed to capture, record and transmit HD video and audio over the Internet to anywhere around the world, using VideoLink’s EnhancedIP™ network. The studio simplifies the production of live, pre-taped and on-demand video content.

Subaru means safety
For the past five years, Subaru has reported Insurance Institute for Highway Safety (IIHS) Top Safety Picks for all of its models. The company recently added its rear-wheel-drive sports coupe, the 2014 Subaru BRZ, to its fleet of awarded vehicles. With the addition of the BRZ, Subaru now has seven models that have netted 2014 safety awards from the IIHS: The Subaru Legacy, Outback and Forester with optional Eye-Sight earned the IIHS highest possible standard of safety, the Top Safety Pick+ award, while the Impreza, XV Crosstrek and 2015 WRX STI line received Top Safety Pick award ratings for 2014. The 2014 Subaru BRZ earns the Top Safety Pick award for acceptable performance in a small overlap crash, the Institute’s latest round of crashworthiness evaluations. The BRZ also earned good ratings in the moderate overlap front, side and roof strength and head restraint tests. To qualify for Top Safety Pick, a vehicle must earn a good or acceptable rating for small overlap protection and a good rating in the other four tests. 

NDC announces ’15 Dental Forum Dates
NDC will hold their annual Dental Forum on Jan. 12-14, 2015, at the Westin Westminster Hotel in Denver, Colo. The NDC Dental Forum brings independent member dealers and vendor partners together for networking and strategic planning discussions.

Henry Schein Practice Solutions opens new Utah headquarters
Henry Schein Inc opened a new, 100,000-sq-ft headquarters building for its Practice Solutions business in American Fork, Utah, that will offer practitioners a state-of-the-art training facility for digital dentistry. The environmentally friendly facility features a “Center of Excellence” equipped with technology from Henry Schein’s supplier partners—including the Kavo Kerr Group, Air Techniques, SciCan, and Planmeca, which provided its CAD CAM solutions. The Center for Excellence will allow new dentists to view products and provides local professionals a modern facility to offer free, high-quality oral care to the community’s underserved population. Dentists from Share a Smile, a dental nonprofit which provides free dental care to the poor and homeless, will work with Henry Schein to offer dental care out of the facility. The building is currently pending LEED “Silver” Green Building Certification.

Patterson Dental relaunches business intelligence web tool
Patterson Dental Supply Inc re-launched its OnTrack business intelligence system designed for dental practices. This cloud-based web tool provides dental practices the opportunity to track and define important behavioral and financial factors, automatically build key indicators to measure performance and goals, and provide customizable solutions to achieve individually set objectives. OnTrack’s real time analytics operate like a personal consultant for practices and allow for instant access to informational videos, educational tools, and progress results.

SmartPractice expands dental supply offerings
In direct response to requests from dental practices, SmartPractice® expanded its dental supplies selection. More products from Crest + Oral-B and GlaxoSmithKline have been added. Plus, there will be additional products from Air Techniques and Denterprise as a result of new authorized distributorships. Already an authorized distributor of more than 300 dental supply manufacturers, the SmartPractice team’s commitment to carry exactly what practices want is evident by this substantial investment.

National Dental Assoc honors Henry Schein's Steve Kess
Henry Schein Inc announced that Steve W Kess, VP of global professional relations, is the recipient of the National Dental Association’s (NDA) 2014 President’s Corporate Award. Recognized for support of the dental profession and longstanding partnership with the association, Kess was presented with the award during the opening session of NDA’s 101st Annual Convention in New Orleans. He is a founding partner of the NDA Corporate Roundtable, established in 1996 as an advisory committee to strengthen the organization’s growth and development through corporate giving, fundraising, administrative contributions, and active participation in programs at the national and local levels.

Air Techniques launches Android app
Air Techniques Inc developed an app for Android tablets and phones. The app is free and available to download from Google Play. The app was designed to increase exposure across mobile devices and compliments the company’s iOS app, which was released back in 2011. The international market for Air Techniques continues to expand and so does the need to provide communication and connectivity to these sectors. The app features the latest products, news, videos, events, and dealer locator. Notifications of launches and product specials will also be pushed out to users.

ACTEON wins 2014 Pride Institute Best In Class Technology Awards
ACTEON North America won a 2014 Pride Institute Best in Class Technology Award for the SoproCARE intraoral camera and Newtron P5 SX B.LED piezoelectric scaler. Now in its sixth year, this award continues to recognize products that

Submit your people news and new product announcements to: Monica Lynch at mlynch@mdsi.org
demonstrate excellence in their category. A panel, comprised of leading voices in dental technology, comes together each year to discuss, debate, and decide what products merit recognition. All technology categories are considered, but if there is no clear differentiator that sets a product apart in its category, then no winner is selected. Each product honored as “Best of Class” features unique characteristics that differentiate it from the competition in a compelling way, and more importantly, creates value for the general dentist.

Keystone Industries announces acquisition of Enamelite
As a part of continuing expansion into the dental manufacturing business, Keystone Industries (Cherry Hill, NJ) announced the acquisition of Enamelite (Clarksville, TN), a company with leading product designs using nano-particle size technology to produce spray ceramics and powders for dental use. With this acquisition, Keystone strengthens its role as a leading manufacturer for the dental industry, and will be able to deliver more high-quality patented products that Enamelite has to offer. With the unexpected passing of James Vinson in 2013, a managing partner for Enamelite, this was a welcome opportunity for the company to continue with its structure intact. Enamelite’s headquarters will be moved to Cherry Hill, New Jersey. No financial details were disclosed.

Midmark announces enhancements to 2014 Dental Family Program
Midmark (Dayton, OH) announced enhancements to its 2014 Midmark Dental Family Program, Great Alone Better Together, which will allow dentists to purchase eligible dental equipment and achieve maximum value through December 31, 2014. The program includes rebates for the purchase of Midmark dental operatories and cabinetry, as well as previous purchases of Progeny imaging products. The rebates are based on levels of equipment purchases and range from $500 to more than $5000. Customers must take shipment of products by January 31, 2015, and the last date to claim incentives is February 28, 2015. For more information, go to midmark.com or midmarkdentalfamilyprogram.com

Crosstex sterilization system earns top ratings
Crosstex announced its sterilization system was awarded Best Product 2014 by Dental Product Shopper. The Crosstex Sterilization System is a comprehensive system designed to ensure proper sterilization through chemical and biological monitoring. In a clinical evaluation proctored by The Dental Product Shopper, a panel of dentists, hygienists and dental assistants evaluated The Crosstex Sterilization System for qualities such as ease of use, effectiveness and staff satisfaction. After a four-week in-office assessment, all participating clinicians awarded each of the system’s components top ratings of “Excellent” or “Very Good” in every category. The system is comprised of three products, all designed with sterility assurance in mind: ConFirm® 10 In-Office Biological Monitoring System (Awarded Recommended Product 2014; Sure-Check® Sterilization Pouches (Awarded Best Product 2014); STEAMPlus® Class 5 Immediate Read-Out Integrator (Awarded Best Product 2014): In addition to each of the aforementioned products, The Crosstex Sterilization System, as a whole, was separately evaluated by the panel and also earned a Best Product 2014 rating from Dental Product Shopper. To sample the SteamPlus Class 5 Integrator of Sure-Check Pouch visit: Crosstex.com/samples.
Henry Schein Appointees Announcements

Allison Floyd, CAD Cam Specialist
Floyd will represent Henry Schein Dental in the Northern Virginia area. She has two years of experience in the dental industry and was previously employed as a marketing coordinator. Floyd received her B.A. from University of Maryland in College Park, MD.

Brenton Pierce, CAD Cam Specialist
Pierce will represent Henry Schein Dental at its center in Sacramento, CA. He has 20 years of experience in the dental industry. Pierce received his B.A. from Colorado State University in Fort Collins, CO.

Dan Windstrup, CAD Cam Specialist
Windstrup will represent Henry Schein Dental at its center in Tampa, FL. Windstrup received his B.S. from Florida State University in Tallahassee, FL.

Adam London, CAD Cam Specialist
London will represent Henry Schein Dental at its center in Atlanta, GA. London received his B.S. from Central Michigan University in Mount Pleasant, MI.

Gene Redden, CAD Cam Specialist
Redden will represent Henry Schein Dental at its center in Nashville, TN. Redden received his B.S. from Mississippi State University in Starkville, MS.

Chris Maniatis, CAD Cam Specialist
Maniatis will represent Henry Schein Dental at its center in Boston, MA. Maniatis received his B.A. from Western New England University in Springfield, MA.

Amy Reynolds, CAD Cam Specialist
Reynolds will represent Henry Schein Dental in the Austin/San Antonio area. She has 17 years of experience in the dental industry and was previously employed as a dental assistant.

Debbie Burack, CAD Cam Specialist
Burack will represent Henry Schein Dental in the Long Island, NY area. She has 31 years of experience in the dental industry and was previously employed as a manufacturer representative.

product

Crosstex introduces Sparkle® Disposable Air/Water Syringe Tips
Crosstex International introduced Sparkle® Disposable Air/Water Syringe tips, the latest addition to the company’s Patient’s Choice® treatment accessories product line.

Features include:
• A four-part “Quad Core” air channel that keeps water and air flow separate and distinct for specific procedures.
• Sparkle tips connect directly to all air/water syringe handpieces without the need for an adapter, so tips can be changed out quickly and easily.
• Sparkle tips feature a beveled edge on each end; on the patient facing side, the beveled edge increases comfort – without it, the blunt hard plastic tip can be uncomfortable for patients, potentially even leaving scratches in the oral cavity. The rounded edge, on the side of the tip that gets locked into the unit, helps prevent O-ring instrument damage. Additionally, the tips’ rigid construction assists with cheek retraction.
• The tips are available in a series of translucent colors and/or clear, allowing clinicians to clearly see water flow (and potential blockages) in the water chamber. And all of the plastic tips are recyclable.
See better. Treat faster.

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In honor of Breast Cancer Awareness Month, for each pink Bluephase Style sold in the month of October, Ivoclar Vivadent will donate $100 to Breast Cancer Research.*

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¹All materials known to date in the range of 385 – 515 nm. *Donation in lieu of other promotional offers.