Dentists join campaign against fluoridation in Southampton

Open letter of opposition published, marking one year anniversary of South Central Strategic Health Authority landmark decision

A host of signatories, including dental professionals, have signed an open letter of opposition against the deci-sion to fluoridate drink- ing water in Southampton.

It is a year since the South Central Strategic Health Author- ity (SCSHA) took the decision to add fluoride to water in South- ampton and parts of Hampshire.

Much of the antipathy to the scheme is because the people in the area feel their views have been ignored as the SCSHA is going ahead despite 72 per cent of public consultation respond- ents rejecting the proposal.

Local opposition

The letter states that during the past year, local opposition to the scheme has grown, a 53,000-signature petition has been handed in to Downing Street and every local MP has since written to the Strategic Health Authority to express concern about your continuing determination to impose fluoridation on an unwilling community.

The letter adds: ‘We urge you to ensure that the local NHS places greater emphasis on the implementation of targeted com- munity-based oral health strate- gies as an alternative to water fluoridation.

It points to a peer-reviewed study published in the Journal of the American Dental Associa- tion that confirms previous re- search showing that babies fed formula milk in areas where the water is fluoridated at 1.0ppm may receive excess fluoride, putting them at risk of fluorosis.

Exceed the limit

The authors conclude that when powdered or liquid con- centrate infant formulas are the primary source of nutrition, some babies are likely to ex- cess the recommended fluoride upper limit if the formula is re- constituted with water contain- ing 1.0ppm fluoride.

The plan for fluoridation is currently on hold as the SHA is facing a legal challenge to its decision.

The High Court has con- firmed that the ear- liest the judicial re- view can be heard by a senior judge is July or August.

The SHA has set aside £400,000 for the legal fight.

The legal challenge argues that the SCSHA failed to have regard to the possible adverse environ- mental effects. She also con- siders that more targeted and less intrusive measures should be used to deal with problems of tooth decay in the South- ampton area.

Majority favour

The legal challenge argues that the SCSHA failed to have regard to the local community does not want. These funds could be used to develop alternative, more effective oral health schemes.

‘Waste of money’

The SCSHA’s decision to continue with water fluoridation and to fight a legal challenge is seen as a waste of Health Service money and we are concerned that this will damage the reputation of the local NHS.

The open letter, which was submitted by the cam- paign group Hampshire Against Fluoridation, said: ‘Given the fi- nancial constraints currently faced by the NHS, we are con- cerned that precious NHS funds are being used to force through a scheme that the local commu- nity does not want. These funds could be used to develop alternative, more effective oral health schemes.’
Fluoridation... a topic which is always destined to polarise public opinion. The ongoing saga which has developed over the decision to fluoridate the water in the Southampton area shows no signs of slowing as an open letter of opposition is released. The surprising thing is that more than a dozen dentists have signed the letter. As Neel Kothari said in the last issue (I hope you were all paying attention, there will be a test!), his main concern was not about the issue of fluoride in the water, but rather the way in which despite the overwhelming opposition of the local population to the plans, the SHA decided in favour of fluoridation. It may be interesting to find out the reasons these dental professionals chose to sign the letter.

If you have a particular opinion on the issue of fluoridation, please get in touch: Lisa@dentaltribuneuk.com.

This week sees the first of the big conference and events for the year: the Dentistry Show. Dental Tribune will be at the event, finding out what’s hot and what’s not for 2010 for all the gadget lovers out there. Please take a look at back of this issue to find out who is going to be there.

If you see me, come and say hello and let me know what you think of DT; I would genuinely love to hear from you.

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page? If so don’t hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@dentaltribuneuk.com

Editorial comment
Water water everywhere...

The daily grind - ing

More people are grinding their teeth due to job insecurities caused by the recession, according to dentists.

Edinburgh dentist, Dr Yann Maidment, said he had seen the number of patients showing symptoms of tooth grinding rise by 10 to 20 per cent over the last 18 months.

He believes that people who work in banks or travel a lot for their jobs are among the worst affected due to having more stress in their lives.

Dentists are finding that more patients are needing treatment because a piece has fallen off their tooth due to bruxism, or a molar or incisor has cracked completely and is beyond repair.

Others are suffering from headaches or pain in their mouth.

Dr Sharif Khan, a cosmetic and implant dentist, claims that ambitious people who work in competitive industries are more likely to suffer from bruxism.

“People who are worst affected by grinding are Type A personalities: ambitious people who usually work in business,” said Dr Khan.

The British Dental Health Foundation revealed that its helpline has also seen a rise in calls about the problem.
Brace yourself for gene research

Children whose teeth develop later are more likely to need orthodontic treatment, according to new research.

Several genes affect tooth development in the first year of a child's life.

The study, carried out by researchers from Imperial College London, the University of Bristol and the University of Oulu in Finland, found that the teeth of babies with particular genetic variants appear later and that these children have a lower number of teeth by the age of one.

The study scanned the entire genetic code of 4,000 individuals and the participants were tracked from the mother's early pregnancy right up until adulthood.

Scientists have discovered genetic variants that can detect the timing of the appearance of the first tooth in infants and also foretell the number of teeth the baby will have by age one.

Dr Marjo-Riitta Jarvelin and her contemporaries hope the research will help to carry out timely treatment and prevent in- nate dental problems.

One of the genes identified in the research is reportedly linked with a 1.55 greater risk of getting an expensive orthodontic treatment done during 50 years of age.

Dr Jarvelin said: “Our findings should provide a strong foundation for the study of the genetic architecture of tooth development, which as well as its relevance to medicine and dentistry may have implications in evolutionary biology since teeth represent important markers of evolution.

“We hope also that these discoveries will increase knowl- edge about why fetal growth seems to be such an important factor in the development of many chronic diseases.”

The study results also established an association between the time the first tooth takes to appear and the dental problems that will be caused to the infant in later life due to it.

The study found that babies with later-emerging teeth by age one are at a greater risk of undergoing dental treatments later on in life than those who develop more teeth by the same age, and this depends entirely on their genes.

The researchers found that some of the genes associated with development of teeth in toddlers were also linked with development of the skull, jaws, ears, fingers, toes, and heart by previous studies.

This led the study authors to conclude NHS adult and many other organs have familiar development passageway during infancy.

“The discoveries of genetic and environmental determinants of human development will help us to understand the development of many disorders which appear later in life,” said Dr Jarvelin.

The study and its findings have been published in the Feb. 26 issue of Public Library of Sci- ence or PLoS-

Green Party: free basic dental care for all

Everyone in the UK should be able to access free, ba- sic dental care, according to the Green Party's new dental health policy.

In the policy, the party claims that only half the UK popula- tion is provided with free dental healthcare and calls NHS dentistry charges a 'regressive tax'.

A spokesman for the party said: "Green think it's unfair that many poorer people including children are going with- out proper dental healthcare, while NHS money is wasted on botched privatisation schemes. Green MPs will fight for a dental health service for the UK that's fair, free and effective."

As for fluoridating the water to improve dental health, the Greens said this is not a viable solution and called it more like a 'sticking plaster with side effects'.

"It's unfair that less affluent populations are having mass medication foisted upon them as a cheap 'sticking plaster solution' instead of being provided with a proper dental health strategy, while health services are treat- ed like profit-driven businesses rather than public services," said a spokesman.

They claim that mass medication of doubtful efficacy and potential side-effects is no substitute for a proper dental healthcare strategy. We need to be teaching new parents how to look after their toddlers' teeth, and teaching young children from nursery onwards all about how to look after their own teeth properly. And in addition, we need everyone to have access to the right professional support, which means guaranteeing free access to an NHS dentist for eve- ryone who wants it."

The Green Party also stated that getting access to an NHS dentist is difficult and there is wide variation across the coun- try with between 55 per cent and 60 per cent of NHS practices not taking any new NHS patients.

NHS Newham launches dental campaign

NHS Newham in East London has launched a dental campaign to raise awareness of the number of NHS dentists in Newham.

The campaign is being sup- ported by Dr Grish Malhotra, who has an NHS surgery in Newham.

He said: “Nationally, there’s a perception that people can’t find an NHS dentist. Locally, with significant investment there’s now more than you might think. Last year, New- ham’s 50 NHS dentists saw 98,194 patients.”

The campaign tells people about the availability of local NHS dentists, the range of treat- ments available and explains the NHS charging system.

Dr Malhotra has been work- ing as a dentist for 27 years and claims to have seen ‘great im- provements in dentistry’.

He said: “My surgery at The Lift in Manor Park has the latest equipment and dedicated staff. In fact, the surgery looks so good I’ve added a window sign to tell people we’re not a pri- vate practice.”

He added: “Working in New- ham is great. When I came to the UK, I lived across the road from where my surgery is now, so I love the area. It’s ethnically diverse, the people are fantastic and there’s always something going on. Being a dentist is re- ally rewarding; building rela- tionships with patients, relieving pain and helping improve people’s oral health.”

Dr Malhotra’s surgery is sur- rounded by schools so he sees a lot of children and parents and says that children ‘should visit the dentist as soon as they get their first teeth, so they get used to the experience’.

If they wait until they die, and he’s not scared.

Robert Moore, director of Pri- mary and Community Services Commissioning, NHS Newham and said: “There are a number of misconceptions people have about NHS dental services in Newham. These include that it is hard to get an appointment, we don’t offer quality treatments, and that treatment is expensive.

In fact there are many NHS den- tists that you can go to in New- ham. Costs for their services are set by the NHS and for many NHS dental services are free.”

He added: “We are investing in NHS dentistry. So it’s never been easier to see an NHS den- tist locally.”

The campaign details NHS charges and explain how visit- ing the dentist should be part of everyone’s health routine push- ing the message that it is pre- vention, not just cure.

There are new dental adverts and posters as well as informa- tion leaflets in dentist and GP surgeries, libraries and chil- dren’s centres in Newham as part of the campaign.

News
Digital impression-taking technology market set to grow

The digital impression-taking technology market will see rapid growth as dentists adopt this quick and accurate solution to manufacturing and fitting dental restorations, according to a recent report. The US market for digital impression-taking systems is estimated to reach $83.5 million by 2015, and the UK is set to follow suit, according to an online report by DentalProductReports.com.

One in five say they would benefit from braces

The survey, commissioned by British Lingual Orthodontic Society (BLOS), found six per cent – equating to 5.1m of the population – would consider giving orthodontic treatment to a friend as a present, while 15-17 year olds were shown as the most favourable to treatment, with one in four saying they would definitely benefit from teeth straightening.

The survey revealed that people living in the South East are more likely to believe they need braces. Of those living in the South East of England, 50 per cent felt their teeth would benefit from orthodontics compared to seven per cent of those living in the South West.

Gender does not make much of a difference, with 18 per cent of men responding positively compared to 19 per cent of women.

The age group least interested in orthodontic treatment appeared to be the 45-54s, with only five per cent believing they would benefit from treatment, while the over-70s were next with six per cent.

The survey also flagged up poor awareness of less visible lingual braces, with 72 per cent of people unaware of the treatment.

Bob Slater, chairman of BLOS, welcomed the positive attitude to orthodontic braces among the British and said: 'The fact that so many young people today have conventional braces, thanks to the National Health Service, might explain the lack of awareness of invisible lingual braces.'

Another factor is that in the past, the UK has been influenced by American trends, lingual braces are not so widely adopted in the USA where people tend to be happy to talk about the work they are having done. In countries like Italy and France, lingual braces are more popular, since Europeans appreciate the discretion of invisible braces.'

He added: 'Already we are finding that a fair proportion of teenagers would rather, where possible, pay privately to have lingual braces because it makes them feel less self-conscious, joining forces with those in their 50s and 40s who, for professional reasons, prefer not to have visible braces.'

34 is the magic number!

It’s been a fantastic start to 2010 for leading custom-branded dental plans provider Practice Plan. Not only have they recently achieved a 5-star status from Best Companies, making them an “extraordinary company to work for”, but they have now been ranked position 34 in the prestigious Sunday Times Top 100 Best Companies to Work For!

This year, The Sunday Times Best Companies lists were derived from entries of 964 companies and in total they surveyed more than 250,000 employee opinions, as well as evaluating each organisation’s key statistics, processes and policies. Practice Plan made a significant impression by gaining an enviable top 50 position, particularly being a brand new entry, and sailing straight into position 34 to beat off stiff competition.

Managing director Nick Dilworth explained: “Ranking 34th place in our first entry into The Sunday Times Top 100 is fantastic. It gives recognition for the way in which we have all pulled together as a team in what has otherwise been a challenging year. I am privileged to be part of such a formidable team who are not only fun to be around, but whose continued enthusiasm and commitment is beyond question.”

The company gained amazing results from the employee questionnaires, which evaluated the staff’s opinions on factors such as leadership, their manager, pay and benefits, wellbeing, the firm’s willingness to give something back, people’s personal development and overall sense of affiliation with their employers.

This year’s annual awards ceremony, held at the Battersea Evolution, was a particularly special event as Best Companies themselves were celebrating their tenth anniversary, and so the glamorous black tie evening was bigger and better than ever. In usual Practice Plan style though, it wasn’t the list of directors who attended the celebrations, Managing Director Nick Dilworth invited nine guests, picked at random from all areas of the business to attend the ceremony with him.

Dan Griffiths senior graphic designer who was at the awards said: “I love working at Practice Plan. My colleagues are all fun to work with and know what they’re doing. Also, we benefit from flexitime, a weekly fresh fruit basket, loads of tea and coffee, as well as bosses that respect us and make us feel worthwhile.”

The team at Practice Plan receive their awards

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Many UK dentists choose not to provide dental implant surgery either because they are not familiar with the technique or because they perceive the costs to be too high for their patients. However DIO UK is quickly demonstrating that the cost is rapidly becoming less of a problem and, by using the company’s range of high-quality, low-cost implants, even dentists that are relatively inexperienced in implant surgery can quickly learn to perform the procedure successfully.

The new Department of Health guidelines require NHS dentists to install the latest decontamination equipment, leading to the potential for more practices to provide surgical and implant services. DIO UK is helping these practices through marketing assistance and by increasing their profitability as the lowest-cost option to enter the dental implant market.

To prove how easy the new DIO implants are to use, DIO will be presenting its immediate loading implants at The Dentistry Show 19-20 March at the NEC, explaining the pros and cons of immediate loading and the advantages of DIO’s implant-ants in these cases. Dr. Arrif Lalani, dental advisor for the Kingston vocational training scheme at Kingston Hospital and principal at Smile Dental Implants of Surbiton in Surrey, will be inviting a dentist relatively new to implants to perform live surgery under his supervision. This will be the first time live implant surgery will have been shown in public in the UK.

Although Dr. Lalani is comparatively new to implant surgery he says that working with the DIO implants makes the process relatively easy. “Working with DIO’s implants is so simple and straightforward. They have no quirks,” he said. “They are the perfect way to start for those dentists considering offering implants as an extra service to their patients or freeing themselves from the financial ties of another manufacturer.”

The simplicity of the process is largely attributed to the innovative design of the implants themselves, which DIO have boldly called “The best implants in the world?”. Their unique tapered design features a double thread to increase primary stability, even with low bone density. The design also prevents cortical bone loss, significantly reduces stress and increases the opportunity for immediate loading. The self tapping cutting edge allows easy insertion and automatically removes cut bone. The design also promotes fast healing and gingival recovery.

Also presenting at the show will be Dr. John Ballentyne who will demonstrate his unique and innovative immediate loading technique using DIO’s dental implants to provide a temporary full arch bridge in a simple way. Dr. Ballentyne has been practicing for over 40 years and established Chelmer Village Dental, Essex in 1990. He has a wealth of experience in both traditional and cosmetic dentistry. Having fitted more than one thousand implants, he has helped many patients achieve the perfect smile.

Dr. Ballentyne said he originally began using DIO implants following a visit to DIO headquarters and factory in South Korea. “When I visited the factory in Korea I was very impressed with the quality and attention to detail of the implants. They work beautifully for this immediate loading procedure.”

Iain Forster, Managing Director of DIO UK said that Dr. Lalani and Dr. Ballentyne are both perfect fits for DIO. He said, “Arrif and John are those refreshing breeds of implant surgeons who aren’t blinkered by convention and are happy to do whatever is best for their patients and businesses. I think that’s why they chose to use DIO implant systems.”
Become a Fellow of the BACD

The deadline is approaching for accredited members wanting to become Fellows of the British Academy of Cosmetic Dentistry (BACD).

The highest and final stage of the BACD’s Career Path in Cosmetic Dentistry, Fellowship is aimed at those working at an advanced level who are also sharing their knowledge with the rest of the profession.

The Fellowship is open to accredited members who have either published a scientific article on a clinical subject related to cosmetic dentistry in a peer-reviewed publication or have given a postgraduate lecture at a BACD meeting or another national or international conference.

A spokeswoman for the BACD said: “The BACD is committed to promoting clinical excellence through education and professional development.

“For accredited members, achieving BACD Fellowship indicates excellence in interdisciplinary treatment planning and the execution of complex treatments to consistently high standards.

“The benefits of Fellowship status include use of the title ‘Fellow of the British Academy of Cosmetic Dentistry’; a plaque acknowledging Fellowship status, which will be superior to the Accreditation plaque; and use of the approved Fellow logo.”

For those considering submitting cases for examination, the deadline is 16 April.

For more information contact the BACD on telephone number 020 7612 4166 or email info@bacd.com.

Tougther action to support medicines supply

A package of tough new actions to ensure that NHS patients can get the medicines they need was agreed at a summit to discuss concerns about current difficulties with the supply of medicines, hosted by Health Secretary Andy Burnham and Health Minister Mike O’Brien yesterday.

The actions that were jointly agreed between the delegates include:

• A more explicit duty for manufacturers and wholesalers to ensure that sufficient stocks of medicines are available to NHS patients;

• A series of targeted inspections by the Medicines and Healthcare Products Regulatory Authority;

• Tougher standards for the issue of licences for medical wholesalers; and

• Development of best practice guidance on how supply difficulties should be dealt with by healthcare professionals, pharmacists, manufacturers and wholesalers.

The targeted inspections mean that manufacturers and wholesalers will risk losing their licences and face prosecution if they breach legal duties on supply of medicines. Pharmacists and doctors risk being called to account by their professional bodies for breaching their ethical obligation to put patients first.

Ministers met with a number of pharmaceutical supply chain stakeholders from across the UK – including the Association of the British Pharmaceutical Industry, the British Association of Pharmaceutical Wholesalers, the National Pharmacy Association, the Pharmaceutical Services Negotiating Committee and the Medicines and Healthcare products Reg-ulatory Agency – to discuss the nature and scale of medicines supply problems and how the issues can be tackled collaboratively.

The issue of medicine shortages was raised publicly last year when some pharmacists and patients found it difficult to get hold of certain drugs, as a result of a number of unscrupulous traders exporting medicines meant for NHS patients to Europe for profit, because of the cheaper pound.

Health Minister Mike O’Brien said: “We have reached agreement on a way to help NHS patients get the medicines they need. Manufacturers, wholesalers, pharmacy bodies, regulators and Government all agreed to work together to resolve the issue.

“The lower value of Sterling has resulted in some medicines destined for NHS patients being sold abroad for extra profit by a small number of unscrupulous speculators. Some pharmacists have had trouble getting hold of certain drugs because of this. For months, I have been seriously concerned about the potential impact of this on patients. It is unacceptable that some people have already had to wait longer than they should have to get their medication. Patients must come before profits.”

“Further new package of measures will help to ensure that NHS patients do not suffer and get the care they need when they need it.”
The specter of HTM 01-05 has really made a difference. Colleagues are making all sorts of plans, some with their tongue in cheek, and sometimes wishing for a revolution.

One discussion started with the concept of practising “underground” – could this be done in modern Britain? Only treat a limited number of people you know, ask them to maintain secrecy, deregister from the GDC, the PCT and all the paraphernalia of dental governance, hide from business rates, the taxman, banks, CQC. Cut governance costs, maintain standards, how much would fees reduce? Is it possible, would the snoopers find the dentist and what would happen? Intriguing? Jail?

Thoughts of civil disobedience with regard to the dreaded HTM document are rising. Will dentists march on Parliament? The British Dental Journal editor called for colleagues to create a quiet revolution by telling every patient what this political plan would cost each patient, without spoon-feeding their readers on how to go about this. How much patients’ money will be wasted? Plus the environmental cost is huge, the thought of which alarms a further group of patients.

Linked to the odorous HTM, an alarming tale was told by a dentist trying to conform with its regulations. He went to occupy occupational health to have a blood test for Hepatitis B antibody, titre. The nurse explained a number of things, checked for BCG scar, occupational health deals with HIV. The dentist would then not be allowed to work until the results were in. When a discussion followed, the nurse warned him he could not leave until he had given blood for this purpose. In addition, he had to produce photoID, but was not allowed to leave until this was produced, so his wife had to leave work, and bring a passport from home to the hospital.

Many intelligent readers could not count how many human rights had been trashed in this incident. The dentist has now complained to the chair of the Trust, and no doubt there will be more information to follow. This seems to be a warning as to how occupational health deals with dentists. One the best pieces of advice was to anyone faced with this situation – produce your mobile phone with voice recorder, even if you don’t know how to make this work, remind the threatening nurse that she does not have your consent, and you are recording the conversation.

To find out what happens next, join and read at http://www.gdpuk.com.
Putting something back

Dental Tribune profiles Seema Sharma, her career in dentistry, her love of business management and her journey from Millionaire to Mumbai

Seema Sharma is the owner of a few successful dental practices in London, where she also runs a training business and management consultancy, Dentalbyte Limited, looks after a property portfolio and has recently set up her own charitable foundation. All this she combines with bringing up two daughters with her cardiologist husband Sanjay.

It is not a bad list of achievements for someone who describes herself as a ‘bit of a dabbler’.

Last year she added a new title when she became Channel 4’s Slumdog Secret Millionaire, distributing much needed support for the street kids and slum dwellers of Mumbai. It is not a description she enjoys, but Seema says she has no regrets about taking part in the television series and raising awareness.

“I believe that if a bus of opportunity comes past you should get on it. This was a one-off opportunity, a chance of a lifetime. I had also become much more interested recently in my own cultural background, and thought this might be a way to give something back.”

Seema qualified as a dentist 18 years ago. She chose this path because she felt it was a job she could combine with having a family. Although she enjoyed the clinical work and was able to set up her own practice at the age of 24, she found it was the actual running of the business that gave her the most pleasure. Inefficiencies in the practice frustrated her and she discovered she was good at finding solutions. So under her guidance the business began to flourish.

Soon she was spending more time as a practice lead than as a dentist, and even though she had become the mother of two daughters she still found the time and energy to pursue her other enthusiasm - property. In 1999 she saw the opportunity to buy a run down period house in London and renovate it. It doubled in value, and she enjoyed the process so much that in 2004 she decided to buy and renovate another one.

At the same time she took a chance and bought her Docklands dental premises when it came up for auction. It was a commercial investment that paid off in 2006 when she sold it on to a property developer and became a millionaire on the proceeds. These property gains have enabled her to further expand the core dental business. With a new business partner she put in a successful bid for a practice in Surrey.

Shortly afterwards they bid for another in East London, where Seema has spent all her working life, and won a fiercely competitive blended NHS contract tender for a new type of holistic practice in Bow, catering for underprivileged communities in East London. By this time the original practice had morphed into a small group, and Seema no longer had time to practise clinical dentistry. Instead she devoted her energies to running the business, and on management training.

The process of building the business was not, she insists, the result of a thought-out plan. “I just followed my inclination to sort things out, to improve things, and gradually evolved into being a leader. There was never an expansion plan. It was more of an organic development, of investing in people who could free me up so I could develop new activities.”

By delegating day-to-day management to her team, Seema was able to turn her attention to new business opportunities. For years she has managed a medical teaching course for junior doctors, designed and run by her cardiologist husband, Prof Sanjay Sharma, and from this she built a practice management consultancy supporting dentists preparing for blended contracting and Care Quality Commission registration.

The capital gains she made from her well-timed forays into the property market have now enabled Seema to safeguard the financial future for her family as well as expand her dental business. This year she has bought a new building to relocate the Docklands practice into state of the art space, and plans to devote 25 per cent of her time to her charitable activities.

Seema says that donations are beginning to roll into the Sharma Foundation, as she builds on the publicity from the TV programme. Her intention is to turn this charity into the kind of organisation that can make a difference to the lives of poor children in India. That is an ambitious project, but her track record suggests that Seema will not be satisfied with half measures. She is considering commissioning a double decker bus for a challenge team of London bus drivers to drive from Marble Arch to Mumbai to donate to Doorstep School – the school on wheels she met during the making of the programme – although she has not decided if she will get on this particular bus....watch this space.

Seema will be speaking at the Clinical Innovations Conference about her journey to success, and the satisfaction of putting something back.
The 10th dimension... the power of ten

Ed Bonner and Adrianne Morris discuss the etiquette of email communication

In days gone by we used to write letters, and this was generally considered an art form along with poetry and prose. By the same token, in bygone days, people used to prepare food for cooking and used telephones that were plugged into wall sockets. Those days are gone and today we are into instant mobile phones, pre-prepared food and instant communication systems. In respect of the latter, communication doesn’t come much more instantly than an email. The corollary to ‘instant’ is ‘brevity’. With this in mind, let’s look at some things that we should or should not be doing:

1. Where possible, delegate to a secretary the task of screening, opening and responding to your emails. This implies that you should have a separate email address for personal emails.

2. Do something with each email you receive – either open, or delete. Don’t just leave it sitting unopened. Nothing is more irritating than seeing the same heading crop up in bold italics; I find spelling errors profoundly irritating.

3. The quickest way to deal with an email is to delete it, and this should be the fate of every email that appears non-essential reading. There is an unfortunate tendency in our brave new world for friends to wish to share anything from a funny story to a dramatic picture. Most of us are busy, and cannot afford to spend important time reading spam or even low-grade ham, which can take up 80 per cent of your time to deal with, leaving 20 per cent for what is important. Kill it quickly and without regret. You could send a response saying: “Your forwarded stories are amusing but my inbox is becoming overcrowded, so please don’t send any more”.

4. If it looks important, open, read and respond instantly and succinctly. In all cases, keep your replies brief and to the point – wordiness is not virtuous in the ethereal world of email communication. The subject line should be very succinct, for example, “meeting”, and the main message should be short, for example, “Let’s meet at 12 – best wishes, Ed”. What you do not want to do is to be repetitive.

5. Never write anything that may come back to bite you later, especially when the email you have just received evokes emotional or angry feelings. You should not reply immediately, but think through your response carefully, write it, read it and think again without sending. Rather acknowledge receipt, and say your written response will follow. Your response should not be angry or critical, but conciliatory and when necessary appeasing. Be careful with direct apologies, although you can say something like: “I am sorry you had an uncomfortable experience”. Build bridges, not court cases.

6. Regarding copying and forwarding of a email, there is an unfortunate tendency to overdo this, and the technique should be reserved for essential reading only. If you keep getting information you don’t really need, drop a note to the perpetrator expressing gratitude for keeping you in the loop but requesting that only essential information be sent.

7. Should you bother with the use of capital letters? This is a personal choice, and personally I have no issue with no capitals, but if it annoys you to receive a message in lower case only, do as you would be done unto.


9. Rather than bunching a whole batch of information on different subjects into one email, send multiple shorter messages with succinct titles.

10. Never printing copies of every email you receive or send, unless it is essential to do so. Filing paper can soon become a nightmare. Be kind to trees.

If on the one hand emails can be a brilliant way of communicating, on the other it can be distracting and a gross waste of time, so be parsimonious with your replies brief and to the point.

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It is very easy to write emails that are long and rambling. Be concise and to the point. Keep your emails clear and brief. Don’t be verbose; I find wordiness is not virtuous in the ethereal world of email communication. The subject line should be very succinct, for example, “meeting”, and the main message should be short, for example, “Let’s meet at 12 – best wishes, Ed”. What you do not want to do is to be repetitive.

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Regarding copy and forwarding of an email, there is an unfortunate tendency to overdo this, and the technique should be reserved for essential reading only. If you keep getting information you don’t really need, drop a note to the perpetrator expressing gratitude for keeping you in the loop but requesting that only essential information be sent.

It is very easy to write emails that are long and rambling. Be concise and to the point. Keep your emails clear and brief. Don’t be verbose; I find wordiness is not virtuous in the ethereal world of email communication. The subject line should be very succinct, for example, “meeting”, and the main message should be short, for example, “Let’s meet at 12 – best wishes, Ed”. What you do not want to do is to be repetitive.

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Revisit your values

To survive ongoing financial turbulence, make sure your priorities are in check, says Sheila Scott

In times of recession, consumer behaviour changes and nowhere has it been more evident than in the dental health sector. Initially, many practices hardly seemed to be affected by the economic downturn; some continued to grow while others breathed a sigh of relief as the pressure lifted from the appointment book. But as the bite continued, practices have found numbers of patients are staying away or leaving. More recently the ‘staying away’ behaviour seems to be becoming a little more widespread, even creeping into the best-loved practices.

Those practices with excellent patient relationships, good communications and monthly plans in place do best. Fully private practices are more vulnerable with a definite lengthening in the interval between exams and more treatments being left untaken. So how is your practice faring and what are you doing about it?

Rewarding health

In my experience of visiting practices around the UK, I’m finding that some dentists are tempted to respond to the adverse conditions by focusing on ‘selling’ restorative and cosmetic treatments, and investing in new courses and promotions to this effect. But there’s lots of research available that shows that what most patients really want, is not treatment, not even cosmetic treatment, but health. Every time patients walk into your surgery they are hoping you don’t find anything wrong’ and that they will get a clean bill of health.

The trouble is, when patients do get a clean bill of health, too many dentists are disappointed. Dentists get excited about treatment, troubles, concerns and problems. These are exciting because dentists are consummate ‘fixers’ – they can correct problems and their technical skills can be tested! So dentists tend not to reward healthy patients and most don’t do enough to encourage patients to help themselves at home.

Health really matters

Historically, some practices allowed their patients to believe that they should only visit them ‘when there’s a problem’ and that, in the face of tightened belts, might explain why ‘staying away’ behaviour is suddenly more common.

I want to bring back the excitement to prevention and dental health, and build practices on what really matters to patients. I want patients to be in no doubt that their dental health depends on constant vigilance at home, regular screening by their dentist and the advice of their hygienist. Restorative treatment is usually needed because patients and practices have failed to preserve health. Cosmetic dentistry is something that is best offered carefully, within a philosophy of health first, looks second.

Understanding patients

According to my research within practices, the two aspects most important to patients when choosing and using a dental practice are:

1. Trusting the dentist

2. Care and treatment to ensure teeth and gums stay healthy

What do you do to give your patients reassurance in these terms? Is your whole team always legal, decent, honest and truthful with patients? Does everyone treat every patient with empathy and respect? Does the team treat each other with empathy and respect? Do you all welcome patient interaction with the practice or do you simply tolerate their fears and their questions? Is your customer care perfect and are your premises kept pristine?

Are you absolutely transparent about the costs of your care and treatment and do you tell patients the costs of any recommended appointments or treatments even before the written estimate is produced? Do you estimate accurately and do you always discuss any changes of treatment plan or ‘extras’ with patients before they are presented with the bill at reception?

Are your communications focused on the health message? Do you do exams to find treatment or to check that patients are healthy, and do patients notice this focus? Do you offer treatment because you love finding problems or because you wish to return patients’ mouths to health? Do you inform patients of a necessary treatment with concern for why dental health has failed or with obvious glee for the fun of the technical challenge in your voice and manner? Are you exceptional at explaining why your patients need to see your hygienist or return for more prevention and plaque control advice from yourself or your oral health educator, or do you let them think they get a ‘scale and polish’ – which, for too many patients, means a quick polish (cosmetic value only) or a vague money earner by the dentist that has no value to their dental health.

And specifically, what do you do to help parents keep their children dentally healthy?

It’s what patients believe you are doing for them and why that will determine whether they attend the practice regularly or not. And your new patients need reassurance of what you are doing for them too. If you are noticing a downward trend in your appointment book then maybe it’s time to sit down and revisit your values and your messages to patients.

About the author

Sheila Scott has dedicated the last 20 years to helping dentists and their teams grow and prosper. See her website www.sheila-scott.co.uk for more details, or contact her on 01343 862930.

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The paper-free practice

When it comes to replacing the systems in your practice with their digital counterparts, it’s best to focus on one at a time. Lorne Lavine shows how it’s done in six manageable steps.

Most dental practices have come to realise how quickly technology has become part of everyday life in the practice. Dentistry has undergone a paradigm shift over the past 20 years where systems that were once analogue (paper, film) and now being replaced by digital counterparts. Nowhere is this more evident than with practices that are trying to become completely paperless. While I don’t agree that any practice can be truly paperless, eliminating the need for a physical paper chart is something that any practice can achieve. The goal of this article is to discuss the sequence necessary to accomplish this goal.

The challenge for most practice is to develop the best plan on how to evaluate their current and future purchases to ensure that all the systems will integrate properly together. While many dentists are visually oriented and thus tend to focus on the criteria that they can actually see and touch, some of the most important decisions are related to more abstract standards. I have therefore developed a six-point checklist that I feel is mandatory for any dentist who is adding new technologies to their practice, and I recommend that each step be completed in order:

1. Practice management software. It all starts with the administrative software that is running the practice. To develop a chartless practice, this software must be capable of some very basic functions.

For practice that want to eliminate the paper, you’ll need to consider every paper component of the dental chart and try to find a digital alternative. For example, entering charting, treatment plans, handling insurance estimation and processing with e-claims, ongoing patient retention and recall activation, scheduling, and about dozens of other functions that are used on a daily basis. Many older programs do not have these features and if a practice wants to move forward, they will have to look at more modern practice software.

It’s also important to understand that as much as we would all prefer that our practice management software programs can...
handle all of these functions, most fall short of this. Fortunately, there are a number of third-party programs that can provide functionality where the practice management programs cannot.

Some of the systems that I’ve recommended in the past include Dentforms (www.medictalk.com) to handle patient signatures and online forms, Demand Force (www.demandforce.com) for patient confirmations and surveys, Uappoint (www.uappoint.com) for confirmations and online scheduling, and Paperless Technologies (www.go-paperlessnow.com) for patient demographic forms.

Image management software. This is probably the most challenging decision for any practice. Most of the practice management programs will offer an image management module. These modules are tightly integrated with the practice management software and will tend to work best with digital systems sold by the company.

There are also many third-party image programs that will bridge very easily to the practice management software and offer more flexibility and choices, although with slightly less integration.

Operatory design. The days of a single intraoral camera and a TV in the upper corner are being replaced by more modern systems. The majority of offices are placing two monitors in the operatories, one for the patient to view images or patient education or entertainment, and one for the dentist and staff to use for charting and treatment planning and any HIPAA-sensitive information, such as the daily schedule or other information you would prefer that the patient not see.

Windows and other software have built-in abilities to allow you to control exactly what appears on each screen. There are numerous ergonomic issues that must be addressed when placing the monitors, keyboards, and mice. For example, a keyboard that is placed in a position that requires the dentist to twist his or her back around will cause problems, as will a monitor that is improperly positioned.

Another important decision for the office will involve deciding whether you prefer the patient to see the monitor when they are completely reclined in the chair. If this is the case, then the options are a bit more limited for monitor placement. There are some very high-tech monitor systems that not only allow the patient to see the screen, but create a more relaxing environment for patients who are considering long procedures.

The Dental Chair Potato (http://www.dentalchairpotato.com/) is the best example of a system that makes life easier for the doctor and staff as well as the patient.

Computer hardware. After the software has been chosen and the operatories designed, it’s time to add the computers. Most offices will require a dedicated server in order to protect their data as well as having the necessary horsepower to run the network. The server is the life-blood of any network, and it’s important to design a server that is both bulletproof, has redundancy built-in for the rare times that a hard drive might crash, and can easily be restored.

The workstations must be configured to handle the higher graphical needs of the prac-
Dr Ian Gordon discusses how implementing an off-site managed system has been essential to the success of the Alpha Group’s practices

Having been a practising dentist for a quarter of a century, Dr Ian Gordon has seen his fair share of transition within the profession: change that has also had a direct impact upon his own way of working.

Graduating from Newcastle University in 1984, the same area of the north-east of England where he was born, was also where he began his professional career. Over a period of 20 years, Dr Gordon has witnessed the development of the programmes used in the dental setting, from the early days of ‘System 90’ to the more advanced practice management software (PMS) now available.

“Practice management software is now an integral part of today’s dental practice; being without it isn’t a consideration. Compared to the early versions, the capabilities of PMS are now far more advanced.

“The main difference is the way all aspects of the clinical and administrative functions have been brought together into one package. The advantage of this is that the whole picture of the patient’s experience is recorded. Being able to view prior medical history, attendance, previous treatments and financial information within moments is a great advantage to the successful management of the practice and business.”

One versus many
Having built up a cluster of NHS practices in the area over the course of the years, the decision came to sell up and start a fresh and, in September 2008, opened a practice in Stokely in partnership with his wife Jayne, also a dentist.

However, it wasn’t long before Dr Gordon was involved in setting up a new group of practices offering both NHS and private dentistry. Initially beginning with three, the Alpha Dental Group now comprises of eight practices located across the north-east region.

“At first, there was a disparity of software systems inherited from the previous practice owners. Over the course of the year, we refurbished and then installed the same system to give consistency to the group.”

Dr Gordon has witnessed the development of the programmes used in the dental setting, from the early days of ‘System 90’ to the more advanced practice management software (PMS) now available.

“It was soon apparent that to manage the business in a potentially disastrous situation, a systematic approach to adding and replacing the software necessary was required. The alternative that Dr Gordon found was to take the option of R4’s off-site hosting solution, which provided an answer to his requirements.

The managed service
“Over the course of a weekend, the Group was transferred to the hosting company. Monday morning we were able to log on as normal. Now each site still retains individual access to its server, thereby operating as normal. Now each site still retains individual access to its server, thereby operating as normal.”

The alternative was to bring everything up-to-date and have the whole system synchronized across the eight locations.

While the group was being developed from its beginnings in October 2008, each practice remained as ‘stand-alone’. It soon became apparent that to manage the group effectively, there was a need to employ a system that could unify the eight locations.

This required investment in the latest management systems: an offsite managed service.

Traditionally, each practice retained the software necessary for the system on the hardware located on-site. This in itself presents significant issues. Failing to install essential updates to the system might cause some difficulty for the administrative staff, posing the risk of the system being left unable to function effectively, while the thorny issue of backing-up (or failing to back up) data could be leaving the business in a potentially disastrous situation.

The systematic approach
For offices that wish to be chartless or paperless, it’s crucial to evaluate all the systems that need to be replaced with a digital counterpart, and to take a become apparent that to manage new technologies to the practice. The typical practice will take six to 18 months to transition from paper-based to chartless, but the journey will be well worth the reward at the end.
who need it; we’ve engaged one person to take overall responsibility for the eight practices and they are able to manage all eight sites from one location: it’s incredibly useful.”

The Alpha Group also benefits in other ways. Now, all essential updates to the system are handled automatically, so there is no risk of a site being left outdated. All the software is no longer on each individual site, but on the host’s powerful servers. This means in the event of a technical fault, technicians can quickly resolve the issue.

There is the further benefit that the amount of computing power required to run the software isn’t dependent on the hardware in the practice, so no expensive upgrades of equipment is required.

“From a clinical perspective, there is still direct access to all the patient’s information, but now that information, including digital X-ray images, can be easily transferred between practices if required and there isn’t a paper file that can be mislaid or incorrectly filed.

“The issue of backing-up is no longer a concern as all the data is stored securely and automatically.”

The Managed Service is available to any practice that has a suitable broadband internet connection and sufficient computer hardware. The benefits, beyond those already mentioned, include online training options that utilise either live or recorded training packages that can be accessed at whatever time is convenient for the staff.

Other advantages include an online resource centre, where members of the practice administration team can gain access to information about the system as well as other useful advice.

The latest upgrades

For Dr Gordon, having invested in one of the most advanced software packages available, there is the option to take advantage of the latest upgrades to the programme, which provides a Care Pathway function and key performance indicators, an essential part of the latest PCT contracts.

With all products, the standard of support and service that is part of the customer care is an integral element when making a decision.

“I’ve enjoyed excellent support over the past 20 years from my software provider and it’s been that continuity of quality service that made choosing the R4 Hosted Service from PracticeWorks the obvious choice.”

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Clinical records

Keeping proper records of the care and treatment we provide for our patients is an essential aspect of an overall duty of care, says Dental Protection

Understanding the concepts of record keeping is of paramount importance to dental practitioners. This article sets out the requirements for keeping an effective record of treatment, clinical notes and summarized medical history, explains the limitations of professional privilege, and outlines some of the consequences of poor record keeping. It is intended to help practitioners keep records to a high standard, and to avoid potential problems.

‘Serious difficulties can arise when a dentist feels the need to re-write or embellish his or her records.’

Record keeping is one of the basic principles that we are all taught at dental school, and this message is continually reinforced throughout our practising careers through lectures, publications and personal clinical experience.

Many dentists spend as little as 15% of their working time on clinical work itself. This can leave the dentist exposed and vulnerable to the scrutiny of regulatory bodies, and the possibility of a complaint being levelled against them if they have not kept adequate records. Sometimes, not provided).

There are many reasons why it is important to keep clear, full and contemporaneous notes of the care and treatment provided. The irony of record keeping and paperwork generally is that it is the part of dentistry that most dentists actively dislike. Consequently, many dentists spend as little time as possible on it, perhaps because it is often seen as a distraction from (and less important than) the main task - the clinical work itself. This can leave the dentist exposed and vulnerable to problems on all fronts.

Keeping records

It is a common misconception that records are simply an aide-memoire for the personal use of the dentist. In many parts of the world, patients have a legal right of access to their records, and to obtain copies of them upon request. If and when any problems arise, other bodies such as investigatory bodies and statutory authorities, Dental Councils/Boards, and experts and forensic odontologists or coroners acting on behalf of the courts will often examine records. In health funds and similar payment systems, they may be inspected by officers of these agencies, or by insurance companies. If there is intended litigation or disciplinary action being contemplated against a dentist, then the records could be disclosed to patients’ legal or other representatives.

Many parts of the world are becoming increasingly litigious and good record keeping can provide vital evidence of the proper level of skill, care and attention that a patient has received. Sometimes there will be a conflict of evidence between the versions of events given by the patient and the dentist respectively. In such situations, the patient’s version is often preferred unless the records can provide clear evidence to support the dentist’s account of events. It is often argued that the patient is much more likely to recall the events of a single dental appointment, with a given dentist on a specific occasion, than the dentist for whom this will have been one of many patients seen on that particular day, and with many more patients having been seen since the time in question.

Admirable doctors will allow a clinician to reconstruct the details of a patient’s dental care without having to rely upon memory alone. Excellent records go further than this, because they provide evidence of the thought processes, which lie behind the decisions that were made. They will also provide a lot more useful detail and because of this, they can anticipate and answer all the key questions that might surface in the future, arising from the treatment provided (or sometimes, not provided).

A logical approach

Knowing what details are likely to be relevant, or irrelevant, from a dento-legal perspective, comes either from bitter first-hand experience, or from developing a better awareness of risk management through publications, lectures and other sources. It is important to understand the particular risk management issues that tend to arise in relation to each of the procedures that you carry out, especially those which are carried out frequently.

Recording the warnings and explanations given prior to the removal of an impacted third molar is an example of this; keeping records which monitor the progress of a patient’s peri-odontal health is another. Noting that the dentist has checked or updated a patient’s medical history is a self-evident requirement – but noting the clinician’s specific recommendation that the patient should return if symptoms do not improve, may be less obvious. Either could prove pivotal in determining the outcome of a case.

A dental nurse/assistant is ideally placed to provide an additional level of backup, ensuring that all key conversations between dentist and patient, all discussions, warnings, explanations and advice are recorded in the notes. On a busy day, when the dental team is under pressure, the crucial details can so easily be overlooked.

Think records, not record cards

Many dentists fall into the trap of believing that the clinical records only consist of the written (or computerised) notes of a patient’s treatment history, detailing what treatment was carried out, when it was performed, and occasionally including financial records of what fees were charged and when they were paid. Nothing could be further from the truth.

The totality of the record of a patient’s dental care could include many (or all) of the following:

• the treatment notes
• the current and historical medical history
• Radiographs (and any associated tracings), prints from MRI and other imaging
• Results of other investigations (pathology or radiology reports, pulse oximeter printouts etc)
• Study models/casts
• Diagnostic records (bite registrations, stents, diagnostic wax-ups etc)
• Photographs (including intra-oral camera images)
• Correspondence
• Practice documentation of various kinds
• Other sources of information which might refer to the patient:
  a) Laboratory tickets and invoices
  b) Other invoices (eg for implant fixation)
  c) Financial records
  d) Appointment books/daylists

Many of these records may be held on paper, others in computerised/digital form. Either way, the records are only helpful if they have been preserved and remain available at the time they are subsequently required.

What should a dental record contain?

• The patient’s name, and contact details (address, preferred telephone/fax/e-mail or other contact details). It is important to keep this information up to date, as it may be needed in an emergency situation

• An up to date medical history. A full medical history (including a note of any prescribed or self-administered medication) should be taken at the initial examination and updated and checked for any changes at each subsequent visit. It is also helpful to provide a note of the patient’s or his or her legal practitioner’s medical practitioner. Everybody realises the importance of taking a full, written medical history at any time of the first examination of a new patient. The problem often arises, however, that at subsequent recall examinations (check-ups) the medical history is not formally updated, and no written entry is made on the notes to the effect that the clinician has confirmed that the medical history is unchanged

• Treatment information. The date, diagnosis and treatment notes every time a patient is seen, with full details of the treatment carried out. This should specify the teeth treated, materials used, and clinical findings as the treatment proceeds. An accurate record of positive findings and signs (what you can discover for yourself) and symptoms (what the patient tells you about the problem) is important, so also is the absence of them (both not tender to percussion, lymph nodes not enlarged, no swelling, no tenderness, no change in medical history etc). These notes should include a summary of any particular incidents, episodes or discussions (for example, if a patient declines a referral or other treatment recommend

• Missed appointments. The date and details of any appointment offered to a patient but declined, or a patient who fails to attend, or cancels, or when the patient arrives late and/or needs to be re-booked

• Phone contacts. Dates and de-
tails of any telephone conversations with the patient, whether the clinician, or other dental team members. Similarly, any fax or e-mail contact should be retained within the records

• Investigations. A summary of each investigation carried out with a note of both positive and negative findings. This should include monitoring information

Clinical module 20x. Financial data that is kept separate from clinical details avoids confidentiality issues when shared with others.
such as BPE scores, periodontal probing depths and other indices, tracking of oral pathology and other conditions

- **Financial records.** Although it is sensible to keep these separate from the clinical notes themselves, a record should be kept of all fees quoted and charged and payments made by the patient. Tax authorities may request financial data from the dentist and issues of confidentiality can be avoided if the financial transactions are kept as a separate element within the record. Processes in which any unpaid fees are pursued should also be meticulously recorded

- **Correspondence.** All correspondence to and from the patient or any third party (including specialists, medical practitioners, other dentists etc)

- **Consents obtained,** and specific warnings given of possible adverse outcomes

- **Advice.** Notes of advice (including oral hygiene, dietary and/or general health advice such as the discontinuation of smoking or attention to other risk factors)

- **Instructions** given pre- and postoperatively to the patient (or parents)

- **Drugs given,** including route, dosages, frequency and quantity ordered. Any adverse reaction to any such medication should be recorded

- **Anything else that you consider relevant.** Here, the patient’s dental history can be particularly relevant. For example, a record should contain the reason why the patient has requested a consultation or examination, and (unless a regular patient) a note of when the patient last received dental care. This is extremely important, especially in the case of a new patient since it is always helpful to be able to refer back to notes made at the initial examination to recall what signs and symptoms the patient was actually exhibiting when he or she was first seen. It is obviously equally important to have a record of what treatment the patient requested or required.

### Baseline charting

A traditional, basic skill which is emphasised at dental school, but which is sometimes lost as a clinician passes through his or her career, is that of a baseline charting. The computerisation of records has played a part in the demise of accurate baseline chartings, since most brands of commercially-available software insert a stylised representation of a specific type of cavity or restoration, in a standard shape and format rather than attempting to create an accurate reflection of the actual situation as it appears in the patient’s mouth.

A detailed charting showing the size and extent of existing fillings, provides so much more information than a minimal charting which perhaps only indicates missing teeth and teeth needing immediate treatment. Sometimes the records are found to contain no indication at all of which teeth are present or absent, and when several posterior teeth are missing, confusion can easily arise over which teeth are being described.

**Contemporaneous records**

Serious difficulties can arise when a dentist feels the need to re-write or embellish his or her records after becoming aware that a challenge or investigation is likely. Few, if any, records are perfect in every respect and yet it can sometimes be due to embarrassment at the inadequacy of the records kept, that some dentists take the foolish step of altering or forging their records.

“Contemporaneous” means “recorded at the time”, and it is easier than one might think, to identify entries made after the event, or to recognise record cards which have been re-written or altered. The importance of an audit trail for computerised records is covered separately below.

Records should be in diary sequence with other dated entries, and no attempt should ever be made to “cover one’s tracks” by altering or “improving” an original record card entry, or by substituting a modified record card for the original. Such efforts can easily transform a small problem into a major one, or even into a criminal matter. Courts of law, and the...
dental registration bodies take an extremely serious view of non-contemporaneous records being presented and stated, dishonestly, to be the originals.

Computerised records

Many practices now keep some (or all) patient data on computer, and this either duplicates or replaces handwritten information. Even if you keep some or most of your records on computer, you may still need some manual records eg for non-digital x-rays, correspondence etc.

It is no defence in law that your computer broke down or you lost data, for whatever reasons. It is up to you to ensure that you can always produce, whether directly or indirectly (created from computer records), all the same information that has been discussed above in respect of paper records. Being computerised is no justification for cutting corners in record keeping – indeed, quite the reverse.

There appears to be a tendency for records kept in computerised form to be less detailed, perhaps using more abbreviations and codes that are specific to the chosen software. It is worth spending time before a problem arises, evaluating the quality and quantity of the records you are keeping and the safeguards and controls (eg computer back-up) you are operating in order to protect them.

Many clinicians fail to appreciate that changes to computerised records may still be captured on, and retrievable from, the hard disk, even when the original entry is deleted or modified. Computerised records need to have a robust and secure audit trail, showing who made each entry or amendment, at what time, on what day etc. The same details should be available for each historical entry, so that the whole evolution of the final version of the records can be tracked with certainty.

Without this safeguard, the value of the records may be seriously reduced.

Checklist

1) Carry out a random audit on a selection of your patient records and ask a colleague to check that they are legible and comprehensible. Involve your dental team in this process.

2) Ensure that the notes you write, or type, include the kind of detail described in the text.

3) Try to avoid using ‘shorthand’ or abbreviations that others are unlikely to understand.

4) Remind your staff of the need to ensure that the patient’s details are regularly checked for accuracy and updated, and stress the confidentiality of clinical records.

5) Review the space available for the storage of old records. Rather than destroying records when a storage problem arises, consider scanning records and x-rays and retaining them on CD-ROM or DVD in digital form, together with digital photographs of study models (which may be particularly helpful for orthodontists who face special storage difficulties).

6) Check the specific legal situation which applies in the country where you practice, regarding how long records need to be kept and any requirements for disclosure of records, or a patient’s statutory right of access to their record.

Contact Information

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With the introduction of the Equality Act discrimination legislation is to have its biggest overhaul for many years. To make sure dental employers comply with the law, Sunil Abeyewickreme and Sarah Leyland discuss how the new developments apply.
Telephone tactics

Julia Dawson discusses the importance of great telephone communication, and how getting it right can help your practice thrive.

I

think it's fair to say that the telephone is the unparalleled communication tool of our time. In fact, 40 million people own a mobile phone in the UK, which is twice as many as read a newspaper every day. In business too, more and more service sectors are giving people the opportunity to conduct their business by phone. But, good telephone communication is not as easy as simply picking up a phone and talking—it's a learned skill.

Remember, patients don't have to do business with you, they choose to, and many things affect their choice. Good telephone tactics can only give your practice the chance to be efficient and helpful, but also to enhance the image of your business. Minor changes when speaking on the phone can make a huge impact and these tips are designed to show you how and why telephone tactics are so important.

A good first impression

How often have you met someone you've only spoken to on the phone and thought 'they're nothing like I expected'? By making sure that you always answer the phone and greet your patients in a bright, friendly manner you can ensure that that's what your patients will expect when they come into the practice. Also, smiling when answering the phone may sound a bit daft, but when you smile, the small muscles that raise the corners of the mouth lift the pitch of your voice and add a brighter, more welcoming tone.

Great service will also help you attract new patients, as existing patients will tell their friends and colleagues how good you are. A word of mouth recommendation is far more powerful than any advert and is a real indication of how effective your customer care is. Some companies offer tailor-made training days, specific to your practice's needs and can even incorporate a module on customer care and telephone tactics. Some of these courses can also count towards verifiable CPD when undertaken in accordance with GDC requirements.

Avoid time wasting

It may seem obvious but answering the phone promptly can really increase your customer service levels as it shows that caller how professional you are. It's good business practice to answer a telephone call within three to five rings. Answering too early can startle a caller while answering too late can startle a caller while leaving a phone to ring incessantly can startle a caller while leaving a phone to ring incessantly. By monitoring the calls throughout the day you can identify these times and ensure you have sufficient cover to attend to them. Automated answering services are also great outside of working hours, but try not to use them during the working day. They may be more convenient for your team, but are often a waste of time for your patients, as they prefer to speak to a real person and explain their queries in their own words.

Talking on the phone

When a person loses one of their senses their remaining senses become heightened. The same goes for telephone communication as speech and hearing is all you can rely on. As a result, things that interfere with speech such as typing on a computer, shuffling files and eating become more audible to the caller and can make them feel ignored and less important than your other tasks. It's vital that you really concentrate on your conversation, giving your caller your undivided attention. It's also a good idea to hold the telephone properly—holding it under the chin will give a muffled sound to the caller and will hinder good communication.

Whenever you speak to a patient on the telephone you should always aim to be calm, clear and concise and avoid dental jargon. It's also really important to listen to the whole conversation, even if you think you know what their query or point of view is. By selectively listening you may miss important points.

Dealing with complaints

In my experience, the majority of complaint cases are caused by some form of breakdown in communication. It might be that a patient has not fully understood the implications of a particular form of treatment, or has chosen to disregard, or not take responsibility for, some aspects of their oral health. However, it's crucial that you listen carefully to what the complaint is about - genuinely listen to the caller and can make them feel important. By making sure that you listen carefully and show you really listened. If you need to check anything, give the caller your name and a firm commitment of when you will get back to them.

Time is wasted and business lost when messages are not taken and returned promptly so it's a good idea to create a specific message form to remind you of all the details you need to note down. Many stationery companies supply pre-printed pads for this purpose or you can easily create your own.

Once you fully understand what the complaint is about—genuinely sympathise with the caller and to show concern about the issues they are raising. All too often people can slip into the slow, monotone speech patterns we associate with complaints departments, but this doesn't instil the impression you care about the person's problem. Instead, summarise the complaint back to them to show that you have really listened. If you need to check anything, give the caller your name and a firm commitment of when you will get back to them.

About the author

Julia Dawson joined Denplan in 1990, running the Administration Department until 1992 moved to manage the Practice Support and Customer Advisors area, and in 1997 became Head of Operations. During 1994, Julia transferred to the Professional Services area, and in 1997 became Head of Operations. Prior to becoming Head of Denplan's Customer Services division in 1999. Now a Director of Customer Services, Julia has overall responsibility for the Practice Support Advisors, Customer Advisors, Registration and Administration Services, Underwriting and Helpline and Corporate Customer Services.
As people age, they develop deeper folds or wrinkles in their face. C

osmetic procedures are no longer taboo. People are no longer emba-
rassed to admit that they are turning to the professionals to help them slow down the age-
ning process. As such, more and more people are visiting facial aesthetic practitioners for a
helping hand. Popping for a shot of Botox or a little dermal filler is just as commonplace as a visit
to the hairdresser.

Traditionally, a dental sur-
gery would only be able to as-
sist with teeth, but now it is possible to treat patients with a wide range of products designed
to help smooth, plump and tighten problem areas on the face as well.

Bread and butter treatments

The most common, and most requested procedures are quick and simple to perform, with
minimum patient discomfort. These “bread and butter” treatments involve Botox (botulinum
toxin), chemical skin peels and facial dermal fillers. More complex and in-depth procedures
are available, but from my experience, these are the key pro-
cedures that patients are most interested in.

As the UK’s most popu-
lar cosmetic procedure, more than 80 per cent of Botox treat-
ments (Botox(R), Dysport(R), Azzalure(R), Xeomin(R)) are
administered in the upper facial regions. The treatment is aimed at targeting problem areas
such as the frown lines directly above the nose which are made more evident when a
patient is angry, tense or anxi-
ous, the horizontal lines on
the forehead which are made
more apparent as a patient ages, a softening or elimination of these lines in
certain cases can therefore
result in a rejuvenated and more youthful face.

Skin rejuvenation

While Botox treatments are common in the upper region of the face, dermal fillers are
used in over 80 per cent of procedures involving the mid and lower face. As people age,
volume is lost as collagen and the fat pads in the face atro-
phy and people develop deeper folds or wrinkles in their face. Dermal fillers are particularly
effective when treating these areas, such as the perioral lines and wrinkles, as well as nose to
mouth lines.

General dental practitioners

already work in these areas on
a regular basis when carrying out dental procedures, so are so
are already very familiar with the
anatomy of the lips and sur-
rounding areas. Additionally, as
this is the region of the face that
frames the teeth, dental filler
treatments can make a huge
difference to the overall appear-
ance of the face, and because of the proximity to the teeth, can be the
perfect compliment to many
of cosmetic dental procedures.

As well as combating fine
lines and wrinkles, if a patient
feels that their skin is looking
dull and lifeless, there are pro-
cedures available to help reju-
venate it. Chemical skin peels,
which can be administered by
both dentists and hygienists,
are simple procedures that
offer a safe and comfortable
method to effectively treat fa-
cial skin complaints. Peels can help combat problems such as
aging skin, acne and blocked
pores, while at the same time
helping to reduce the effects of
sun damage and hyperpigmen-
tation. A chemical skin peel will help skin to appear
smoother, healthier, plumper and
tigher, and doesn’t even in-
volve any needles.

Most patients who receive
facial aesthetics return for re-
treatment. On average, the re-
sults of a Botox treatment lasts
around four months, meaning
patients would need to return for re-treatment three times a year. The results of dermal filler
procedures last a little longer,
up to ten months depending on
the products used.

Additional training

It is true some practitioners may
not wish to offer such treatments
in a purely cosmetic capacity.
Hence, in addition to the cosme-
tic benefits, there are also many
ways in which Botox can be
used in general dental practise.

With additional training,
dentists can gain knowledge
on how to utilise Botox in the
oral facial region to help com-
bat common problems such
as gummy smiles, bruxism
(grinding/clenching) and tem-
poromandibular joint disor-
ders. Problems like these are
often only rectifiable by in-
vasive means and sometimes
surgery, (not a pleasant thought
for many patients), however
practices can now offer to treat
such conditions with a course of
relatively simple injections after appropriate training (ie. Oral facial course).

Filling in the cracks

It’s now commonplace for a visit to the dentist to
include a little smoothing, plumping and tight-
ening, as well as filling, says Dr Bob Khanna

Dr Bob Khanna, “With additional train-
ing, dentists can gain knowledge on how to
utilise Botox in the oral facial region.”

Dr Bob Khanna is widely regarded as one of the world’s
leading exemplars of dentistry and facial aestheti-
cs. President and founder of non-profit organiza-
tion The International Academy for Advanced Facial Aesthetics (IAAFA), Dr Khanna heads the only UK organi-
sation to combine medical and dental professionals. He is the appointed clinical tutor in facial aesthetics at the Royal College of Surgeons and has trained thousands of dentists and doc-
tors through the Dr Bob Khanna Train-
ing Institute.

As people age, they develop deeper folds or wrinkles in their face.

Dr Bob Khanna.
A reflex action
Making dentures for a patient with a severe gagging reflex

I see quite a few referrals from general dentists for patients who have a mild-to-severe gagging reflex. I will briefly review a number of techniques that can be used to help the patient when having an impression taken. Yet perhaps the most important aspect is often overlooked, that is simply putting the patient at ease, being supportive and encouraging. If I ever try to rush treatment on a patient who gags, I am in trouble. But if I am able to go at the patient’s pace, the whole procedure is much simpler.

Easing the discomfort
Here are recognised ways of reducing the gagging reflex:
1) Placing salt on the tip of the patient’s tongue
2) Using topical anaesthetic in the mouth, for example, you can get anesthetics in the form of lollipops that a patient can suck prior to impression taking
3) Asking patients to hold a cold pack which acts as a thermal distraction
4) Physical distractions; have patients lift both feet up off the dental chair, and also rub thumb and index finger together
5) Use a light dose of a sedative
6) Utilise hypnotic techniques
7) Use acupuncture to reduce the gagging reflex
8) Using a technique described by Berkal Technique practitioners: ask the patient to hold either thumb with the opposite hand; this also appears to help

As a dentist running a referral denture clinic, I sometimes have to think a little bit outside the box. I saw a patient – we’ll call her Mrs Smith, as she wishes to remain anonymous. She presented with a very severe gagging reflex. Her general dentist had referred her to me. She would gag when she was brushing her teeth and was very worried about having impressions taken.

Like many patients with a gag reflex, Mrs Smith felt that she was the only person to have this problem to this extent. Prior to treatment, we discussed going for a denture design that would keep the framework of the denture as minimal as possible. Luckily, she still had three upper teeth that could be used for retention, but we still decided on a reduced arch length.

By using a much-reduced upper special tray, we were able to get a reasonable upper impression. However, I simply couldn’t get an impression tray in at the bottom for an opposing arch impression. As I have the dental technician on-site for try-ins, we probably could have worked around this, but I wanted to see if there was another way. In the end, we used some pty, which I was able to get on the buccal surfaces of the lower teeth and slowly advance this over the occlusal surfaces and even down onto the lingual aspects of the teeth. We managed to get a good lower impression using this technique, and it is worth keeping this concept up your sleeve if you are faced with a similar situation.

A happy customer
I am happy to report that Mrs Smith is delighted with her new dentures, and is not only wearing her dentures during the day, but is even talking about sleeping in them.

In conclusion, it is useful to have a list of options as presented above when trying to treat patients with a gag reflex. As I said at the start of this column, I would argue that the most important factor is not to make a patient feel rushed and to spend time gaining their total confidence.

About the author
Justin Stewart was the first qualified Bio-functional Prosthetic System (BPS) dentist in the UK. He is a member of the American Prosthodontic Society and the British Society for the Study of Prosthetic Dentistry. An experienced lecturer, Dr Stewart is dedicated to resolving denture-related problems through teaching and training. For further information, please email Justin Stewart at enquiries@thedentureclinic.co.uk.
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Saddle stool in dentistry

Veli-Jussi Jalkanen, specialist in sitting ergonomics discusses a healthy and comfortable way to sit

While some dental professionals have insufficient knowledge to be able to recognise or manage sitting disorders, others realise that back pain and shoulder tension have a lot to do with sitting. Poor circulation in the lower extremities; shortage of oxygen; hip, knee and shoulder joint problems; sitting fatigue, and genital health problems are some examples of the ailments that belong to the large group of SDs (Sitting Disorders). All people working in dentistry are affected by these disorders whether they are aware of them or not. Many of those who are aware of SDs would usually like to improve the situation and look for a more healthy, productive and comfortable way to work.

Healthy posture for long term sitting:
1. Good, relaxed posture, balanced and without harmful supports
2. Thighs 90° apart and pointing down enough to keep the upper body in balance
3. Close to 155° angles in hips and knees
4. Weight on the sitting bones, not the muscles
5. No pressure on the genitals and under the hip (especially for men)

This ideal position can be obtained with a saddle stool.

Sitting on a saddle stool is based...
...on the sitting bones that are located under the hip. They keep the buttocks and thighs from being pressed against the seat if they have a firm support. Thighs point down at a 45° degree angle, tilting the pelvis to a near neutral position, as when standing. This allows the lower back and upper body to find a relaxed, natural posture without the need for a backrest. Feet rest on the floor on both sides of the body as if you were riding a horse. This way it is easy to operate pedals with your feet - they must be placed on the side.

General benefits from a saddle stool in dentistry
- Good, natural and relaxed posture which also keeps improving for years
- Less shoulder area tension by allowing lower positioning of the patient
- Relieving or eliminating lower back pain (oftentimes it disappears in a week)
- Preventing fatigue and improving productivity through deeper breathing
- Preventing shoulder, hip and knee joint problems, angles are more natural
- Easier movements and good working positions
- Improved circulation in lower extremities prevents varicose veins + cellulite built up
- Easy visibility into the mouth by leaning forward with a straight back
- Working at a close distance (also the assistant) with legs under the hoisted chair
- Easy rolling and turning makes picking materials fast and effortless

A divided seat is helpful...
... because the free space allows proper pelvis/hip position without pressure or discomfort in the soft tissues of the pubic bone. For men (who have the pubic bone much further back than women) a divided seat is a safer solution in the long run. Pressure on the pudendal nerve and tissues on the pubic bone can lead to erectile dysfunctions. Loose, light and stretching trousers are highly recommended for men when sitting on any seats. With women, an additional advantage is the decreased growth of bacteria as a result of better ventilation, lower humidity and temperature in the genital area. This has a positive effect on the infection rate.

Difficult positions...
...such as working on posterior teeth, looking at X-rays, surgery, large-chested patients, patients with discomfort during mounting puts you instantly into the right kind of relaxed sitting position with good posture.

In surgery and other long lasting operations...
...benefits of good sitting become more obvious. Foot- and leg movements...is more fluent and time-saving...

Data entering...
...is more fluent and time-saving when you can roll back and forth fast and easily with your saddle chair. The movements you do while using the chair keep your muscles active and improve your metabolism.

The Scandinavian working concept...
...is shown in the pictures. Often times, both the dentist and the assistant utilise a saddle stool. Good posture, easy visibility into the patient's mouth, efficient and free movement can all become reality. The saddle stool allows close proximity to the patient, leaving more room for the legs under the patient. This method of working dramatically decreases problems for both the dentist and the assistant, and is becoming the most common way to sit and work for dentist in Scandinavia.

Adapting to a saddle chair takes some effort...
...because almost everything changes. The body needs time to adjust. Learning to use the saddle chair takes a few days and the “saddle soreness” in the buttocks and inner thighs as well as fatigue of the back muscles last two-14 days.

It is worth it, but...
...nothing comes for free. Financially, the change is cheap. But most importantly, you need to learn about sitting physiology to be motivated to make the change, alter your working movements and positions and tolerate temporary discomfort. As a return you may achieve a healthier body, better posture, higher productivity (more patients with the same energy), improved quality of work and more satisfying years at work.
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The A-DEC team look forward to welcoming you to our stand. For more information about A-DEC products and services, contact us on freephone 0800 233128 or 02476 105001. The full A-DEC range can be viewed on our web page at www.a-dec.co.uk.

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Clearstep to Exhibit Innovative System At The Dentistry Show Clearstep will be exhibiting at The Dentistry Show; the leading conference for dental professionals.
Taking place at the Birmingham NEC from 19th to 20th March 2010, Clearstep will be using the opportunity to showcase its innovative orthodontic system that allows GDPs to offer treatment to a wide range of malocclusions for all ages.

On display will be the latest addition to the Clearstep Marketing support offered by the expert team. Clearstep is a computer-generated visualisation of the patient’s actual teeth and face. Clearstep is a patient centred system, allowing for the most effective treatment that can be achieved.

Delegates attending will be able to see how Clearstep offers a great way to connect patient interest into treatment acceptance and the tool represents a step towards preparing the perfectly effective Clearstep System.

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- • A seamless service
- • Increased cashflow with payment at time of service
- • FREE marketing

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Zhermack Dental Show March

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Stand G30

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Over the past 6 years Sirona UK, a specialist division of Sirona Dental Systems GmbH, has seen the CEREC System provide dentists with better precision and aesthetics than ever before whilst making it even easier to use. Supplied and supported here in the UK by Sirona Dental Systems Ltd the CEREC AC unit is used for all-ceramic inlays, onlays, veneers, crowns and anatomical temporary bridges.

CEREC has significantly improved the quality of treatment for patients, as well as enhancing the efficiency of the dental practice. CEREC not only saves time for you and your patients, but also drastically reduces your laboratory bills which normally are a costly monthly expense.

A variety of courses are run on a regular basis, be it for those contemplating CEREC for the first time or for those looking how to create more advanced prostheses.

For further information please contact Sirona Dental Systems on 0844 071 5345 or e-mail info@smile-on.com

Smile-on at stand F13 at Dentistry Show 2010

Smile-on has spent the last decade providing education and training solutions that are reliable, involving and inspirational for everyone in the dental profession. Visit us to find out how these specially designed programmes can help busy professionals meet their industry obligations.

They have recently launched a learning and management platform in conjunction with UCL Eastman Dental Institute and KSS Dental. The platform www.concept.com provides you with all the resources you need under one roof to fulfill the new core subject requirements as set by the GDC.

Smile-on will also be showcasing their course on Dental Nursing Education to delegates at the conference. DNNET II is designed to help training dental nurses studying for the National Certificate or NVQ level 3 in Oral Health Care Dental Nursing and as an update for established nurses.

The company’s key values of partnership, imagination, innovation, creativity and potential have helped evolve the products from simple training courses into the multi-media learning platform of today and helped Smile-on become the source for cutting-edge software and training resources.

For more information call 020 7400 8989 or visit www.smile-on.com

QuickWhite Lasers and Whitening Specialists Since 1992

QuickWhite have launched the new Eco kits, for in-surgery and home whitening, the teeth whitening brand is well known for its effectiveness, fast whitening and home top-ups using both hydrogen and carbamide peroxide. It’s the most economical kits sold in the market and supported by patients marketing.

For our stand K12 to see our presentations and see the show specials, visit www.QuickWhite.co.uk OR Tel: 01227 780009
Dentomycin: An Effective Adjuvant Treatment for Periodontal Disease

Dentomycin® Periodontal Gel from Blackwell Supplies is an effective treatment of moderate to severe chronic adult periodontal disease, when used in conjunction with scaling and root planing.

Supplied in easy to use, pre-filled applicators that allow the delivery of the gel directly into the periodontal pocket, Dentomycin® achieves its immediate effect. Dentomycin binds to the tooth surface and is released slowly to attack the bacteria causing periodontal disease.

The combination of SRP and Dentomycin® can reduce pocket depth by an average of 42% in just 12 weeks; whilst the anti-inflammatory effect and the inhibition of destructive collagenases helps promote connective tissue attachment.

Dentomycin® Periodontal Gel from Blackwell supplies a cost effective and proven method of enhancing periodontal treatment.

Since keeping gums healthy is important for overall health, Blackwell has created a leaflet offering advice and guidance about preventing and treating gum disease: ‘Health for my gums’ and help! Advice on your toothcare is available free to all practitioners and patients.

For more information please call John Jephson of Blackwell Supplies On 0207 224 1457 or fax 0207 224 1694 or email jephson@blackwellsupplies.co.uk.

Curasept: All the benefits of chlorhexidine without the side effects

The Curasept range from Curaprox features the anti-microbial qualities of chlorhexidine, without the conventional side effects: altered taste perception as well as staining the teeth.

The Curaprox range is specially formulated to prevent the growing to leave teeth free from stains. Other benefits include added fluoride, making Curasept ideal for anyone who is prone to decay or looking after a baby with tooth decay.

The Curaprox range comes as a mouthwash in two strengths: 0.5% chlorhexidine for daily use, or 0.2% chlorhexidine, suitable for use only up to twice daily to avoid staining. The 0.2% chlorhexidine and 0.05% fluoride, ideally used in conjunction with the mouthwash for optimum benefit. Curasept is supplied via the distribution direct to the gums for an effective way to tackle the bacteria in the mouth.

Curasept is just part of the range of oral healthcare products available from Curaprox.

For free samples please email data@curaprox.co.uk
For more information please call 01480 882804, email info@curaprox.co.uk or visit www.curaprox.co.uk

Biohorizons announce exciting new launch with Biomimetic and I-Bridge

Leading dental implant company BioHorizons will soon announce the exciting launch of I-Bridge and I-Bridge 2. Brought to the UK by BioHorizons through innovative arrangement with BioHorizons Sweden, I-Bridge is a screw-retained implant system milled from a single piece of titanium-metal or fabricated in cobalt chrome.

A perfect fit without any tension in the framework, I-Bridge is compatible with most major implant systems and available in three variations: I-Bridge 1, I-Bridge 2 and I-Bridge evolution, depending on the case.

On receiving the impression from the dentist, the digital technician produces a model, designs the framework and sends to Biomimetic in Sweden via a pick-up service; where it is scanned digitally to produce a CAD file. From this scanned file, a high end CAD/CAM milling machine produces the I-Bridge, reproducing the bridge framework exactly to the impression for a perfect fit.

I-Bridge is available throughout the UK through Biohorizons. For further information and news of soon to be announced I-Bridge roadshow, please contact Biohorizons directly on 0143 723560 or info@biohorizons.com or visit www.biohorizons.com.

Helping patients and professionals deal with dental phobia

www.dentalphobia.co.uk is a specialist website dedicated to helping nervous patients overcome their fear of the dentist.

The website offers information to patients and professional organisations about Dental Phobia and how to manage anxiety about treatment. Currently under evaluation are Google and Bing for the key phrase ‘Dental Phobia’, the website offers many case studies to patients including patient articles and stories, and the availability to ‘Ask an expert’.

Dentalphobia.co.uk also offers patients a directory of dental phobia certified dentists. Dental phobia certification is only available to professionals who meet minimum criteria to ensure an excellent standard of care.

Understanding and offering a service to patients who suffer with dental phobia will enable patients access to better oral health treatments, and another reason to come to your practice. Promoting that the fact a practice is understanding, and offers a tailored service for nervous patients will not only improve all patient-practitioner relationships, but also encourage nervous patients to face up to their oral health, and help them conquer their fears.

For more information about Dental Phobia Certification or for placement on the dental phobia directory, visit www.dentalphobia.co.uk

Fellowship to the British Academy of Cosmetic Dentistry

The British Academy of Cosmetic Dentistry (BACD) is committed to promoting clinical excellence through education and professional development.

The BACD are seeking members, achieving excellence in interdisciplinary treatment planning and the execution of complex treatments to consistently high standards.

The highest and final stage of the BACD’s Career Path in Cosmetic Dentistry, Fellowship is aimed at those seeking an advanced level who are also sharing their knowledge with the rest of the profession.

For those considering submitting cases for examination, the deadline is 7 October 2010.

The Fellowship is open to accredited members who have either published a scientific article on a clinical subject related to cosmetic dentistry in a peer-reviewed publication, or have given a postgraduate lecture at BACD meeting or other national / international conference.

Benefits of Fellowship status include use of the title “Fellow of the British Academy of Cosmetic Dentistry” a plaque acknowledging excellence in interdisciplinary treatment planning and the execution of complex treatments which will be superior to the Accreditation plaque, and use of the approved Fellow logo.

For more information contact the BACD on 0207 612 4166 or info@bacd.com.

Genus turns great expectations into wide-ranging results

State of the art, striking interiors create a positive impression and instil confidence in your patients. Genus’ acclaimed Design and Build Programme captures the dentist’s unique vision for their practice and makes it a reality by transforming it into a stylish, functional environment. Genus prides itself on its flexibility. Without being bound to a particular manufacturer it offers knowledgeable, independent advice to all its clients and always goes the extra mile for its clients and concerns.

Worried about budgetary constraints? Genus fosters a partnership-driven approach through its new Best Practice Workshops, designed to foster better communication amongst all involved, identifying key factors and implementing improvements. This has already produced project savings in the excess of 10%.

Using the very latest in computer-aided design and 3D software, accurate provision of the finished project improves clarity and avoid any misunderstanding.

For a stunning, ergonomic work place with a top-quality, bespoke service to transform your dentist’s unique vision for their practice and makes it a reality by transforming it into a stylish, functional environment, contact Jackie or Helen on 01793 770090 to take advantage of the special offer.

Kemdent revive the 3s Recycle, recondition, refurbish

Practically Safe and Charitable Heavy Duty and Economy saws are now even better value for money! Dental Practices can save up to 25% by recycling, reconditioning and refurbishing.

The new versatile range of Kemdent saws should be used with confidence to clean sensitive and non-sensitive soft tissues to maintain the treatment area and the decontamination area of a Dental Practice.

Practically Safe heavy-duty and economy saws, which contain alcohol, are suitable for non-sensitive soft tissues. Chemicidal heavy-duty and economy saws, which also contain alcohol, are specifically formulated to clean sensitive and non-sensitive soft tissues and bony hard tissues.

The new range of Kemdent saws is also designed to fit into any dental practice in the UK from across the board, including: Solicitors - Accountants - Banks - Financial Advisors - Vauxhall and Sales Agents - Insurance brokers - Leasing and Finance Specialists.
Dental care is all about the patient and what is best for them. Instruments aim to make surgery as non-invasive and painless as possible. Because in order to provide the highest quality care, they require systemic, esthetic and aesthetic dental solutions, and are passionate about your practice and your patients.

Revolutionary technologies such as NobelGuide allows practitioners to precisely place minimally invasive structures in the most accurate manner and recreate crowns or bridges, as well as providing unparalleled precision in 3D planning. This technology offers huge benefits to the patient, allowing professionals to place an implant in just one visit, thus reducing treatment time and aiding patient recovery. Treatment plans can be designed according to the highly complex anatomy of each individual patient - especially useful when treating with challenging conditions.

Nobel Biocare has created a team to hand offer support and advice, and the rapidly growing sales team is ready to discuss solutions for all practice budgets.

For more information on NobelGuide, contact Nobel Biocare on 01895 452 912, or visit www.nobelbiocare.com
Dental Protection is pleased to announce a brand new event Transitions, which will be staged in Scotland this April.

The full-day event is scheduled for Saturday April 17 in Cumbernauld near Glasgow.

The programme is suitable for dentists at all stages of their career and will provide keynote lectures on the recommended CPD topics, complaint handling and ethics.

What to expect
The programme will feature three renowned speakers, Hugh Harvie, Kevin Lewis and James Foster who will explore complaints and ethical dilemmas based on actual cases drawn from Dental Protection’s extensive archive.

The day will also include an interactive workshop session, which will demonstrate problems the average dentist may come across throughout their career, and will examine the issues that impact on the way a dentist handles the situation. Sessions on law and ethics and complaint handling will explore the role of communication skills in effective complaint handling.

Describing the event, Hugh Harvie, Head of Dental Services Scotland said: “DPL are pleased to launch an exciting new event for the benefit of our members in Scotland. The programme will address the recommended CPD needs of all dentists, and will serve as a useful introduction, or a reminder, to dentists regardless of what stage they may have reached in their career.”

Tickets for the full-day event cost between £10 and £75 and authorisation for 5.5 hours verifiable CPD has been applied for.

Delegates are advised to register their interest in the programme early to avoid disappointment.

Sponsoring education nationwide
In addition to the wide range of educational events that Dental Protection provides, we are proud to support a number of other educational events throughout the UK. Here you will find members of the DPL team are on-hand to answer queries you may have relating to your membership, the benefits available to members or more specific advice from a dento-legal adviser.

Meet DPL at the following events in 2010:
• Dentistry Show 19-20 March, NEC Birmingham
• BDA Conference 20-22 May, Liverpool
• International Symposium on Dental Hygiene 1-3 July, Glasgow.

For more information about any of the educational events that DPL supports, please contact Sarah Garry, Dental Events Manager on sarah.garry@mps.uk or telephone 020 7399 1359.

Come and see Rob Dunn perform five surgery at The Dentistry Show on 20th March. He will be carrying out stabilisation of a denture using the IMTEC mini implant.

IMTEC Mini Denatal Implant Seminars with Dr Rob Dunn

Do Your Patients have denture problems?

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Call now to register on a course, for a free technique CD or for further information LO Call 0844 8008983 or 01270 212963.

Fax Back Now On: 07813 911 372
All you need to know is we are the dental legal experts

Sunil will be giving a presentation on recent changes in Employment Law at The Dentistry Show on 19th and 20th March 2010 at the Birmingham NEC. Come and meet the rest of the Dental Team at Stand G32

For a FIXED FEE quotation please call FREEPHONE 0800 542 9408 alternatively email dental.team@cohen cramerc.co.uk or visit www.coheen cramerc.co.uk/services-to-dentists-services.html

Funding for Dentists

At LDF, we specialise in arranging funding to dental practices. With solutions available for all areas of expenditure relative to the ongoing management and development of a dental practice, you are able to maximise your cash flow whilst keeping prudential stability at a minimum.

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Approximately 1 in 3 adult patients suffer or have suffered from dentine hypersensitivity, and over 50% of sufferers don’t mention it to their dental professional. This may be because they fear it requires major dental work, the pain may be variable so they don’t report it or because they may be using techniques to try and avoid the pain.

These findings highlight the important role that dental professionals play in actively diagnosing dentine hypersensitivity.

Recommending daily brushing with Sensodyne Total Care F is a simple, effective solution which is clinically proven to reduce the pain of dentine hypersensitivity.

“There are no issues anymore, no barriers. I can do what I want and eat what I want.”

Asher Burrell, dental patient, Battersea, UK.

Product Information

Sensodyne Total Care F Toothpaste. Presentation: Potassium nitrate 5.0% w/w, Sodium fluoride 0.306% w/w. Uses: Relief from the pain of dental sensitivity, an aid for the prevention of dental caries. Dosage and administration: To be used 2-4 times a day, in place of ordinary toothpaste. Contraindications: Sensitivity to any of the active ingredients or excipients. Precautions: For children under 6, use a pea-sized amount and supervise brushing to minimise swallowing. Side effects: Very rarely, isolated cases of hypersensitivity type reactions such as angioedema, oral and facial swelling have been reported in patients using potassium nitrate containing toothpastes, particularly in patients who are predisposed to hypersensitivity type reactions. Legal category: GSL. Product licence number: PL 00036/0103. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GZ, U.K. Package quantity and RSP (excl. VAT): 45 ml tubes £2.09, 75 ml tubes £3.11, 100 ml tubes £3.65 and 100 ml pumps £3.65. Date of preparation: August 2009. Sensodyne is a registered trade mark of the GlaxoSmithKline group of companies.