Part 2
By Joy L. Moeller, BS, RDH, COM
(Certified Orofacial Myologist)

Because most of our patients are in need of orthodontic treatment, if the patient was referred by a source outside of dentistry, we are certainly a great potential referral source for orthodontists.

Orofacial myologists can assist the orthodontist in many aspects of his or her practice to:

• Provide muscle patterns that promote a stable orthodontic result.
• Reduce the time spent in fixed appliances.
• Normalize the inter-dental arch vertical rest posture dimension, the freeway space.
• Identify and eliminate orofacial noxious habits that interfere with stable orthodontic results.
• Teach nasal breathing and remodel the airway through nasal cleansing and behavior modification.
• Reinforce compliance with wearing rubber bands, functional appliances and retainers.
• Develop a healthy muscle matrix and eliminate habits that contribute to TMD.
• Promote correct physiologic head and neck posture.

The missing element to complete care

How orofacial myofunctional therapy can help the orthodontist

By Joanna Farber

As a teenager, Dr. Janet Stoessel-Allen was inspired by her own orthodontist to enter the profession. Today, she is spreading the word about why all residents should learn more about neuromuscular dentistry and why being open to change is one of the most important things you can do in the field.

Ready for a change

Invisalign Teen launches

By Joanna Farber

Align Technology, Inc. has welcomed a new addition to its Invisalign® product family. Invisalign Teen, designed for non-adult comprehensive orthodontic treatment, officially launched on July 29.

A pilot program involving top orthodontists in California, Arizona and Illinois began in February 2008, and was expanded nationally to top Invisalign orthodontists in June.

The orthodontists’ key needs

Orthodontists participating in a 2007 nationwide survey commissioned by Align identified challenges common in teen treatment that held them back from using Invisalign on more of their younger patients — namely, patient compliance and the ongoing development of permanent dentition.

Invisalign Teen was specifically designed with the non-adult comprehensive market in mind, and it addresses the special needs of patients who have shed all their primary teeth and whose second molars have begun erupting.

Darrell Zoromski, Align’s vice president of global marketing and chief marketing officer, said: “Teenagers are a significant portion of the orthodontics practice; patients aged 12 to 17 represent approximately half of all patient case starts in the United States each year.

‘Until now, only a small number of doctors have treated their non-adult patients with Invisalign because of concerns such as patient compliance and the need to accommodate permanent teeth that are still coming in.

“We have addressed these issues with Invisalign Teen. Now orthodontists will have confidence that they can treat their teen patients successfully with Invisalign.”

Effective marketing in five steps

Is your current marketing plan not bringing in the patients you hoped? Don’t give up. With the right coordinator, the right budget and the right game plan, you can keep your profits up even in these tight times.

A second chance

When Demetria Slan was diagnosed with breast cancer, she had to put a lot of her life on hold, including getting the perfect smile she always wanted. But with the help of Orthoease, Phoenix charity Singleton Moms and one really generous orthodontist, Slan — now in remission — is getting her dreams after all.

Helping patients get SMART

Ortho Tribune sits down with Scientific Compliance CEO Bill Longley to get the inside scoop on the company’s SMART retainer, how it can help orthodontists and what “Today’ show host Matt Lauer has been saying about it.

Inside this issue

www.ortho-tribune.com  Vol. 3, No. 9
Running an office utilizing human resources management

By Dennis J. Tartakow, DMD, MEd, PhD, Editor in Chief

In other words, in the organizational structure it is important to look at each member individually and how each person relates to each other individually and as a group, but each individual must also be aware of his or her place and function within the organizational structure.

The development of the individual in our culture is omnipotent. It is hypothesized that the development of the human personality, in our culture, pursues direction and dimension. Therefore, in considering the HRM dimension of the organization, growth of the individual, group or structural component of an institution is neither black nor white, but rather a matter of degrees.

This concept postulates that each dimension for any one individual is a continuum that can be plotted at any particular time and which does not take for granted that the adult human is self-centered and interested in only his or her own growth. However, one characteristic of an adult in our society or culture being predisposed to a mature end of the continua simultaneously shows a need to change. Each person’s wholeness is derived from interactions with others.

An adult never assumes that he or she will be independent, have control or be completely active and not inhibit the growth of others. Self-actualization does not mean happiness for a state where there is no tension and everything is going OK; tension might provide motivation for growth and might also be healthy.

According to Plato, the ideal soul typically strives to become ideal, perfect and complete. Ideals are, in that sense, a motivating force. In fact, he identifies the ideal with the perfect goodness. God creates the world out of matter (raw material, matter) and shapes it according to his “plan” or blueprint — ideas or the ideal. If the world is not perfect, it is not because of God or the ideals, but because the raw materials were not perfect.

Plato applied the same dichotomy to human beings: There's the body, which is material, mortal and "moved" (a victim of causation). Then there's the soul, which is ideal, immortal and "unmoved" (enjoying free will). The soul includes reason as well as self-awareness, ethics, and moral sense. Plato said the soul would always choose to do good if it recognizes what is good. Rather than bad being sin, it is considered a matter of ignorance. Therefore, when someone does something bad, he or she requires education, not punishment.

If we assume that this is correct, then there is no reason to think that such phenomena present a threat to the general view that motivational states such as desires always aim at the good or to the view that we only desire to do the bad under the species of the good (sub species boni).

In describing the resource management dimension of organizations, an effective administrator has three basic traits in common: technical, human and conceptual skills:

1. Technical skills for the mechanical part of the job, which might be possible only for larger companies where the CEO has extensive staff assistance, as well as competent, experienced technical operators in the organization. Older companies typically have operational momentum that affords a new CEO to concentrate on strategic issues and planning.

2. Human skills in working with others as an effective and cooperative member of a group. These skills can be further subdivided into (a) lead- ership ability within the manager’s own unit, and (b) skill in inter-group relationships. Outstanding capability in one role is often accompanied by mediocre performance in the other.

3. Conceptual skills for recognizing the interrelationships of factors that led him or her to take action, achieving the maximum good for the organization. This depends upon a specific way of thinking and involves thinking in terms of (a) emphasis on priority on conflicting objectives and criteria, (b) tendencies and probabilities, not certainties, and (c) correlations and patterns of elements, not clear cause-and-effect relationships.

(For more on the similarities of ortho practices and human resources management, read Part 2 in October’s issue of Ortho Tribune.)
Dreaming of explosive growth for your orthodontic practice? Dream no more. Or at least one lucky practice will dream no more.

Levin Group, in conjunction with Ortho Tribune, is in search of an orthodontic practice that is ready to reap the rewards of a free year-long orthodontic practice management consulting program. Imagine having the leading orthodontic management consulting firm working with you and your staff for an entire year to catapult your practice into the next level of growth, productivity and fulfillment. No more days of inconsistent starts, chaotic schedules, staff conflicts, flat or declining growth, no-shows or daily stress. With Levin Group’s expertise and guidance, the winning orthodontic practice will experience improvements in every aspect of running the practice. This management makeover will be a customized approach based on the selected orthodontic practice’s unique needs, goals and potential.

As orthodontists, you know the importance of having the right business systems in place. So ask yourself, when was the last time you took a close look at your practice’s systems? It may be time to re-evaluate and replace outdated business systems. Orthodontists in every phase of their career can benefit from improving the management of their practice. Growth is always within your reach — even in this weak economy. The Levin Group Orthodontic Practice Power Makeover may just be the answer to achieving your dream practice!

Entries due Sept. 30

All Ortho Tribune readers will benefit from the Levin Group Orthodontic Practice Power Makeover as the winning orthodontic practice’s 12-month journey will be profiled throughout the entire process. Updated articles every few months will highlight how the Levin Group consultants and the orthodontist work together to achieve the desired results. These articles will get you thinking about ways you can start on your own ortho practice power makeover!

How do you enter to win this opportunity of a lifetime? Visit www.levingroup.com and click on Levin Group Orthodontic Practice Power Makeover on the homepage to access the online entry form. Deadline for entries is Sept. 30. Good luck!

* Winning practice receives a free, one-year Levin Group orthodontic management consulting program. Travel expenses for the Levin Group consultants and orthodontist during the year-long program are the responsibility of the orthodontic practice.
‘Keep your mind open to learning’

Dr. Janet Stoess-Allen talks to Ortho Tribune about her love of orthodontics and why she thinks all residents should learn about neuromuscular dentistry

By Dennis J. Tartakow
DMD, MED, PhD, Editor in Chief

Please introduce yourself to our readers and tell us about your background in orthodontics.

I went to the University of Louisville Dental School and completed my orthodontic residency program at New York University. After finishing my residency, I moved to Florida and purchased my first practice in Delray Beach where I practiced until 1995. After getting married, I moved back to New York where I have practiced for the past 15 years. My current solo practice is on Park Avenue in New York City, where I have been for the past 10 years.

What motivated you to become an orthodontist?

As a teen, I was treated by an orthodontist in Louisville, Ky., where I was born and raised. I always looked forward to my appointments with my orthodontist, Dr. Robert Coomer, for several reasons. He always appeared very happy doing his job, which I found very comforting and positive. I found the whole process of tooth movement fascinating and wanted to understand how it was possible to move teeth without damaging them and the bone around them. There was also a very nice lab technician who worked in the practice where I was treated; I used to watch him make appliances, which I found interesting. The whole atmosphere was always pleasant and inviting, and everyone there seemed happy.

When and how did you open your orthodontic practice?

I purchased my first practice from a retiring orthodontist in Florida. When I moved back to New York, I worked as an associate in a few practices outside of Manhattan for a few years. I always dreamed of having a practice on Park Avenue, and ultimately that dream became a reality. In 1999, I purchased my cooperative space on Park Avenue, renovated it and the rest is history.

What special areas of education, research or clinical activities are you most interested in and why?

As an orthodontic resident and in my early years of practice, I struggled with mandibular positioning — in the vertical and horizontal planes. I never agreed with forcing a patient’s jaw into centric relation and treating to that position simply because it was “reproducible.” After searching unsuccessfully for some time, and seeing many patients in my practice who had been orthodontically treated and were subsequently having symptoms of TMD, I was very fortunate to stumble upon a very brilliant neuromuscular dentist by the name of Dr. Jay Gerber. I studied under Dr. Gerber and actually spent time shadowing him in his practice in West Virginia. He answered many of the questions I had and ultimately changed my life as an orthodontist. I felt I finally had some answers to questions that would help me tremendously in my career as a practitioner. Very simply, it taught me to work with the natural positioning of the mandible with the condyles symmetrical and centric in the glenoid fossa — in a physiological rest position. As it was explained to me, by attaining this position, it allowed the muscles to rest with minimal electrical activity and to perform their functional activities with a strong bilateral symmetrical activity, which is healthy.

As an educator, what are your most important educational responsibilities to your post-graduate orthodontic residents?

I am not currently affiliated with a teaching institution. I do, on occasion, lecture with my friend and colleague, Dr. Neil Zane, who practices neuromuscular dentistry. We currently treat many patients who are suffering from TMD, following the guidelines of neuromuscular positioning. Our methods of treatment are constantly changing and evolving in response to each individual patient’s needs. In our lectures, we share the treatment plans and results of our mutual patients.

In your opinion, is there a need to change the way higher educational programs in this country educate their orthodontic residents?

I would like to see more emphasis, especially in two areas. First, there should be a very strong focus on mandibular/condylar placement in orthodontic treatment and the beneficial effects on the relationships of the head, neck and facial muscles. Second, there should be a much stronger focus on each individual patient and his or her overall dental needs. In most cases, a team of dental specialists and general dentists should be spending time treatment planning each case together so that all the dental needs of the patient are met and in the proper sequencing.

What changes would you make if you could and why?

In all orthodontic residency programs, and even in the undergraduate dental school programs, I believe that neuromuscular dentistry should be introduced so that students have a better understanding of the whole patient, taking into consideration the relationship of the jaw, teeth and muscles and how they work together optimally at their most relaxed, efficient state.

In your opinion, what changes do you foresee in orthodontic education in the near future?

I feel that change is very slow coming and that the changes I would like to see in the area of neuromuscular positioning from an orthodontic standpoint is very misunderstood or often unknown. I hope the field will be investigated by orthodontic educators and, in time, change will come. It is a very gratifying area as we help people feel better with an improved quality of life.

Looking back at your career, would you do anything differently?

For the sake of my patients in the past, I wish that I had known then what I know now with respect to neuromuscular positioning. However, I feel that you can’t look back and regret but rather be grateful for the knowledge you now possess. I would really do nothing differently as the evolution that I have been so fortunate to enjoy has been such a true learning experience and positive addition to my life.

Do you have any final comments for our readers?

My greatest words of wisdom are to keep your mind open to learning and change. The fields of medicine and dentistry are ever changing and improving. It is very sad for me to hear from colleagues that they are practicing the very same way that they always did simply because it is easy and it works for them. It may work for them but still be wrong for their patients or, even if it isn’t wrong, it might be better. We can always improve and provide better patient care if we are willing to listen, be open-minded and take chances. If we don’t listen and really hear our patients, we will never adequately treat them appropriately.

Dr. Janet Stoess-Allen received her BS (with honors) from the University of Kentucky, her DMD from the University of Louisville and her postdoctoral certificate of orthodontics from New York University. She has practiced orthodontics in Delray Beach, Fla., Hauppauge, N.Y., Southampton, N.Y., and New York City. Dr. Stoess-Allen has received a grant and the Sinai Hospital, New York, N.Y., and Bethesda Hospital in Boynton Beach, Fla. She resides with her husband, Lowell, and their son, Zachary.

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The best time for the orthodontist to refer the patient to an orofacial myofunctional therapist is before the braces go on or before the braces come off, depending on the patient’s facial structure and motivation. We can work together to help the motivated patient achieve amazing results.

To elaborate on the importance of the working relationship between OMTs and orthodontists, I have reached out to some of my esteemed colleagues for commentary, which follows below.

According to Dr. John Kishibay, an orthodontist from Santa Monica, Calif., and a professor at USC School of Dentistry: “Orofacial myofunctional therapy must be part of the treatment plan from the beginning. This way the patient understands from day one that the muscle adaptation is important for long-term stability.

“Especially important would be the orthognathic patient. The patient must learn to use the new space in an ergonomic manner, in both a functional patterning and habit elimination awareness.”

Dr. William Hang, an orthodontist practicing in Westlake Village, Calif., believes that OMT problems are one cause of poor facial development. He claims: “Stability will continue to be an elusive, unachievable goal with poor facial balance frequently being the norm of the post-orthodontic result. Myofunctional therapy must become the first line of defense in the quest for proper facial development rather than the rescue squad when the orthodontic result is going up in flames. When orthodontists embrace myofunctional therapy, they stop treating symptoms and begin to focus on treating the cause of poor facial development (altered rest oral posture).”

Dr. Jerry Zimring, a practicing orthodontist for 44 years in Los Angeles, believes that attaining proper occlusion is a state of balance between the teeth, the muscles and the bones. He states: “Both my daughter and my grandson were treated with myofunctional therapy with excellent results that would not have been possible without this valuable treatment. I feel strongly that myofunctional therapy should be part of every orthodontic practice.”

Dr. Richard L. Jacobson, a Diplomate of the American Board of Orthodontics who has been in the exclusive practice of orthodontics in Pacific Palisades, Calif., for the past 28 years, stated: “We know that form follows function and function can follow form. Therefore, it is vital to identify those patients who need myofunctional therapy. In these patients, myofunctional therapy by a specialist is essential. Treatment is effective and orthodontic stability is enhanced.”

Types of therapy programs offered

I have been practicing orofacial myofunctional therapy for 50 years and have treated thousands of patients.

My son had this problem when he was 7 years old, and I witnessed the positive change in his teeth, headache pain and Attention Deficit Disorder (ADD) and Temporal Mandibular joint dysfunction (TMD) issues. The dramatic results motivated me to study everything available in OMT.

I began a private practice in OMT in addition to my dental hygiene practice in 1978. I love the challenge of helping improve the quality of my patients’ lives.

I have five different programs I offer to my patients:

• Habit elimination therapy,
• orofacial myofunctional therapy,
• TMD and special needs therapy,
• and cosmetic muscle toning for facial fitness.

Habit elimination therapy

My program for habit elimination treatment is three to five visits. I work with thumb and finger sucking, nail biting, hair chewing, tongue and lip sucking and/or chewing, and many other oral habits with a 95 percent success rate.

Rosemarie A. Van Norman, an expert in the field of thumb sucking, has determined:
Myofunctional

• 60 percent of malocclusion is caused by prolonged digit sucking.
• 10 percent of 6- to 11-year-olds suck their digits.
• 85 percent of digit suckers exhibit an open bite.
• Many times, open bites lead to TMD due to lateral movements of the jaw in order to chew food.
• 49.9 percent of orthognathic surgery patients with open bite relapse.
• 59 percent of digit suckers experience atypical root resorption.
• 40 percent of digit suckers have learning and behavior problems in school.

Infants are born with only a sucking skill, which enables them to survive. Usually, at age 9 months to 3.5 years, the child self-weans and starts drinking from a cup and eating more solid foods and transitions from sucking to sucking, which is supposed to be used in only a few situations such as using a straw. However, many times a pacifier is used or the child finds his or her thumb or another object, and the sucking habit is extended and continued.

At this point, the tongue is unable to rest and swallow correctly, leading to an open bite, cross bite or some other type of malocclusion.

The program I follow uses behavior modification and positive reinforcement. The patients feel so proud to have ceased the habit once and for all.

The success of this program will empower the patients to control many choices in their lives that feel good but that they know are wrong for them.

As a dental hygienist, I have learned that the value of pro-active therapy is to minimize or eliminate problems by treating early.

(For a discussion of the Mini-Myo, orofacial myofunctional therapy, special-needs patients and cosmetic muscle toning programs, read Part 3, appearing in the next issue of Ortho Tribune. The reference list is available from the publisher.)

About the author

Joy Moeller is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in private practice in Pacific Palisades and Beverly Hills, Calif. Moeller is a former associate professor at Indiana University School of Dentistry and an ongoing guest lecturer at USC, UCLA and Cerritos College. She attended the Myofunctional Therapy Institute in Coral Gables, Fla., and the Coulson Institute in Denver, Colo., and studied with Dr. Mariano Rocabado, Santiago, Chile, on head and neck posturing. She is a founding member of the Academy of Orofacial Myofunctional Therapy and has taught courses at USC, the Gutenberg University and Freiberg University, both in Germany, among other locations.

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How an orthodontic practice experiences exponential growth

By Roger P. Levin, DDS

Many orthodontists have flourishing practices that lead to financial and personal success. They have made significant investments of time and resources to develop and refine their skills. Generally, all the effort pays off. After years of hard work, orthodontists wind up on the life path that leads them to financial independence on their terms. Or do they?

Let us examine the path of one Levin Group client who saw his orthodontic practice under-producing when he was getting closer to his retirement years. What did it take to turn things around? Let’s find out.

**Case study: taking an orthodontic practice from ‘good’ to ‘great’**

When Dr. Paul Smith contacted Levin Group, he was relatively happy. He had been in orthodontic practice more than 20 years, lived in a nice community and was happily married with two sons in college. He enjoyed a good income, but wanted more time to spend with his family. His life was good, but he knew it could be better. He decided Levin Group could get him where he wanted to be.

As it turned out, Dr. Smith’s practice production over the previous two years grew only 3 percent. While his practice was successful, he knew he was not realizing his potential. Like many orthodontists, he was simply trying to get through the schedule, survive the after-school crunch and head home.

During an on-site visit, Levin Group identified issues that limited efficiency and practice capacity. Inefficient systems were having an adverse affect on the doctor, the team, patients and parents.

**After Levin Group’s on-site analysis and subsequent conversations with his consultant, Dr. Smith came to understand that implementing new systems or updating existing ones would reduce stress, improve performance and increase productivity.**

He soon realized that implementing better systems and developing a more professional team would allow his practice to experience the profitability he wanted.

Dr. Smith’s situation was not unusual. Many orthodontic practices put off redesigning their systems. It is very easy to do when things are going fairly well. Over the years, Dr. Smith took the position of, “We’ll get to it.” Now he realized he had to.

Something had to change. To get the most out of his practice and his life, Dr. Smith turned to Levin Group for the answers. He quickly found out that one of the most important elements to reach his goals was a Total Success™ Life Map.

Dr. Smith’s Life Map — building the practice and creating more free time

A Life Map is a year-by-year blueprint of the orthodontist’s professional and personal life, from the present through retirement. After creating hundreds of Life Maps for clients, we focus on key events that will affect an orthodontist’s practice and life. A Life Map evaluates the doctor’s age, financial position, spending habits, lifestyle, children, tuition needs and large financial events over a lifetime.

How does a Life Map work? Let’s look at Dr. Smith’s situation.

In 2003, Paul Smith was a 53-year-old orthodontist whose practice was producing $1.1 million. The practice was busy, and his numbers for starts were good. However, Dr. Smith wasn’t reaching his growth goals and was working more days than he wanted.

Paul has been married to his wife, Nancy, for 25 years. Their two children at the time were 19 and 21. Putting his sons through college, along with personal retirement, was proving to be more difficult than anticipated.
Here are some of the elements that were included in his Life Map:

2003
Faced with flat growth and profitability, along with an uncertain retirement date, Dr. Smith chooses to embark on both Levin Group’s Total Ortho Success™ Management and Referral Marketing Programs.
Dr. Smith begins the goal-setting process during the management program and determines he needs a financial plan and elects to engage a certified financial planner.
His Levin Group consultant quickly identifies a problem. Dr. Smith tends to put more emphasis on patient referrals than GP referrals. In his referral marketing program, Dr. Smith begins to aggressively target GP referrals.

2004: production increase — 16 percent
The practice continues to experience significant growth in both number of new patients and starts.
Dr. Smith sets a goal of adding an associate to the practice and reducing the number of days he is chairside with patients.
Dr. Smith and Nancy would like to purchase a vacation home at the beach for weekend trips.

2005: production increase — 20 percent
Dr. Smith hires an associate.
Beyond the immediate plan to reduce his time chairside, Dr. Smith hopes this person will become a partner and eventually buy the practice when he retires. He retains a legal consulting advisor with dental experience.
Dr. Smith reduces the number of days working in the practice to three days per week without lowering his share of the profit. He is able to focus on personal interests such as skiing and his love for fine wine.

A Life Map is vital for any orthodontist who seeks to grow professionally and personally. A Life Map helps orthodontists and their spouses identify short- and long-term goals and place them on a Life Map year by year.

2006: production increase — 19 percent
Referrals continue to grow at an exponential rate. The practice is now far outpacing all previous growth.
Dr. Smith’s associate requests a buy-in option. Dr. Smith’s legal consultant facilitates the negotiation and draws up the agreement.
The Smiths update their financial plan.

2007: production increase — 18 percent
Dr. Smith reaches financial independence. He sets a plan to retire in 2011. To celebrate, he and his wife take a two-week vacation to Italy to explore the wine country.

2008: production increase — 18 percent
Referrals continue to grow at an exponential rate. The practice is now far outpacing all previous growth.
Once the vision and goals have been determined, the appropriate actions and advisors help position the doctor for greater success. A Life Map begins with understanding the orthodontist’s vision and goals, which change over time. In many cases, we see Life Maps help orthodontists reach for new goals they never thought possible.

Conclusion
What improves your quality of life? Is it what happens in your practice? Is it what happens outside of it? The answer is — both! As a result, all aspects of a Life Map are equally significant. The goal is not to grow rich at the expense of one’s well-being. What’s the point of accumulating a great deal of money if you can’t enjoy your practice? As Dr. Smith found out, a Life Map helps you achieve comprehensive success in all areas of your life, both personal and professional.

Ortho Tribune readers are entitled to receive a 20 percent courtesy on Dr. Roger Levin’s next Total Ortho Success Seminar being held Oct. 10-11 in Baltimore. To receive this courtesy, call (888) 973-0000 and mention “Ortho Tribune” or e-mail customerservice@levingroup.com with “Ortho Tribune” in the subject line.

* Case study based on actual Levin Group client information.
By Pat Rosenzweig

One of the many areas I look at when evaluating an orthodontic office is the outstanding accounts receivables (AR), and I’m often amazed at how large and out of control this monster has become.

Out of control AR is one of the most common complaints I hear from doctors, and it’s also one of the most difficult and time consuming to correct.

If your orthodontic office AR has jumped to more than five times your average monthly production, it might be time to take a good, hard look at your collection and insurance procedures. Let’s look not only at how we work to correct the problem, but also how we got there and how it could have been avoided.

I recently sat at the front desk of an office and listened to an exchange between a patient’s mom and the receptionist. Our patient had completed his appointment, and after scheduling the next appointment, the receptionist very politely mentioned to mom that this month’s payment was due and that last month’s payment had not yet been received either. The mom responded with a lovely smile followed by, “My husband takes care of the bills; I’m sure he’s handling that.”

Now, as if the mom’s cavalier attitude toward payment due (and overdue) wasn’t enough, the receptionist’s response was just as relaxed. “OK, see you next visit,” as mom and child sailed out the door. I was actually speechless. “See you next visit?” We just discussed an account that’s one month overdue and two months due and yet the mom left with no payment made, no commitment as to when she would pay and no request for a discussion with the financial coordinator.

I began to wonder if this mom thought her approach might work with credit card or mortgage payments. Could that mom just respond to a call from a financial institution regarding an overdue balance with a cheery tone and an announcement that “My husband handles that.”? Of course she couldn’t! But unfortunately, this is happening in orthodontic offices way too frequently.

The inability of front-desk staff members to ask patients for money is an issue that invariably makes doctors crazy, and yet doctors continue to set up scenarios that perpetuate this problem.

When we choose staff, especially for front-desk positions, we always try to find sensitive, kind and caring individuals who will develop a great rapport with the patients. This is definitely as it should be. The problem arises when these very nice people are given no training or scripting to handle financial issues. When this occurs, collections drop and doctors start to wonder if they chose the wrong staff. What they should really be wondering is why they didn’t set the wheels in motion properly for the new hires.

By setting up clearly defined procedures and properly training staff, the collection of payments can be much easier for the staff and patients.

Let’s look at a few of the areas we need to discuss to head off and correct AR problems:

• Be sure all staff members are clear and onboard about the value of treatment. A staff member who thinks of orthodontic treatment as purely cosmetic cannot be successful when it’s time to ask the patient for payment. Train all new staff members completely regarding the functional and self-esteem benefits derived from orthodontic treatment, the rationale for the office fee schedule and its comparison to fees in surrounding offices.

• Get all the staff members involved in understanding that great patient care, and the ability of the entire team to provide that care, is not diminished by expecting patients to manage their financial obligations. Make the staff aware, by reviewing collection percentages on a regular basis and holding them accountable for collections, that they are in the business of dentistry as well as the profession of patient care.
By Scarlett Thomas
President, Orthodontic Management Solutions

Orthodontists around the country continue to report reduced case loads, and the talk of recession is making them ever more watchful of this key indicator of practice health. With an increasing number of general dentists offering orthodontics, aligners and veneers to “straighten” teeth, orthodontists may be feeling more than ever the need to augment their marketing efforts. Creating a marketing plan tailored to your individual practice can capture potential patients’ awareness, stimulate interest and positively impact your case acceptance. Successful practices know the needs of their market and strive to meet those expectations on many levels.

Key No. 1: Assign a marketing coordinator
I recommend hiring someone to work one or two days a week to manage aspects of your marketing program — making deliveries to referring dentists, replenishing game supplies, shopping competitive practices or getting bids for a direct mailing. An energetic, stay-at-home mother whose children you treated and who is not interested in running your practice is a good choice. If you prefer to have staff handle the position, you want them to want the job, so have them apply for it — don’t just appoint someone. Select the person who has exhibited the most enthusiasm and creativity for such work. A satisfied ‘staff marketing executive’ has an exceptional talent to inform, motivate and excite.

Key No. 2: Establish an annual marketing budget
Six percent of total collections should go toward marketing or 10 percent if you plan to do external campaigns — direct mail, radio, cable TV ads, etc. Collections of $50,000 translate to a $50,000 to $50,000 annual commitment. Spending from $2,500 to $4,150 monthly keeps the visibility of your practice high.

If it’s a matter of cash flow for funding, concentrate first on in-house efforts required to finance the effort: e.g., delinquencies at 3 percent or below, supply budgets in check, finishing treatment on time and salaries on target. In addition, put as many patients as possible on automatic payments via credit cards and ensure your recall system is being worked. If your treatment coordinator’s (TCs) close rate is less than 80 percent, address it. Rather than making follow-up calls to uncommitted prospective patients, e-mail them asking for a consultation. If it’s regarding money, people are more likely to address it via e-mail. Perhaps the usual tactics (the ABC credit rating and one-third down) may not work in this economy, so consider alternatives. For families you trust, ask for a smaller deposit or break it up over several months and extend payments beyond treatment. Be open to outside patient financing. www.chasehealthadvantage.com, among others, offers flexible programs. Offer discounts for account payoffs at year end when many people need to use monies remaining in their flexible spending accounts and apply these monies to your marketing efforts the following year.

If, after these systems are operating smoothly, you still feel your cash flow won’t support marketing, consider a low-interest loan that allows you to bring in income with increased patient starts while you’re making payments. My company, Orthodontic Management Solutions, works with several financial institutions that finance many of your accomplishments is a good choice. If you prefer to have staff handle the position, you want them to want the job, so have them apply for it — don’t just appoint someone. Select the person who has exhibited the most enthusiasm and creativity for such work. A satisfied ‘staff marketing executive’ has an exceptional talent to inform, motivate and excite.

Key No. 3: Know your competition
Knowing how other orthodontists in your immediate area market themselves is essential for differentiation and improving your efforts. Have your TC make copies of competitors’ quotes from prospective patients and ask staff to collect samples of competitors’ Web sites and print ads and to tape the phone call and review it. Have your marketing coordinator call your competitors to “secret shop” them, engaging in the new patient phone call, follow-up materials and even consultations. Tape the phone call and review it. You’ll wince (“I can’t believe she put me on hold four times!”), you’ll laugh (“Does she know anything about her doctor?”) and, if you’re lucky, you’ll learn a few things.

Critique your competitors’ new patient packages to see how yours stacks up for professionalism and content. If your secret shopper goes through a consultation, you can often glean ideas, treatment philosophies and what types of internal marketing your competitors conduct. If so, use the information to differentiate your office. When you’re done, find someone to secret shop your practice and put yourself through similar scrutiny.

Key No. 4: Build your marketing program
Every practice should have a yearly marketing plan broken down monthly into internal and external campaigns. Orthodontists often focus considerable effort on internal patient appreciation and reward programs to promote patient referrals, but often fail to ask for the referral. Here are ways to change that: Keep small displays in various locations that read, “We want more patients just like you and would appreciate your referral.” Hand out cards that offer incentives (cash, a chance to win a large prize; e.g., an iPod) for referrals. Check out www.orthomarketing.com to purchase customizable cards and related materials.

New patients are most excited about treatment at its beginning and during follow-up. At least at these times, ensure someone is assigned to ask for referrals and hand out referral cards. Practice saying such things as, “Gosh, we enjoy having John here, and we’d love to have more patients like him so if you have friends or relatives who would benefit from orthodontics, give them our name.” Clinical assistants who remind patients of how far they’ve come pulling up pretreatment photos from time to time may keep the idea of referral on patients’ minds. Asking for referrals will feel awkward at first, but after you do it a few times and see numbers go up, it will get easier.

External marketing efforts are often focused on cultivating relationships with local dentists and staffs, while dental assistants still sell financial aid for such endeavors.

Key No. 5: Measure success
If you can’t measure your marketing program, you can’t manage it. Establish a routine where your front office staff and TC ask how prospective patients heard about your practice and track the results. At quarter’s end, the count the patients who responded to each marketing activity versus how many started treatment. You may find that activities generating in the most calls have poor conversion rates and vice versa. Knowing which ideas work and which don’t allows you to modify your plan.

Conclusion
Although marketing is integral to the prosperity of your business, most orthodontists have little functional knowledge about how to promote themselves or handle consultations satisfactorily. With a budget, game plan and tracking system, you can become as proficient at directing this facet of your practice as any other.

Orthodontic Management Solutions invites you to learn more about marketing and how to incorporate a plan for your practice into your state dental association for lecturing at local RDI study clubs and societies. Hygienists also like to be involved in hygiene care prior to and during orthodontic treatment so collaborating with them during patients’ treatment is a great way to foster continued allegiance and more referrals.

Make sure your Web site speaks effectively for your practice. Hardly a prospective patient today will call your practice without making judgment calls based on your Web site. Now comes the fun stuff. Think outside the norm. Consider running ads at local theaters or on cable TV.

Ads can often be developed through the broadcasting entity in a packaged deal. Get quotes to do a direct mail campaign. Direct mail companies can sort your house lists by ZIP code, salary, number of adolescent children, etc., and can develop materials that reflect the professional, fun or high-tech nature of your practice. Explore scarlett@orthomarketing.com for material and services at reasonable rates.

The key to effective external marketing is sustainability. Your target audience will become aware of your message only with repeated exposures, so engage in such activities when you can sustain them for six months or a year.

About the author
Scarlett Thomas is an orthodontic practice consultant who has been in the field for more than 25 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, she has an exceptional talent to inform, motivate and excite.
The only true solution... is a total solution.

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According to the Oxford American Dictionary, “Schools of ethics in Western philosophy can be divided, very roughly, into three sorts. The first, drawing on the work of Aristotle, holds that the virtues (such as justice, charity, and generosity) are dispositions to act in ways that benefit both the person possessing them and that person’s society. The second, defended particularly by Kant, makes the concept of duty central to morality: humans are bound, from a knowledge of their duty as rational beings, to obey the categorical imperative to respect other rational beings. Thirdly, utilitarianism asserts that the guiding principle of conduct should be the greatest happiness or benefit of the greatest number.”

The Oxford American Dictionary goes on to define ethics as, “Moral principles that govern a person’s or group’s behavior.”

Nash, in the May 2007 issue of the European Journal of Dental Education, stated, “Ethics is about the basic moral standards inherent in the structure of social living, incumbent on all human beings regardless of the presence or absence of any religious convictions.”

In dentistry, ethics is crucial, owing to the fact that patients seeking care place their well-being in the dentist’s hands. In the American Dental Association’s (ADA) Principles of Ethics and Code of Professional Conduct, it states: “The dental profession holds a special position of trust within society. As a consequence, society affords the profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct.”

Nash added that, “The goal of the relationship in which one assumes the role of health professional and the other [one assumes] that of the patient is the benefiting of the patient.”

**Ethics in dentistry**

The ADA’s Principles of Ethics and Code of Professional Conduct set forth five major ethical principles that dentists must adhere to. They are: patient autonomy (self-governance), non-maleficence (do no harm), beneficence (do good), justice (fairness) and veracity (truthfulness).

The document states that: “Members of the ADA voluntarily agree to abide by the ADA Code as a condition of membership in the Association. They recognize that continued public trust in the dental profession is based on the commitment of individual dentists to high ethical standards of conduct.”

In 2002, ASDA adopted its own code of ethics, which states: “The American Student Dental Association recognizes the importance of high ethical standards in the dental school setting. Therefore, the Association believes students should conduct themselves in a manner reflecting integrity and fairness in both the didactic and clinical learning environments. Ethical and professional behavior by dental students is characterized by honesty, fairness and integrity in all circumstances; respect for the rights, differences and property of others; concern for the welfare of patients, competence in the delivery of care and preservation of confidentiality in all situations where this is warranted.”

All ASDA members are also members of the ADA, and we commit to abide by the ethical principles within these two codes. Not only do we commit to observe these two codes, but also it is likely that we have codes of ethics and ethics curricula specific to our dental schools.

Despite the codes of ethics that
Take Your Practice to the Next Level.

AT ORTHODONTIC MANAGEMENT SOLUTIONS, OUR PHILOSOPHY IS TO TREAT YOUR CONCERNS AS IF THEY WERE OUR OWN. WE WILL WORK HARD TO GIVE YOU MORE THAN YOU EXPECTED, NOT ONLY IN THE PROGRAMS AND SERVICES WE OFFER, BUT IN THE RESULTS THAT THESE PROGRAMS WERE DESIGNED TO PRODUCE.

Whether you’re a new graduate ready to open your own office, or a seasoned orthodontist looking to improve systems within your practice, we have the tools to work with you.

- Increase Your Case Acceptance
- Train Your Treatment Coordinator
- Build a Successful Schedule
- Improve Your Management Skills
- Create Effective Systems that Work
- Market Your Practice for Success

What Our Clients Are Saying About Us

“As a result of Scarlett’s efforts and my decision to hire her as a practice consultant, my number of starts have improved, my production and collections have improved, my staff is more unified and most of all, I am having more fun as an orthodontist. If I could only convince her to work for me full time.”

PETER T. KIMBALL, DMD, MS

“Scarlett’s intimate understanding of every aspect of an orthodontic practice has impressed every member of our organization. The most impressive aspect of her many skills is to see how she trains staff, delegates responsibilities and puts into place the tools to monitor progress. Having great ideas is one matter, but having the ability to implement those ideas and consistently achieve the goals set is a priceless business asset.”

FAISAL NAVEED, CEO ORTHOEASE

“After just one year of focused marketing, Scarlett has made our satellite office more productive than our main office. She has proven herself to be an asset to the practice. I would consider any office lucky to have her help lead their team.”

VICTORIA J. LYNSKEY, DMD, MCSc

About Scarlett

Scarlett Thomas is an orthodontic practice consultant who has been in the orthodontic field for over 23 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, Scarlett has an exceptional talent to inform, motivate and excite.

After implementation of her concepts into your practice, Scarlett invites you to experience not only tremendous growth and increased income but a well organized practice.

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Types of cheating

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admit to

percent of dental students admit to cheating on exams, students pay-
ing for outside lab work to be graded as their own and compiling ille-

leg
cal national board exam questions, among many others. With advances in technology, the use of items such as cell phones, PDAs, cameras, hacking software, online file sharing sources, etc., cheating has never been more accessible to the masses.

For example, Andrews et al. reported an instance where “10 students each using camera cell phones, taking one picture of one page of an exam at varying times in an exam, then collaborating and putting them into a Word document to distribute to the next year’s class.”

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A second chance at a great smile

Orthoease, Phoenix charity and local orthodontist join forces to help cancer survivor

By Joseph P. Depa III

PHOENIX — Demetria Slan always dreamed of having the perfect smile. The 33-year-old single mom of two teenagers worked hard in the administration department of Maricopa County Oncology to support her kids and pay for her orthodontic treatment.

All that changed after Slan was diagnosed with breast cancer. Paying for her smile wasn’t so important any more — staying alive and providing for her children became the only things she cared about.

“I have been insecure with my mouth my whole life,” Slan said. “I finally went to get myself braces later in life and was tired of hiding my smile. Unfortunately the cost became too much after being diagnosed with breast cancer and taking care of my two teenage kids alone.”

Slan, a Phoenix resident, was diagnosed with breast cancer back in November 2007. Due to the financial burden of her cancer treatments, she turned to Singleton Moms, a local Phoenix charity made up of volunteers, for household services and financial support. That support includes helping single mothers who are receiving cancer-related treatment with mortgages, rent and other utilities.

Slan’s cancer is almost in remission, and her last treatment will be in October. Now that she’s getting a second chance at life, she wanted to give her orthodontic treatment another chance as well.

That’s where Orthoease came into play.

Orthoease, an orthodontic practice management software company based in Ogden, Utah, came to Slan’s aid. With the help of Orthoease’s Chief Executive Officer Faisal Naveed, the company reached out to Dr. Nolan Cordon, a successful orthodontist in the Phoenix area.

“When I found out that Singleton Moms had someone offering to find me orthodontic care, I couldn’t believe it,” Slan said. “I have had braces on my teeth for about a year now that have not been taken care of. Then I got the call that (Naveed) found an orthodontist for me, and all I had to do was make the appointment.”

After an initial exam, Dr. Cordon determined that Slan could safely continue her orthodontic treatment, and he offered to finish the entire treatment himself — at no cost.

“I accompanied Demetria to her initial exam and still remember the excitement in Demetria’s eyes when Dr. Cordon told her that he would be the one finishing her treatment,” Naveed said. “In the short time Demetria spent in Dr. Cordon’s office, she felt comfortable with him. Demetria filled with gratitude and excitement when she learned that she wasn’t going to be referred to a different orthodontic practice.”

Dr. Cordon carefully listened to her story, talked to her about her concerns and discovered what she wanted in a treatment plan.

“Demetria is an absolute sweetheart,” Cordon said. “She feels the weight of the world on her shoulders, and she’s so grateful and humble. After meeting her, I wanted to help her as soon as I could.”

Slan had begun her orthodontic treatment a couple of years ago at a large national clinic; however, that clinic did not provide much personal care and attention.

“She has a difficult orthodontic case,” Dr. Cordon said. “We will be using traditional orthodontic brackets, and it will probably take a minimum of one year to correct her situation. When she’s finished with her chemotherapy, we’ll get started right away.”

She still can’t believe that someone is doing this for her. It warms my heart to know that I’m that ‘someone.’”

Jody Farley-Berens, co-founder of Singleton Moms, said this is the first time her organization assisted one of its members with orthodontic treatment.

“When Faisal came to us looking to help our organization, we couldn’t have had a better candidate than Demetria,” Farley-Berens said. “All the moms we support have dependants at home, but this is a fantastic partnership for us. This is the first time we’ve helped someone with their dental work, and we couldn’t have found a better patient, a better company to support us and a better orthodontist to provide the service.”

“When Demetria started chemotherapy, she had to put off paying for her dental work and concentrate on getting better and feeding her kids. She’s now starting to get her life back.”

“I am overwhelmed with the generosity of Singleton Moms, Faisal and Dr. Cordon,” Slan said. “Being cancer free with my beautiful new teeth is more than I could ever ask for. I am incredibly grateful. This experience has reminded me that there are really good people out there and has given me a sense of hope.”

“I am honored to have had the opportunity to meet and work with Dr. Cordon,” Naveed said. “He is passionate about his work, his patients and the quality of treatment he provides. Dr. Cordon is truly a winner in our eyes. To see Demetria light up about her pending treatment truly warms our hearts.”

Dr. Cordon added that Demetria is a strong young woman who is full of life, and that her battle with breast cancer has taken its toll on her physically, emotionally and financially.

“After she successfully defeats cancer and completes her orthodontic treatment, with the help of Singleton Moms and Orthoease, Demetria will be ready to take on the world again with a beautiful smile.”

About Orthoease

Orthoease is a leading provider of innovative software solutions to orthodontic practices. The company offers comprehensive practice management, imaging, cephalometrics and analysis, and patient education software packages. Orthoease software solutions work with both Mac and Windows operating systems. For more, visit www.orthoease.com.

About Singleton Moms

Singleton Moms was named after Michelle Singleton, a single mom who had four children (ages 1, 5, 6 and 14) at the time of her cancer diagnoses. She was 52 when she passed away Oct. 25, 2005. Singleton Moms was started by a group of her family and friends who wished to honor a brave woman and carry on in her giving footsteps. For more information, visit www.singletonmoms.org.

About Dr. Nolan Cordon

Dr. Cordon attended Oregon Health Sciences University School of Dentistry and completed his orthodontic residency at the University of Oklahoma.

He has been in private practice since 1996 and maintains two orthodontic offices in the Phoenix area. He and his wife, Jennifer, have 3 children. He enjoys spending time with his family and outdoor activities.
He added: “Orthodontists are conservative by nature, and teen cases make up the majority of their cases. We expect the product to ramp gradually over time as orthodontists experience outstanding clinical results with a product that we know can deliver.”

**Features**
In addition to the features included in Invisalign Full, the Invisalign Teen product adds compliance indicators, Power Ridges® and eruption compensation to its aligners. It also provides up to six individual arch replacement aligners free (to compensate for aligners that can easily get left behind in school cafeterias or during social activities).

Compliance indicators are small, encapsulated disks of a human-growth-hormone dye, which act as an approximate gauge of patient wear. Located in two different spots over the second molars, the disks fade from dark blue to light blue or clear over the course of two weeks when exposed to heat (body temperature) and fluid (saliva). The indicators are also used as a baseline measurement of the patient’s usage.

In many cases, both dots will not fade at the same rate; the degree of fading will vary due to individual salivation levels and wear-time. This color-changing technology provides orthodontists, parents and patients with a visible gauge of compliance. However, practitioners will still use fit as a primary indicator of patient wear.

Though it is up to each orthodontist to prescribe how many hours a patient should wear the appliance, it is recommended that the aligner be worn at least 20 to 22 hours per day, being removed only to eat, drink or practice dental hygiene. Removing it for “special events” is also fine but should be done rarely. According to consumer research conducted by Align, Invisalign is the most recognized orthodontic brand by teenagers aged 13 to 17; two-thirds of respondents in the same age group indicated that Invisalign would be their first choice of orthodontic treatment.

Invisalign Teen is strongly preferred by parents when compared to wire braces as a treatment option for their teens. • 80 percent of the time, parents selected Invisalign Teen over traditional braces.1

For teens, removals are most likely to go to another practice if Invisalign were not offered.1

Interest in Invisalign Teen may expand the pool of patients that seek treatment.

Based on responses from their parents, 20 to 25 percent of children not interested in traditional braces would be interested in orthodontic treatment with Invisalign Teen.2

The study reveals that parents understand and appreciate Invisalign Teen’s unique features. It includes: • less visible, • more comfortable, • more acceptable to the child, • easier to maintain.

Invisalign Teen presents tremendous potential and profitability for growing an orthodontist’s practice because it appears to be a huge hit with 9- to 17-year-olds.

**Extras and advantages**
We all know kids sometimes seem prone to mishaps, like accidentally throwing out their retainers in the school lunchroom. To help ensure continuous aligner wear — and to achieve a desirable end result — Align includes up to six free individual-arch replacement aligners to compensate for aligner loss or breakage during active treatment.

“We recognize how easy it might be for an aligner to get lost during a teen’s hectic day, so replacement aligners will help ensure that compliance doesn’t become a stumbling block during treatment,” said Zoromski.

Another huge advantage is good hygiene; because Invisalign is removable, it is much easier for patients to brush and floss. And from a parent standpoint, this is obviously great,” said Align’s General Manager of New Products Liz Newman.

Special cleaning crystals are available, and they remove plaque and stains from the aligners. Each time the patient brushes his or her teeth, it is recommended that he or she also use a toothbrush and toothpaste to brush the aligner. The crystals should be used once a week and come with easy-to-follow instructions.

Integrating this high-tech treatment into your practice gives your patients new options and allows you to provide patient care that utilizes cutting-edge technology.

**What teens (and their parents) are saying**
“So far, the feedback has been very positive,” said Newman. People have seen the efforts Align has made to really address the needs of orthodontists have for their patients’ treatment. We listened to what they said they needed for their patients, and we have now provided them with what they asked for. Very much a product that is tailored for orthodontists, Invisalign Teen has many tools that orthodontists have long used to treat teen-specific issues. Only with this product, those key features are now all in one place.”

Teens are smiling about Invisalign Teen because:
• They look great. In their yearbook, on Facebook or in family photos, it will be hard for people to tell they’re wearing the aligners. Even in person, they’re virtually impossible to see.
• They’re cool. Why be insecure about ugly metal braces at a party, a prom or an interview?
• They’re easy to maintain. When it’s time to eat, brush or floss, simply remove the aligner. And, unlike metal braces, aligners can be removed so the patient can eat whatever he or she chooses: pizza, apples, popcorn . . .
• They’re more comfortable. Invisalign Teen aligners are made of lightweight plastic and custom-fit snugly around the teeth. And teens won’t have to worry about the irritation and inconvenience of metal braces.
• They’re simple to remove. When it comes to sports, meals, parties and playing musical instruments, Invisalign Teen aligners are easy to pop out and put right back in.

Parents are smiling about Invisalign Teen because:
• They want what’s best for their child. Invisalign Teen can help build a teen’s confidence — a beautiful smile may enhance chances to succeed during social, educational and career events.
• Because the aligners are removable, it’s easier for teens to brush, floss and practice excellent dental hygiene. Helping to avoid the tooth decay that’s sometimes associated with metal braces.
• Perhaps best of all, Invisalign Teen aligners work. They use the same Invisalign technology that doctors worldwide have used to treat more than 730,000 patients who have wanted better smiles.

**References**
1. Based on a national survey of parents of teens that are in treatment or considering treatment (N=1,101). Assumes doctor is trained in both products and they are similarly priced or considering treatment (N=1,101). Assumes doctor is trained in both products and they are similarly priced or considering treatment (N=1,101). Assumes doctor is trained in both products and they are similarly priced.
2. Based on a national survey of parents of teens that are considering or may consider orthodontic treatment for their child (N=850). Assumes doctor is trained in both products and they are similarly priced and reimbursed.

**Contact**
Align Technology, Inc.
881 Martin Ave.
Santa Clara, CA 95050
Phone: (408) 470-1000
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www.aligntech.com
Over the past two decades, Myofunctional Research Co. (MRC) has tackled the controversial subject of early treatment in orthodontics, developing a number of appliances designed to correct myofunctional habits in their early stages before time renders them virtually untreatable.

Educating doctors to adopt this method is no easy task; struggling against the so-called tried-and-true method of traditional orthodontics has been a constant challenge. Orthodontists accustomed to traditional methods are commonly skeptical of this new approach in treatment.

Without backing down to skepticisms and discouraging circumstances, MRC has gradually built up awareness of this early myofunctional treatment concept and continues to educate these practices through the introduction of the MRC Clinics CD-ROM.

This MRC Clinics CD is a useful tool for any doctor wanting to reduce his or her chairside time with patients and simultaneously increase both profits and patient flow. Vital information is given about soft tissue dysfunction in myofunctional treatment, how to use MRC appliances, selecting motivated patients and, most importantly, using this information to delegate patient chair time to trained auxillaries.

Once the MRC Clinics CD has been studied, the potential of this new educational media to help one understand the causes of malocclusion is evident. Many doctors across the world already recognize new possibilities for their clinic and the impact of producing better facial development with simpler, more stable orthodontics.

The MRC Clinics System will empower and enlighten doctors who choose to trust the new, proven methods expressed within the MRC Clinics CD. The main benefit is the reduction in doctors’ time and need to see patients.

After doctors develop a clear treatment plan and the appliances have been fitted, the MRC Clinics CD assists auxillaries to educate patients and parents on soft tissue dysfunction and its role in developing malocclusions. This alerts parents of the need to treat all their children, thus increasing patient flow. Staff can then check appliance use and treatment progress without a doctor necessarily being present. This reduces chair time and increases the amount of patients seen in a shorter time frame, leading to doctors having more time to address important issues, which would otherwise be confronted after-hours or in a hurried time frame.

Changing the clinic layout and patient flow in accordance with the MRC Clinics System will illuminate the benefits to lower treatment costs and increase profits.

Understanding the growing trend of parents seeking early treatment is the initial step of introducing this new cost-effective delivery method and allowing your clinic to reach its fullest potential to meet these ever-growing demands. In time, these new methods will be globally recognized as a revolution in orthodontic treatment and will make current orthodontic treatments more effective for the long-term benefit of the patient.

For more information on the MRC Clinics System and a free copy of the Clinics CD, contact the MRC USA office at (954) 753-2604, e-mail enquiries@mrc-clinics.com or visit www.zerobraces.com.

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Out to turn all your patients SMART

A conversation with Bill Longley, CEO of Scientific Compliance

By Joanna Farber

Please introduce your company to our readers.

Scientific Compliance provides a complete “Grow Your Practice kit” that gives the orthodontist patient education tools from brochures to videos, press releases and an Internet SMART doctor locator to assist a consumer looking for SMART providers.

What services do you offer orthodontists?

Scientific Compliance was introduced to an exclusive audience of the “Today” show. After hearing about our product, they could see the “no brainer” angle for orthodontists, parents and patients and asked to be the exclusive broadcaster to break the news. Several people on the “Today” show staff, including the medical director, have children who have experienced relapse, and they fell in love with the SMART Retainer system. Matt Lauer spoke for America when he said: “This is really incredible stuff, and the cost is a drop in the bucket.”

What do you like most about your company?

Our providers are always surprised by how exciting the SMART Retainer is to moms. The SMART Retainer and our comprehensive marketing tools are generating a lot of positive buzz in communities where SMART orthodontists practice, to patients and to parents, and that is a great thing. Orthodontists work hard to create a beautiful smile. We enjoy helping those new smiles last a lifetime.

What did you do prior to this position?

I have been a CEO for 22 years. In addition to Scientific Compliance, I have led the development of Scientific Intake, a non-invasive bariatric medical device, since 2001. Before Scientific Intake, I established two successful companies in the health-care field. My most recent company was Medcast, an Internet-based news and information service, which merged with Healthheon/WebMD in 1999 for $215 million. Prior to Medcast, I founded and built the Health Monitor Network, America’s largest in-pharmacy consumer health screening system, which generated more than $115 million in revenue from 1986 to 1998. Before 1986, I was publisher at Esquire Magazine. I am also a Senior Scholar at Thomas Jefferson Medical College in the department of health policy.

What changes do you think are needed in orthodontics for the future and why?

I think the field of orthodontics is always changing for the better.

What is your company doing to address these concerns?

Orthodontists are telling us that they are looking for a new product they have seen in years. Patients and parents ask why no one has thought of this before. The reason is simple: The technology behind the SMART Retainer is only possible due to recent reductions in electronic component sizes. We clearly have the right product at the right time. We eliminate arguments and increase communication to assist patients in retention, and we are educating patients to help the orthodontists gain higher case acceptance.

What are your company’s recent achievements?

Our official launch at the AAO meeting in Denver. Our exhibit was one of the busiest at the show and confirmed the SMART Retainer is destined to become the standard of care for the retention phase of orthodontic treatment. Dr. Marc Ackerman’s lecture, “Measuring Compliance During Orthodontic Retention: The Intelligent Retainer,” was also a highlight.

And finally, seeing the “What a great idea!” response from parents, especially moms, is another achievement that we are very proud of.

What is your company doing to promote itself?

Our answers are three-fold. First, I have an incredible team of dedicated people who have helped make my dream a reality. Second, this past year has been amazing watching the SMART Retainer concept develop into an actual product that has been well received by the orthodontic community. Third, the SMART Retainer is an effective solution that adds value to orthodontists, to parents and to patients, and that is a great thing. Orthodontists work hard to create a beautiful smile. We enjoy helping those new smiles last a lifetime.

Are there any other comments you would like to share?

Our providers are always surprised by how exciting the SMART Retainer is to moms. The SMART Retainer and our comprehensive marketing tools are generating a lot of positive buzz in communities where SMART orthodontists practice. Our goal is to add to our provider base so all patients entering retention can get SMART.
OrthoBanc simplifies payment acceptance

Marla Merritt is the director of sales and marketing for Den talBanc and OrthoBanc, LLC. She has more than 20 years of experience in credit reporting and payment management.

What type of service does OrthoBanc provide?
OrthoBanc provides risk analysis and professional payment management. OrthoBanc’s management services include handling all aspects of your monthly payments. We can electronically draft all your fees from the patient’s checking, savings or credit card account.

We also handle all patient contact regarding failed payments, expired credit cards, balance inquiries and hardship problems. OrthoBanc’s services are integrated with popular practice management software companies, making it easy to set up accounts and post monthly payments.

What types of solutions does OrthoBanc provide for risk assessment?
OrthoBanc can determine the financial risk of your patients with our instant credit analysis. Inquiries are filtered through our credit process, utilizing two scoring models. The analysis is returned in seconds and includes a letter grade rating along with a payment recommendation.

How does OrthoBanc simplify the payment acceptance process?
Many orthodontic practices still print coupon books or mail monthly statements. Both of these options are dependent on the responsible party remembering to mail the payment, often, medical bills are a low priority and are not mailed on time. With OrthoBanc, payments are scheduled for drafting on the agreed upon date. Payments happen automatically every month.

What types of features make OrthoBanc different than other Web-based services on the market?
OrthoBanc is unique because we completely manage all aspects of the monthly payments. We eliminate the most unpleasant task of contacting patients about missed payments. This means the staff’s time is freed up to handle their most important responsibility — providing excellent patient care!

Are there any monthly fees that are required to use the system?
OrthoBanc has no set-up fees or monthly minimums. You pay only for the services that you choose to utilize.

In-Ovation C: interactive ceramic SL bracket system

In-Ovation® C is an interactive bracket system that combines the efficiencies of self-ligation with the aesthetics of ceramic. It offers the proven benefits of self-ligation: shorter wire changes, better oral hygiene, greater appointment intervals and shorter treatment time, plus In-Ovation-C is designed to provide free sliding mechanics in early treatment, interactive treatment when needed and active control in the final phase of treatment.

In addition, In-Ovation-C requires no special training or technique changes. The control of interactive treatment proven with In-Ovation R and the unequaled aesthetics of GAC’s Mystique® bracket come together in In-Ovation C, the first completely aesthetic, interactive SL bracket system.

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Smart MOVE Invisible Hard/Soft Aligner System

New from Great Lakes, the Smart Move Invisible Hard/Soft Aligner System is a cost efficient, highly-effective solution for anterior tooth alignment. Unlike many invisible aligner systems, doctors pay only for the setups and appliances they need, instead of a set price for an entire system of appliances they may never use.

The Smart Move concept of two aligners per set up consists of an innovative hard/soft aligner and a hard aligner.

The first aligner is fabricated of our exclusive 1.5 mm Invisacryl Hard/Soft material. The material’s highly elastic soft component is designed for easy seating, patient comfort and maximum tooth movement.

The second aligner, made of hard 1 mm Invisacryl, is ideal for retention and minor movement. Each aligner is worn for two to three weeks, depending on the case. One impression can provide up to three set ups and 3 mm of movement.

The Smart Move System offers exceptional seating and movement, high predictability, superior patient comfort and great results without the high cost.

Available in round, square and rectangular wire sizes in natural arch shape and efficiently packed for shipping.

Great Lakes Orthodontics
Phone: (800) 828-7626
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CV SuperForce archwire

Masel announces the release of CV SuperForce, a new, heat-activated, nickel-titanium archwire that offers higher tooth-moving forces similar to copper-NiTi wire, with superior resiliency. CV Superforce is made from a newly-developed nickel titanium alloy that meets the demands of practitioners.

At room temperature, the wire is consistently soft, making ligation easier and increasing patient comfort. Highly responsive to chilling, the wire can be softened even further so the most difficult cases can be ligated quickly and easily.

Available in round, square and rectangular wire sizes in natural arch shape and offered with an etched center mark, CV Superforce is ideal for adult patients with significant crowding.

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Pat Rosenzweig is co-founder of Mosaic Management Professionals, providing management and business consulting for orthodontic offices, as well as general dental and other specialty offices. Mosaic Management Professionals functions on a belief that every office is unique, with its own special dynamic and its own consulting and systems needs. Mosaic is committed to creating an individual plan for each client that puts the office’s particular strengths into play to keep the office at the top of its game.

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Oct. 2-4, 2008

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Gan Melia Resort, Puerto Rico
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Agenda: Day 1
8:00am-9:00am  
Mastering The New Patient Exam
• The One Stop Start
• How to Increase Case Acceptance
• Educating and Motivating the New Patient
• Scripting for the Entire New Patient Process
• Creating a Successful “Will Call Back System”
• Having an Effective “Recall System”
• The New Patient Exam as a Team Approach
• Role Playing
• Presenting Fees
• The Importance of the Initial Phone Call

1:00pm-4:00pm  
Top Notch Management
• The Hiring Process
• Employee Appraisals
• Addressing Collection Policies
• Effective Communication
• Creating and Managing Budgets
• The Importance of Delegation
• Motivating Staff
• Morning Meetings
• Staff Benefits

12:00pm-1:00pm (Lunch and Open Discussion)

Agenda: Day 2
9:00am-12:00pm  
Effective Marketing That Works!
• Creating a Yearly Marketing Game Plan
• Determining a Marketing Budget
• Assigning a Marketing Coordinator
• Understanding the Market Trends
• Internal Marketing
• External Marketing
• Community Marketing
• Media/Direct Marketing
• Staff Marketing

1:00pm-4:00pm  
Building A Successful Schedule
• Building a Schedule for the Growth of a Practice
• The Build for Growth Formula
• Scheduling Doctor Time
• Assigning Columns and the Benefits
• Emergency Appointments and How to Handle Them

12:00pm-1:00pm (Lunch and Open Discussion)

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About Scarlett
Scarlett Thomas is an orthodontic practice consultant who has been in the orthodontic field for over 23 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, Scarlett has an exceptional talent to inform, motivate and excite.

After implementation of her concepts into your practice, Scarlett invites you to experience not only tremendous growth and increased income but a well-organized practice.

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