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December 2005

## from Gregory Tarantola DDS



**Greetings!**

**Currently In Production: Multimedia DVD of the November 11th "Getting To Yes" seminar with Mr. Kirk Behrendt and Dr. Greg Tarantola. We will announce it in an upcoming newsletter!**

**Tarantola Dental Learning** is dedicated to helping dentists and their dental team, specialists and technicians learn and apply the principles of comprehensive, masticatory system dentistry in a relationship-based environment. That means promoting and maintaining optimal health, function and esthetics of all the components of the masticatory system, that is, the TMJs, the neuromuscular system, the dentition, the periodontium and occlusal bio-engineering. And accomplishing this in a way that is appropriate for that particular patient, that is, with their interest and active participation.

### **Remember this formula for "Peace Of Mind" in your practice:**

#### **NP (or EP)+E+D+TP+TS+CA=PS**

New Patient (or Existing Patient)+Examination+Diagnosis+ Treatment Planning+Treatment Sequencing+Case Acceptance=Predictable Success

Thanks to Charles W Martin, DDS, MAGD, DICOI, FIADFE  
LeadershipMastermindCoaching.com for suggesting the enhancements to the above formula for success.

#### **This month's inspirational quotes:**

**"Remember, if you ever need a helping hand, you'll find one at the end of your arm. . . . As you grow older you will discover that you have two hands. One for helping yourself, the other for helping others. "**

***Audrey Hepburn, American Actress, Writer***

**"We judge ourselves by what we feel capable of doing, while others judge us by what we have already done."**

***Henry Wadsworth Longfellow, 1819-1892, American Poet***

## Thought For The Month - Articles For You And Your Team To Talk About

Past "Thoughts For The Month" Are Now Conveniently Archived For Easy Review

**"YES" is much more than just a word.**

This month's thought offers some reflection on the seminar Kirk Behrendt and myself just completed in Chicago.

The struggles we all have with getting new patients and bringing them into the practice are usually a result of the quality of the relationship. Building and keeping trust for a good relationship can be difficult to do but easy to lose. Review last month's thought on "Trust-based Selling".

The entire new patient process, in particular the clinical exam, has to be much more than a technical collection of data, no matter how thorough and high tech it may be. If it is done at the exclusion of the patient rather than with their active participation, it may never make the impact we hope for.

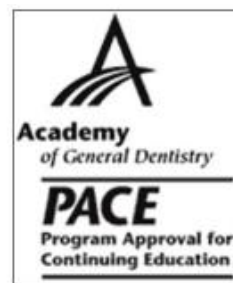
And it has to come from everyone on the team, especially the administrative assistant, typically the first contact a potential patient has with our practice.

- [Go to the article.](#)

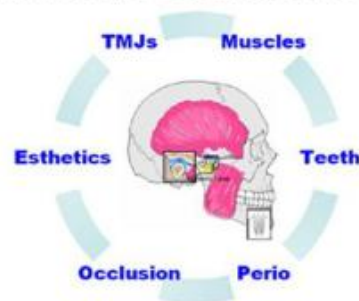


## SELF-STUDY LEARNING CDs

Multimedia...interactive...interesting...effective AND now approved for AGD CE credit



COMPREHENSIVE, RELATIONSHIP-BASED DENTISTRY



COMFORT, FUNCTION, HEALTH AND ESTHETICS  
WITH STABILITY AND LONGEVITY  
OF THE ENTIRE MASTICATORY SYSTEM

**NOW PACE APPROVED  
FOR 28 HOURS OF  
ACADEMY OF GENERAL  
DENTISTRY CONTINUING  
EDUCATION CREDITS**

Enjoy the peace of mind and fulfillment of practicing comprehensive-care, relationship-based, masticatory system dentistry! These **SELF-STUDY LEARNING MODULES ON CD** are a great way to learn and implement masticatory system principles and to connect with the patient so they become an appreciative partner with us. The learning modules are very visual, the text is to-the-point outline style, and the photo table of contents is linked to every page making it extremely easy to navigate and refer back to over

and over. You'll find it a GREAT value...and of course, with a money-back guarantee!

*Read what a participant has experienced!*

*"Early into owning my practice, I realized a great number of my patients had severe occlusal trauma, brought on by sleep stress and mis-alignment of occlusion of the teeth. It was through my search for occlusal technology that I met Dr. Tarantola. As I began to study and apply Tarantola Dental Learning's CDs, I began the long and tedious learning and applying process. Dr. Tarantola mentored me one on one and I started seeing great results. I began questioning the amount of time I was spending, even considered delegating the lab work and inserting of the occlusal guards to my assistant. However, my patients were very happy with the results of the occlusal guards because I was taking the time to insert the occlusal guards myself along with the lab work. Then the unexpected happened, my practice started a growth pattern as a result of all the extra time I had spent with the patients getting it right, you could tell a deeper relationship was developing. The patients began telling others! Isn't that the best marketing tool of all?. My only suggestion is get Dr. Tarantola's CD'S and do the time!." Dr. Clay Sligh, Kansas City.*

**We all learn in different ways. These modules are very visual and not a lot of text to read. If you are already in a course of study, you need these CDs to complement your learning.**

**The Case Study Guide is a collection of 33 fully documented cases - an incredible tool at learning the everyday implementation and application of comprehensive, masticatory system dentistry.**

**For the month of December, we will continue to include the "Management Workbook" and "Vision Workbook" with the purchase of the Complete Set or Case Study Guide.**

- [Click here to see the Learning Modules](#)
- [Click here to see the Case Study Guide](#)

## **DECEMBER CLINICAL TIP**

**Past "Clinical Tips" Now Conveniently Archived For Easy Review**



**What first meets the eye may be completely different after some thought and reflection!**

We all can get busy in our practices doing various things and this busyness can sometimes get in the way of some fundamental principles...

...such as scheduling the time to think, to do the work on the articulated diagnostic casts.

Evaluating jaw-to-jaw and tooth-to-tooth relationships with the condyles seated can be remarkably different from maximum intercuspation.

And what looks "impossible" may have a straight forward solution, or at least a simpler solution...once you do the work on the casts.

*This month's case is a perfect example.*

- [Click here to see the DECEMBER CLINICAL TIP](#)

## **"ASK THE TECHNICIAN" \*\*NEW SECTION\*\***

### ***Enhancing the dentist-technician relationship***



Tarantola Dental Learning has the goal of helping dentists and their team of auxiliaries, specialists, technicians, etc. One of the suggestions received has been to include a section by technicians offering helpful articles and answering questions from our readers.

This month includes a tip from Jerry Ulaszek CDT, co-owner of Artistic Dental Studio in Bolingbrook, Illinois. I have used Artistic for many years and have never been disappointed. Their understanding of esthetics and function is

top notch and their quality control is second to none.

His topic this month addresses taking a shade of the prepped tooth for all ceramic restorations.

He can be reached at [jerry@artisticdentalstudio.net](mailto:jerry@artisticdentalstudio.net) or 1-800-755-0412

- [Click here to read this month's tip from "ASK THE TECHNICIAN"](#)

## ***QUESTIONS AND COMMENTS SUBMITTED FROM NOVEMBER'S CLINICAL TIP AND THOUGHT***

***Do you use the T-Scan on all your cases? If not, which ones do you use it on?***

**I use the T-scan for all new patient exams. It serves as a baseline and complements the data from the articulated diagnostic casts and occlusal exam. When contemplating the diagnosis, the T-scan data is helpful in correlating various occlusal interferences to signs and symptoms found during the exam. The visuals help with patient understanding and they are impressed by the technology. I also use it when finalizing bite splints, equilibrations, restorative cases etc.**

***I have patients who obviously have had occlusal issues for years and were symptom-free. Then something happens to start a whole cascade of signs as well as symptoms. Why might this be?***

**It is all about adaptive capacity. Click [here](#) and [here](#) to see two graphics illustrating this point. When the level of stress exceeds adaptive capacity, signs and symptoms can occur. Or if something happens to diminish one's adaptive capacity (life events, illnesses etc) likewise signs and symptoms are possible. When it comes to occlusal stress, our job is to engineer a minimal**

**stress, minimal adaptation occlusion that requires as little of our patient's adaptive capacity as possible.**

***I like using a lower bite splint but the anterior gets rather thick and bulky for some patients. Is there a way around that?***

**The design can be such that the canines are the most anterior contact in centric and the incisors may actually be forward of the splint. The anterior part can be trimmed back so it is not an impingement to the lips. Protrusive guidance will therefore start on the canines and transition to the incisors.**

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**"TIE" IT ALL TOGETHER**

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