



June 2006
Newsletter

from Gregory Tarantola DDS

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Greetings!

The "YES" seminar on DVD is now available! [Click Here For More Information.](#)

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:

"Discipline is the bridge between goals and accomplishment. "

- *Jim Rohn, American Businessman, Author, Speaker, Philosopher*

"Creativity is inventing, experimenting, growing, taking risks, breaking rules, making mistakes, and having fun."

- *Mary Lou Cook*

"Life is a great big canvas, and you should throw all the paint you can on it. "

- *Danny Kaye, 1913-1987, American Stage, Film, Television Entertainer*

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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



CHANGE: 10 Things To Think About

Life is full of change, both personally and professionally. Some change is unexpected, unplanned...that's the nature of life. It has been said that the only constant in life is change and as all of us can attest to, that is certainly true.

In an effort to grow, improve, become better, changes need to be thought about and planned. This is certainly true of making changes/improvements in our practices. Once we have crystallized and clarified our vision, change becomes necessary. Our systems, procedures, actions need to be consistent and

congruent with our vision. This month's quotes have a lot to say about growth and change.

We often fear change, and are stifled by it...analysis paralysis...fear of the unknown.

Read this month's article by Michael Angier for an inspirational look at what it takes to change. And you might be surprised by #10, the most important one and undoubtedly the most difficult.

- [Go to the article.](#)

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CUSTOM DENTIST WEB SITES

Get Your Practice On The Web With A Site That Reflects A Comprehensive, Relationship Based Approach

Did you know that in a recent CNN study over 80% of those surveyed said they rely on the internet to find reliable healthcare information & providers?

Not having a quality website today can be a negative for you and your practice. Today's consumer, our dental patients, are savvy and want to be informed...and this study proves they go to the internet for that information.

There are many options available to get on the web but very few, if any, differentiate the practice and truly convey the differences and benefits a comprehensive, relationship based practice offers our patients...

...until now!

www.CustomDentistWebSites.com can customize a website for you and your practice. It can help you and your team convey what you are all about, from the complete interactive exam, reflective case planning, collaborative sequencing to the quality dentistry you provide.

Take a look at how Custom Dentist Web Sites can help you, your practice and your team.

[CLICK HERE](#) to learn more about Custom Dentist Web Sites

[CLICK HERE](#) to see the courses and programs offered by Tarantola Dental Learning

[CLICK HERE](#) for a free, no-obligation sample CD with slides from all courses/programs

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JUNE CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review





Approximately 2 months after the first surgery, an implant level impression was made. A centric relation bite record was made with the 4 remaining teeth against the upper provisional. Remember the 4 teeth are being kept temporarily to retain the provisional.

The ITI system was used. The implant cast was fabricated and then articulated. After the casts were mounted, these 4 teeth were removed from the cast. Solid abutments were used for the 4 posterior implants and 15 degree angled abutments used for the 2 anterior implants. These angled abutments were prepared on the cast to accommodate a common path of insertion/removal for all implants.

This was done in preparation for the second surgical appointment which will involve upper implant placement, removal of the 4 remaining lower teeth, abutment placement and insertion of a new provisional.

Sequencing Treatment Plans Transitioning Teeth to Implants - continuation from last month

This month's clinical tip is a continuation of last month's tip.

The patient is ready for the next phase which will be placement of the upper implants, removal of the 4 lower teeth retaining the provisional, placement of the abutments and insertion of a new provisional.

This month's tip illustrates the steps to get ready for this next phase. Also shown are the surgical slides of the upper implant placement.

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

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ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

Zirconia All Porcelain Systems

This month's tip from the technician is a continuation of last month's discussion regarding Zirconia all porcelain systems.

One of the very promising features of zirconia is its ability to stop the propagation of cracks that can lead to catastrophic failure...called "transformation toughening".

Read what Jerry Ulysek from Artistic Dental Studios has to say about this unique feature.



Contact Jerry at jerry@artisticdentalstudio.net or call him at 630-679-8686.

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QUESTIONS AND COMMENTS SUBMITTED FROM MAY'S CLINICAL TIP AND THOUGHT

How do you charge a patient for a workup like this when they have been patching up for years..?

Everyone seems to find their own time when they are "ready" for something better. When they start to express the interest (after us 'planting and watering the seed'), we discuss what is necessary to begin, which is the records and planning. The fee for this is discussed. The fee for the definitive treatment really can't be determined until after the work-up. If they need to know a number, we will give them a best estimate with the understanding that it is just that, a guess, and may be different after the planning.

The tricky thing is what to do for these patients as we have them in a "holding program" until they are ready to move forward. I personally would not do definitive restorations, i.e. porcelain etc, until they are ready to move forward comprehensively. I would do composite core build ups etc as the need arises, with the understanding that this is just delaying the inevitable. And as we see the patient periodically, we need

to make sure the schedule allows time for conversation, learning etc. If we are so busy that we don't have time for this, they may never move forward.

What material do you use to fill the guide holes in the surgical stent for the cat scan?

It is Harvard Guttapercha. It is supplied in sticks about 3 mm in diameter and is easy to place and not messy. After the scan is done, the surgeon can easily and cleanly remove it so it can be used as the guide for implant placement.

Could you explain your protocol in coordinating appointments with the surgeon?

As we all know, comprehensive plans involving implants can extend over many months. A seamless working relationship with the surgeon will make the sequence go much smoother for the patient and restorative dentist and keep problems/setbacks to a minimum. This starts way back at the planning stage. Once the case is started, the key is durable, well-functioning provisionals. Unexpected repair/recementing of provisionals is very frustrating. When appointments with the surgeon are needed, our protocol is to coordinate the scheduling so the patient sees both the surgeon and myself on the same day. Depending on the situation, I may remove the provisional, clean/inspect/refresh it as needed, prior to the patient seeing the surgeon. Often, the patient will return to the office after the surgical appointment so we can place the provisional. Or I may actually go to the surgeon's office. This also requires open lines of communication between team members of each practice. It may take time to do all this, but it is planned time that everyone expects. Dealing with unexpected problems as stated above is always more costly and frustrating.

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