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March 2006

from Gregory Tarantola DDS



Greetings!

The 2006 Case Study Guide update with 18 more fully documented cases is now available - [CLICK HERE TO SEE!](#)

Come to the "YES" seminar with Dr. Greg Tarantola and Mr. Kirk Behrendt, April 7, Atlanta. [CLICK HERE TO LEARN MORE.](#)

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:

"No man ever achieved worthwhile success who did not, at one time or other, find himself with at least one foot hanging well over the brink of failure. "

Napoleon Hill, 1883-1970, American Speaker, Motivational Writer, "Think and Grow Rich"

"Written in Chinese, the word crisis, is composed of two characters. One represents danger and the other represents opportunity."

John F. Kennedy, 1917-1963, Thirty-fifth President of the USA

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

Problem Solving

Our practices are a continual work in progress. Just when we fell like things are humming along pretty nicely, a problem arises to put a big stumbling block in front of us.

It can be so many different things: a miscommunication with a patient; an issue with a team member; a computer crash etc.



But these kinds of things are just a fact of life and dealing with it is a big part of growth. I always remember the words of my friend and dental consultant, Kirk Behrendt, who says, "Beware of the person who says he/she has it all figured out!"

As this month's quotes above say, these issues can bring us more opportunities for success.

This month's thought - How to Solve Problems That Drive Other People Nuts by Harvey Gardner for Early to Rise - gives us a step by step plan for dealing with problems. He expands on a process used by Willis Carrier, founder of the Carrier Corporation, that can be highly effective for us.

- [Go to the article.](#)

SELF-STUDY LEARNING CDs

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



COMPREHENSIVE, RELATIONSHIP-BASED DENTISTRY



THE BASIC LEARNING MODULES ARE NOW PACE APPROVED FOR 28 HOURS OF ACADEMY OF GENERAL DENTISTRY CONTINUING EDUCATION CREDITS

The 2006 Case Study Guide Update is now available!
 * 18 fully documented cases
 * Audio narration of every case (new from previous editions)
 * All cases have the "10 Decisions For The Diagnostic

Blueprint" illustrated

- * All cases end with "Lessons Learned" from that case
- * 2005 occlusion literature update included
- * New case planning tutorial included

[CLICK HERE TO SEE](#)

*Enjoy the peace of mind and fulfillment of practicing comprehensive-care, relationship-based, masticatory system dentistry! These **SELF-STUDY LEARNING MODULES** 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 2005 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.

- [Click here to see the Learning Modules](#)
- [CLICK HERE TO SEE THE NEW 2006 CASE STUDY GUIDE UPDATE](#)
- [Click here to see the 2005 Case Study Guide](#)

MARCH CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review

**Paying Attention To The Details**

Restorative procedures demand time and

attention to detail. But it often is difficult to help patients understand this because they have a hard time visualizing and "seeing" what we are talking about.

If they can see and understand the need or problem then they can better understand the solution or treatment...and understand the value of taking the time to pay attention to the details to minimize the chances of future similar problems.

And if they understand the value they can better understand our fees.

This month's clinical tip is a little different. It is actually a patient education handout illustrating what is under that "leaking crown"...and that quality goes far beyond just what it "looks like".

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

"ASK THE TECHNICIAN"

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 another tip from Paul McGrath CDT, General Manager at Artistic Dental Studio.

We all want our restorative results to meet and exceed our expectations and most importantly the expectations of our patient. We want them to be more than satisfied. We want them to be thrilled.

It is discouraging when the definitive restorations have disappointments. Especially if they were pleased with the provisionals and there are now differences with the definitive porcelain.

The lab can only follow our prescription. So we need to assure that our communication of the prescription is precise and without room for incorrect interpretation. Read what Paul says about this.

He can be reached at paul@artisticdentalstudio.net or 1-800-755-0412

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

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

Why provisionalize before the surgery?

By provisionalizing before the surgery, all old restorative materials and

decay are removed creating a clean environment for the periodontal surgery. Also, by removing the provisional at time of surgery, the surgeon had 360 degree access to the surgical site making assessment and correction of the architecture easier and more predictable.

So I just got my patient to accept the crowns. We start the procedure and then discover that surgery is needed. Now I have to tell my patient that another procedure by a specialist is needed and it is going to add time and expense to the treatment. How do I handle this?

You have to help the patient discover their condition and understand it before you talk about treatment. Photos in addition to radiographs are invaluable. Once they start to understand and can answer the question "Well what do you think?" (thanks to Terry Goss) in a meaningful way, THEN you can start to talk treatment. Photos such as the handout from this month's clinical tip can be very helpful.

What about the fee? This extended treatment can't be the same fee as a crown procedure where you place the definitive crown 2-3 weeks later, can it?

That's only fair. You are doing two provisionals, one initially and another one after healing; you are doing two or more impressions, one for the first provisional, another for the second and the definitive impression; and you are prepping the teeth twice; once for the provisional and another for the definitive. So it can't be the same fee as a two appointment crown. Once again, it starts with helping the patient understand their condition, the implications and the scope of treatment. This is a perio-restorative case and not a crown and bridge case.

It is ideal to treat the defect as you describe. It is important to recognize that treatment is not without its own sequelae. In this case that means possible food impaction due to the open interproximal area without a papilla to fill the space under the contact. Can that be effectively dealt with?

You bring up a good point. Another issue in being careful not to open the buccal and lingual furcas when recontouring bone. With regard to food impaction. She was getting food impacted prior to the treatment due to the reverse architecture. Once the periodontium matures, the teeth will be reprepared to follow the new tissue level and new restorations made to close the gingival embrasure, yet be easily cleansible. Food impaction then should not be a problem. The sequella of NOT treating the periodontium when doing new crowns could be chronic inflammation and recurrent decay in the reverse architecture area.

email: gтарantola@gтарantoladds.com
phone: 3053728212
web: <http://www.tarantoladentallearning.com>

"TIE" IT ALL TOGETHER

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Gregory Tarantola DDS | 848 Brickell Ave | Suite 920 | Miami | FL | 33131