



November
2006
Newsletter

from Gregory Tarantola DDS

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ANNOUNCEMENT....AVAILABLE LATER THIS MONTH....LOOK FOR INFO IN YOUR E-MAIL INBOX

Online CE for credit - short 3-4 credit hour courses - reasonably priced - interesting and informative

Dental CE... Dental Hygienist CE... Laboratory CE

Most Popular Courses: Medical Errors, Domestic Violence, OSHA Compliance and Infection Control, Simplified Oral Anatomy; HIV/AIDS and Public Health Issues; Cardiovascular Screening in Dental Offices; Emergency Preparedness; Ultrasonics in Periodontal Therapy; Clinical Classification of Toothaches; plus MANY, MANY MORE.

Greetings!

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:

"The single biggest problem in communication is the illusion that it has taken place."

George Bernard Shaw

"Feelings of worth can flourish only in an atmosphere where individual differences are appreciated, mistakes are tolerated, communication is open, and rules are flexible - the kind of atmosphere that is found in a nurturing family"

Virginia Satir

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Thought For The Month - Articles For You And Your Team To Discuss

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



COMMUNICATION AND YOUR "CORPORATE CULTURE"

Corporate culture refers to a company's values, beliefs, business principles, traditions, ways of operating, and internal work environment. It is defined by the leaders of the business and day to day actions should support that culture.

Are the basic assumptions and beliefs held by your team (your practice ambassadors) about your practice culture consistent with the corporate culture you see for your practice?

Communication, both verbal and non-verbal, obviously is the key.

Read what these business leaders have to say about corporate culture and the importance of communicating it to your team.

- [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

[SELF-STUDY CONTINUING EDUCATION COURSES AVAILABLE - AGD PACE APPROVED FOR 28 HOURS CREDIT](#)



[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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NOVEMBER CLINICAL TIP

Past "Clinical Tips" Now Conveniently Archived For Easy Review



Use That Digital Camera To Its Fullest!

We are a technical profession and as dentists we love the clinical aspects of what we do. Let's face it, we love to fix teeth, make them more beautiful, engineer good function and restore health.

We often forget that we deal with people first, before their teeth, and communication is essential. Essential in building trust, building value for what we and our team do for them and to assure, as Dr. Pankey would say, that we are paid with gratitude and appreciation.

because of our lack of communication, is their reality. If they don't know what we do, how can they value those efforts.

Digital photography makes it easier, if we schedule the time to use it to its fullest.

This month's tip shows a common procedure - replacing a quadrant of old restorations - and what happens after years of leakage. We try to verbally communicate the issues but close up 'intra-operative' photos tell the story like words cannot. And help their perception become aligned with reality.

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

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ASK THE TECHNICIAN

Enhancing the dentist-technician relationship

Principles to Consider For Removable Success

Implants have certainly allowed us to help our patients in wonderful ways. However, for many reasons, implants are not the option of choice for many of our patients.

Full dentures, partial dentures and combination fixed-removable cases are still a wonderful service for our patients. There are fundamental principles that must be adhered to for predictable success.

Anthony Calonico, Removable Manager of Artistic Dental Studios, addresses two common problems encountered with removable cases.

Read his article this month on those two issues.

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QUESTIONS AND COMMENTS SUBMITTED FROM PAST ISSUES

I see you use the T-scan. Do you routinely use it or was it used mainly for illustration purposes for last month's tip?

I have been using the T-scan for about two years now. I use it during the initial exam of all new patients to confirm what was found clinically and to visually illustrate what the patient felt in terms of occlusal interferences.

I also use it when refining bite splints, equilibrations, and placement of restorations. I have found it very helpful in identifying slight interferences that the marking films may not pick up accurately. It is especially helpful in evaluating and refining the complete timing of the bite from first very light closure contact to full contact. This I found can be missed with ink markings.

Dr. Emil Verban sent this comment regarding the implant case that was profiled for several months. I wanted to pass this information along to our readers. I have included it for the last couple months because I have recieved several e-mails regarding the product.

A common problem related to the surgical placement of dental implants is the difficulty clearly seeing the depth markings on the drills. A detachable stop which controls penetration of the drill into the bone will improve osteotomy and greatly increase safety. This is extremely important under the maxillary sinus and over the mandibular canal.

With the use of a drill stop the surgeon is not required to keep their eyes on the depth markings and can fully focus on the axial dimension. It is extremely difficult if not impossible to focus on two dimensions simultaneously. The drill stop restricts creating an osteotomy deeper than a predetermined depth, allowing precise depth control and peace of mind. The depth stop is fabricated of surgical stainless steel, autoclavable and can be used indefinitely.

See Dr. Verban's website at www.drillstops.com

Were the wisdom teeth in October's case in contact? Were they part of the occlusal interference problem? Also, did the crowns need to be changed?

The wisdom tooth was an interference to the centric relation arc of closure and also an excursive interference so it was a contributing factor. And yes, the wisdom tooth was removed. The old restorative dentistry and teeth had many concerns; incomplete root canals, ill fitting margins and she did not like the appearance so the endos were retreated and the crowns were changed also after the bite was re-engineered with equilibration.

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Tarantola Dental Learning

848 Brickell Avenue
Suite 920
Miami Florida 33131
Phone: 305-372-8212

Email: gtarantola@tarantoladds.com
URL: <http://www.tarantoladentallearning.com>