

You can't always get what you want (unless you ask clearly!)

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Images_ Dr Jeff Morley & LK Dental Studio, USA



Yet that was the best the dentists could provide to the technician, and we had to work from what we had. It was challenging to create the specific results for, say, a single unit anterior crown. Often there were trips between the laboratory and the practice or extra meetings—not to mention costly remakes for everyone. As we improved, we pulled it off, but it wasn't easy.

Fast-forward two decades to the era of the digital camera, e-mail and Skype, and the way we work together is instantly and forever transformed. No longer must we guess, imagine or try to convey with facsimiles or mere words. These tools have totally changed the way the dentist and laboratory technician collaborate on their work, and everyone—the patient included—has been the beneficiary of this technology.

Fig. 1_ Shade tab placed in the same plane as teeth, ensuring the tab and corresponding shade number is in the photograph.

Figs. 2a & b_ Smooth preparations allow for impressions to be extremely clear.

_Let's be honest: There are times when your laboratory technician simply doesn't deliver what you envisioned so clearly in your mind—a bit more translucency or a specific gingival colour, a minor mesial rotation on that bicuspid, or an occlusal table that's just a little too wide.

Twenty years ago, when I began my career as a laboratory technician, we had only a few tools at our disposal. Hastily made sketches on the back of prescription pads, a few coloured pencils to indicate body shade, incisal level or some other specific instruction; and sometimes pre-op models were sent.

Imagine if you had to work without a digital camera today: Film. Developing. Printing. Waiting. Time. Out of focus. Do it again. Wait some more. With today's digital technology, the clinician can instantly determine whether the information in the photograph will adequately convey everything necessary to the technician.

Figs. 3a & b_ It is important to verify the quality of the impression before it is sent to the lab. Voids on the margins require another impression for marginal accuracy.

Looking back, I am amazed at what we pieced together given such limited communication tools.

Many cases require more than a shade tab number written in the shade box on the prescription,



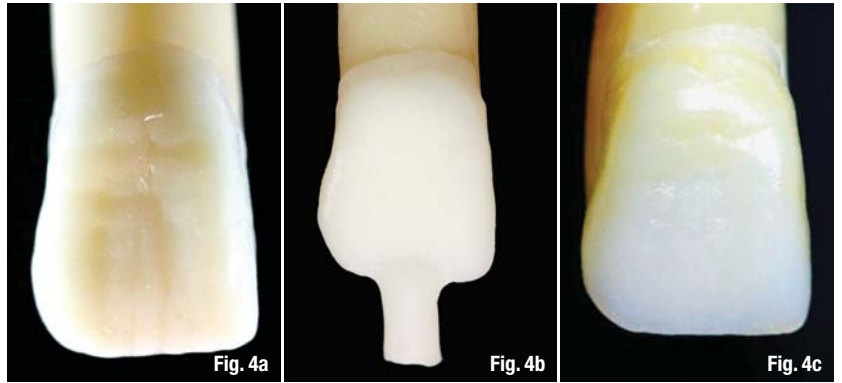
and taking full-face, retracted and lateral views makes all the difference to the technician working on your cases.

Once the image is captured, e-mail can transfer the information virtually instantaneously, permitting the dentist to choose a technician anywhere in the country. This allows the dentist to select a technician with whom he or she can work best, regardless of geography. The technician, in return, can send preliminary images of his or her wax-up and bisque bake along with the final-stage images for the dentist's approval. Both parties can then have confidence that the case has been fabricated exactly as envisioned by the dentist and the patient.

This process of instruction, feedback and adjustment has allowed more dentists to deliver an increasingly sophisticated product created by more clinically astute and in-tune technicians—usually in less time and with greater precision from the beginning.

A laboratory technician would always prefer to work with a photograph and would prefer this level of information; thus, these tools have become the new standard of care. It must be said that in addition to increasing the predictable results, using these communication tools increases profitability for both the laboratory technician and the dentist. When you consider the cost of remakes and adjustments, as well as sending cases back and forth multiple times—not to mention patient dissatisfaction with these frustrations—the savings are real and the profits equally so. When professionals spend more time at the beginning and avoid costly mistakes, the benefits are tangible.

Even with these improved technologies, the most important tool we have is the time the dentist and laboratory technician invest in one another. By taking the time to meet and discuss cases, being clear about mutual expectations and giving immediate feedback to one another, the dentist



and technician can build a strong working relationship that can last for years and even decades.

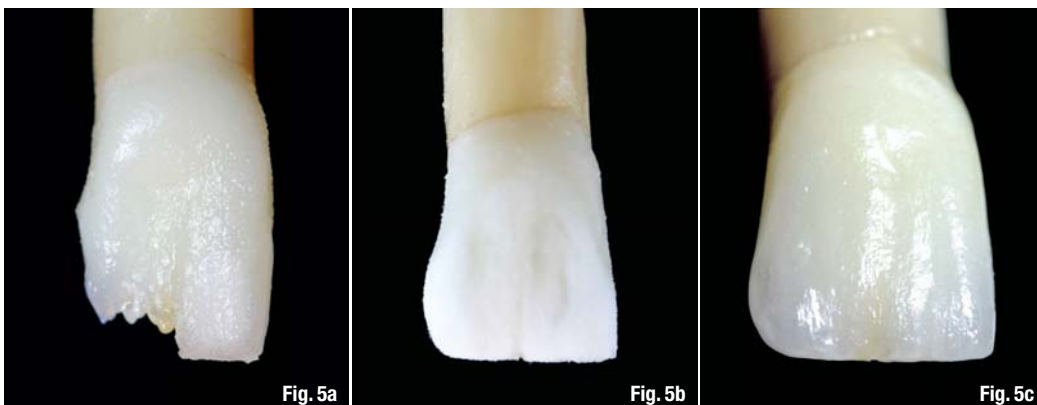
—Labs evaluate you too

We all know that dentists are constantly evaluating their laboratory technicians and relationships, and the same is true for the technicians. When we receive a case from a client who communicates well, makes expectations clear, works in a collaborative partnership and gives candid and timely feedback, we know we have to be on our toes and it challenges us to do our very best.

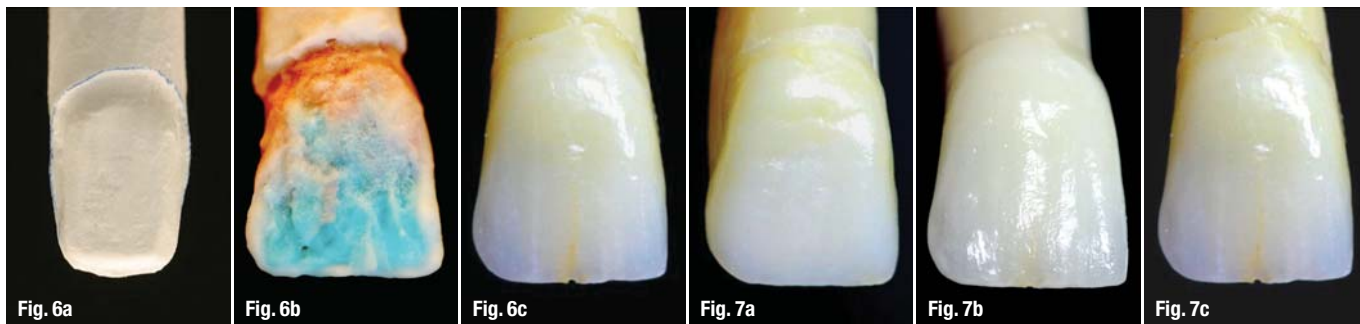
When we work with a dentist who sends clear impressions and focused photographs, and who alerts us to the arrival of the case, we know that dentist is serious and that his or her expectations are high. However, when impressions are distorted, margins are unreadable or prescriptions are incomplete, it sends a very different message indeed. Perhaps it doesn't matter much to such a dentist? Perhaps, just about anything will do? Perhaps your case can wait?

In many larger laboratory environments, the most highly trained technicians are assigned the cases of the first type of dentist—the one who sent clear impressions that is—because their time is too valuable to work with poor material and information. Here's a little secret: technicians are natural

Figs. 4a–c Waxed to full contour (a). Pressed in IPS Empress (Ivoclar Vivadent) ingot with sprue on the incisal edge which will be removed (b). Veneer with surface staining only (c).



Figs. 5a–c IPS Empress (Ivoclar Vivadent) pressed and cut-back technique, allowing for characterisations to be placed internally—layered with IPS Empress porcelain for optimal aesthetics.



Figs. 6a-c Refractory technique: porcelain (Noritake) layered directly on refractory material. After firing porcelain directly on the refractory die and final contouring and glazing, the veneer is removed and seated onto die stone model.

Figs. 7a-c The pressed and stain technique is the most simplified technique, yet all surface staining creates an unnatural appearance, and surface stain can be removed leaving 'bald spots' if adjustments are necessary (a). The pressed and cut-back/layered technique maintains excellent marginal adaptation due to the lost wax technique. It also provides a more natural appearance on account of the internal placement of colour (b). Very natural appearance due to complete layering of porcelains (c). Can be technique- and labour-intensive, requiring technical expertise to provide excellent, lifelike results.

pleasers and we want to impress you, make you happy and meet your needs. If you want the best technicians working on your cases, make it your business to send them the best, communicate with them until you work together like a well-oiled machine and demand excellence in return. The way you communicate will affect all of this.

In modern dentistry, it is easy to do the right thing. We have the tools. We have the standards. We have the desire. We can work better together. Just tell us what you want and we can deliver.

When looking for a new lab...

- Call and introduce yourself, communicate what it is you are looking for and what is missing from your current lab relationship. (We need to know what you don't like so it's not repeated!)
- Ask to see photographs of their work, and find out who receives the photographs that you will be attaching to your e-mails of cases.

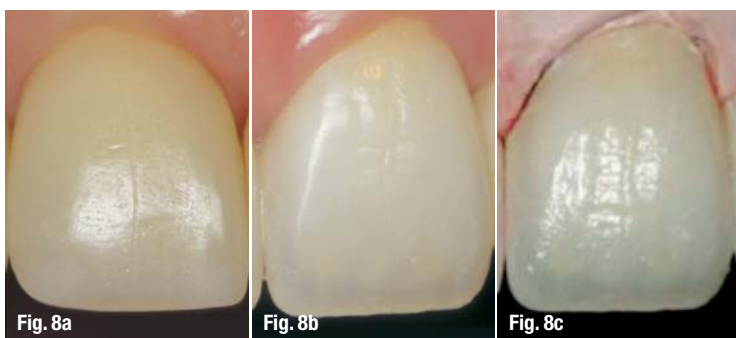
- Ask other dentists what their experience has been with the laboratory you are considering.
- The outsourcing of cases overseas has increased in the laboratory profession. If this is important to you, you may want to enquire as to where your restorations are being made.

What to include:

- clear, full-arch impressions
- bite
- photographs
- face bow or stick bite
- pre-op models
- model of temps or diagnostic wax-up to follow
- concise instructions

Labs evaluate you by:

- quality of impression, free of pulls, distortions or voids on the margins
- photographs sent with shade tab desired, as well as prep or 'stump' shade for all ceramic restorations
- detailed prescriptions and 'call to discuss' written on cases that require more communication
- your willingness to be open to feedback—ask your technician what you can do to make his or her job easier and he or she will be pleasantly surprised
- your direct and honest feedback; technicians need to know what you like and what you don't in order to improve and meet your expectations.



Figs. 8a-c Communicating surface texture, degree of sheen to the technician can provide a better match to adjacent teeth, creating a more natural appearance to ceramic restorations.

- Ask how the lab assigns your cases to a technician(s) and request to speak directly with the technician you will be working with.
- Visit the lab if possible, or use Skype for instant communications online.
- Ask for a bisque-bake photograph to be e-mailed to you for approval before sending the case out. This saves time and the dentist can give useful feedback at a time when modifications are easily made.
- Schedule quarterly phone or in-person meetings to discuss progress; so engage in regular meetings.

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SUNDAY, NOVEMBER 28

10:00 - 11:00 Howard Glazer, DDS, FAGD
BEAUTIFIL: GO WITH THE FLOW - COURSE: 3020

11:20 - 12:20 John Flucke, DDS
LIGHT CURED ADHESIVE DENTISTRY - SCIENCE AND SUBSTANCE - COURSE: 3030

1:20 - 2:20 Martin Goldstein, DMD
A SIMPLIFIED APPROACH TO MULTI-LAYER DIRECT COMPOSITE BONDING - COURSE: 3040

2:40 - 3:40 Jay Reznick, DMD, MD
3D IMAGING AND CT-GUIDED DENTAL IMPLANT SURGERY - 3050

4:00 - 5:00 Louis Malcmacher, DDS, MAGD
TOTAL FACIAL ESTHETICS FOR EVERY DENTAL PRACTICE - COURSE: 3060

MONDAY, NOVEMBER 29

10:00 - 11:00 Mrs. Noel Brandon-Kelsch
ECO-FRIENDLY INFECTION CONTROL-UNDERSTANDING THE BALANCE - COURSE: 4120

11:20 - 12:20 Gregori Kurtzman, DDS
INCORPORATING NEW ADVANCES IN DENTAL MATERIALS AND TECHNIQUES INTO YOUR RESTORATIVE PRACTICE - COURSE: 4130

1:20 - 2:20 Various Speakers
OPTIMIZING YOUR PRACTICE WITH 3D CONE-BEAM TECHNOLOGY - COURSE: 4140

2:40 - 3:40 Daniel McEwen, DDS
HIGH RESOLUTION CONE BEAM WITH PREXION 3D - COURSE: 4150

4:00 - 5:00 Maria Ryan, DDS, PhD
DETECTING CORONARY HEART DISEASE THROUGH PERIODONTITIS AND PERIIMPLANTITIS - COURSE: 4160

TUESDAY, NOVEMBER 30

10:00 - 11:00 Fotinos Panagakos, DMD, PhD
DENTIN HYPERSENSITIVITY - NEW MANAGEMENT APPROACHES - COURSE: 5110

11:20 - 12:20 Greg Diamond, DDS
LASERS IN PERIODONTAL THERAPY - COURSE: 5120

1:20 - 2:20 Dov Almog, DMD
INTRODUCTION TO CONE BEAM CT (CBCT), ESPECIALLY AS IT PERTAINS TO PREVENTION OF FAILURES IN ORAL IMPLANTOLOGY - COURSE: 5130

2:30 - 3:30 Maria Ryan, DDS, PhD
DETECTING CORONARY HEART THROUGH PERIODONTITIS AND PERIIMPLANTITIS - COURSE: 5140

4:00 - 5:00 Dwayne Karateew, DDS
CONTEMPORARY CONCEPTS IN TOOTH RELACEMENT: PARADIGM SHIFT - COURSE: 5150

WEDNESDAY, DECEMBER 1

10:00 - 11:00 Mr. Al Dube
BEST MANAGEMENT PRACTICE, WASTE MANAGEMENT FOR THE DENTAL OFFICE, AND OSHA COMPLIANCE - COURSE: 6060

11:20 - 12:20 Glenn van As, DMD
HARD AND SOFT TISSUE LASERS - COURSE: 6070

12:45 - 4:45 Drs. David Hoexter, Jeffrey Hoos, Dwayne Karateew, Enrique Merino, Kenneth Serota, Marius Steigmann
REVOLUTIONARY IMPLANT DESIGN UNVEILED: A COLLECTION FROM THE MASTERS - COURSE: 6080