Florida's Outlook On the Dental Laboratory Profession
4th Quarter 2014
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Changes Ahead

The state of the dental laboratory industry continues to see significant change. Here is what we know based on industry data from the NADL and the American Dental Association.

- Offshore dental laboratory work is down slightly, which means more work is being done domestically.
- Corporate dentistry/dental service organizations continue to grow. More and more graduating dental students are taking this job route as they are graduating on average with $250,000 in debt and the promise of a six figure starting salary with incentives is too much to turn down.
- Dental laboratory gross sales are flat at best as average selling prices, especially in crown and bridge, continue to decline.

To help you in light of all of these changes, your FDLA board of directors continues to look at the big picture in terms of programs and services to offer our membership. Starting this fall, we have launched instructional half day clinics, on digital dental laboratory business models. In 2015, the plan is to offer a curriculum of different clinics where technicians can attend specific courses that meet their daily work needs. These will rotate depending on demand in the Palm Beach/Broward area, Orlando and Tampa.

"Your FDLA board of directors continues to look at the big picture..."

The Symposium and Expo Committee has already begun to finalize the schedule for next May's meeting. We are pleased that with the support of companies like Nobel Biocare and DENTSPLY Prosthetics, we will have two outstanding keynotes to open our session.

A new feature at the 2015 Symposium is integrated table clinics at four of the exhibitor's booths. Four of the participating exhibitors will offer between one and five table clinics during the exhibit hours on Friday and Saturday of the meeting. This allows technicians additional formal course options for state of Florida CE credits and NBC credits.

As it relates to *focus* magazine, I am reaching out to you our readership on a specific request. In 2015, we would like to feature an "up and comer" in each issue of *focus* magazine. Ideally, an up and comer is someone who is under age 40 working in a dental laboratory in Florida, as an employee, a new manager, or a second generation (or beyond) family member who is transitioning into the laboratory. If someone you know fits this definition, e-mail us their name, contact phone number, e-mail and the name of the dental laboratory. Send their information to membership@fdla.net with the subject *focus* 2015. In addition, focus is always looking for strong case-based technical articles to publish. If you have one you'd like to submit, please e-mail our editor at cassie@thewritemessage.net.

Thanks for allowing me the honor to serve as your president.

By Kristen Brown
FDLA president

FDLA Mission

Serving Florida's dental technology professionals as a valued part of the dental team enhancing oral health care.

FDLA Vision

Advancing the individual and collective success of Florida's dental technology professionals in a changing environment.

Values Statement

FDLA's board of directors and professional staff are guided by these principles:

- Integrity
- Leadership
- Recognition
- Safety
- Acceptance
- Innovation

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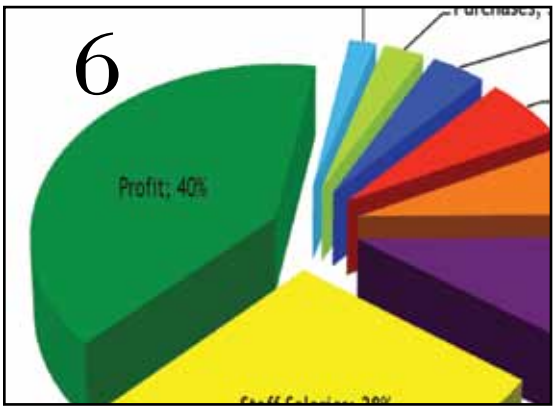
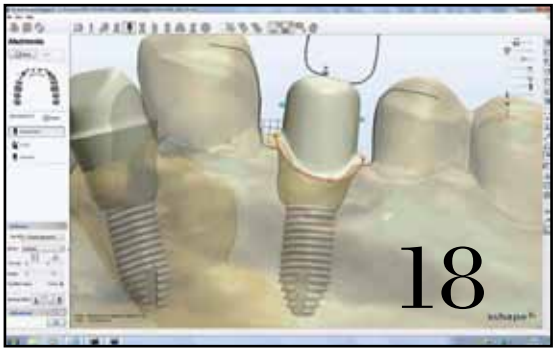


Cover photo credit: Alexander H. Shaffer, CDT



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Hidden **Impact**

Graphics: Mark Murphy, DDS, FAGD

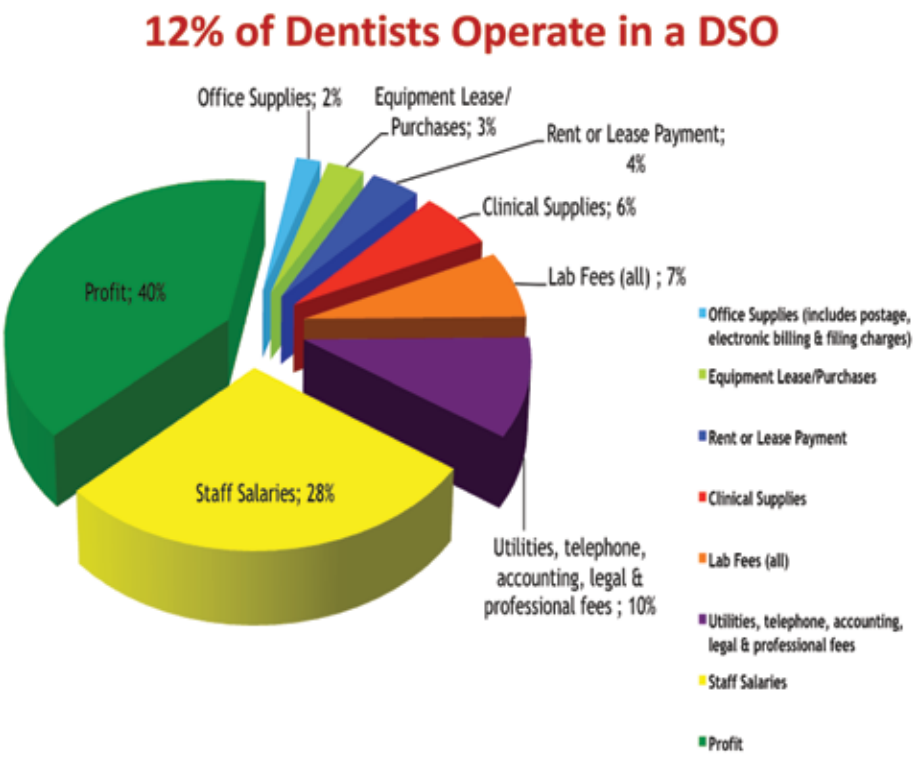
The ACA's affect on dental laboratories and dentistry.

While the headlines about the Affordable Care Act (ACA) have been swirling, dental laboratories have seen little direct impact on their business items of sale.

The ACA's dental benefits plan is mostly preventive and aimed at children. According to the American Dental Association, adults ages 19-64 have experienced a significant decline in their retention of private dental benefits, from 62 percent in 2001 to 56 percent in 2010. Adults at the upper end of this age group, those 50 to 64, have seen little decrease in their private benefits.

The Affordable Care Act will have nearly zero impact on the number of adults whose implants and restorations are covered by insurance. In fact, the American Dental Association predicts that the number of adults with comprehensive dental coverage may actually decrease under the ACA. Most adults receive their dental coverage through their employers and most won't see much of a change. There is one exception: with employers passing more costs on to their employees, some may opt out of dental coverage.

Mark Murphy, DDS, FAGD, lead faculty for clinical education at MicroDental Laboratories, CDL, DAMAS, noted that the dental laboratory industry is so small that there has been little thought or or concern given to the services that dental laboratories provide—and barely to dental care at all—in drafting the services covered in the ACA.



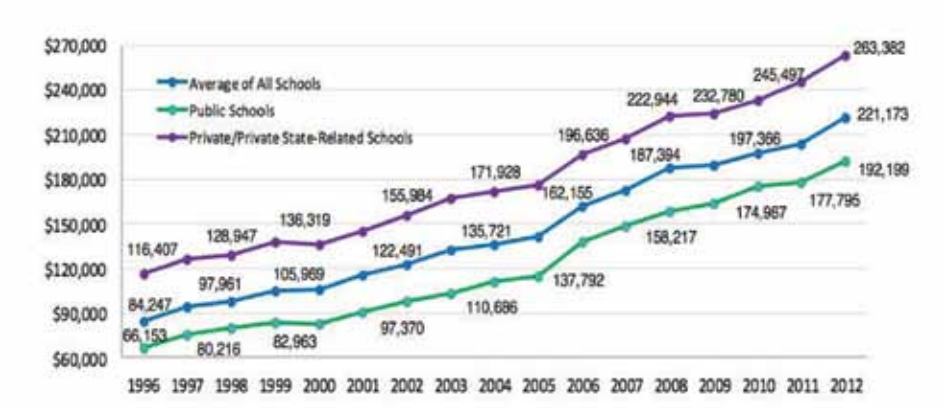
"Almost exclusively on the dental side the ACA is going to drive children's preventive care. It will improve access to care for kids," Murphy said.

The ADA writes, in its Health Policy Resources Center Research Brief: "There are many simulation studies modeling how employers might respond to the mandates and tradeoffs in the ACA when it comes to health insurance, but similar models for dental benefits do not exist. However, if employers make comparable decisions for dental benefits as they do for health insurance, it is likely that the greatest declines will be among small employers and employers with low-wage workers. Given that these firms are less likely to offer dental benefits in the first place, it is unlikely that the ACA itself will have a significant impact on overall levels of employer-sponsored dental benefits."

In the context of the health insurance exchanges, dental benefits may be packaged with some health care plans. Again, restorations, implants and other dental laboratory products may be excluded. What is considered essential health benefits can be determined by each state, but implants and restorations are rarely included in reimbursement tables.

Murphy noted that there is a fundamental problem with how dentists

Average Educational Debt Among Graduating Students with Debt by Type of School, 1996-2012 (Current Dollars)



Source: American Dental Education Association, Survey of Dental School Seniors, 2012 Graduating ClassNote: Education debt is the sum of undergraduate debt and dental school debt of only those respondents who have debt

and laboratories talk about dental insurance—because coverage isn't really insurance at all. He compared it to vehicle maintenance.

"Dental insurance is not insurance—dental insurance stops at $1,000 or $1,200 or $1,500. You don't have insurance coverage for an oil change for your vehicle, you have it for when you total it," he said.

Even the best dental insurance is really a dental benefit, because it rarely covers 100 percent of even the most extensive restorations.

"Once you get past the crown, there really is no dental coverage. There's the cash patient who just pays the bill, patients who have indemnity, which is fee for service. With indemnity, if I charge $1,000 bucks, it doesn't mean the insurance company will pay $1,000. The Usual-Customary-Reasonable (UCR) cost has been determined to be $900, so that's what your indemnity provider will pay. And nowadays, 75 percent of all insurance are PPOs, which reduce reimbursements another 15 percent," Murphy said.

Large dental benefit providers are squeezing the profits out of dentistry. Delta Dental, for example, has reduced payment rates to dentists in seven states. The reimbursement reductions ranged from 4 percent to 15 percent. In the summer of 2013, the California Dental Association filed suit against the insurer, to "ensure that Delta will honor its current contracts with dentists and continue to be required to justify reducing fees in the future."

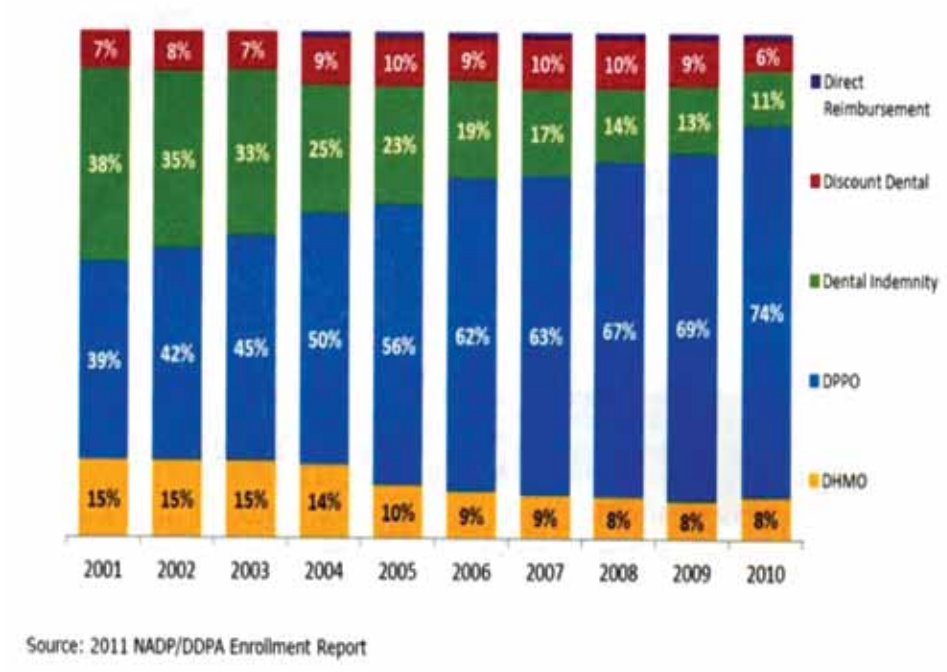
In Arizona, Delta has given dental providers a choice that isn't much of a choice at all—they can either accept only Delta Dental patients in order to receive higher reimbursement rates (which isn't feasible for most dentists) or they can accept PPO reimbursement rates, which are generally 15 percent lower, according to Murphy.

Medicaid reimbursements are highly variable, and are state-specific. The rate changes are largely dependent on state economic pressures. When the budget is tight, most states reduce the benefits covered by Medicaid, and the ACA, with its limited dental coverage, will have very little impact on the availability of coverage for adult implants and restorations.

If employers stop offering dental coverage, most people who participated in a recent ADA survey noted that they would still purchase private dental insurance. However, most noted that they would opt for less expensive, preventive care plans rather than more robust coverage.

Perhaps the biggest impact of ACA on dental laboratories, however, is the

Commercial Dental Benefits by Plan Type



Source: 2011 NADP/DDPA Enrollment Report

medical device excise tax. There is some discussion in the dental laboratory industry that the excise tax will actually benefit domestic dental laboratories, because it will impose additional costs and quality controls on those importing medical devices and materials.

In spring of 2013, it appeared there would be a momentum to repeal the 2.3 percent excise tax, but that appears to have withered.

"In a nutshell, there is some congressional receptivity to repealing the medical device tax but it will not likely happen unless proponents of the repeal or our congressional allies find a way to replace the $20 billion to $30 billion the tax is expected to raise over the next decade, " said Eric Thorn, in-house counsel for the National Association of Dental Laboratories.

With the repeal of the excise tax unlikely, laboratories have seen material and equipment costs go up as suppliers pass these excise tax costs on to the dental laboratories.

With the repeal of the excise tax unlikely, laboratories have seen material and equipment costs go up...

The biggest impact the ACA has had on dental laboratories and their dentist clientele may be less tangible than reduced reimbursement rates or changing dental plans. Chester Garcia, CEO of daVinci Dental Studio in California, noted that the business was slow right before the ACA was implemented.

"When Obamacare was going to become effective, a lot of patients held back. We attributed a decrease in volume at the end last year and the beginning of the new year," he said. "We saw a dip that we usually don't see. We also own labs in Ohio and New York, we saw a dip there, too, which was unusual."

Garcia attributed the unexpected slowdown in business to uncertainty among patients and in the market in general. He has also seen some dentists start accepting insurance again, even though it has little impact on his current business, because most of his clients are fee-for-service.

Murphy noted that the ACA's demand that more children have access to preventive care may force dentists to provide those services at the expense of dropping other, more time consuming and complex cases—exactly the types of cases on which many dental laboratories thrive.

"Dentists will have to get busier treating kids, and have less time to pick up more complex cases. On the laboratory side, we are our own worst enemies. We are not applying strategic planning and operating like businesses. The dentists are down 14.5 percent and they have to change mix of services to accommodate ACA requirements. I predict they will continue to slip and make less money."

Also, reductions in reimbursement rates and the changes in dental benefits will put further pressure on dentists to request less expensive materials, like zirconia. They'll also be more likely to work with laboratories offshore that can provide cheaper products.

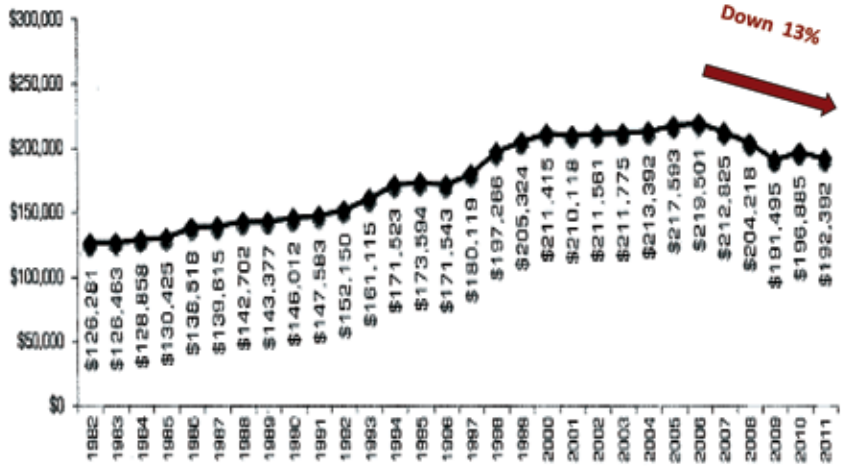
"For most dentists, HMOs plans are going away, or adding surcharges. PPOs are thriving," said Murphy. "Dental services companies, which consolidate 600 or 700 dental practices and function as large corporations, have performance expectations and are run like businesses."

Those large group practices, Murphy explained, are not looking for long-term trusting relationships with their dental laboratories. They are sending out request for proposals and choosing the lowest bidder to provide their restorations.

"It's further commoditizing the dental restoration and we have allowed it to become that," he said.

So, while reimbursement rates are dictated by dental plan and state rules, even dental laboratories with steady business have to prepare for a more difficult future.

GP Dentist Average Annual Net Income (in 2011 dollars)



Source: Vujicic M, Wall T, Nasseh K. Dentist Income Levels Slow to Recover. Health Policy Resources Center Research Brief. American Dental Association. December 2012.

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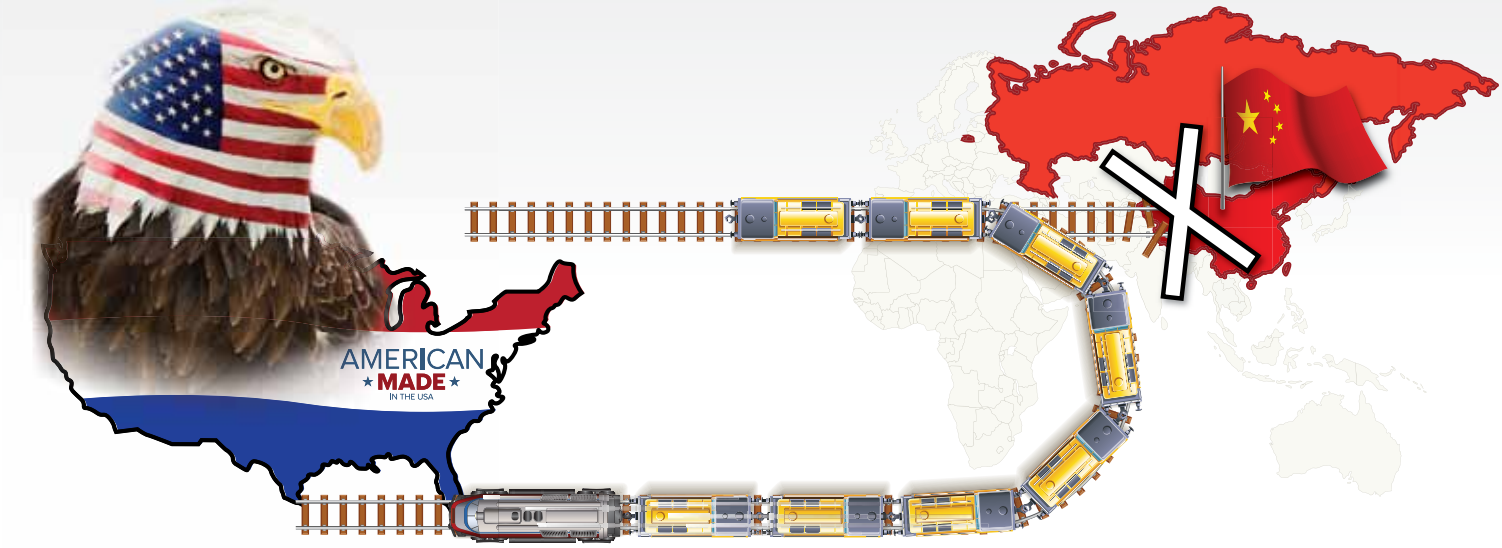

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Say Cheese!

Encouraging your dentist clients to use DIGITAL PHOTOGRAPHY can help your bottom line.

Photo Credit: Jack Fountain

A picture is worth 1000 words, as the saying goes, and that's even more true in the dental laboratory. A well-shot picture on the appropriate camera can translate the vague, subjective phrase into a shade adjustment that satisfies even the pickiest client.

Dental laboratory technicians have plenty of reasons to utilize digital photography. Some of the key uses of a camera in the modern dental practice include medico-legal documentation, patient communication, inter-disciplinary treatment planning, and dental laboratory communication, according to Leon Hermanides, CDT, of Protea Dental Studio, DAMAS, in Redmond, Wash. In addition, dental laboratory technicians can use digital photography for marketing, for communicating with dentists on tricky cases, and for documenting processes for patient communication. Taking a visual diary of the process of making a bridge, for example, can help the dentist better explain the time and cost involved in the process. Dental laboratory technicians can become experts in taking great chairside shots, serving as a consultant to their dentist clients when it comes to choosing equipment, setting up lighting, picking camera aperture, determining f-stops, and deciding what shots are necessary for a dental laboratory to produce the best possible restoration.

"I'm out in the field using the photography and helping bridge the gap between customers and laboratory," said Ken Rockwell, MFA, of Rockwell Laboratories in Tallahassee, Fla.

Photo Credit: Brandon Dickerman

Dental laboratory technicians can **BECOME EXPERTS** *... serving as a consultant to their dentist clients.*

Photo Credit: Glen Pacholski

Photo Credit:
Jeffrey J. Brabbs, CDT, TE

Rockwell has been helping dentists take better pictures for 25 years. He's an artist and dental technician who has a masters in fine arts and has been a photographer for most of his adult life—and not always taking photos of teeth.

"I have a close friend who's a dentist and we've worked together for a number of years," he said. "We both do photography outside of dentistry. As far as a tool it's incredible. In the laboratory it's used as a time saver. You don't have to run around and take a shade. The camera is consistent."

Rockwell recommended studying the work of nature photographers who use specialized equipment to get crystal clear macro shots—artists such as John Gerlach, who shoot tight, very close up photos.

"Dental photography is no different from nature photography. I shoot with a high-end macro, Nikon lens. You can use digital photography for confirmation of information from the dental office, such as shade and texture. Good photos from the dentist puts the patient right at your desk while you are processing the work," Rockwell said.

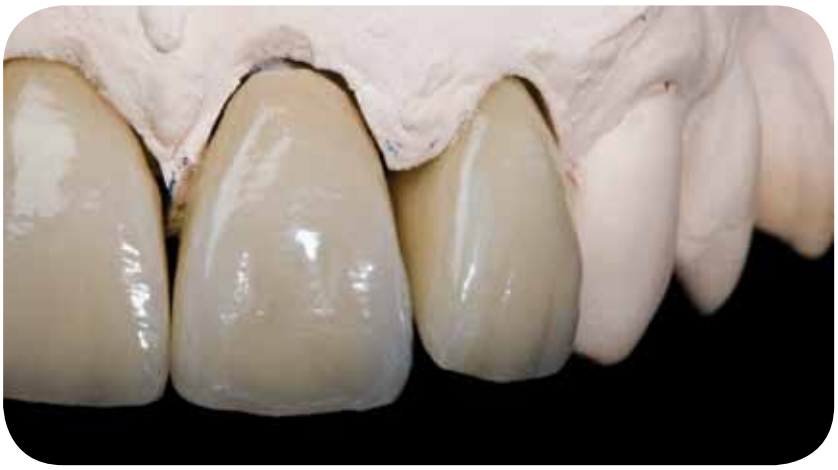


Photo Credit: Glen Pacholski

Photo Credit: Jan Babel

Nuances such as smile lines and facial shape have an impact on restorations, Rockwell said, so having a nice portrait as one of your required shots from the dentist is key.

"Often times a restoration will fail because is it not compatible for the person. Digital photography will take it from a model to a person. Dental technicians can be myopic—your job is a model on the desk, but that's not true. It's a person," Rockwell said.

One of the biggest issues laboratories find with dental photographs is, of course, poor image color that makes it nearly impossible to match shades. Derrick Luksch, CDT, of O'Brien Dental Laboratory in Oregon, created a system many years ago to ensure better color matching. It even trademarked the name Digicolor.

"This goes back to about 1998 or 99, and prior to that we have always been into photography communication. We had been doing slide photography, and prior to that time, we even rolled our own film and delivered it to dental offices. The rolls of film had only six photos on the roll, because that's all we needed per patient," Luksch said.

Luksch and his team developed a color-correction software early on, back when digital cameras were much more primitive. The color correction took care of some of the inadequacies of those early cameras.

"Cameras began to get better and better, and more professional cameras were getting good results when it came to color balance if you knew what you were doing," he said.

Even though cameras have improved and the color correction software is no longer always necessary if you have your settings and flash correct, Luksch still does training for dentists and dental laboratories. He recommends the correct equipment, teaches dentists how to set their cameras and which shots to take.

"We help our clients get really good at taking pictures with their pro-sumer camera setups."

Here are five things dental laboratories should know about digital photography:

1. Get The Right EQUIPMENT

Higher-end pro-sumer DSLR cameras are perfectly adequate for taking good dental photographs. However, cell phone cameras, as evolved as they have become, will not give you the accuracy needed for color and shade matching, and do not have the macro-lens capability of a more expensive pro-sumer set up. Even though they may seem complex at first, a high-quality DSLR, once set for dental photography, is just as easy to use as a point-and-shoot.

Rockwell noted that really, it's all about the lens. He recommends spending a little more to get a high-quality macro lens—something in the 60mm-105mm range works well because it gives you the close up detail, but can be pulled out for portraits.

Luksch recommends sticking with what others have already tried.

"We have a bone yard of camera equipment," he said. "We're trying to give our recommendations and we can help [dentists] put the equipment together the way it's meant to be put together."

Of course, lighting and flash are critical to good photos. Hermanides recommends a lens mounted-flash. Such a setup is preferable as getting sufficient light to expose the image can be difficult.

"A ring flash does not provide as clinically detailed an image as the side bar flashes," he said. "A lens and flash system that allows TTL (through the lens light metering) is the simplest to work with as it provides relative predictability from picture to picture."

Photo Credit: Ben Ogden, CDT

2. Don't TWEAK the Image

One of the great things about digital cameras is the ability to see the image immediately after you take it. However, the small monitor on the back of a camera tells you very little about the quality—exposure, light balance, true color—of the finished image. If you have used recommended settings, don't look at that image and start tweaking your f-stop or aperture.

"All too often people in the office will look at that image and make up their own minds that it's not right and start tweaking," Luksch said. "When we get the image we find overexposed photos. Trust the fact that settings we recommend are proper."

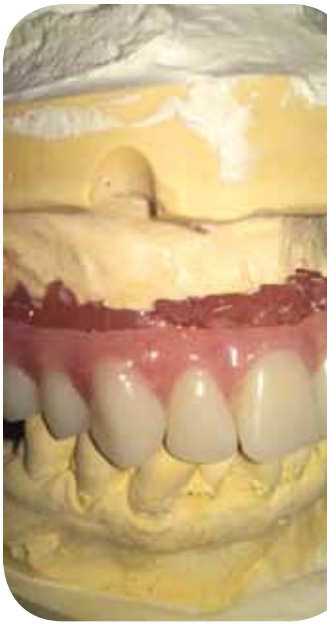


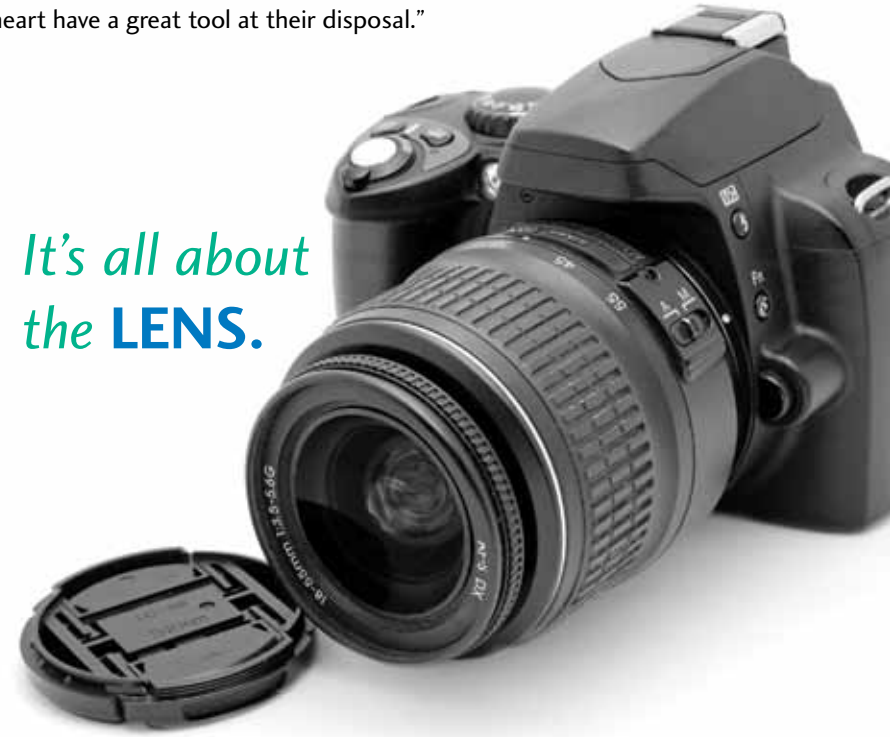
Photo Credit: Turks Clayton

3. Learn and PRACTICE

Learn about your camera and what it can do. Practice zooming in and out and focusing. And focus is, Luksch said, one thing you can tell from the back of the camera.

"You can't just assume that you can begin using [your setup] without any training or practice," Luksch said. "Practices and laboratories that take it to heart have a great tool at their disposal."

It's all about the **LENS.**



4. Get the RIGHT SHOTS

Learning digital photography techniques can have a positive impact on your **BOTTOM LINE.**

Hermanides recommends the following:

- facial/smile line
- maxillary/mandibular anteriors (canine to canine in maximum intercuspation)
- maxillary/mandibular right and left posterior teeth (in maximum intercuspation)
- lingual and palatal views – all appropriate areas
- occlusal views – maxillary and mandibular full arches

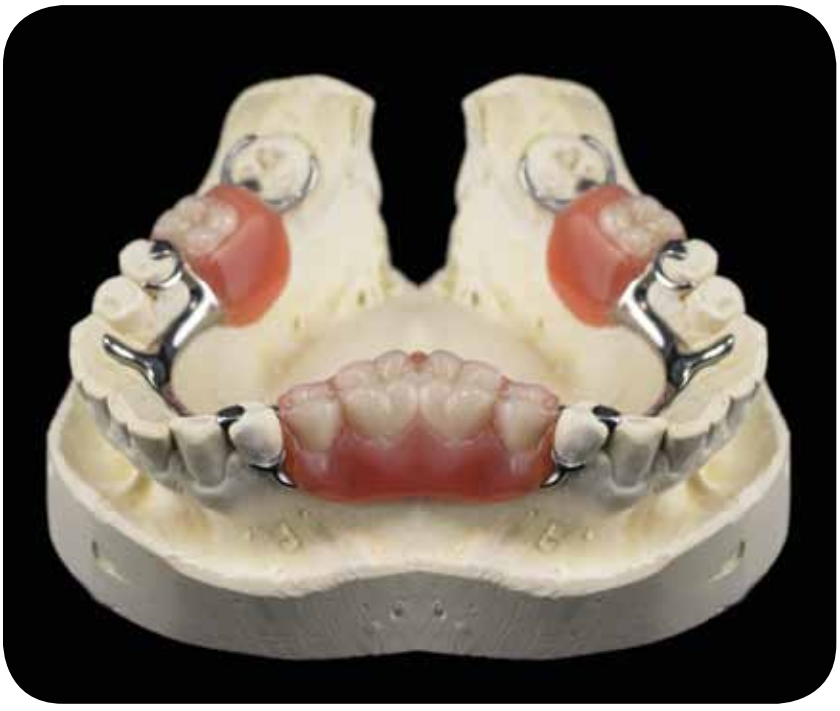


Photo Credit: Tom Zaleske, AS

5. Don't OVERSELL It

Digital photography is the very best tool available to provide the laboratory with information on shades, patient appearance, lip contour and smile lines. Even with that information, laboratories still have to make a product that has a handcrafted and individual taste related to it. Not every case is going to be a slam-dunk. The digital photographs provide better information, but they do not provide a 100% guarantee of patient satisfaction.

Rockwell said that two of the biggest problems he sees with digital photos are overexposed images and photographs taken out of parallel to the face. Also, shade selection has to be a relative term. He recommends having the dentist put a range of shade guides in position so a technician can make a relative decision given the photograph.

"You can take another photo and send it in to see what the problems are," he said. "All of our technicians have computers they work with, or big format iPads, so they can see what it is the dentist saw—all the nuances, such as a crown on this second tooth, or a massive amalgam that's distorting the shades on this other quadrant. The more information you can give to the technician, the better."

The bottom line: Learning digital photography techniques can have a positive impact on your bottom line. It will improve the accuracy of most of your finished products, although it is a tool that has limitations. However, those who have encouraged their dentist clients to use photography and laboratory technicians who have been using it themselves have found that remake rates have decreased, and positive word of mouth has increased.

"Having happy customers means better business for everyone," Rockwell said.

Photo Credit: Jeff Benson, DDS

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Dr. Thomas Giacobbi, DDS, FAGD
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Digital Implants:
More Than Just the Click of a Mouse

By Tero Rakkolainen

The manufacture of dental implants with CAD/CAM technology raises many questions among laboratory technicians. Unfortunately, if a technician is not familiar with CAD/CAM technology, he or she might have many misconceptions about it. The design and manufacture of fixed prosthetics still requires the professional skills of an experienced dental laboratory technician. Without input, clicking a button on a computer does nothing.

Figure 1 *(above)*
A clinical picture of the patient with the implants and healing abutments in place. Since the position and direction of the implants were optimal, screw-retained zirconia structures were chosen. The fact that screw-retained bridges and crowns can be detached when necessary brings significant benefits for both the patient and the entire dental team.

Figure 2 *(right)*
The work models before the actual work was started in the laboratory. It is not necessary to divide the work model into sections when using the 3Shape scanner for implants. A normal gingival mask and high-quality plaster models are sufficient.

The patient is a middle-aged man who had an old fibre-reinforced anterior bridge. The abutment teeth of the old bridge had severe caries and the structures of the bridge had also reached the end of their lifespan. The bridge was removed. Specialist Juha-Pekka Lyytikkä from the dental clinic Hammas-Pulssi extracted the hopeless teeth and placed three Xive 3.8mm implants for the patient (areas of Nos. 14,12, 22). When the healing period was over, the construction of the final prosthesis was started.

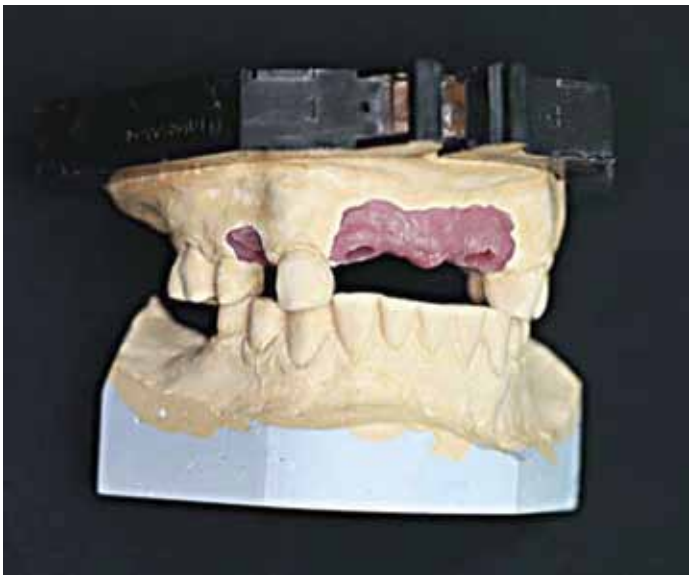


Figure 3 *(above)*
The starting point for CAD/CAM work is a carefully filled out order form. The order form specifies the work in question and the material to use for manufacturing. The form also specifies the milling centre to use for manufacture as well as the abutment library to use. Moreover, the order form links the milling centre specific design parameters to the work in question.

Figure 4 *(above)*
The scanning abutments manufactured by Turun Teknohammas Oy were fixed on the model by screws. This ensures that the position of the implants remains precise during the entire process.

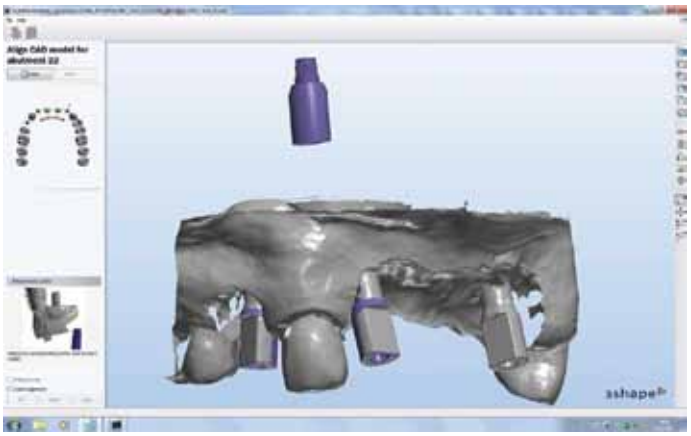


Figure 5 *(above)*
The scanning abutments installed on the model define the position of the implants in 3D space. The software compares the scanning results to the files in the abutment library.

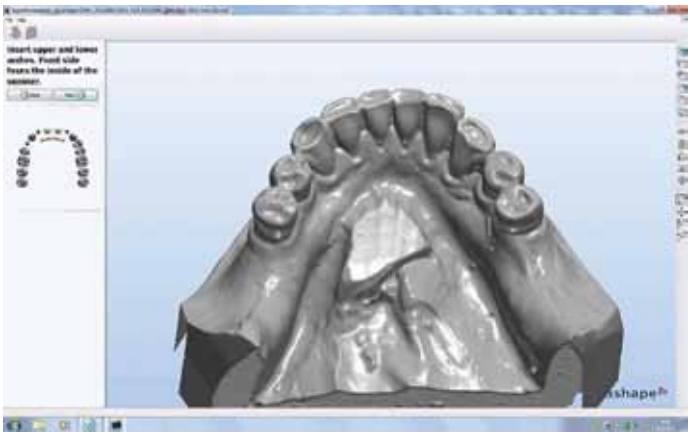


Figure 6 *(above)*
The complete CAD work model with scanning abutments and a separate gingival mask scan.

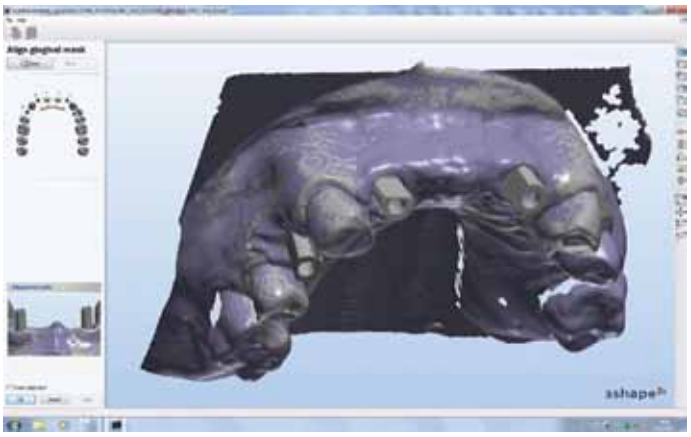


Figure 7 *(above)*
Opposing arch scan.

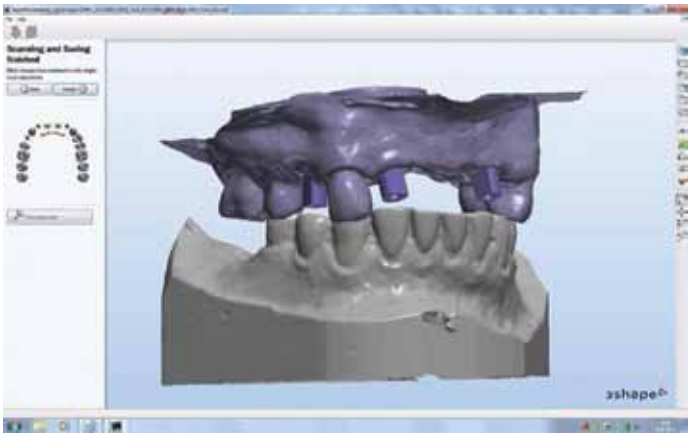


Figure 8 *(above)*
The work model and opposing arch scan are combined at the end of the scanning phase. At this stage, it is possible to trim away unnecessary data from the scans, such as the base of the plaster model.

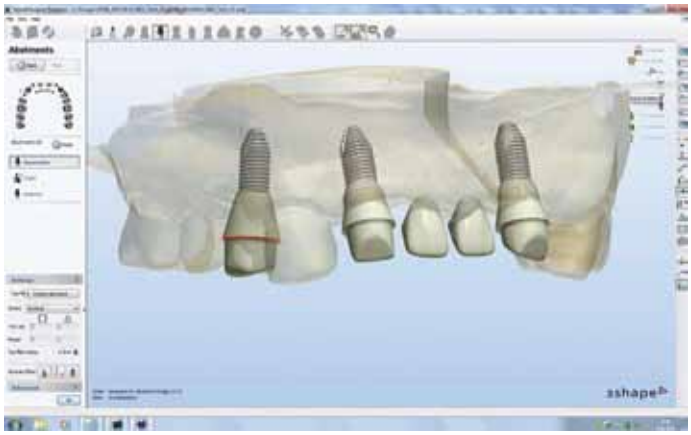


Figure 9 *(above)*
The software closes the scan and opens the DentalDesigner program. The 3Shape software installs the basic units on their proper places very well. The software also contains many tools for editing the results.

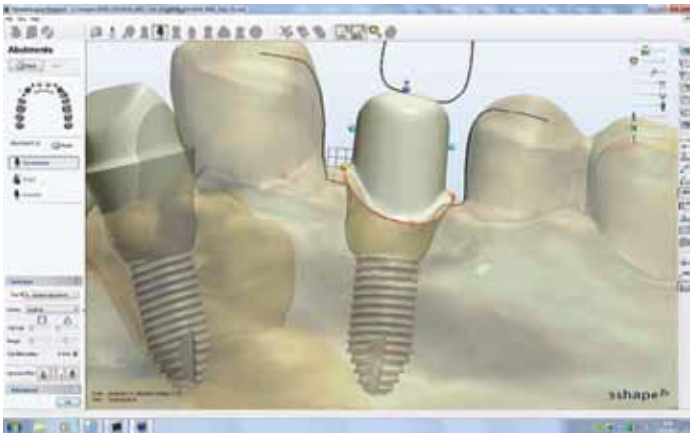


Figure 10 *(above)*
The preparation limit of the abutments can be configured by dragging the dots to the desired location. This is where you can also change the shape of the sub-gingival parts of the abutment to offer support or make more room, depending on the type and volume of the gingiva.

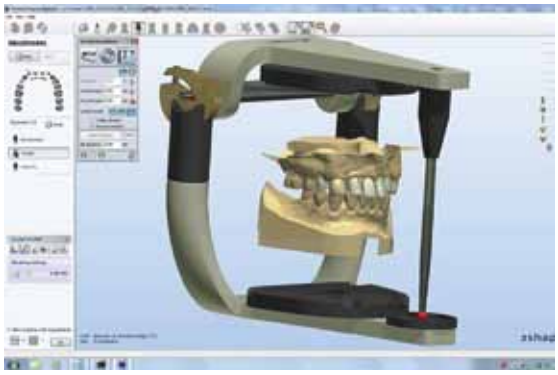


Figure 11 *(above)*
The 3Shape DentalDesigner 2010 contains a virtual articulator. The virtual articulator mimics movements the same way as a real articulator does. In addition, you can use the color-marking feature to detect contact areas. Movements can be simulated automatically or by moving the mouse.

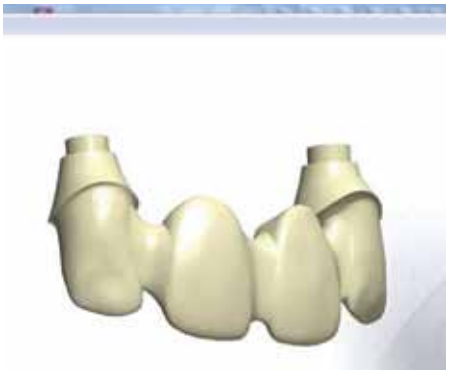


Figure 12 *(above)*
The software contains pre-set values for e.g. configuring the strength of pontics and alerts the user if these pre-sets are changed. The picture shows a completed bridge ready to be sent for milling.

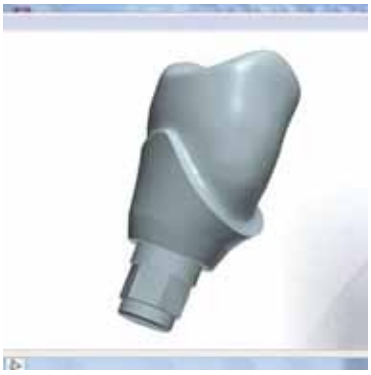


Figure 13 *(above)*
The complete abutment, combining the anatomy from library files and the created plan.

Figure 14 *(above)*
The fact that we can mill custom made abutments and screw-retained bridges from zirconia is the result of a cross-disciplinary effort between dental technology and engineering. After years of hard work, we are now able to mill parts to tolerances of less than five micrometres. The milling of implant bridges requires a 5-axis milling machine. The STL file generated by the CAD system is only one of the pieces required on the way towards the final product.

Figure 15 *(above)*
The complete zirconia abutment sits completely passively after a correctly executed CAD design, milling and sintering. As part of quality control, the completed abutment is test-tightened to the correct torque in the model. The flexural strength of carefully modified custom made abutments can be up to twice as high as that of commercial zirconia abutments. Stress tests conducted at the University of Turku strained the abutments at a 45 degree angle using up to 1,500N of force.

Figure 16 *(above)*
The completed abutments accurately match the design, including opposing arch and the gingival margin. In this particular case, the abutments were colored using regular color.

Figure 17 *(above)*
The veneering work was performed at the laboratory of Turun Teknohammas Oy, using traditional methods. The ceramic used was e.max by Ivoclar Vivadent, and the work was performed by Jaakko Siira, the technician in charge.

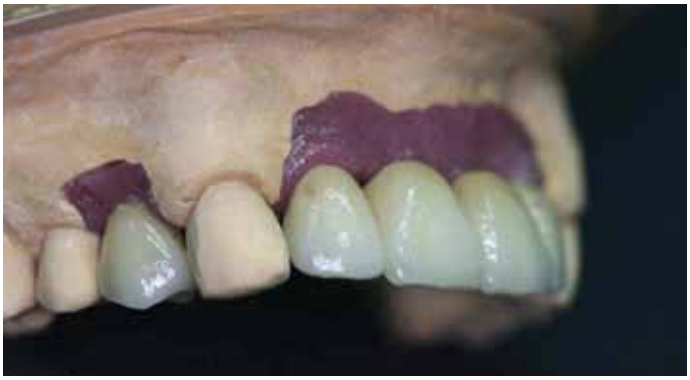


Figure 18 *(above)*
The completed screw-retained bridge and the abutment on the model.

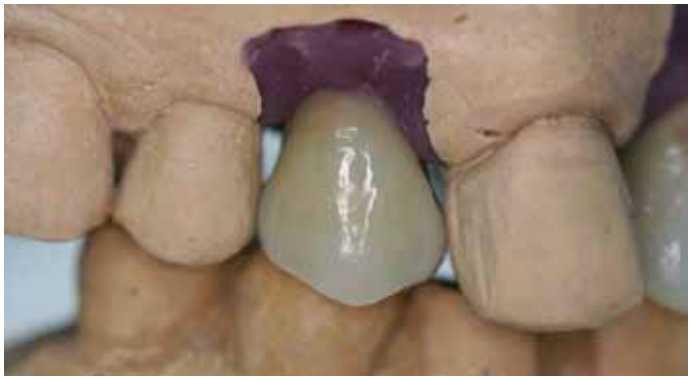


Figure 19 *(above)*
The screw-retained Zirconium crown.

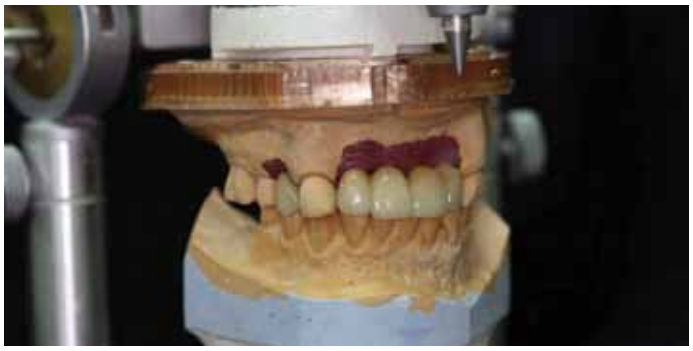


Figure 20 *(above)*
The completed work ready to be shipped to the clinic.

Figure 21 *(above)*
The final clinical picture of the completed product, tightened to the desired torque. Zirconium-abutment bridges and crowns can be cleaned very well, which is a critical factor in the retention of bone and gingival volume.

This case is a good example of the multiple phases and challenges present in dental technology work even when CAD/CAM is used in the design and manufacture from start to finish. It takes not only excellent equipment, but excellent technique as well to manufacture the best dental restorations.

Earn continuing education credits for this article and quiz!

Receive .5 hours CDT/RG scientific credit and .5 hours general credit towards your state of Florida dental laboratory renewal by reading this article and passing the quiz. To get your credit, complete the quiz located on the FDLA website at www.fdla.net using the *focus* Magazine link. Once you have completed the quiz, fax it to FDLA at 850-222-3019. This quiz is provided to test the technician's comprehension of the article's content and does not necessarily serve as an endorsement of the content by FDLA.

Six Surefire Steps To Getting *A Rush Of Referral Business*

By Ileana Kane

Referral business used to be considered an automatic. Before print advertising, before radio or television advertising, entrepreneurs relied on word-of-mouth marketing. A positive word passed from one customer to another was as valuable as gold. As your reputation grew, so your dental laboratory grew. The introduction of mass marketing changed the business landscape. Now customers could learn of your business on the internet, in the newspaper or on the radio, and many entrepreneurs began to feel that word-of-mouth marketing no longer had any place in their marketing strategy.

Embrace a generous attitude and be a resource **for your dentist clients...**

Most entrepreneurs too often overlook the value of referral business. It is a fact that dentist clients referred by friends are generally more loyal and hold a more positive opinion of your business than dentist clients who come to you from other types of advertising. This is because dentist clients are more likely to trust information that comes from a friend or personal acquaintance than information which comes from an impersonal source, like a radio advertisement. Building trust in your dentists clients is one of the most important steps to creating repeat customers—that solid customer base that will help your business thrive no matter what the economic climate. So, how do you start getting more referrals?

Here are the six surefire steps to getting more referrals.

1. Make Attracting Referrals a Priority

Look at your day and how you are making time for your referral marketing. To make room in your schedule for attracting more referrals, start pressing the pause button on all of the leaks in your day.

Who is your ideal client?

2. Create a Referral Mindset

Start looking at yourself as providing an amazing service and value to prospects and dentist clients. You are able to solve your dentist clients' big problems that they can't. Embrace a generous attitude and be a resource for your dentist clients, and others you know, by giving them referrals. Basically, give referrals to others as you would like to have others give to you.

3. Know What Type of Referral You Want

Know your unique position by looking at what your special gifts and talents are. What makes your dental laboratory's services and products unique and what makes the transformation you deliver to others stand out? Who is your ideal client? It's from this place you know what type of referral to ask for.

4. To Receive You Need to Ask

Most dental laboratory owners forget this one and it's such an easy way of asking. You want to create a warm, informal but simple letter educating your friends, dentist clients, associates and even vendors, so they know what you are up to. Give them information by announcing your dental laboratory or something new happening in your dental laboratory, what you offer, who you work with and the invitation to have them refer you. Remember people love seeing you succeed and wanting to help by giving referrals.

5. Systematize Your Action

No matter if you are at networking meetings, engaging with a dentist client or on the phone with an associate, you'll want to put what you do into a system. By sending out a letter or a thank you, you'll want to create a follow- up letter system when something new happens in your dental laboratory. I have a regular system that I send out to people I know (even my vendors) to keep them in the loop of new services or products I've added to my business. Every time a letter goes out, at least one referral comes in. I've found this system simple and easy to implement and to free up time my assistant takes care of all the mailing.

6. Be a Go-Giver

Be willing to give generously. The day my referral business turned around was the day I started giving referrals.

Start your referral marketing strategy today by putting time aside for growing your referral business. Make lists of what you want to ask for and a list of who you can refer. Allow consistent referral marketing to give you more referral business and have it become a cornerstone of your dental laboratory's success.

Put what you do into a **system.**

About the Author

Ileana Kane teaches ambitious entrepreneurs world-wide how to grow and expand a profitable business and life they love that makes a positive impact. Get her free Report "3+ Clients In 30 Days[or LESS] at www.ThoughtLeaderBiz.com .

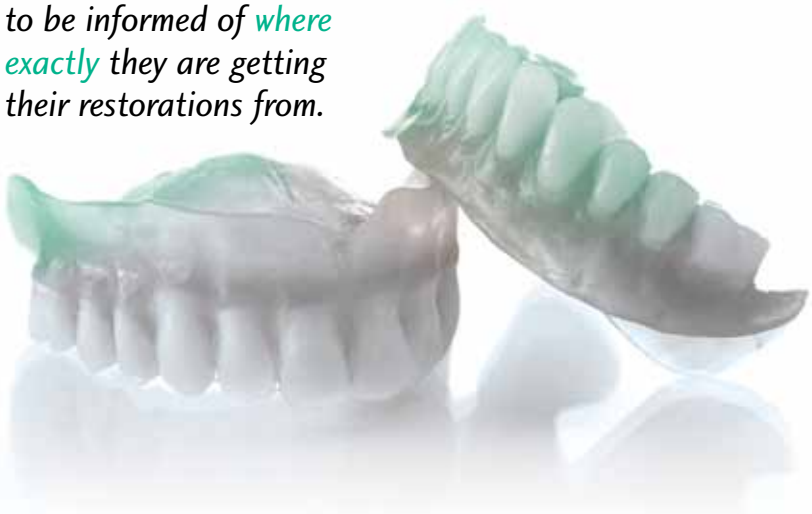
Five Ways Dentists can Ensure **Safe Dental Restorations** for Patients

In a 2009 American Dental Association member survey, nearly 65 percent of dentists responded that they believe dental technicians and laboratories are regulated in their state. This is not the case. In fact, only four states in the U.S. require either certification or continuing education for creating devices that are in some cases permanently placed in patents' mouths. In addition, dental laboratories in more than 40 states in the U.S. remain unregulated, and foreign imports may not be held to the same level of scrutiny.

Poorly-made dental restorations—whether made in America or abroad—can lead to a range of health consequences for patients and, in turn, legal consequences for dentists. Growing demand for dental work in America has created a market that features both high-end and economy-priced work.

The National Association of Dental Laboratories is hoping to create patient and dentist awareness through its "What's in Your Mouth?" campaign, designed to give patients, dentists and the dental laboratory community the information necessary to make informed decisions about their dental needs.

It is crucial for dentists to be informed of where exactly they are getting their restorations from.



Here are five ways dentists can ensure their patients are getting the quality restorations they deserve.

1. Find out if your state requires minimum dental laboratory standards here (www.dentallabs.org/state-regulation/).

Most state dental practice acts do not regulate or set standards for operation for dental laboratories or dental technicians. It is important that dentists seek to work with individuals and companies that have voluntarily achieved "third party verification" of their skills, knowledge and operating standards.

2. Find a Certified Dental Technician to work with here (www.nbccert.org/directories/nbc-whos-who/index.cfm).

The ability of dentists to deliver a high standard of care in restorative and cosmetic dentistry is enhanced by working with a formally educated, trained and/or Certified Dental Technician.

Dental technicians bring considerable experience and subject matter expertise in the areas of dental materials, technology utilization, shade verification and implant dentistry. Dental technicians are true partners in helping dentists grow their practice. Dental technicians, although generally operating behind the scenes in the oral health team, are a crucial part of ensuring the delivery of quality dental care.

3. Find a Certified Dental Laboratory to work with here (www.nbccert.org/directories/nbc-whos-who-cdl/). Find a Dental Appliance Manufacturers Audit System (DAMAS) accredited laboratory here (www.nadl.org/DAMAS/index.cfm).

Dental restorations increasingly are being imported from countries like China, India and Vietnam. Depending on the country, those dental laboratories may not be subject to the same scrutiny that domestic laboratories receive from the U.S. Food and Drug Administration. It is crucial for dentists to be informed of where exactly they are getting their restorations from.

The DAMAS specifications provide a clear-cut process for improving documentation in every facet of laboratory operations including: dental prescriptions/work authorizations; patient contact materials; subcontractor/supplier agreements; material and equipment purchases; employee training; maintenance and calibration of equipment; labeling; customer complaints; and material traceability. To ensure product quality and foster a professional industry relative to quality assurance, NADL offers this system as a resource to dental laboratories.

4. Stay up-to-date on legislative updates here (www.dentallabs.org/legislative-updates/).

Staying informed will help dentists and their staff become a go-to source for patients' restoration questions.

5. If you are working with a CDT and CDL, inform your patients that they are receiving quality dental restorations.

Patients have a right to know. Patients should have access to their personal dental records that outline the patient contact materials that are used in their restorations and also in what country such finished restorations are manufactured. Patients should be aware that approximately 25 percent of domestic dental laboratory sales and 34 percent of actual restorations are manufactured overseas. There are 42 countries that currently have foreign dental laboratories registered with the U.S. Food and Drug Administration.

For more information, please visit the NADL website Public Awareness link at www.whatsinyourmouth.us.

More

Visit the NADL website Public Awareness link at wwwwhatsinyourmouth.us.

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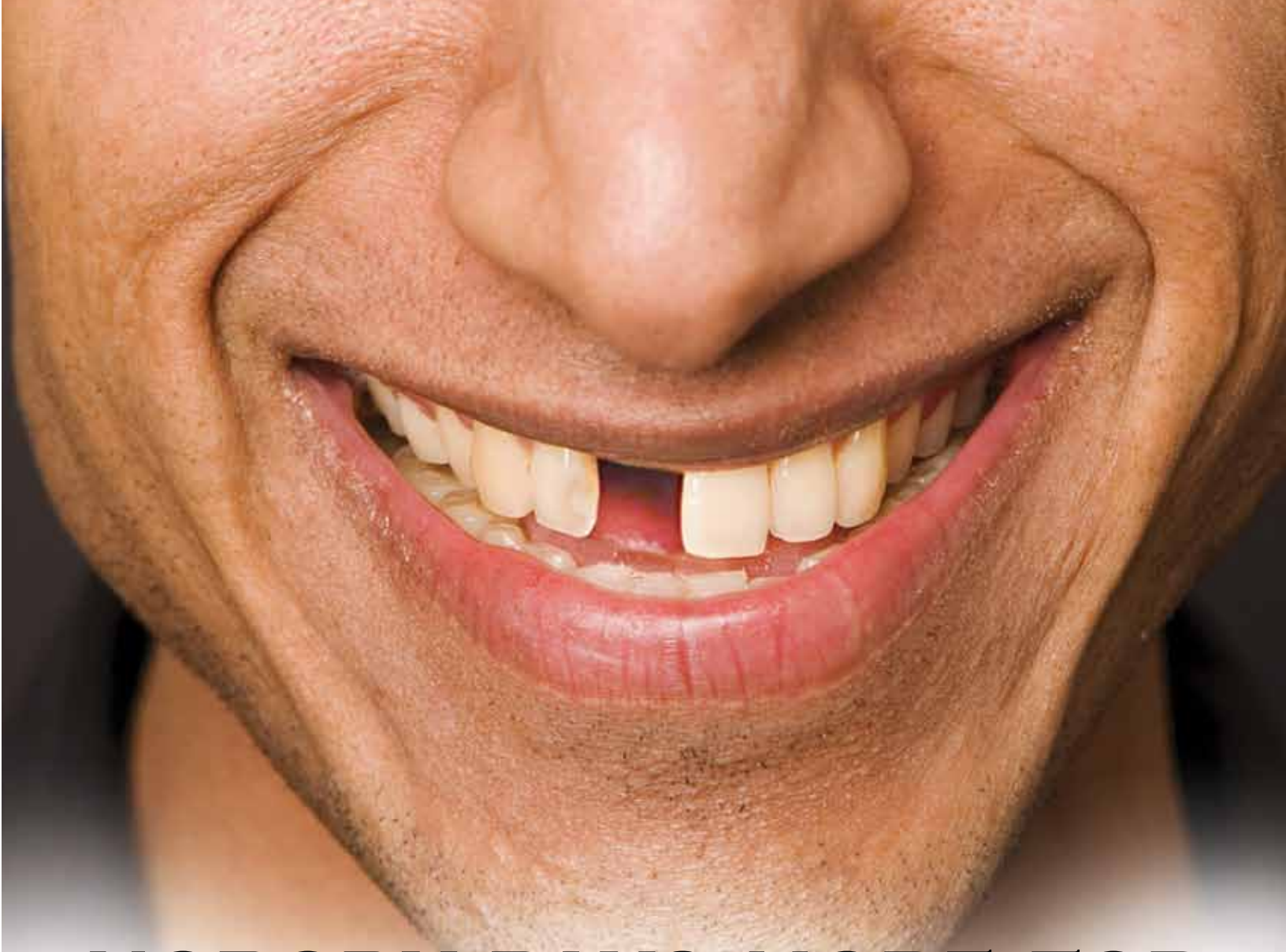

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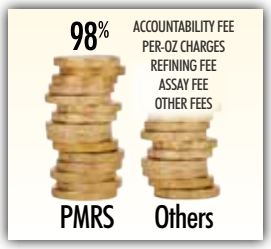

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The State of Dental Laboratory Technology

Recently, focus, sat down with FDLA board member James Wells, CDT, manager at Inman Orthodontic Lab in Coral Springs, Fla., to talk about the state of the industry and FDLA.

What do you wish people from outside of the industry knew about dental laboratory technology?

I wish people from outside the industry knew it existed. When I am asked what I do for a living I rarely find anyone that says, "Oh yes, I know what that is." Most often they say, "Hmmm I didn't even know that was a career."

What three things are having the most impact on dental laboratory technology today?

The thing that is having the biggest impact in the dental lab today is the technology. First, we are quickly moving from impressions and stone casts to intraoral scanners and printed 3D plastic models. Lab technicians are used to working on stone casts and most of our equipment and supplies are made for building appliances on stone casts. We now need to get used to new tools and materials to work on the plastic casts. In addition, there is constant training and education that has to be done and this does affect the day to day production.

Another thing that is affecting the dental lab today is the consolidation of smaller labs that are being purchased by larger labs. The larger lab has a bigger footprint and a longer reach. This can be great for some and not so great for others.

We also see a similar situation going on with the dentists who are selling their private practices to large groups. These large group practices can and do set restrictions on what kind of services that practice offers and who the doctors in that practice can send lab work to. This has caused some small labs to lose a few customers.

What does being an FDLA member do for you and why should others join or become more involved in the association?

I feel that being a member of the FDLA is very important for both the lab and the individual technician. It is important for technicians to stay actively involved in their field, not only to stay up to date on what's going on with technology, but the industry in general.

The laboratory members get real quantifiable benefits that they may not otherwise have access to, especially smaller labs. For instance, if you do not have human resources department, or you do but need some help on a specific topic, you can get a phone consultation through the FDLA at no charge. There are also discounts on insurance, UPS shipping and several other vital services.

"The thing that is having the biggest impact in the dental lab today is the technology."

We Want You

Here at *focus*, we are constantly on the hunt for Florida Dental Laboratory members to feature in our Focal Point interview. If you, or someone you know, would like to be featured, please e-mail us at cassie@thewritemessage.net with Focal Point in the subject line. We want to see you in *focus*.

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Clear	**PN 905006**	Variety Pack	**PN 905261**

and

Eclipse Lower Baseplate Resin (12/PK) (Specify One [1] item number)

Original	**PN 905007**	Light Pink	**PN 905008**
Light Reddish Pink	**PN 905009**	Dark Pink	**PN 905011**
Clear	**PN 905012**		

and **Eclipse Air Barrier Coating** 5 fl. oz. **PN 905047**
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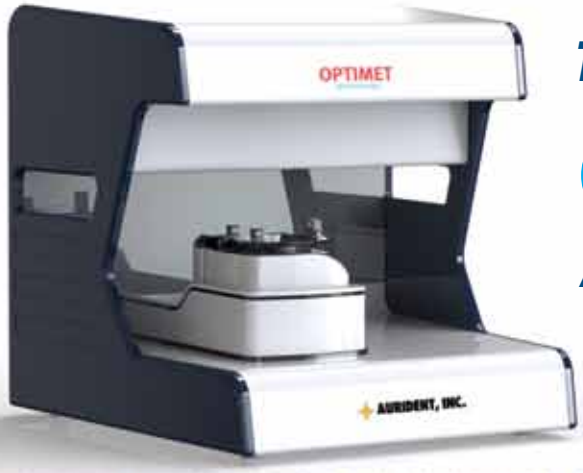

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