



# Growth Strategy: Profit in the REMOVABLE Market

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## President's Message

# Implants, Dental Labs and the FDA

ducation can help us be better technicians, better managers, better laboratory owners and keep us on the right side of the U.S. Food and Drug Administration (FDA). That last one is especially important because the FDA is taking a hard look at dental implants and abutments. How do I know that education can make a difference in this case? Because of an educational workshop NADL hosted at Winter Daze in Chicago earlier this year.

During the workshop, NADL outlined the FDA's thinking about implants and how it impacted laboratories. Endosseous dental implant abutments are FDA Class II medical devices and are subject to FDA regulations. The FDA has been clear that anyone making the implant/abutment interface is considered a manufacturer of a Class II medical device and must obtain 510 (k) pre-market clearance. According to the NADL, here is how this affects dental laboratories:

### **In-House Milling**

- **Cleared Instructions** The FDA was aware of one or two titanium-base/hybrid abutment manufacturers whose instructions for dental lab in-house CAD/CAM milling of the abutment collar/post have been cleared by the FDA (Sirona and Lava). The FDA has not identified any other abutment manufacturers who have been able to clear instructions for dental lab in-house CAD/CAM milling.
- **Manufacturer/510(k) Holder** Milling of the collar/post may be done by the manufacturer/510(k) holder.



### 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

### Contract Manufacturers – A lab that meets the requirements to become an FDA-registered contract manufacturer of a 510(k) cleared abutment.

### Abutment Blanks - Cleared for Hand Milling Only

Note: The following does not apply to a lab that is registered with the FDA as a manufacturer of an abutment with 510(k) clearance that uses a blank as part of its cleared process.

- The FDA states that there are no abutment blanks that have been FDA cleared for in-house CAD/CAM milling by a non-510(k) holder dental laboratory.
- The FDA states that single-piece abutment banks with a pre-milled connection platform and a large cylinder for formation of the collar and post are cleared for dental lab hand milling only.

### In-House Design

• A dental lab may use software for the in-house design of patient specific modifications to the abutment collar/post, which are then milled at a manufacturing facility under the control of the abutment manufacturer who holds the 510(k) for that abutment.



Being an implant lab used to be a niche market. However, today being able to provide implant services to dentist clients is common place. That doesn't mean that every lab is up to date on the requirements to provide implant services or the technical know how to create the best implant restorations possible. That's where continuing education comes into play. Be sure to check out FDLA's website (www.fdla.net) for the latest district workshops and the Foundation for Dental Laboratory Technology's continuing education search (www.dentallabfoundation.com/CESearch) for more educational opportunities.

By Fernando De Leon

FDLA president

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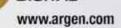


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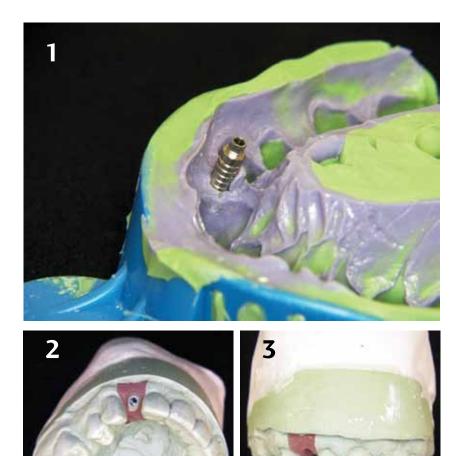
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# Custom Temporary Implant Abutment With Temporary Crown

### By Allen "Patch" Garcia, CDT, TE

deal implant placement can be a challenge due to numerous influences such as less than perfect bone conditions, difficult to manage soft tissue, or high esthetic zone considerations. When one or more of these conditions exist, providers often prefer a custom temporary abutment and temporary crown to mold and shape the soft tissue over an extended period of time prior to the final restoration being fabricated. The ability to finalize the emergence profile and subgingival contours prior to the definitive restoration being fabricated can avoid surprises at the delivery appointment. Numerous factors can be mitigated and managed with a few additional steps as described below. The following technique was adapted for use to manage difficult soft tissue conditions while giving the provider as much latitude for adjustment of the temporary abutment or crown until ideal tissue contours are developed.



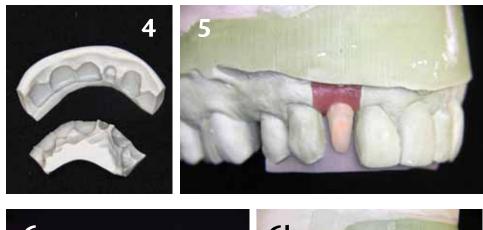
Assessing the incoming impression, its associated transfer coping (**Figure 1**), and accompanying prescription form is vital. The prescription form should contain detailed instruction on the soft tissue condition and assessment by the provider during the impression taking procedure. The prescription form, for this case, reveals the provider's request for minimal soft tissue displacement in the temporary custom abutment and to idealize the emergence location of the temporary restoration. The assessment of the impression reveals some block out is required around the retention grooves on the impression transfer coping to improve the resulting soft tissue model.

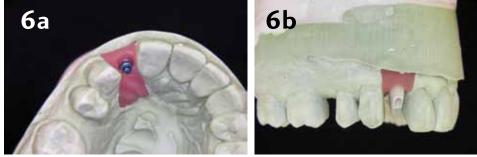
The resultant cast reveals a stove piped soft tissue condition and a deep access channel from the height of the soft tissue to the top of the implant analogue (**Figures 2 and 3**).

The soft tissue should be evaluated to identify the ideal emergence location of the restoration from the gingiva.

A stock plastic tooth shaded temporary abutment is screwed into place on the model. If initial adjustments are required to allow the temporary abutment to go to place, complete that procedure until the abutment is fully seated. Using an electric waxing instrument pack, heat form and seal the screw access hole using guttapercha. The use of gutta-percha is recommended because it can be quickly and easily manipulated to fill the screw access hole to achieve a near watertight seal. The gutta-percha will also resist displacement and better resist thermal stressors and be more likely to stay in place during later procedures. Complete an idealized abutment wax-up and create a putty matrix forming a mold to control and shape the composite resin material when added. Carefully cut the putty matrix in half with the sectioning of the matrix occurring just lingual to the incisal edge of the anterior teeth (Figure 4). Note the sectioning of the putty matrix also divides the waxed custom abutment in half in a mesio-distal direction (Figure 5). The sectioning of the matrix in this way will allow for the seam, created during the composite application steps described below, to occur in a position that will allow for easy removal prior to light curing the composite material. Using a steam cleaner, remove the wax from the temporary custom abutment. Apply the recommended separator for the composite you have selected liberally to the model and soft tissue.

I prefer to use a composite resin that requires the use of a thermal warming device to increase the fluidity of the material. The warmed material has a high viscosity level for a limited working time to complete matrix seating procedures as described, but will return to a firm state at room temperature aiding. Apply composite resin to both halves of the matrix and successfully orient the matrix halves on the model by gently seating the components into place. When seating the labial portion of the matrix, note that the incisal edge is wrapped slightly forming a solid vertical stop helping to control and verify the proper seating of the matrix. Allow the composite to cool to room temperature with the mold in place for approximately five minutes. The two halves of the mold can be removed and flash trimmed from the temporary abutment and surrounding model using





a sharp knife. Once a high degree of satisfaction is achieved with the shape of the component, light cure the material in accordance with manufacturer's instructions.

Complete shaping procedures of the temporary abutment using appropriate diamonds and burs. Remove the abutment from the model and complete preparation of the abutment with a margin for the temporary crown to follow and fill any discrepancies/voids in the pattern and light cure again. The final step in the abutment's fabrication is to prepare a margin .5mm below the height of the soft tissue (**Figures 6a and 6b**).

Repack the screw access hole with guttapercha and complete a full contour waxup directly over the prepared abutment and fabricate your final putty matrix over your approved wax-up (**Figure 7**). Take care to place the cervical area of the temporary in the ideal location for esthetics as this will serve as our guide for the provider in the operatory. I recommend allowing the provider to evaluate the esthetics and approve the wax-up via one-on-one visit or photography submitted by email. This step is often overlooked but can be very beneficial when planning the esthetics on



a case. It not only ensures the provider and technician are on the same page, but will help both better understand and commit themselves to the amount of soft tissue contouring that will be required on the case for optimal results. It is not uncommon for the temporary to form a reverse S curve at this time—a condition that we would not want in our final restoration for hygienic reasons. However, at this stage it is what will guide us as to the amount of soft tissue contouring that will be required during subsequent appointment procedures.

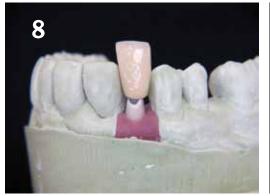
Liberally apply the separator once again and complete composite processing as before with the following exception.



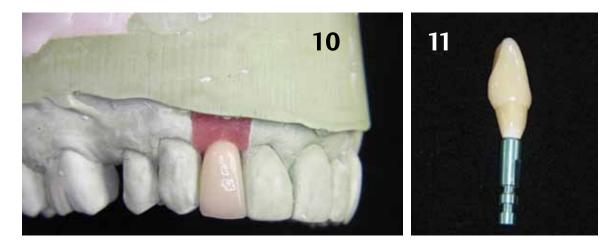
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When fabricating the temporary, due to the material thickness and resulting strength of the temporary crown vs. the delicate temporary abutment, there is no need to section the halves of the putty mold. Complete finishing and polishing procedures using appropriate diamonds and burs. The resulting temporary abutment and temporary crown (**Figures 8-11**) is then ready for delivery to the provider.



Take care to carefully evaluate the assembled components on a lab analogue in (Figure 11). Note the concavity created at the joining of the stove piped abutment and idealized full contour temporary crown. The amount of this concavity will indicate the amount of material that will need to be added to the abutment, using chairside composite resin, over successive appointments. It will typically take a couple of visits to slowly mold and shape the soft-tissue making it ready for the final prostheses to be fabricated. Please note the soft-tissue control that was achieved on the first appointment (Figure 12).

In today's high demand for exacting esthetics, this is a quick and helpful tool for the provider and lab technician to increase intra-office communication. Proper case planning and establishing a roadmap, for predictable results, will always be the best way we can serve our clients and, ultimately, the patient.

Editor's Note: This article first appeared on JDT Unbound.

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# CUSTOM TECHNIQUES AND STRATEGY to Profit in the **REMOVABLE Market**

### By Dennis Urban, CDT

he number of profitable opportunities in the removable market has increased dramatically in recent years. However, exactly how to capitalize on these opportunities in a profitable way has become a big challenge for many dental laboratory owners. It doesn't have to be that way. Here are several techniques and strategies you can implement at your lab to profit in the removable market.

QUANTITY DOESN'T NECESSARILY MEAN HIGHER PROFITS. So what is a good way to capitalize on the denture market if you are not up to par with dedicated removables staff or technology? The first step, if feasible, is to cross-train existing laboratory technicians with the help of dental manufacturer courses, such as Vita North America's denture courses. These include courses on implant denture technology, set-up techniques and processing. These courses not only address the technical aspect of denture technology, but the business side also.

If you are a laboratory who is new to the removable market and do not yet have highly-trained removable technicians and want to grow your business with removable offerings, make sure you are prepared to accommodate your dentist accounts before spreading the word. There are many qualified removable labs around the country who would be glad to provide denture services in all categories while your lab and technicians are in transition and getting up to speed.

The important thing during this transition period is that you provide the consistent quality your accounts are used to. For both existing denture labs and newly formed departments, the main goals are:

- 1. Patient and dentist satisfaction.
- 2. Profitability for the lab.

That last one is just as important as the first for your lab. If you cater to higher-end doctors and produce high-end quality restorations with the best of materials, then don't fall into the trap of economy work at a low price. It can be easy to give in to this sector of the removable business, which is based on quantity, lower prices and a lower level of materials needed to fabricate quality full dentures, overdentures, partials and hybrid cases. The thing to remember though is that quantity doesn't necessarily mean higher profits.

There is another option to going the low-price route: Laboratories can upsell many of their existing accounts and attract new accounts with high-end removable work and high-end prices. It's an important technique and one I'll highlight later in the article, but first let's discuss materials, then we'll go to techniques before hitting on the practical approaches to get the ball rolling with higher profits. We'll start with the essentials:

### PRODUCT

Quality denture teeth, semi-adjustable and fullyadjustable articulators and high-impact denture acrylic.

• Quality denture teeth – Utilize a denture tooth that has a low wear factor, good shade

consistency and teeth that have nature tooth morphology. There are numerous denture tooth companies on the market and I have tried most of them. I have had the most success with the Vita line of teeth. Physiodens, Vitapan Plus and Lingoform are my go-to when it comes to providing the best in shade, esthetics and function.

- Articulators Utilize an articulation system that is consistent and mimics true jaw function. I use the Artex articulation system for most of our cases. This articulator system has gained acceptance worldwide and for full mouth reconstruction utilizing the facebow technique. Artex is one of the best.
- **Denture Acrylic** When choosing a denture base acrylic, make sure the acrylic being used has the right amount of flexural strength and the right amount of impact resistance. The acrylic must exhibit a natural appearance and be able to form an excellent bond to denture teeth. My choice is Diamond D High Impact Denture Acrylic with microwave curing techniques (**Figure 1**).

ATTRACT NEW ACCOUNTS WITH HIGH-END REMOVABLE WORK AND HIGH-END PRICES.

Figure 1 Diamond D Acrylic Microwave Tecnoflask





#### **Figure 2** *Rhein 83 Equator Attachments*

#### Figure 3

Denture Set Up with Vitapan Plus Anteriors and Lingoform Posteriors

### KNOWLEDGE

The science behind the technique, including occlusion, case design, function and esthetics.

- Occlusion This is an extremely important aspect of removable technology. Apply the correct occlusal scheme for the right case. Utilize anatomically correct posteriors and set them in a functional way including lingualized occlusion for implant overdenture and bar type cases.
- **Case Design** Work closely with your dentist accounts on proper case design. This includes the best function on attachment systems. I utilize Rhein 83 attachments such as Equator





(Figure 2), Strategy and Spheroflex for most of my overdenture cases. Our hybrid cases are designed with Nobel software and yield to a beautiful bar design with consistent quality. With partial dentures, I always try to upgrade our accounts to esthetic-type partials including the latest in thermoplastic technology.

- Function Function is also extremely important. Make sure the correct protocol and procedures are in place when planning and fabricating a removable case. The science behind the technique should be applied keeping in mind the ultimate goal of patient satisfaction.
- **Esthetics** The use of high-end materials and techniques, including denture teeth, bars, attachments, acrylic, waxes and denture base stains, not only add to superior esthetics but also to your bottom line.

## UPSELLING AND

All of the above mentioned categories are pieces of the profitability puzzle. But to complete the puzzle, lab owners, managers and the point person speaking to the doctors must become sales and tech savvy. They need to fine tune their communication skills when it comes to convincing the doctor that your prices are worth every penny.

That means you must learn the art of closing the doctor. For example, I have had numerous doctors tell me that they just want economy or mediocre quality teeth in their dentures. This is when I get excited and start telling them why they should pay the extra money for high-end quality denture teeth like Vita (Figure 3). I inform them that these teeth wear almost like natural dentition and the shade consistency is unbeatable—especially on overdenture cases. Also, I let them know that when it comes to implant dentures and hybrid cases, economy teeth wear out at a much faster rate. The patient wants information and having these facts at hand will make the dentist look good in front of the patient. I even go so far as to make the dentist sample cases at a charge so that they can show the patient the difference.

Another example of upselling to a higher-level product experience is highly-characterized wax tryins (**Figures 4 and 5**), which reflect the patient's





ANOTHER COMPONENT TO

YOURSELF IN A POSITIVE WAY.

**UPSELLING IS TO PRESENT** 

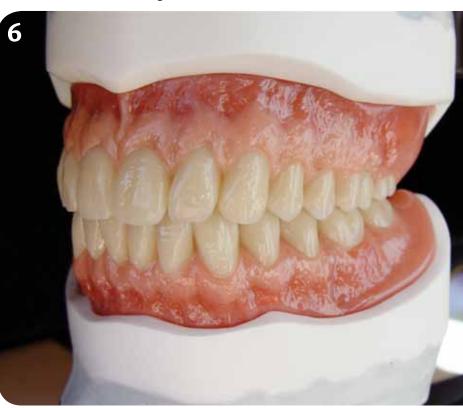
YOUR LABORATORY AND

natural gingiva. For this, doctors send me a digital photo of the patient's natural gingiva. I'm able to use my waxing technique to provide a denture set up, which will mimic the final finished case. At first, there was skepticism from the doctors, but once they—and their patients—experienced these types of try-ins, the feedback was tremendous. A major percentage of doctors now pay an additional fee for these types of wax try-ins. In addition to the extra charge for characterized wax ups, I now can easily convince the doctor to pay extra for a processed denture with denture base staining (Figure 6). I take a digital photo of the wax up and mimic it in the final finish. With these two options alone, I have just increased the price of a denture by \$150 and this is not including the profit on premium denture teeth.

There are so many areas in removable technology which will grow your lab business including hybrid bar cases (**Figures 6-8**), all-on-4 and all-on-6 in office conversions, esthetic partial dentures and so on. I cover and teach these and many other topics in detail in the seminars I present. And after the seminars, many lab owners and technicians start implementing what they learned and start getting results.

Another component to upselling is to present your laboratory and yourself in a positive way. One way to do this is to show your accounts that you belong to state and national dental laboratory organizations, such as FDLA and NADL. Figure 4 and 5 Characterized Wax Ups

Figure 6 Characterized Denture Base Staining



### THERE ARE SO MANY AREAS IN REMOVABLE TECHNOLOGY WHICH WILL GROW YOUR LAB BUSINESS.

In addition, you should encourage certification for your technicians and have certified dental technicians on staff. This goes a long way to enhance you laboratory's image.

The key to upselling is to stop selling your dentist accounts on price and to sell them on value. After being on the sales and marketing side of the dental laboratory business for many years, I learned that the lower-price scenario is short lived, especially when there is a very good chance your competition will usually out price you and then you are scrambling to find the next account and offering an even lower price. By offering the



Figure 7 and 8 Finished Nobel Montreal Bar Hybrid Case



expertise, the service, the quality materials, the dedication and the support that you are, you will retain your accounts with a loyalty factor that outweighs the price factor.

The scenario for high-end dentures at a higher profit is not only limited to dental laboratories but also dentists. Dental practices would love to increase their bottom line on all kinds of denture offerings. At every dentist study group lecture that I present at and every case consult I am involved in, I have a detailed step-by-step scenario about how the doctor can give the patient a better denture product for much more money.

Partner with your dentists accounts to help them grow their removable business and become more profitable. They will come to appreciate this and their loyalty will show with referrals, increased business and higher profits for your removable department. I am not saying that every dentist will pay the premium. Regional economic factors can come into play and not every account will fit your business model. However, with the growth opportunities in removables at your fingertips, your profit potential is endless.

### **ABOUT THE AUTHOR**

Dennis Urban, CDT, has more than 38 years of expertise in the dental technology field including lab management, technical training, sales and marketing, product development, quality assurance, writing and lecturing. In addition to being a seasoned dental



lab manager, Urban has been an eminent lecturer to dentists and technicians worldwide since 1985. He owned and operated a full service lab on Long Island, N.Y. for many years. His lectures and trainings span many areas of dental technology. His technical articles have been published in numerous dental publications in the U.S., Canada and Europe. He received the 2007 NADL Excellence in Education award and is the director of removable technology at Jason J. Kim Dental Aesthetics in Port Washington, N.Y.

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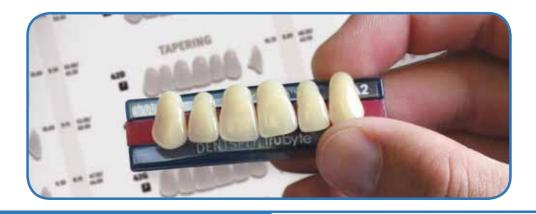
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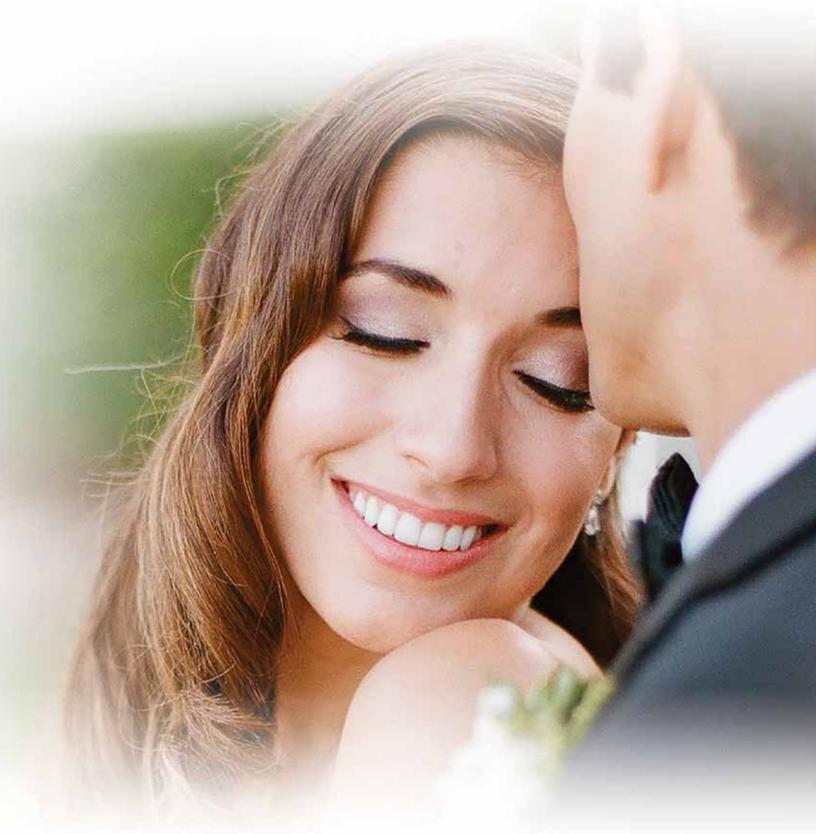
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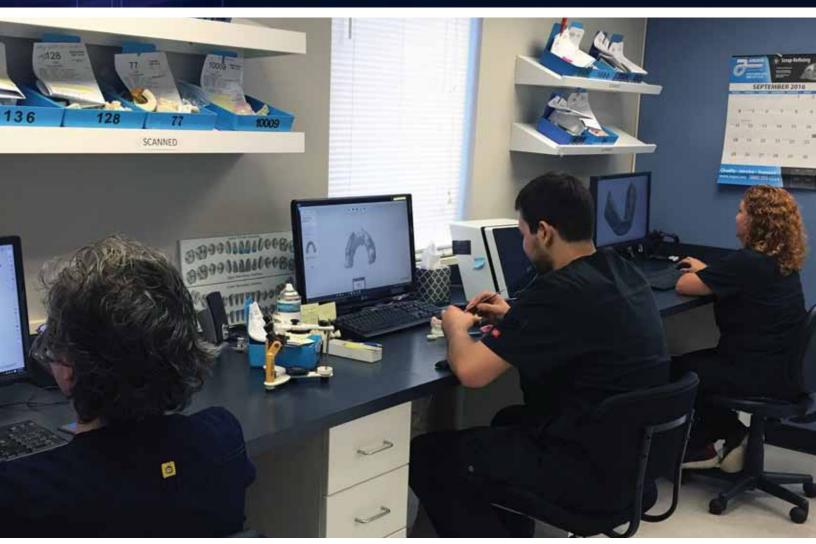
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By Iain McFarlane, CDT

# BEYOND DIGETAL

UNDERSTANDING THE BEHIND-THE-SCENES ASPECTS OF DIGITAL INTEGRATION IN ORDER TO COMPETE IN THE DIGITAL ERA.



**ProLab Esthetics** 

igital technology has changed the dental industry by opening up new restorative possibilities as well as elevating levels of precision and predictably in both the lab and the clinical setting. However, in addition to the changes that digital brings in capability, it has changed the business climate and organizational make-up of the industry, as well.

Make no mistake about it, the lab industry is splitting into two distinct paths—boutique labs that specialize in high-end, hand-fabricated restorations and labs focused on digital automation and manufacturing type workflows. Today, the question for any lab owner caught in the middle is then obvious: Where do you fit in? Well, the answer to that really comes down to a choice: Where do you want to fit in?

Digital technology, its workflows and organizational strategies are more sophisticated than anything that has existed in the industry before. Those workflows and strategies are the same across all lab sizes because they are strictly set by the operational capabilities of the machines themselves. That means that any lab adopting digital workflow must learn manufacturing principles and organizational strategies that they might never have needed to understand before. Unfortunately, though, many lab owners go into digital seeing the end product only. They assume that since they understand crowns, they should automatically understand any method utilized to produce them. And, for the most part, I tend to agree with that, but I also know from personal experience that there are still a number of challenges to overcome in the early phases of digital integration.

For this article, I sought the opinions of three Florida lab owners, all who have found success with digital, to get their take on digital integration. After talking with them, and numerous others over the years, one thing is for sure—every lab owner goes through the same challenges initially, and every lab owner is more than capable of overcoming those challenges if they understand a few key concepts.

"It took us about three months before we were really comfortable with the new workflow," said David Haley, owner of ProLab Esthetics, summing up the challenges of incorporating a digital workflow into his lab. "The first month had me believing that I made a huge mistake. Now, a year in, we're not looking back. I'm already looking at a second mill and have no regrets at all."

One side note before I get into those concepts: Digital technology is not a magic wand. It won't fix organizational



"I'M ALREADY LOOKING AT A SECOND MILL AND HAVE NO REGRETS AT ALL." —David Haley



GPS Dental Lab, Inc.

"THE PERSON DOING THE DESIGN REALLY NEEDS TO HAVE EXPERIENCE AS A TECHNICIAN AND UNDERSTAND TOOTH MORPHOLOGY." --Glynn Watts, CDT or leadership flaws. In fact, it's usually the opposite—it will expose those shortcomings almost immediately. Many labs specialize in what I call brute force efficiency, which is the ability (or need) through sheer determination and hard work to out muscle their organizational and leadership deficiencies. We all know labs that run like that. They operate on these up and down cycles of heavy production to get caught up followed by cycles of low production once the pressure is released until the cycle repeats again. As that relates to digital technology, experience has taught me that a machine's operational limit cannot be outmuscled. If it takes a machine 30 minutes to mill a crown then 48 units is the daily maximum for that machine—period. Those operating capacities must be factored into the workflow as a fixed parameter. That doesn't just go for the mill. That goes for the time it takes to set up the CAM, load the disks and blocks and perform the preventive maintenance. In short, organizational skill is critical

to the manufacturing process. Unfortunately, that reality is often underestimated by lab owners who are just getting into digital processes. More often than not, that fact is only really understood after a number of mistakes, miscalculations and underestimations are made. But, that's true of learning anything, so take heart and know that you can do it, and do it well.

So, with that said, the first point I'll make about digital integration is this: No more operating by feel. Everything in the workflow must be scheduled and organized to the maximum degree possible. An example of that can be found at Knight Dental Group, Inc., CDL, DAMAS in Oldsmar.

"Everything that enters the lab is categorized by how long it will take to leave the lab," said Knight Dental Group President Barbara Wojdan, CDT, AAACD. "In the model room, cases are grouped not only by material type, but by unit count and



GPS Dental Lab, Inc.

sintering times. Essentially, the workflow is broken down into the finest detail possible so cases will reach quality control at exact times rather than arriving at random intervals....Before that kind of scheduling precision was introduced, the QC staff was often staying late because the large cases (which required longer sinter times) were coming out later in the day than the smaller cases, but, once variables such as sinter time were accounted for, overtime, and its associated cost, was reduced significantly."

Contrast that to the approach that many labs take when they operate by feel, pushing cases through the model room based on when they come in as opposed to how long they will take to complete. In those environments, workflows aren't planned, rather, they are settled into, and overall efficiency is harmed.

This concept of hard scheduling applies to everything else in the digital workflow that has an associated speed limit. And, though that may sound daunting, understand that it is actually a good thing.

Any variable that can be standardized and scheduled-in based off of set parameters ultimately makes operations more efficient—a concept that may be obvious for high-volume work environments, but in low-volume environments it's a concept that is often overlooked. In those environments, it is too easy to stray from schedules and attempt to feel one's way through the daily production needs. There is also a definite side benefit of working by set schedules as opposed to working by feel. It is much easier to determine when it is time to invest in more equipment, if it is known that the workflow itself is already at its most efficient level. Labs that are poorly organized, however, may end up needlessly buying extra equipment to make up for production shortfalls without realizing that there is increased productivity just waiting to be tapped if a few organizational changes are made. Bottom line, it's better to organize yourself into higher productivity rather than buy yourself into it.

Hand in hand with organizational efficiency is operational efficiency in the digital workflow.

"I would watch digital technicians literally add and take away from the same spot for 10 minutes," said GPS Dental Lab, Inc. CAD/CAM Manager Andrew Perricone who added that some personality types are better suited to digital than others. "Yes and the ones that couldn't get past wanting to tweak every possible thing are no longer doing digital."

This is a critical concept for both technicians and lab owners to understand: Constantly micro-adjusting designs can ruin workflow efficiency and rarely yields a better result—no matter the technician's personality type.

"People who love computers and gaming tend to do better than most," said Glynn Watts, CDT, president of Advantage Dental Design in Tallahassee. "However, ultimately, the person doing the design really needs to have experience as a technician and understand tooth morphology, as well."

Haley agreed.

"Younger employees tend to learn the basics of CAD/CAM quicker than the more experienced, higher paid analog technicians," he said. "However, once the more experienced technicians get comfortable with the software and trust the computer monitor they are staring at—in most cases, they become better designers than someone with limited dental experience."

Personally, margin identification was an area I found where the digital workflow slowed down in my own lab. I always noticed this tendency for new designers to spend too much time moving the margin line minute distances based on perceived mistakes by the software. And, in my experience, I found that margins were more accurate when the technicians only adjusted them in situations where the software obviously miscalculated the margin.

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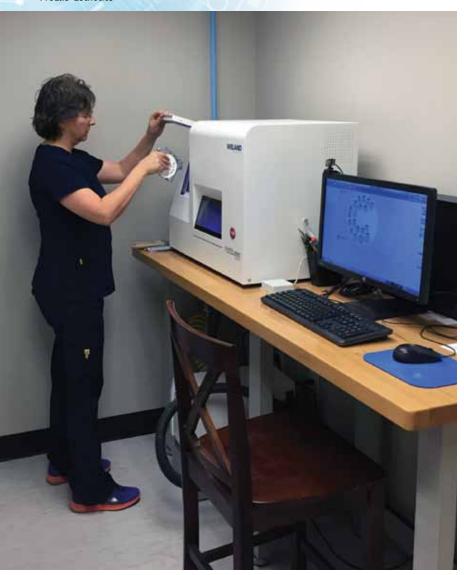
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To the other side of digital—the CAM, CNC, and preventative maintenance aspects—lab owners must understand that as they acquire larger, more robust milling units for use in higher-volume applications, they are entering into a distinctly more sophisticated production mode and must act accordingly. Preventive maintenance is a reality of larger scale automated production processes, and must be scheduled into the routine in order to keep the machines running and the workflow moving smoothly. Also, interaction with the CAM and CNC takes time and must be hard-scheduled into the day's workflow. Too many labs make the costly error of winging it when it comes to production schedules and the CAM operators often end up staying late, rushing to load machines for overnight milling. Wojdan and Perricone both point out that once a certain volume is reached, having a dedicated employee to handle the CAM and the machines is critical to operational success.



"Having an auxiliary tech handle the CAM allows the designers to concentrate only on the design phase without having to worry about other aspects of the workflow," said Haley.

Skilled CAM operators contribute to the lab's bottom line in other ways as well. Those that can safely maximize the number of units nested in a disk can literally save their labs thousands of dollars in material costs just by gaining an extra one or two units per disk. If even just one extra crown can be fit on each disk (with an average of 18 units per disk) then there is a real cost-savings realized—better to use 17 disks to mill the same number of crowns than the lab using 18. Once again, everything in the digital workflow is limited by maximum parameters, and the most profitable labs are the ones that are able to consistently operate as close to those limits as possible.

To sum it up, the digital workflow is rigid and bound by limits everywhere, but that rigidity should be seen as a benefit not a hurdle and it can be mastered with a little hard work and patience.

"The most productive technicians make the most productive digital designers," Wojdan said. "It's in their personality to be productive and digital doesn't change that."

And that same concept holds true for lab leadership as well—the best lab leaders and organizers in the analog world will likely be just as successful when they transition to the digital world. All it takes is a little re-thinking of the industry and a willingness to take on new challenges. •

### ABOUT THE AUTHOR

lain McFarlane, CDT, is a technical consultant for Ivoclar Vivadent. A lab technician and owner for more than 17 years, he specializes in the integration of digital technologies and their related materials into the laboratory workflow. He is passionate about



helping dental laboratories and technicians better understand and utilize the digital capabilities available to the industry today. McFarlane can be reached at iain.mcfarlane@ivoclarvivadent.com.



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Recently, several Florida Dental Laboratory Association Members took part in the Foundation for Dental Laboratory Technology's Race for the Future 3.0 in Longboat Key. The pristine waters, oceanside bike trails, and some of the most spectacular running courses in the United States, made the Longboat Key Triathlon and Duathlon the world famous luxury triathlon. With four race options — the International Distance Triathlon, Sprint Distance Triathlon, International Duathlon, and Sprint Duathlon — FDLA members had several opportunities to show their pride in the dental laboratory profession while raising money for the industry.



Longboat Key, Florida



FDLA board members Fernando de Leon, Nick Azzara, and Tim Stevenson, CDT



Bob Warner, CDT, Judy Warner, Kristen Brown and Barbara Warner-Wojdan, CDT, AAACD



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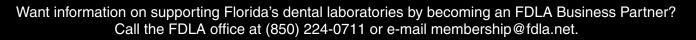
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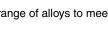
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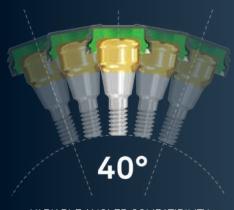








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## **Focal Point**

# Alexander Wünsche

R ecently, *focus* sat down with new FDLA board member Alexander Wünsche, to find out more about his take on the dental laboratory profession in Florida and the best advice he's ever received about succeeding as a dental technician.

Wünsche is president of Zahntechnique Dental Laboratory, a premier high-end, full-service dental lab that specializes in implants and digital technology. Zahntechnique is an Amann Girrbach Live Lab, so they participate in alpha and beta tests of new materials and equipment.



### How did you get involved in the dental laboratory technology profession?

I grew up in a dental family. I am a third generation dental technician. My grandfather was a dental technician and a dentist, my father is a dentist and all my uncles (three of them) are dentists or dental technicians. My passion for this profession developed very early.

### What's In Your Mouth

Wondering what kind of outreach is happening to better educate patients about the importance of qualified dental technicians and dental laboratories? Check out What's In Your Mouth at www.dentallabs.org. What are the three biggest challenges to the industry and how can FDLA help members overcome those challenges?

I think the biggest challenge is the lack of education. The second is the fast moving and evolving technology compared to years ago. We are facing new technologies and materials extremely fast and the market can change overnight. The next challenge is corporate dentistry. It's the perfect example of the race to the bottom mentality, which is driven by young dentists having huge debt and being forced to work in these kind of organizations.

A big percentage of new dentists and dental technicians don't have the time for more in-depth education, so we are developing a very sloppy form of dentistry for our patients. The FDLA can help to improve the education level by offering classes for dentists and technicians. I think the Southern States Symposium & Expo is a great example of FDLA doing that. Also, we need to find better ways to support dental technology schools. We at Zahntechnique are trying to support McFatter Technical College as much as we can and are giving new graduates the opportunity to work in a modern and high-end laboratory because we are always looking for good talent.

## What do you wish patients knew about dental technicians and dental laboratories?

I would love to get them more involved in their cases. In Germany, we were allowed to educate patients about the advantages and disadvantages of materials with or without the dentist present. Most dentists need better education in materials. I think the What's In Your Mouth campaign is a great start to educating patients. We should push it more and be more aggressive with this campaign.

### What is the most important piece of advice you've gotten about succeeding in the dental laboratory industry?

To have success, you have to fail. You have to find your niche and specialty and then combine it with your passion.

## What advice would you give to someone just entering the profession?

To be aware that this is a very special profession with great potential and opportunities. However, if you don't have the passion for it, you will most likely not succeed or be in it for very long. You should use every chance to become more educated and find the specialty where you have the most talent. I would definitely recommend obtaining the CDT certification because it is something nobody can take and it will always help you in finding a job and/or getting a promotion.

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