

Made for TV

A Recovering Bulimic Gets a New Smile.

The nationally syndicated television show *The Doctors* has made it possible for countless people, often in desperate situations, to find hope and a new beginning through various treatments and opportunities. When you work in dentistry on television, you find many people who are in need of help. I am grateful to be included as an expert on *The Doctors* for the past few years. I've served as a guest expert for dental reconstructions, smile makeovers, and dental advice. It has been a true pleasure to be part of their team. Recently, instead of us looking for a patient for a future episode, the patient found us.

Samantha had come from a bad situation and was doing her best to get a second chance.

Samantha Diane was in desperate need of a smile makeover. After reaching out and telling me her story, I evaluated Samantha's case with my public relations consultant and the



producers at *The Doctors* to determine if her case would be a good fit for the show. Together, we decided that Samantha was a good candidate for an upcoming, heartwarming episode.

Samantha has a career as a model, and has unfortunately made a few regrettable decisions in the past—but she has since turned her life around. That was a main reason why *The Doctors*



Dr. Joseph Willardsen and Samantha Diane on the set of *The Doctors*. The show originally aired on September 23, 2015.



Stage 29 Productions/*The Doctors*



(Top) After extensive reconstructive work, Samantha Diane shows off her new smile on the set of *The Doctors*. (Above, left) Samantha—before the full mouth reconstruction. (Above, right) Samantha—after the full mouth reconstruction.

decided to take on her case; she'd come from a bad situation and was doing her best to get a second chance.

A UNIQUE CHALLENGE

An early challenge with Samantha's case was that she does not live in the city (or even the state) where my dental practice, True Dentistry, is located (Las Vegas, NV). For all her dental appointments, Samantha had to travel back and forth between southern California and Las Vegas.

On Samantha's first visit to the office, we did the initial exam. Unfortunately, after years of neglect and bulimia, her mouth was in poor shape. She wasn't taking care of her teeth. We found a lot of periodontal disease, enamel erosion, and infection, and many broken-down, non-restorable teeth. Because of the extent of the damage, we had to postpone our original tape date for *The Doctors* because there was just too much healing that needed to be done.

The next step was to get Samantha's periodontal disease under control. We needed to extract the infected, damaged teeth (two on the upper left, two on the lower left, and two

on the lower right), and it was necessary to do extensive bone grafting as well.

One of the biggest issues that we encountered was that a missing central tooth had been gone for so long, and no bone grafting had been done when the tooth was lost, so Samantha's whole buccal plate had collapsed in the anterior area. This

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large defect in the bone was a challenge to restore. When that happens, it's difficult because you get a large shadow near the coronal portion of the restoration in the bone. Getting the correct shape, contour, and color is a difficult challenge for any restoring dentist.

Because I was using Arrowhead Dental Laboratory for the restorations, I knew the capabilities of the technicians. After extensive photos, preliminary impressions, and case planning, I discussed Samantha's case with the technicians. To solve our



major aesthetic problems, we ultimately decided to use pink porcelain to correct the void and fill the tissue out. We discussed possibly doing an implant in that area, but the bone was extremely thin and the patient didn't want to undergo extensive grafting procedures.

Because of the patient's unique situation and her cosmetic desires, we decided to use some advanced techniques and new materials in pink porcelain and composites. Being able to use the pink materials helped solve a very difficult restorative problem for Samantha, especially in the anterior area. The biggest difficulty with pink porcelain is matching the tissue color, because when the tissues are inflamed, they turn red, but the pink porcelain doesn't ever change color. It can be a challenge to match shades.

To compensate for that challenge, we used the pink composite bonded to the porcelain so we could get an exact match to the client's tissue. That way, when we needed to, we could adjust the color to the final healed soft tissue.

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It was first necessary to clean off multiple layers of stains and remove years of accumulated plaque. Controlling her periodontal problems was a major factor in her upper and lower arch. As the periodontal condition healed, it was necessary to contour the lower anteriors, and the teeth were bleached with the



(Above) Images of Samantha's before-and-after photos.

Smile 365 bleaching system. The Smile 365 system was a perfect fit for Samantha, as her treatment and dentition were changing.

For the treatment materials on the uppers, IPS e.max™ with the pink porcelain was used. In addition to the pink porcelain, Gradia® pink composite was used. The restorations were bonded with Kuraray Panavia™ V5 cement. We used Alleman-Deliperi biomimetic techniques in repairing and bonding the tooth, including Ribbond® fiber mesh, Kuraray Clearfil SE Protect bond, Kuraray Majesty Flow, and Kuraray Clearfil AP-X composite. Because it was an e.max™ (porcelain) bridge, it was important to use the Kuraray Panavia™ V5 composite in combination with an immediate dentin seal technique to ensure the highest bond strength possible.

Because of the infection in her teeth, Samantha was in quite a bit of pain for the early treatments. The pain from her periodontal disease was very bad, too. We decided to use sedation—oral sedation and nitrous—to help Samantha and manage the pain during the procedures.

It took about four months to complete the entire process for Samantha. The uppers were prepped and the lowers were treated on separate visits. Completing her implant work will finish her case.

A TRANSFORMATION

The biggest transformation for Samantha was when the temporaries were placed and she could see her new smile

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Hope Gordon, Elite Full Arch Reconstruction by Dr. Jim Downs, 2013.

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Using the Words That Work (continued from page 19)

insurance plan. However, we receive all new patients here and will be happy to research your insurance benefits, file your claims, and help you with your reimbursement.”

Then if the patient says, “If you don’t take my insurance, I probably am not going to come there,” you can respond, “I believe it would be your loss to never meet our dentist, and I know you would never have a crown as good as the one you would have from him [or her]. But you know what the greatest loss of all would be? We all would miss the opportunity to meet you. So let’s do this. Let’s have you come in and meet him [or her] and take a look at that one tooth.” Remember, you want to get the patient in the door and build the relationship, but you have to know the right words to say. Words *do* matter.

When working with existing patients, I hear too many dental employees say, “We’ll see what your insurance covers.” Such a statement implies that if insurance doesn’t pay for it, the treatment is not important. Change the focus from what insurance will cover to helping the patient understand the benefits of their insurance plan. The right words are, “I’m glad you’re here, because we have researched those benefits for you and we are going to help you to understand them.”

“WE WILL BE HAPPY TO RESEARCH YOUR INSURANCE BENEFITS, FILE YOUR CLAIMS, AND HELP YOU WITH YOUR REIMBURSEMENT.”

I slipped up and said the words that I used to say. We didn’t correct each other in front of patients, of course, but we really meant business.

In order for the words to get the right response, staff members must change the words they use.

As you begin to memorize and employ the words that work, you can measure yourself by the patient’s response or reaction. When you get off the phone or a patient is standing in front you, ask yourself if they reacted or responded. That should motivate any person who wants there to be a difference.

WHY THE RIGHT WORDS

Once again, words *do* matter. The right words get results and the wrong ones don’t. Even the smallest change will make a big difference. Just tweak your words and ask, “How do you feel?” instead of, “What do you think?” It may seem insignificant, however, it can significantly change the results. The right words make a difference because they ensure that everyone—staff members and patients—are on the same page. If everyone uses the same words and the same phrases, the outcome is predictable and everything works together. The right words are important in a variety of situations—not just phone calls. In my Total Team Training class, we discuss using the proper terms in other situations, such as resolving patient concerns, overcoming objections and much more.

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As Albert Einstein indicated, the significant problems that we face are of our own making. We created the problem. It means that you are accountable for the way your patients react. With that responsibility, you will naturally want to use the right words. Measure the results and see what changes the right words will make in your practice. ■



Tawana Coleman has been a practice development trainer with the Dr. Dick Barnes Group for more than twenty years. She has worked with thousands of dental practices. The structure that she teaches has empowered dental practices across the country to dramatically increase production. For any questions, email Tawana at rtcoleman@cox.net.

MEASURING SUCCESS

The number one clue that you need to change your words is if patients are *reacting* and not *responding*. I don’t want patients to react, I want them to respond. There’s a difference.

What is the difference between a reaction and a response? Consider this: the words “adverse” and “reaction” are often paired. You may think of it in terms of having a reaction to a medication or something that you are allergic to. That’s bad. That affects you negatively.

If you find that patients are reacting in the same way they always have (“I’m not going to do what you ask me to do”), or you don’t ever get the patients scheduled, or they become defensive, then you have not used the right words.

We want patients to *respond*. When you respond to something, it’s good. When you’re ill and you’re on a medication that has been prescribed, you begin to respond to the medication and you get well.

In order for the words to get the right response, staff members must change the words they use. Part of this is committing certain phrases to memory. Memorization helps, and so does repetition. In the office where I worked, we always held each other accountable. I told my co-workers to remind me if

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take shape. The temporary placement is really the first time patients are able to envision what their permanent smile will look like. For Samantha, it was a dramatic transformation. She cried a lot and thanked us profusely. Samantha said, “This is a new start for me. I haven’t smiled in years.” And that’s the fun part for the dentist—seeing such a change in the lives of your patients.

With the work we finished on Samantha’s mouth, we were able to tape the episode for *The Doctors* last fall (the show originally aired on September 23, 2015). It was great to be able to show Samantha’s new smile and see how it gave her a new outlook on life.

As Samantha smiled, she had a beaming glow throughout the show and seemed genuinely happy with her new makeover.

Hopefully, from Samantha’s example, others will learn what treatments are available through reconstructive dentistry. No matter how “bad” a smile is, it’s never too late, and it isn’t always as hopeless as you might think. Often, the future can be bright—just like it was for Samantha.

The fun part for the dentist is seeing such a change in the lives of your patients.

For more information about *The Doctors*, please visit www.thedoctorstv.com. ■



Dr. Joseph G. Willardsen graduated from Loma Linda University School of Dentistry in California. He continued his cosmetic dental training and became a full mouth graduate at the prestigious Las Vegas Institute, Arrowhead Dental Laboratory and Occlusion Connections™. In addition, Dr. Willardsen has been trained and certified as a biomimetic instructor through the Alleman-Deliperi Centers for Biomimetic Dentistry. Dr. Willardsen has been a key opinion leader for Dentsply, Kuraray, Midwest Dental®, Henry Schein, and E4D Technologies, as well as many others. As a result of Dr. Willardsen’s training and outstanding results, he has been asked to be the invited dentist on numerous television, news, and talk shows, including NBC’s *The Doctors*, Fox News, CBS News, ABC News, Huffington Post Live, VH1, and many others. His natural talent and ability to create beautiful smiles have made him popular with professional athletes, television hosts, broadcasters, models, and beauty pageant winners, as well as many other aesthetic-driven patients.