Advancing Clinical Practice in the Age of Digital Dentistry

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The Age of Digital Dentistry: Considering the advances, the benefits, and the rationales

General dentists are adopting digital technology at a steady rate. Those who attended dental school before students were trained in these technologies are increasingly investigating them, investing in them, and incorporating them into their practices. Younger dentists—Generation X, and certainly Generation Y—would not think of practicing dentistry without the technologies that can streamline their work flows because of the technologies’ potential to make their practices more profitable, virtually autonomous, and very technically advanced.

Clinicians who have begun using digital scanning, 3-dimensional (3D) cone-beam computed tomography (CBCT), lasers, chairside milling, and 3D printing have created an infrastructure that functions better than the traditional practice model. They have improved their diagnostics beyond anything previously comprehensible. They have optimized the patient, team, and their personal work flow to the current maximum. They are satisfying their creativity and enjoying their profession like never before. And they are saving time and money in an unprecedented way.
This ebook explores some of the product categories and services available through Patterson Dental and the experiences of 2 clinicians who have aligned with Patterson Dental to make their visions gradually and purposefully become a reality.

Taking the first step

Everyone’s approach to trying any new technology is different. Some people jump right in and purchase whole systems that will change their entire landscape, while others try 1 technology and add others 1 at a time.

“The reason I stage out new things 1 at a time is that any new implementation kind of rattles the office,” explains Gauri Mona Patel, DDS, a general dentist who practices in Whitefish Bay, Wisconsin. “It takes a lot of training to utilize a new technology. Everyone has to develop a new habit and get a new work flow going. It may take 3 or 4 weeks for it to become standard work practice, but once it hits, it’s great!”

When Dr. Patel is thinking about buying new technology, large or small, she includes her partner and team in the decision-making process. “I have a team powwow to get their thoughts on it,” Dr. Patel says. “It can’t be a solo mission. It’s only going to be successful if my team is on board.” Because auxiliary staff can use many of today’s technologies, the whole team needs to be supportive of a change in protocol, new duties, and delivery of care. “If they question what they have to learn next with any apprehension, I always assure them that I’ll explain the new protocols in detail and make the transitions as seamless as possible with lots of support available,” she says. “Then they are more easily on board with the changes.”

David Rice, DDS, a general dentist who practices with 2 other general dentists, a prosthodontist, and a staff of 13 in East Amherst, New York, takes the same approach. “We’re very much a team-centered practice, and we always integrate everything in a similar process,” Dr. Rice explains. “The dentists are ‘the officiators’ of the technology. We make sure we are comfortable and feel we can trouble shoot, answer any questions, and be a good resource for the team before implementing new technology.”

Mona Patel, DDS, owns and practices general dentistry at Bayshore Dental in Whitefish Bay, Wisconsin. She has been in practice for 11 years, and utilizes an all-digital office work flow in her newly designed office. She has been awarded the American Institute of Architects 2017 Honor Award for Design Excellence and the ADA Wells Fargo Dentist Practice of the Year for Office Design and consults on smart office design and digital work flows. Dr. Patel is a key opinion leader speaker for Dentsply Sirona, and an active member of the ADA, AGD, AACD, and CERECdoctors.com. She can be reached at (414) 332-6010, drpatel@bayshoredds.com, and www.bayshoredds.com.
Where to start

The first piece of technology Dr. Rice adopted was a laser. “We started with soft-tissue lasers about 20 years ago,” Dr. Rice recalls. “We began using them on the restorative side, but then the hygienists really took hold of them in their space. They are all licensed, which is a state-by-state thing, but fortunate for us.” Their SiroLaser Xtend (Dentsply Sirona) diode soft-tissue laser is in regular use, whether it is for disinfecting tissues or for tissue recontouring in highly esthetic anterior cases.

Dr. Patel, who treats a lot of young and teenaged patients, has been using a SiroLaser Advance diode laser for years as well. “I’m using it for gingivectomies, frenectomies, to stop bleeding when prepping crowns, and for removing operculum tissue around third molars waiting for extraction,” Dr. Patel says. “We also occasionally treat aphthous ulcers with photo stimulation to help reduce symptoms and start the healing process.”

Both Drs. Rice and Patel have hard-tissue lasers on their wish lists because they can be used to prepare restorations in less time by eliminating the time it takes for anesthesia to work and using handpieces with a series of drills.

### Lasers

#### Solea Laser (Convergent Dental) >>
- All-tissue laser for hard-tissue cavity preparations and soft-tissue surgeries
- Minimally invasive
- Blood-free, suture-free experience for patients
- Quieter than drilling
- Patients experience little sensation
- Reduces referrals for soft-tissue surgeries (crown lengthening, frenectomies, gingivectomies, aphthous ulcers)
- Increased patient work flow
- Wi-Fi and cellular enabled for diagnosing and fixing problems and updates

#### SIROLaser Xtend (Dentsply Sirona) >>
- Touchscreen navigation with user prompts
- Preset therapy programs
- 24 freely programmable applications
- Access codes for 2 users
- 1 handpiece
- Can upgrade to 12 favorite hot keys, treatment documentation, rechargeable battery
- Ergonomic handpiece with integrated finger switch

#### SIROLaser Advance (Dentsply Sirona) >>
- Diode laser
- Touchscreen navigation with user prompts
- Wireless battery operation
- Optional wireless foot control
- Preset therapy programs
- 24 freely programmable applications
- Access codes for 6 users
- 2 handpieces for alternating operation
- Hot keys for 12 favorites, treatment documentation
- Rechargeable battery
- Ergonomic handpiece with integrated finger switch

#### SiroLaser Blue (Dentsply Sirona) >>
- First US Food and Drug Administration-cleared blue and triple-wavelength dental laser
- Triple-wavelength technology for 3 lasers in 1 device
- Blue wavelength: best cutting efficiency of all dental diode lasers; infrared wavelength for periodontal and hygiene indications; red wavelength for photobiomodulation and low-level-laser therapy
- Sterile, disposable fiber tips (EasyTips)
- Intuitive touch-screen operation
- Preset programs, favorites, 6 customizable user profiles, 24 own programs
- Battery operated, stainless steel handpiece with integrated finger switch
- Optional wireless foot control
Step 2—Digital scanning

Dr. Rice’s second step into technology was acquiring a digital scanning and chairside milling system—CEREC Omnicam (Dentsply Sirona). After the assistants and dentists were trained and proficient with scanning, they trained the hygiene team because, Dr. Rice says, there are a lot of opportunities when a patient is in the hygiene chair to really “set the table” for the restorative side. “Imagine time being our most valuable asset, and imagine that everybody on the clinical team is capable of digital scanning,” Dr. Rice explains. “When the patient comes back in for a restorative appointment and 80% or 90% of the scan is already complete, we can now be superefficient.” He notes that in New York, dentists are required by law to make the master impression. “After a hygienist or assistant captures the scan, a dentist cuts out the preparations we’re working on in the software,” Dr. Rice continues. “Once the preps are made, one of my partners or I scan those and stitch them into the existing scan. So 95% of the job is done by our team and 5% is done by a dentist.”

David R. Rice, DDS, is the founder of the nation’s largest student and new dentist community, igniteDDS. Dr. Rice travels the world speaking, writing, and connecting today’s top young dentists with tomorrow’s most successful dental practices. In addition to igniteDDS, Dr. Rice maintains a team-centered restorative and implant practice in East Amherst, New York. With 23 years of practice experience, he has completed curriculums at the Spear Center, The Pankey Institute, The Dawson Center, and the school of hard knocks. He can be reached at (716) 912–7970, david.rice@ignitedds.com, and www.ignitedds.com.
Dr. Patel’s team is also using CEREC Omnicam. “Patients don't like gooey impression materials, and I don’t like stocking them in the office,” Dr. Patel says. “So digital scanning has been great for all of us. Plus, I can just send the scans to our CEREC or to the local lab for any restorations or appliances that I cannot, or choose not to utilize my CEREC for.”

For clinicians who are not ready or interested in leaping into a completely digital work flow or offering same-day dentistry, Dr. Rice advises switching to digital scanning at the very least. “There is a lot of data to show the accuracy level of a digital scan versus a traditional impression,” he says. “It’s also more efficient and cost effective. Whether I mill the restoration in house or send it to the lab, scanning is absolutely where people should be today.”

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**Digital Scanning**

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<th>CEREC Omnicam (Dentsply Sirona)</th>
<th>TRIOS 3 Wireless Scanner (3Shape)</th>
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<tr>
<td>- Obtains powder-free, highly precise 3-dimensional (3D) digital impressions in natural color.</td>
<td>- Wireless scanning for single units, quadrants, and full arches.</td>
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<td>- Fast and easy to manipulate.</td>
<td>- Fast, easy, comfortable.</td>
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<td>- Rounded camera tube for easier rotation and increased operator and patient comfort.</td>
<td>- Lifelike colors.</td>
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<td>- Small camera tip easier to position.</td>
<td>- Shade measurement.</td>
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<td>- Captures either 2-dimensional or 3D images and half- or full-arch impressions.</td>
<td>- Anti-shake technology automatically eliminates blurry images.</td>
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<td>- Anti-shake technology automatically eliminates blurry images.</td>
<td>- Wand contains built-in illumination for consistent images.</td>
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<tr>
<td>- Transfer digital restoration designs directly to CEREC milling unit or dental laboratory.</td>
<td>- Scan with or without color.</td>
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<td>- Facilitates digital orthodontics and integrated implantology.</td>
<td>- Continuous software upgrades.</td>
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**iTero Element 2 Scanner (Align Technology)**

- Portable intuitive, interactive system designed for restorative and orthodontic cases.
- Software guides users through the scanning sequence; touchscreen and wand are used to respond to the on-screen instructions.
- Realistic colored scans.
- 25% faster scan processing than original iTero Element.
- 19-inch high-definition, multitouch capable display screen.
- Demonstrate and compare historical and current scans in “time-lapse” presentation to quantify changes and simulate treatment plans.
- Connects to restorative and orthodontic laboratories.
- Interacts with third-party treatment planning.
- Can be used for custom implant abutment design and chairside milling.
- Compatible with dental laboratory computer-aided design and computer-aided manufacturing systems.
- Can be combined with the iTero Restorative and Orthodontic Digital Ecosystems.
- Compact footprint design.

**Planmeca Emerald Intraoral Scanner**

- Ultra-lightweight next-generation intraoral scanner.
- Ideal for quadrant or full-arch scanning.
- Flawless accuracy and detail.
- Ergonomic design.
- Two-button, single-hand operation; easy to toggle between scan sets, activate filters, and manipulate software directly from scanner.
- Multi-color, laser-based system.
- Provides vibrant, realistic impressions.
- Advanced optics.
- Enhanced algorithms.
- Autoclavable heated, anti-fog scanning tips for uninterrupted scanning.
- Open stereolithography (STL) files allow exporting from Planmeca Emerald to in-office milling units, 3D printers, and local labs.
- Open architecture system fully integrates with current equipment and software.
- Excellent communication and networking tool.
- No click, send, or subscription fees.
- USB-3 portable plug-and-play connectivity.

**Planmeca Communicate app** enables access from mobile devices and internet for communication with dental laboratories.

**3Shape Communicate app** enables access from mobile devices and internet for communication with dental laboratories.
The next step—Chairside milling

Some clinicians have been designing and milling their own restorations for 30 years now. The advantages to using in-house computer-aided design and computer-aided manufacturing (CAD/CAM) milling systems are total control over the design and fabrication processes and same-day delivery to the patient. CAD/CAM chairside milling machines, such as the CEREC Fully Integrated System (Dentsply Sirona) and the Planmeca FIT Open CAD/CAM System (Planmeca), are being used to create thousands of single-unit crowns, partial crowns, and implant abutments. Today, highly trained auxiliaries can handle many of the milling, shading, and firing processes.

“The moment that CEREC went to 3D, we jumped on board,” Dr. Rice says. “We were milling from day one. But we kept our practice philosophy, which is simply if we could deliver the best restoration, we would take it from start to finish; if a ceramist could...
do the job better than we could, we scan it and send it out. Two of our dental assistants are tremendous with shading and glazing, and they do most of that work on a daily basis. Whether it’s for restorative or for Invisalign (Align Technology), we are integrating our team in every aspect of the process.”

Dr. Rice’s team mills about 70% of their crowns, inlays, onlays, and veneers in-house, but use CEREC Connect for Invisalign patients and bigger anterior cases when he feels it is important to maximize a ceramist’s ability to provide “10 out of 10 esthetics.”

An unexpected benefit of offering single-visit dentistry was that Dr. Rice’s practice developed a brand of excellence within his community. “It was kind of a crazy result, but we started seeing patients from other dental practices as if we were a specialist,” he recalls. “Our reputation really exploded 2-fold. It was patient to patient, but we get referrals from surgeons and other clinicians as well.” When patients are referred to him for a crown or onlay, he makes a point of sending them all back to the dental practice they came from to maintain his integrity within the community, which continues to this day. “I saw a patient last week who has come here for over a decade for all of her crowns, veneers, inlays, onlays, etc. It really helped develop our reputation for being cutting edge and on top of our game.”

From a work flow standpoint, Dr. Rice attributes this to saving patients time and money. “We’re not the only ones who are really busy—our patients are super busy,” he says. “Anything we can do to become more efficient benefits all sides. We went from multiple appointments to single-visit dentistry. We went from needing to refer out to multiple specialists to being able to retain many procedures inside our 4 walls. Plus we’ve probably streamlined every procedure by at least 20% from a time perspective.”
Dr. Patel's practice is using CEREC almost daily as well. “Between us, my associate and I average about 10 cases a week,” Dr. Patel relates. “For a small private practice, that’s huge. We use CEREC primarily for crowns, but also do some implants. We also use the ClearCorrect orthodontic software to create clear aligners.”

Dr. Patel has found that same-day dentistry has its own unique kind of return on investment (ROI). “It’s not just the lab bills you’re saving by milling in house, it’s everybody’s time,” she says. “The big picture is we are able to truly maximize same-day dentistry because of the technologies we’re using simultaneously. Instead of trying to convince a patient to come back for a second appointment, we see much more treatment plan acceptance by explaining we’ll mill it for them and they’ll have a permanent crown in about an hour.”

The big step—3D CBCT

CBCT systems specifically designed for dentistry have been available in the United States since the early 2000s. Being able to capture 3D images of patients’ hard and soft tissues, document bone structure and density, and view the nerve canals, sinuses, airway, and temporomandibular joints all in mere seconds has changed the landscape of oral health care. The benefits of being able to see and diagnose more in 1 image, combined with the time savings, are measurable. Using the resulting image to educate patients, plan treatment, and perform virtual surgery has been a major boon to the general practitioner.

Dr. Patel has been using the Orthophos XG 3D (Dentsply Sirona) for almost 3 years. “CBCT is a game-changer for diagnosing. It’s part of our workflow, especially for emergency patients. My team is trained to take a scan and have it up on the monitors before I even walk in the operatory. It’s great for patients to see such technology right in front of them, too.”
Dr. Patel says that discussing what she is seeing on the CBCT image with patients has also increased treatment plan acceptance. “We may take a scan because the patient is having pain on tooth no. 30, and I’ll notice something on tooth no. 5 that I would not have seen on a periapical x-ray. If I’m seeing more, I’m diagnosing more. But more importantly, my patients are seeing what I’m diagnosing. They believe in our treatment plans a little bit more.” In fact, studies show that up to 30% more diagnoses result from using 3D CBCT imaging versus 2D imaging combined with traditional intraoral examinations.²

Dr. Rice combines Galileos Implant (Dentsply Sirona) software with his CBCT system for surgical planning and says it is also great for airway assessment and designing appliances for sleep apnea. He sees a lot of patients with temporomandibular joint issues whose conditions are muscular in origin. “But once in a blue moon when you get that true TMD patient, cone beam becomes very helpful,” he says.
The most recent transformative technology dentists are delving into is in-house 3D printing. 3D printer sales within the dental industry grew 75% in 2016. In 2017, dentistry was trending as 1 of the hottest markets for 3D printing, with more than $4 billion worth of restorations and orthodontic appliances being printed each year. Because 3D printers have come a long way in speed, integratability, and affordability, it is now much more feasible to use them in private dental practices. Clinicians can design and print their own crowns, bridges, orthodontic parts, surgical guides, dental models, and denture frameworks relatively quickly.

“We’re just getting into 3D printing with the MoonRay S (SprintRay), and we love it,” Dr. Rice says. “It’s a very efficient way of doing laboratory work, which our assistants and other team members invested a ton of time in before.” 3D printing eliminates having to pour diagnostic models and either mill surgical guides in house or have a dental laboratory mill them. “It’s cleaner, faster, and more efficient to print them here,” Dr. Rice says. “We are now printing occlusal guards, which previously was a major expense for the practice. And we’re looking into printing clear aligners.”

### 3D printing—The newest frontier

3D printing—The newest frontier
Barriers to adopting digital dentistry

Some of the barriers to embracing digital dentistry are practical and some are emotional. Contemplating change is not always easy. Changing the way something is done, especially if it is the way one was taught to do it, can be challenging. Wondering whether a new technology or skill can be easily integrated into the office “system” is valid. Looking at a steep learning curve is daunting. Considering the ROI of the initial expense is economical. And being wary of the risks and liabilities that sometimes come with adopting new technologies is being practical.

“On the 3D cone beam side, I think fear of change is one of the biggest issues,” Dr. Rice suggests. “But the cost is also a barrier to entry for many people. I would hazard a guess that if somebody had to make an investment in a panoramic x-ray machine in today’s world, most people would invest a little bit more and go to 3D.”

“There are also a couple of big misconceptions when it comes to 3D,” Dr. Rice continues. “One is ‘if all I have is a hammer, everything looks like a nail.’ Meaning, I’ve got to pay for this thing so now everybody gets a 3D scan. That’s an integrity question that clinicians have to ask themselves. We do not take a 3D scan on all of our patients, only when it’s needed and helpful to us and the patient.”

Another barrier is concerns over liability. “There’s a lot of talk about being liable if you miss something in the diagnosis using a 3D scan,” Dr. Rice explains. “That’s not necessarily the whole truth. You’ve got to look at your state laws and see how you’re liable to the degree of being a dental professional. And if you’re really concerned about it, do what we do. Send the scan to somebody who can read it for you on the medical side. It’s very cost effective, it’s great for peace of mind, and sometimes you do find something and you save a life. Saving teeth is great, but saving lives is pretty cool. Thankfully, it doesn’t happen often, but we’ve been helpful in aiding our physician friends by saying they need to look at something or have a radiologist read the scan. There are services that do that well, which we may use for the larger fields of view. But when we shrink the field of view to the purely dental aspect, we’re looking at it just like a panoramic occlusal film or any other dental film.”
Drs. Rice and Patel are both operating out of relatively new practice spaces after relocating and upgrading their equipment during the process. Neither have any regrets about going digital.

Dr. Patel appreciates that she can be in other rooms actually doing dentistry while her team is handling certain steps of the scanning and milling processes. “We didn’t want to add digital technologies if it was going to add time on to my day or pull me away from treating patients. But it has changed our work flow significantly, and our patients have noticed that, too.” She was surprised when she began to realize she actually had some downtime. “It just doesn’t take as long to do things now,” she says. “We’re still producing the same amount, but I have some gaps in my day. As a working mother, that’s huge. It helps me regain some work-life balance and handle all the other things I have to juggle. The technology is what’s doing that for me.”

**Time savings**

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Partnering with Patterson Dental

Many clinicians have discovered that the simplest and least stressful way to implement new technologies is in partnership with a full-service company like Patterson Dental, which provides nationwide support to dental practices on all levels, from change management to installation to onboarding, integration, and team training. Those practitioners see the value of a parent company having a local support network that consistently advises them individually regarding the devices and technologies that will improve their delivery of care and will be the most practical, economical, and upgradable well into the future. Patterson Dental is there during all phases of the journey and able to help from every angle on every aspect of technology acquisition and integration, from initial planning to someday upgrading or replacing technologies.

Both Drs. Rice and Patel have had long-standing relationships with their Patterson Dental representatives. Dr. Rice met his during an associateship right after college. When he was ready to invest in his own practice, his Patterson Dental representative helped him find the practice he ultimately purchased and then helped him choose every piece of technology he wanted. “From day one, and to this day, he works closely with us,” Dr. Rice says. “He's been a major asset in helping us grow and expand our services.”

Dr. Rice and his partner later purchased a prosthodontic practice and brought that dentist on board, again with the help of their Patterson Dental representative. “Our rep was also his rep,” he recalls. “He knew we had built our space with adding multiple dentists in mind, so he connected us. Offering expanded services, between the technologies and the team, was our goal. Then another dentist joined the practice who places implants and does all the endodontics. Before, we were using our technology to maybe 70% to 75% capacity, but now with our existing team we're maximizing it all day, every day.”

Dr. Patel shares Dr. Rice’s sentiments. “My philosophy when building this new office was that it’s a team effort and it takes a village,” she says. “I absolutely needed the Patterson team to help execute everything from equipment selection to laying out the practice to, most importantly, implementing and integrating all of it.” She can depend on her local Patterson Dental team for
anything. “Knowing that the Patterson team, from the techs to the reps to the equipment specialists, will teach us how to improve work flow and help us learn technologies along the way is like having a security blanket.” Patterson Dental scheduled training dates for Dr. Patel and her team to start familiarizing them with the technologies even before their practice opened. Dr. Patel says with the Patterson Dental team assisting with decision making, coordinating training, doing in–office demonstrations, and even sitting through the first few cases gave her confidence and helped her enjoy the process.

In addition to understanding who he is and where he wants to go with his practice, Dr. Rice says his Patterson Dental representative helps him keep up with the rapid changes occurring in dentistry. “You need to continue educating yourself. That’s not so easy because we’re so busy we tend to live in a vacuum,” he admits.

Dr. Rice also appreciates how Patterson Dental has expanded its partnerships in the industry. “One of the coolest things Patterson has done is open their platform up so you don’t have to buy a CEREC, for instance. You can look at 3Shape, Planscan, iTero, and see which one is best for you. The same thing is true in the 3D cone beam, laser, and other spaces,” he says.
The final step—Financing technology

Patterson Dental offers financial services to both established dentists and those just starting out. They have been doing so for more than 30 years and currently provide financial support to about 25% of the dentists practicing in the United States.

Total practice financing is available to cover acquisitions, new construction, and total redesigns. Equipment financing enables dentists to purchase and pay for technology over time. Some of the benefits of working with Patterson Financial Services are short- and long-term contract options, competitive fixed rates, payment options that include no prepayment penalties, and no down payments or collateral requirements. Getting prequalified is also a simple process.

Dr. Patel has had a very positive experience working with Patterson Financial Services. “When we have our dentist hat on and look at equipment and technology, we want it all,” she explains. “We want anything that’s going to help us provide a better patient experience, better dentistry, and work more efficiently. But you have to put on your business owner hat and weigh how you can make it work financially. Many private practice owners don’t have surplus cash that we can use to buy the latest equipment outright. I really needed to stage out my payments. Patterson makes it easy. They help you figure out your monthly payments and then tell you if there’s ever an issue, give us a call and we’ll work it out.”

Dr. Patel says the rates and interest she secured through Patterson Dental made it very manageable. “Before you know it, you’ve paid off the monthly payment while you’re using the technology and bringing more revenue into your practice simultaneously. I didn’t have to make concessions in other areas in order to get those technologies in the office.”

Dr. Rice has also taken advantage of Patterson Financial Services’ year-end financing and tax break incentives when the timing worked out. “We always maximize every advantage we can,” he says. For his practice, the ROI has been quite rapid. “Dollar for dollar, what comes in the door
versus what was going out the door has been a win. I don’t know that I could put a price on what the technology has brought to the table for us.”

Both Drs. Rice and Patel advise limiting technology purchases to a piece at a time so it is not an overwhelming process but to also keep the momentum going. “You don’t want to wake up one day and realize that you’re 15 years behind, because it’s really hard to catch up,” Dr. Rice says. “Just step back every year and assess your practice. See what piece of technology could be of most benefit to you as a business person and to you as a clinician striving to deliver better dentistry to your patients, and then make the investment. You’ve got to just dive in the deep end.”

Conclusion

Today’s dental practice is a space where clinicians can incorporate almost anything they wish to do in terms of hands-on delivery of care. They can keep it simple or expand their services to encompass many aspects of oral health care so they are not referring patients elsewhere. More dentists are starting to look toward the future, contemplating the type of person who would be interested in purchasing their practice when they retire. Those dentists are mindfully acquiring the technologies practice buyers might expect to find in place so they can step in without losing a minute to downtime or a patient to a transition period.

The benefits of digital dentistry are boundless, as are the benefits of developing a long-term relationship with a purchasing partner. Patterson Dental focuses on more than selling equipment and services by enabling and supporting practice growth and work flow management. Patterson Dental also has the future in its sights and is helping build a legacy for the next generation of dentists.

The cited references in this eBook do not reflect ADA views and policies.

Sources


“Whether you’ve been thinking about it for years, or only just recently, the idea of investing in your practice is always on the horizon. With incredible options to improve diagnostics, build more efficient workflow and even increase your ability to create solutions in-house, there’s never been a better time to explore.

Let us help bring your practice vision to life.”