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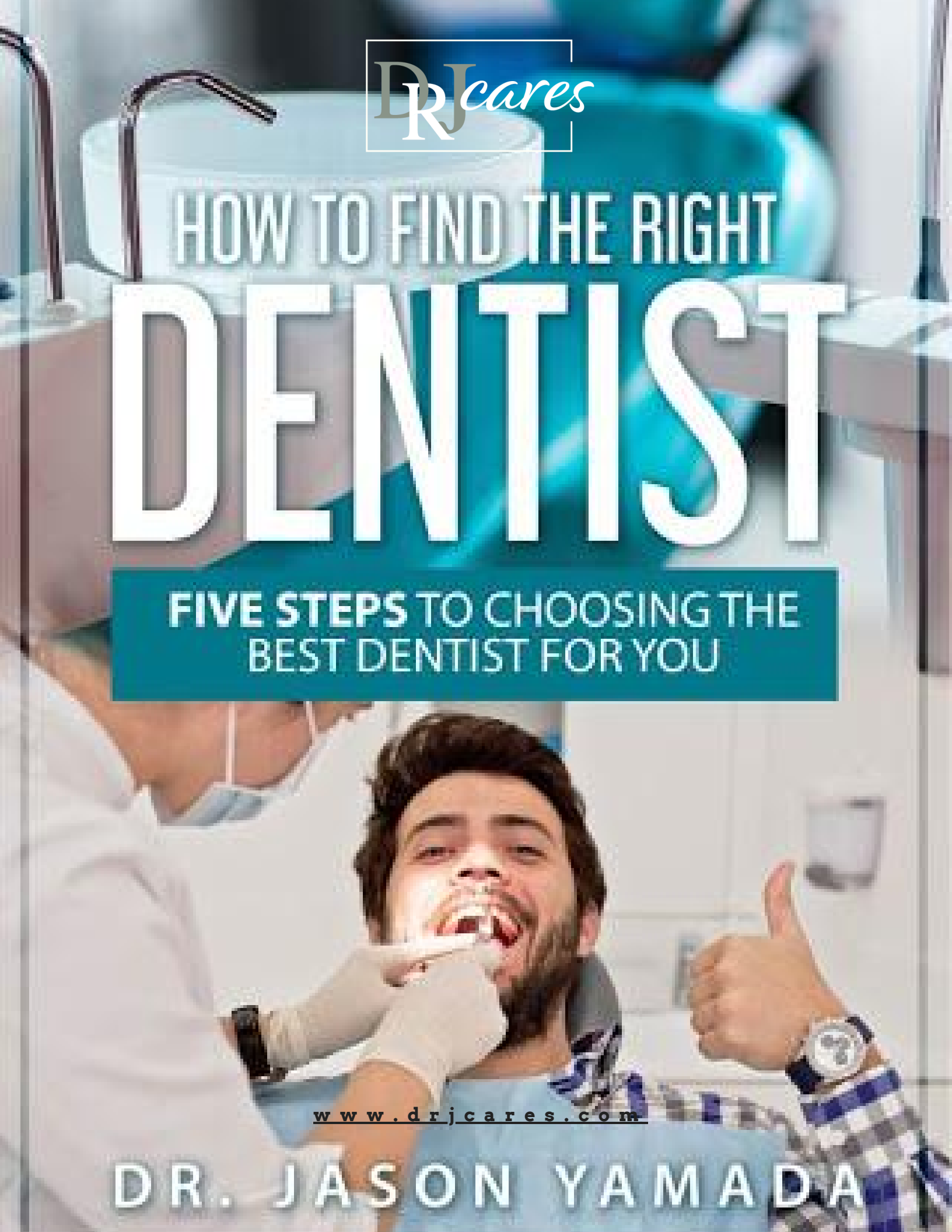
HOW TO FIND THE RIGHT DENTIST

FIVE STEPS TO CHOOSING THE BEST DENTIST FOR YOU



www.drjcares.com

DR. JASON YAMADA

www.drjcares.com

STEPS TO CHOOSING YOUR BEST DENTIST

Dr. Jason Yamada

MESSAGE

Thank you for giving me the experience and honor to have worked with you and for being integral in enabling me to write this book freely and openly.To future patients: Thank you for believing your gut feeling and helping me to help you to learning how to better your dental and overall health through learning to choose the best dentist that fits your needs.

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DEDICATION

This book is dedicated to my entire family who have supported me throughout my journey of finally pursuing my passion to do what I am good at.

TABLE OF CONTENTS

CHAPTER 1 — The five year “practice” part of private practice

CHAPTER 2 — Can I, do I want to, or will I afford It

CHAPTER 3 — What’s a loaf of bread or a gallon of milk got to do with It?

CHAPTER 4 — Meet Dr. Goodenough (good enough) and Dr. Wannabe (want to be)

CHAPTER 5 — Hawaiian Anesthesia

CHAPTER 6 — Asking for referrals

CHAPTER 7 Jack of all trades and good at none

CHAPTER 8 The dentist next door

CHAPTER 9 Technology versus technique

CHAPTER 10 Are you paying for a Thanksgiving turkey or good dental work?

CHAPTER 11 S.O.A.P. is more than something to wash with

CHAPTER 12 Philosophy versus mentality

CHAPTER 13 Online presents or presence?

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I would like to acknowledge the information given to me by my patients and close colleagues in both the dental and medical professions in providing facts and validations. I would also like to acknowledge Self-publishing School in guiding and mentoring me through the entire writing and publishing process.

BEST FIT DENTIST

INTRODUCTION

As a specialist who is often referred to patients for second opinions and specialized treatment, I have seen all types of problems and patient complaints in the past 28 years. Most health practitioners including dentists have chosen their career path because they want to help patients with health problems, however, I have seen all too many moral, ethical, and financially compromised treatments and patients suffer. Almost daily, I am asked to refer patients to a "good dentist" and I would base their needs, wants, personalities, financial situations, location, etc... to give them a referral of a dentist whom I think would be the "best fit" for their situation. This is what has led me to write down how I determine what attributes make a specific dentist best fit for patients hoping that perhaps, you the reader would be able to pre-determine if a practitioner is going to provide what you want and need before going through pain, wasting a lot of time, energy, money and maybe even losing some teeth along the way. In the section below, I simplify choosing a dentist similarly to choosing a clothing item, a glove. Although the analogy may be oversimplified, I hope it gives you a general idea that there are many facets in choosing a good dentist and this book lists a little more than a dozen things one should look for to avoid going to the wrong dentist.

INTRODUCTION

Although a glove or an item of clothing may be categorized "one size fits all", your "Best Fit Dentist" isn't. However, they do have many similarities in that it could be very difficult for you to find a glove that is the exact right size (finger length and palm size), color, texture, material, usefulness, and price. You may end up spending hours, days or months and buy a glove only to find out that it doesn't fit comfortably and never use it and have wasted not only time but money. Through the internet, you may even purchase a glove online after just looking over reviews knowing that if it doesn't fit your needs, you can return it with no harm, no foul. However, trying a dentist just by virtue of a casual referral or online reviews can be not only costly in time but costly in money and sometimes even deadly. Even if you physically try on a glove, sometimes you have to look at what fits the best, make a choice for yourself and purchase it knowing there are some compromises you are willing to make. Similarly, a dental office may not be a 100% perfect fit for you; and you may have to compromise on some attributes of the office or Dentist in order to enjoy other attributes which overall makes him or her your "Best Fit Dentist". Below are some of the many attributes each office and dentist may have which may make the difference of whether you choose them as your "Best Dentist". After 28 years of seeing the best and worst treatment ever, I have summarized in each short chapter what a patient should be aware of in choosing a dentist.

INTRODUCTION

I will briefly describe why each chapter may or may not be important to you in determining whether you choose a particular dental office and practitioner. The last chapter provides a simplified, somewhat objective method to choose a dentist. Although there are so many variables that may or may not qualify a particular dental office or dentist in being the best fit for your needs, I think that being able to see an objective score could be a great start for you. The five categories can be interchanged depending on your view of importance; however, I feel that the first three (years in practice, number of procedures performed, and affordability is extremely important and should not be replaced. I wish you all the best in finding the best dentist and I hope I will have been of help to you.

MY CREDENTIALS

- 1982- Graduated Iolani High School in Honolulu Hawaii
- 1986- Graduated the University of Southern California with a Bachelor's degree in Biology with honors
- 1990-Graduated the University of Southern California with a Doctor of Dental Surgery (DDS) degree with honors
- 1992-Graduate of Northwestern University Dental School with a specialty certificate in Periodontics and a master's degree in Oral Biology.

- 1992-Current-Private Practice in Dental Implants and Periodontics
- 2011- Patient advocate and representative for a class-action lawsuit on behalf of patients against the first, one of the largest and most well-known Dental Implant companies in the world

MY CREDENTIALS

- 2011 -Past president of the Harbor Dental Society and Board of Trustee of the California Dental AssociationSpecialty instructor at Loma Linda Dental School for over 15 yearsInventor and patent holder of the ISM (Internal Sinus Manipulation) technique along with over 7 patented instruments and techniques in the field of dentistryLecturer, instructor, and mentor to thousands of dentists in over 10 different countries Recipient of various awards and certificates throughout many countries for teaching and lecturingAn advocate of painless "Hawaiian Anesthesia technique and instruments" and currently developing the HAT (Hawaiian Anesthesia Technique) instrumentI do not list my credentials to impress you in any way but would like them to impress upon you the fact that I have been around a while and have experienced many things in the past 27 years of practice. I have almost seen it all and am very familiar with the practices of dentistry in the United States as well as several other countries.

BOTTOM LINE

About 5 years ago, I thought I would like to sit back and retire but soon realized I had a missing puzzle piece to my WHY puzzle. Born and raised in Honolulu from the 1960's I went to a couple of dentists who could be named "The Good, The Bad and the Painful". To date, I hated having any work done because I associated the smell of alcohol and bleach (which was the main form of wiping off and disinfecting instruments...yes, no sterilization or gloves used regularly at that time) with that of a painful shot in my mouth. After maturing through college and being fortunate enough to choose, apply and get into Dental School I was on my way to learning the techniques and improving skills of becoming the professional that I personally hated going to. In Dental School, I was fortunate to learn through practice, tips from colleagues, and remembering my personal dislikes and fears to be able to learn, practice, and give anesthesia to patients in a manner whereby there is very little pain. In some practice management courses, we are told to call pain "discomfort" and today many patients are well trained themselves to call pain, discomfort. I disagree with this and suggest to still call a wolf in sheep's clothing a wolf and not call it anything else. Tooth pain is a pain and a painful shot is not an uncomfortable shot. It is a painful shot.

BOTTOM LINE

Looking back through the past 27 years of practice, I truly believe that I have been very fortunate and have built much of my dental practice due to the implementation of the "Hawaiian Anesthesia technique". Look it up at www.dentalsynergism.com. On Valentine's Day of 2013, I went under general anesthesia for removal of a brain tumor and that was really the start of what has led to the writing of this book. I'm not going to delve into the psychology and mental changes I soon went through but in short, I decided to sell my practice, try to retire, and grow my financial freedom portfolio through real estate and other small business income streams. Someday I may even write about this experience in the future as well as I have had many failures and have learned many lessons. After a couple of years of trying to "find myself" and dabbling in various ventures, I sat down and while experiencing boredom, asked myself "what is it that you love to do and how can it impact others in a positive way." From the time of graduation and the start of my dental business career, I understood that I loved to lecture and teach, however after 20+ years of this, I realized that it is much more enjoyable to teach people in masses because you feel like you are getting a lot of information out in one fail swoop and although the percentage of retention was still very low, it did not make me feel like I was lecturing to a bunch of manikins in vain. In the beginning, I was gullible enough in thinking that everyone in my audience thought I had something important to say and was listening to every word attentively and really wished to learn something. The discouraging part is that most of the audience is not willing to really learn and this unwillingness made me feel as though my efforts had been wasted. After days and weeks of contemplation, I found that I loved teaching but could not figure out why I felt there was still a missing piece to the puzzle until now. What has changed? My decision to utilize technology to spread the word and teach the masses. If the audience wants to learn, they have a choice of clicking and listening to me or reading my materials. If not, they can easily click off.

BOTTOM LINE

In the past, whenever I gave a lecture or started a webinar, I told the audience that if I could teach them at least one thing that they could take with them and implement in their practice/lives, then I was successful. I still feel the same. However, with the power of the internet, they have the opportunity to listen and re-listen to the information over and over. So if I can give you some information that will be useful, then I have succeeded. I also have the ability to give them updated information constantly over and over as long as they wish to receive it. I know now from experience that I can't please everyone in such a short time through a single lecture or without direct one-on-one contact. However, I know that through the internet, I can reach a multitude more at a time and give them useful information many times over more than any lecture or symposium could and without the corporate sponsors having any influence on what is said. For a couple of decades, I thought that if I lectured for these large companies, I would have the recognition and brand as being an expert in my field. Strangely, now I look through the internet and realize that there are more illegitimate websites, blogs, gurus, etc... that lure the consumer into spending their valuable time and money and at worst receive less than acceptable information. Too long, I have been a pessimist and believed that nothing could be done on a greater level. However, I was wrong. The internet is capable of reaching the entire world through the world wide web with one click of the keypad. This is why I have decided to reach you, the consumer and give you some valuable information that may change not only your health and well-being; but save you a lot of time and money along the way. Remember, we can always replace money but nothing is more important than our health and time and we can never buy wasted time back. At least once a day, I see dental work less than would be acceptable in school or to me and at least once a week, am asked from patients for a referral to a dentist or questions regarding their dentist.

BOTTOM LINE

One day, this gave me the "A-HA" moment and made me realize that there was such a great need to not only let patients know what to look for in finding a dentist that best fits their needs, but also an explanation of some of the tricks and unscrupulous things that are going on out there in the dental business world. In parallel to giving patients awareness, I am also having dentists view my materials online in order to better their practices both from a management as well as a technical standpoint www.dentalsynergism.com . I am not claiming that I am a guru or a practice management expert or know everything about patient management; however, I have been in private practice for over 27 years and have experienced and seen and tried a lot of things and have had a lot of failures and understand what doesn't work. After scouring the web through various other websites that help inform the consumer on how to find the "Best Dentist", I have gathered the information, tweaked them and have tried to explain why the next chapters may be important to you or not. At the end of this book, I have a downloadable PDF scoresheet which can then be used as your guide as to whether a certain dental office/dentist would best fit you and what you are looking for. Please understand that this is only to be used as a guide and not a "rule" since there are so many variables as well as the fact that your feelings of importance can change day to day and hour to hour depending on your mood at that time. However, using the guidelines could be the future of saving you from pain, wasted time, money aggravation and loss of teeth.

01

C H A P T E R

THE 5 YEAR "PRACTICE" PART OF PRIVATE PRACTICE

01

CHAPTER 1

How long has the dentist been practicing? Why would this be important? The length of practicing a certain skill is directly correlated with experience and technical skills. I have asked many of my professional colleagues (dentists, doctors, anesthesiologists, surgeons, chiropractors, etc...) and they all would agree with my generalization. Even when I look at my career as well as those of other health professional colleagues, there is usually an average of a five-year learning curve in perfecting our skills. These years are spent repetitiously handling different patients, performing procedures, growing and retaining a practical knowledge base as well as being able to recognize, treat and know when to get help with complications. I feel it is most important in being able to identify, avoid as well as treat difficult cases and complications rather than have success with simple cases.

CHAPTER 1

Sometimes, this learning curve could be sped up with the use of mentors, one-on-one continuing education and experience; however, in general, I joke and say that they call our offices "private practices" because our practices are a venue where we can privately "practice" for about 5 years on patients until we get efficient at a particular skill. "Our ability to achieve success depends on the strength of our wings gained through knowledge and experience. The greater our knowledge and experience, the higher we can fly. -Catherine Pulsifer. Also, we are one of few countries that have specialists for almost every facet of dentistry as well as in medicine. I feel that there is a good and positive reason for this; would you rather have an experienced internal medicine physician perform brain surgery on you because they have a license or have an experienced Neuro-surgeon only specializing and experienced in brain surgery perform surgery on your brain. The neurosurgeon has many times more surgical cases and experience than the general practitioner and concentrates most of his work day in treatment of the brain and brainstem. Internists usually make sure that your overall body is functioning in harmony and that you keep it that way.

Similarly, the general dentist makes sure that the overall oral health of the patients is excellent and diagnoses and refers out treatment they feel would best be treated by a specialist. Of course, this then leads you to ask, "well, why don't I go to a specialist for every procedure?' Well, firstly because some dental procedures do not have a recognized "specialty" such as Cosmetic Dentistry, Dental Implants, Sleep Apnea, Temporomandibular joint disorder TMJ or TMD treatment, Laser Dentistry, Holistic Dentistry, etc... In Medicine, you are almost always referred to a specialist for specialty treatment. Although there are many dentists who claim they are specialists and tout their certificates of training, bogus degrees, etc... know that they are not considered a specialist in those fields according to the American Dental Association or Local affiliated Dental association. On the other hand, with the right training, experience, ethics, morals and supporting office staff, some generalists are trained well and can, at times, provide a service just as good if not even better than a specialist or even more importantly know when and to whom to refer a difficult case to. It is the balance of their experience, confidence, morals and ethics and just "doing the right thing" that qualifies a generalist as good. There is something to say about the convenience and trust of being able to stay in one office to have all services done under one roof just as long as it is in the best interest of the patient. However; it is always ideal, and I believe you would agree, worthwhile to travel and pay more for the best treatment you deserve, as long as it is affordable. Remember, you are paying with money, time, travel, and convenience for the experience, ability to recognize and treat complications and or know when to refer whether they are a good dentist or not. Of course, cost is a high priority in many patient's decisions in choosing a particular dentist or office to work with although if you take that out of the equation, you will have much more latitude to be able to choose your best fit dentist.

02

CHAPTER

CAN I, DO I WANT TO, OR WILL I AFFORD IT

02

CHAPTER 2

Does or perhaps I should say could your budget fit their office?

Although I believe that some facets of dentistry are getting very expensive, I believe that it can still be affordable for most. When I say affordable, I don't mean comfortable financially. I mean financially possible. We all have to decide how valuable a service or object is for us and will make it affordable based on importance. For example; if we were told that we had a rare and deadly disease where there was one cure serum available at an outrageously expensive price, believe me, most of us would try to beg, borrow or steal even to raise money to purchase this serum for ourselves or a loved one.

CHAPTER 2

Of course, this exaggeration of life or death, do or die is a little extreme, or is it? It is extreme only if we do not consider something of importance or are willing to make compromises (on technique, office décor, high-technology equipment, staff and doctor personalities, your teeth, your health etc...) and do not consider it as important to us at that moment in order to afford the treatment presented. It really depends on the importance of the dental treatment considered and its worth to you versus the cost or inconveniences.

On Valentine's Day of 2013, I underwent brain surgery to remove a brain tumor on my brainstem. Two weeks prior, my wife and I were at a consultation with the head of neurology at that particular hospital I will name Dr B. Dr. B. was a world-renowned neurosurgeon and explained to my wife and I my condition, reasoning for immediate surgery as well as the time frame for recovery, etc... for Dr. B., it was all routine stuff, but for my wife and I who are both health care practitioners, it was all very scary. However, due to his reputation, professional manner and expertise, we made up our mind to have him perform the surgery along with two other neurosurgeon colleagues and a resident he would work with. We were then told to wait for Dr. B's personal assistant to come in to do some paperwork and set up the schedule.

CHAPTER 2

After a few minutes, Dr. B's. a personal assistant walks in and without hesitation starts to let us know that my insurance should cover most of the surgery including the anesthesiologist, brain wave technicians, two other neurosurgeons and residents, etc... however that Dr. B. was "not on the plan" and would need to be paid separately out of pocket. Another alternative was presented to us where the insurance would cover the entire treatment team including an associate of Dr. B. However, that Dr. B. himself would not be performing the surgery. By this time, my wife and I were already committed mentally to having Dr. B. perform the surgery and not one of his understudies. The only thing we had to do is come up with an extra fifty thousand dollars to pay for Dr. B. himself. Needless to say, fortunately, we scraped up the money within two weeks and the rest is history. Who knows, perhaps any of the other neurosurgeons could have performed a successful surgery on me. I was not willing to risk my future and that of my family and find out.

03

CHAPTER

WHAT'S A LOAF OF BREAD OR A GALLON OF MILK GOT TO DO WITH IT?

03

CHAPTER 3

Does the office take my insurance plan? This point relates somewhat to the previous Chapter 2; however, I would like to educate you as to the history of dental insurance and perhaps it would get riled up with a better understanding of dental insurance and route any anger against your employer and insurance carrier rather than dentists. Surprisingly, dentistry was private fee-for-service until 1954 where the first dental insurance plans were conceived in California. They had a slow start until the 60s and 70's where larger companies such as Delta Dental started devising attractive pre-payment plans. In 1970, the maximum a dental plan would pay was $1000 per year. At the same time, the cost of a dozen eggs averaged 62 cents, a loaf of bread cost 32 cents, a gallon of milk $1.15 and a gallon of regular gas 36 cents. Today, the maximum insurance benefit payment per year compared to 1970 is up 50% to $1500.

CHAPTER 3

The average cost of the goods above are up 400% but I'm not going to even go into the comparison for two reasons. One is so as not to insult your intelligence and two because I don't want your blood pressure to rise too high due to anger. In 1970, an insurance plan would cover partial payment of near 10 crowns without going over the maximum. Today, they will cover only 1.5 crowns before going over their maximum coverage. Somehow, the insurance companies have been able to keep the maximum payment relatively unchanged relative to the cost of living today. How do you ask? In my opinion, they have been able to do this by utilizing data and their knowledge of increasing competition amongst dentists, growth of dental corporations, and supporting legislation to be able to advertise dentistry which was not allowed until recently. The insurance companies would just love to make the consumer think of insurance as a benefit whereas it is more of just a supplement. In some cases today, it is more of an impediment because it dictates where the patient can go for treatment as well as what treatment options are covered. If you choose to go to a non-listed dentist, you are penalized based on payment coverage percentage or coverage amounts. Is that really a benefit?

CHAPTER 3

New graduates have an average debt coming out of dental school of nearly $300000.00 dollars and with the competitiveness of private practice dentistry, are financially not able to work in a private office setting due to this debt nor buy into their own practice. They are often hired "per diem" or paid by the day and are compensated with a base per day pay plus a percentage of production incentive bonus pay. The percentage bonus pay is where things get a little interesting. This percentage compensation formula often creates a situation whereby the dentists are incentivized to produce as much as possible and as fast as possible because the more they produce, the more their net pay would be. Often, quality as well as patient care is compromised in trade for volume treatment or providing only high cost treatment procedures. Some clinics and "insurance-based" dental offices provide services and treatment plans based on insurance payment or "sales upgrades". For example, you may be presented with the necessity of having a filling done and the material the insurance would pay for is a "black" filling material (amalgam or "silver" filling) or can pay more yourself for a beautiful "tooth colored" filling.

CHAPTER 3

This type of "bait and switch" upgrades are often presented to patients in order to increase profits and again, often quality, time, healthcare, etc... may be compromised. I am not implying that compromises are performed in all of these offices, nor am I implying that private offices do not compromise treatment quality, time, care. Every office is different, however I will describe the three types of dental practices and some scenarios that can and have occurred. You may be readily familiar with some situations I will describe, however, please note that any of these situations can occur in any type of dental office.The Insurance Reliant Office (capitation) - Usually these are larger clinics and office buildings with multiple dentists or "associates" working for an entity. Due to the volume of patients needed to be treated daily at these offices, there is a need for a lot of staff and many treatment rooms. Insurance can be broken up into two main types, capitation and indemnity. Under these two main types of plans are many variations of payment structures and coverage incentives for both patients and doctors; however, a simple definition is that a capitation plan pays the doctor or legal entity providing service a set dollar amount per month, quarter or year determined by the number of patients who sign up with that particular office plan provider.

CHAPTER 3

Therefore, if the plan pays the office $8.00 per patient per month, the provider receives this payment every month regardless if the patient goes to the provider or not to have any dental work. Typically, these plans offer the registrant or patient a free examination, free dental cleanings, x-rays and sometimes free small fillings all inclusive within signing up into this plan. Fortunately, the cost of these plans are usually the cheapest and thus most affordable for patients or companies to pay for. Unfortunately, this often encourages the office to either not see patients for the free items (examinations, x-rays, cleanings and simple fillings) which increases office overhead because the office receives a capitation check for each patient regardless of whether they come in or not. It also encourages the doctor or treatment coordinator to upsell treatment that is not covered by their capitation insurance plan or to perform and or bill for unnecessary treatment through use of dental billing codes and exaggerating treatment severity. For example, utilizing a highly abused code involving the description of early onset gum disease, you may be diagnosed to be in need of four quadrants (a quarter of the mouth at a time) of scaling and root planing (deep cleaning) because the insurance would pay a high price for this procedure and it is usually diagnosed by probing depths (pocket depths) around your teeth.

CHAPTER 3

The office would submit radiographs and a probing chart and as long as some numbers are higher than 4 mms., insurance companies are usually required to pay for this treatment.
The diagnosis of the condition necessary for treatment with scaling and root planing really should be based on many other factors other than just probing depth such as true radiographic bone loss, etiology (cause), previous treatment, malalignment, prevalence through several areas etc... I have heard of offices where almost every new patient is diagnosed with early onset gum disease and requires scaling and root planing because although regular cleaning may already be included in the insurance plan, scaling and root planing is an additional procedure where insurances need to pay extra.

CHAPTER 3

Another “trick” these offices use may be in the options given to a patient between two treatments. A simple example would be telling patients that the insurance will cover a simple silver (some label it as a black) filling, however the office does not believe in a lower quality filling and thus will only do other types of fillings or a crown. Oh and by the way, coincidentally, the insurance company doesn’t cover this ideal type of treatment so you will be solely responsible to pay the entire amount.

CHAPTER 3

How about the delayed treatment technique? Since insurance does not pay anything extra (it is covered already by the insurance plan and also free for the patient) for examinations, cleanings, x-rays and small fillings, if you are a patient that does not need any "major" work, all of the sudden, they don't have an appointment opening for you in the near future or you have to remember to call them for these appointments. Hmmm. Isn't there a good chance you may forget to call but still the insurance needs to pay these offices their monthly capitation fee for you?

Indemnity Insurance plans- These are insurance plans that pay a certain percentage 50-80% and sometimes 100% of a charge that is qualified under your insurance plan. Usually these plans can be split into two tiers of coverage based on being an HMO or Health Maintenance Organization and a PPO or Preferred Provider Organization. Under an HMO policy, care is covered only if you see a provider within the HMO's network or on their list of providers. PPO's also have a list of providers. The highest percentage coverage is to be paid to providers on the list of providers for the particular insurance, however, the insurance will still pay for procedures performed by practitioners not on their PPO list of providers; although at a lower percentage of compensation.

CHAPTER 3

The same tricks used against the capitation plans can be used against indemnity insurance, except it benefits the practitioner financially to do any and all work immediately and in (sections or quadrants) in order to bill as much as possible.

How about the "let me confuse and then abuse you" trick. The office gives you a treatment plan and either the managing dentist or treatment coordinator will go over the treatment plan which looks as long as the Declaration of Independence and describe procedures, words, phrases and smile at you and simply confuse you to accept what they just went over. By the time you leave the office, studies show that you remember only 10% of what was said, and 30-40% of anything that was written down. I just had lunch with a previous employee who recently went to work for a large four office clinic setting operation. After only a few months of work performing insurance billing and collections, she told me she was quitting to work for another office because she could not believe or close her eyes to what the clinic she was working for was doing to deceive and at times defraud their patients and the insurance company. I call it the "tricks of insurance submission" that some owners have figured-out in order to benefit financially.

CHAPTER 3

My previous employee said that she was even offered a tiered bonus based on how much she could bill and collect from old treatment plans that were not billed and statements closed. The next time you are given a "treatment plan" with an itemized list of procedures, make sure to pay attention to what treatment is performed, be aware of what are "filler costs" and when you are getting a "bait and switch" explanation of line item charges. I wish I could go over every single trick out there today, but that in itself would be a long book.

Be weary of the long treatment plan sheet(s) with tooth numbers, descriptions and words that you don't recognize because the line items are like a deck of cards that can be shuffled around and confuse you so you do not understand what you are paying for, what you need to pay for and what the insurance says you do not need to pay for. I call this the "now you see it, now you don't understand it" trick of treatment planning. Often a large treatment plan listing a variety of costs are given to the patients. This plan consists of listing major procedures such as root canal treatment ($900), crowns ($1000 dollars), dental implants ($2000), etc...

CHAPTER 3

In between these procedures will be itemized several lower itemized costs such as shade matching for let's say $65 dollars, Digital technology fee $50 dollars, sterilization fee $25 dollars,$15 dollars etc... The insurance may pay only $600 dollars of a $700 dollar submitted fee and on the E.O.B. or Explanation of Benefits may say that the patient is NOT responsible for the balance of $100 dollars. The clinic insurance and office managers would then substitute this hundred dollars to pay for "filler costs" to pay for services which may not be covered by the insurance (digital technology fee) and say the insurance did not cover the entire treatment plan and make it your responsibility to pay out of pocket for the remaining fees which were not covered. My former staff said that at her clinic, every single new patient was diagnosed to need four quadrants of this scaling and root planning regardless and then any other "necessary services" were listed including the miscellaneous sterilization charge, digital technology fee, etc.... I as a periodontist know that gum disease is rather prevalent; however, not on a hundred percent of the patients. Get another opinion. If you are savvy enough to get a second or even third opinion, please do not let the second or third opinion doctor know or see any treatment plan or treatment suggested. Just go get another opinion from another practitioner as a new patient. This lessens the chance of anyone undercutting, bad-mouthing or trying to out-do a previous dentist treatment plan in order to gain your confidence. It may save you hundreds of dollars in the long run and save you from having bogus work performed.

CHAPTER 3

Be very, very careful of the "we don't collect your co-payment because we care" offices. By contract with the insurance plans, dentists are obligated to collect a co-payment for certain procedures performed on each patient. In order to market their practices and increase their patient numbers, these offices try to entice patients by claiming that they do not collect copayments from patients. This is very illegal! This may seem very noble of them and even enticing for you to go to them; however, keep in mind that they are committing insurance fraud (illegal). If they are willing to willfully commit one illegal action what other illegal, immoral or unethical thing would they be willing to perform on you. One illegal act leads to another and then eventually worsens.

04

CHAPTER

MEET DR. GOODENOUGH (GOOD ENOUGH) AND DR. WANNABE (WANT TO BE)

04

CHAPTER 4

Ask how many of a particular procedure you are in need of has the dentist actually performed? This sort of goes along lines of technical experience and the 5-year private practice rule of chapter 1. A dentist who has practiced long enough may be proficient in a few different dental procedures; however, definitely excels and is more skilled performing certain procedures compared to others. There is a positive correlation between how many times anyone performs a task and how well they perform it. After a certain point, their interest, love or passion would then need to kick in and have them become excellent at some procedures and just adequate at others.

CHAPTER 4

Most dentists are taught to perform well or excellent above a certain minimal criteria. Most students first entering dental school have the intention of achieving perfection or grade "A" level work. We initially carry this "perfectionist" mindset into private practice. Unfortunately, over time, many lose their passion and or other circumstances take over and many start to become Dr. Goodenoughs where we settle for what we feel is "good enough" treatment for patients. Sometimes, this may relate to how long the dentist has been in practice (also labeled burnout); however, sometimes is irrelevant especially if it is a newly learned procedure and the skills are not quite there yet. I can tell you from experience that it takes at least a few hundred procedures to technically be comfortable and somewhat proficient to do a straightforward case but thousands more to be competent enough to treat difficult cases and a few thousand procedures to be able to recognize and treat complications from experience. Is your dentist known in the community to be excellent at that particular procedure? Or are they a "jack of all trades and good at none". Are they excellent or Goodenough? Do they understand all facets of dentistry as well as laboratory work to know when a product is made well fits well or whether they are willing to redo it and refer you to a specialist?

CHAPTER 4

Although they have been practicing for 10 or more years, did they just go to a course over one day or even a weekend and now are starting their first procedures on you? In Dental school, we would be graded on each step of a procedure and given grades such as R,S,T,L,V, the equivalent of A,B,C,D,E. I do not remember if the letters stand for anything specifically, however, I do know it was somewhat of a secret way of grading us for every step of a procedure without alarming patients that we may have screwed things up.

For example, it was a joke on the clinic floor that if they overheard the instructor giving us a V (equivalent of failing) on a step, we should then play it off and say "Yay, I got a V for very good!" and the patients would think it was very good or something other than a failure, inadequacy, poor work.

CHAPTER 4

Dr. Wannabe is another type of dentist who is quite skilled in sales and understands what some patients are looking for in terms of years in practice and skill. Often, they boast and stretch the truth about treatment they have performed and or how many types of cases they have treated only because they need to gain the patient's trust by selling it to them. Dr. Wannabe usually has a beautiful office, beautiful staff and a lot of fancy chairs and equipment sometimes to convince everyone including him/herself that they are good because they look good. Oftentimes, being moral, ethical and mainly caring for the patient's well-being shows and will form greater trust and bonding with patients in the long-run rather than lying to them or trying to "sell" them. Dr. Wannabe tries to make up for his or her deficiency in skills with a good presentation or other sales techniques.This reminds me of a recent situation where a patient of mine presented back for evaluation for bilateral lower dental implant surgery.

CHAPTER 4

I previously had completed a single implant in the upper arch and told me that he was referred by a friend to a nearby dental office where the dentists did everything and was very cheap. He sat in the chair, looked at me straight and said," you know doc, I want to have the implants done by you but they are so expensive and this other dentist said he could do them for one-third the cost." I then told him, "Joel, I appreciate you letting me know this straight, however, there are a lot of things you need to know even before choosing any dentist especially to do implant surgery. One would be what type of implant does he use, how long has been in practice, how many implants has he done in his career, how many failures has he had (percentage failure rate) and finally, what was his office policy on failed implants." He proceeded to tell me what implant system they used and I explained to him that it was not a high-end known brand, inexpensive, however, seemed to work okay. I then proceeded to explain to him the 5 year rule I give private practitioners and that if he has not done at least a thousand or more implants, he was still learning in the process of improving his skills. I told Joel that the long-term data over 40 years for dental implants is known to show 10 percent overall failure and that even the father of dental implants professor P.I. Branemark claimed failures of up to 10 percent long-term; and if anyone claims better results... run for the nearest exit!. I told Joel that I had a saying that goes like this; "If a surgeon says they haven't had failures, they haven't done many procedures.

CHAPTER 4

If a surgeon says they have no failures, they have probably never done any procedures." Well, Joel called me back at the office and said "I'm coming back to you for the implant surgery!" The dentist was in practice for 7 years and claims he has done over 10 thousand implants and had less than .7 percent fail ever. This was enough of a red flag for Joel to understand how desperate some dentists out there are to sell their treatment. Desperate enough to lie about experience, desperate enough to lower their worth in order to provide treatment in volume. They're desperate enough to compromise their treatment and possibly compromise a patient's well-being.Again, sometimes it would be best to get a second or third opinion whether you have to pay for it or not because then you can ask all relevant questions as well as get an idea of the qualifications of the dentist as well as see how well you like the office and staff. Remember again that if you get another opinion, be very vague about what the other treating dentist previously prescribed so that there is no competitive bidding or comparison and you will get a true idea of each separate evaluation and treatment plans.

05

CHAPTER

HAWAIIAN ANESTHESIA

05

CHAPTER 5

Are they compassionate and "painless"? Believe it or not, most patients present to me with their two greatest concerns being how much is it going to cost and how painful will it be?

After an examination of what their chief complaint or need is and whether I can accommodate their needs, a treatment plan with cost estimate is given. It is soon after this time that I start getting a little more information from them as to what other concerns they have other than their chief complaint, examination findings, treatment suggestions, treatment plan and cost. Their questions of "how painful will the procedure be" or the confession that "I really hate pain" or most subtly "it takes a lot to get me numb" lets me then know how important it is to be as painless as possible.

CHAPTER 5

As a patient, you may or may not have been fortunate enough to have been treated by a dentist who can give local anesthesia painlessly. Yes. It is possible to get you numb with very little to no pain and I truly believe there is definitely an art to giving anesthetic. Unfortunately, this part of dentistry is not a concentration in learning in Dental School, although it is one of the most important practice management growth techniques available. With a little learning, practice, patience and compassion, almost every dentist can learn to give painless anesthesia; however, many don't understand the importance and are just not patient enough. Dentists would rather spend time and money learning about the latest and greatest materials to use or the newest piece of equipment to purchase in order to make more money; when learning to give painless anesthesia is virtually free and will make more money for them in the long run than any gadget or material. In cases where the noise during treatment or just the thought of having treatment can be uncomfortable and a deterrent, usually, earphones and light nitrous oxide will suffice to relax the patient. This still enables open communication and understanding to occur while being able to create total trust and comfort throughout the treatment.

CHAPTER 5

I teach students a special technique and approach which has been labeled by some of my colleagues and I now have named "Hawaiian Anesthesia" which enables the dentist to follow step-by-step procedures and utilize special techniques in order to make the local anesthesia process as painless as possible.

Sometimes, online reviews can give you an idea if the dentist is a compassionate practitioner that can provide relatively painless dentistry. Unfortunately, most patients will have to experience having local anesthesia given to them at least once before they can determine how well trained the dentist is in giving painless local anesthesia. A free descriptive download of the Hawaiian Anesthesia technique can be obtained at www.dentalsynergism.com.

06

CHAPTER

ASKING FOR REFERRALS

06

CHAPTER 6

Ask for a referral from more than one source. Other blogs or websites often say to ask your friends and family as well as co-workers for referrals and although this often helps to see if the office is nice and personable, it is not a guarantee of whether you will receive good dental care. If the quality of dental care is not of the highest importance to you, then asking friends and family may suffice to find a friendly dentist or office. Friends or family usually love and refer to whom they are seeing because they are painless or cheap or personable or handsome, etc... and not necessarily due to the type of technical skills he or she may have. They can usually give you one or a couple of personal reasons why you should go to that particular dentist or office and may not be specifically what you are in need of. I would suggest that you ask a dental specialist, your physician, chiropractor or other health practitioner around the area to recommend a good general dentist they or their family members go to.

CHAPTER 6

A health care practitioner has a wider network of healthcare practitioners to choose from as well as has some further insights as to the skills of a particular dentist. As specialists, we see the completed work of almost all dentists in the local area as well as know of their quirks and limitations, reputations and style and would be able to see if they would be a good fit for the procedure you are needing. It may be an added expense of having even to pay for the specialist's time to have a short consultation or examination in order to have them get an idea of what type of dental work you would need as well as get an idea if you would fit with their referral. In the long run, it may save you not only time and frustration, but may also save you a lot of money because specialists know of most of the good dentists/offices in the local area. Friends, family and co-workers can give you a general personal feeling for the office environment, the pleasantries of the doctor, the affordability and somewhat on the compassion and pain-free environment though. Other health practitioners usually have researched and have pre-screened many of the attributes you are looking for and therefore go to their prospective dentists based on qualifications. Remember, if you are going to a referral for a second or third opinion, see the dentist as if it was an initial appointment and do not reveal anything that another previous dentist has found or recommended.

07

CHAPTER

JACK OF ALL TRADES AND GOOD AT NONE

07

CHAPTER 7

Does the dental office have a referral network to refer out procedures he/she does not do or for difficult cases. Beware of the "Dr. does everything" mentality. Go back and read the "would you rather have a neurosurgeon specializing in the brain perform your brain surgery or a general practitioner" section in Chapter1.

Beware of the "we have all specialties under one roof "as well because this means that you often do not have a choice of seeing the best specialist to serve your needs and can only see the specialist the office has hired. Think about it. If something goes wrong with the specialist and a procedure, would the office side with you and back you up or would they back up the specialist hired by the clinic? Again, I'm not implying anything bad occurs in these clinics; however, I have only heard rumors from other colleagues.

08

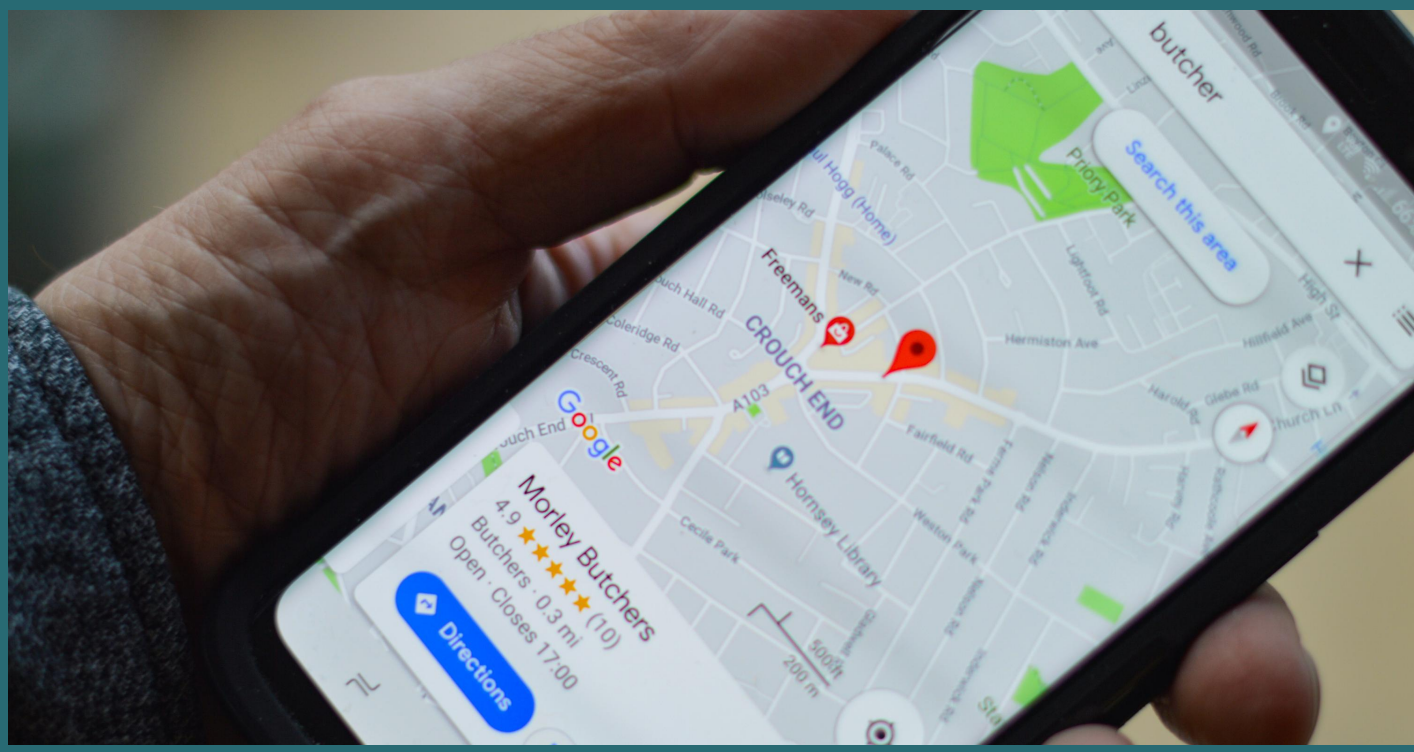
CHAPTER

THE DENTIST NEXT DOOR

08

CHAPTER 8

Are the office hours and location convenient for your needs?

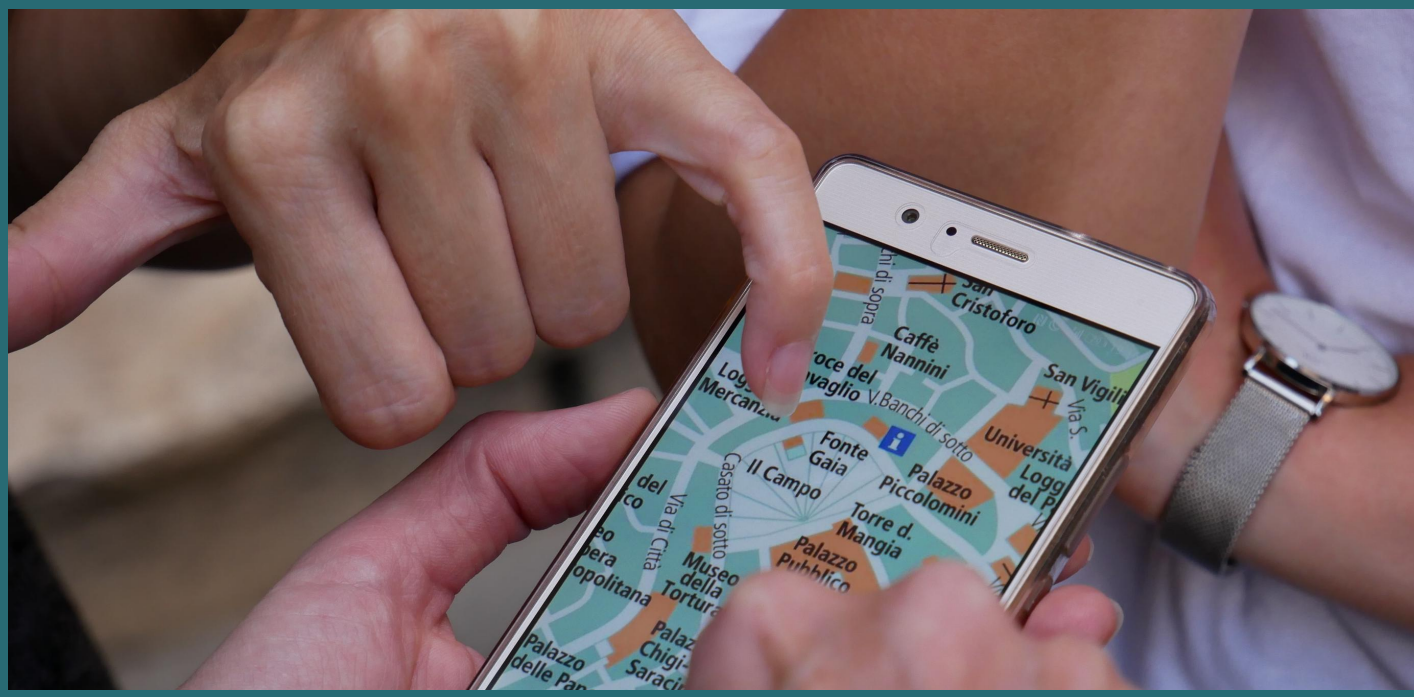


Although these two points are of importance, they are rather low in my opinion of whether to choose dentist or not because if dental care was important to you as a consumer, you will make time to go during their office hours and within reason, drive a distance to see that particular office/dentist.

CHAPTER 8

Would you go to a dentist that is advertised to be open till midnight on Sundays or open 24 hours on a non-emergency basis or would you think it is strange that the office is open during such strange hours. Would you think they are not very busy and are desperate to see patients regardless and thus advertise being open during such strange hours. Or would you just go there because they are close to where you live only because of convenience? If your answer is yes, then your prioritization of dental health is not very high and you didn't really have to read this book. I have many patients that fly in from other countries to have Dental Implant and Periodontal procedures done by me or my colleagues and sometimes I outright tell them that they should perhaps find someone in their local area/country; but then remind myself that I should be honored at how much they value me taking care of them. To them it is very important. If it was as important as life or death, like the previous example given in Chapter 2, I'm sure you would once again make the time and travel the distance to be cured.

CHAPTER 8



Once in a while, I ask patients that live far away why they would not try to find an office closer to their home and they say basically that they are comfortable with our office and me and do not mind any length of drive in exchange for that trust and comfort. I don't bring up this point in order to brag or raise my own ego, but I do so because I have found out that in their minds, the value they perceived to gain was worth more than any commitment they were willing to provide.

09

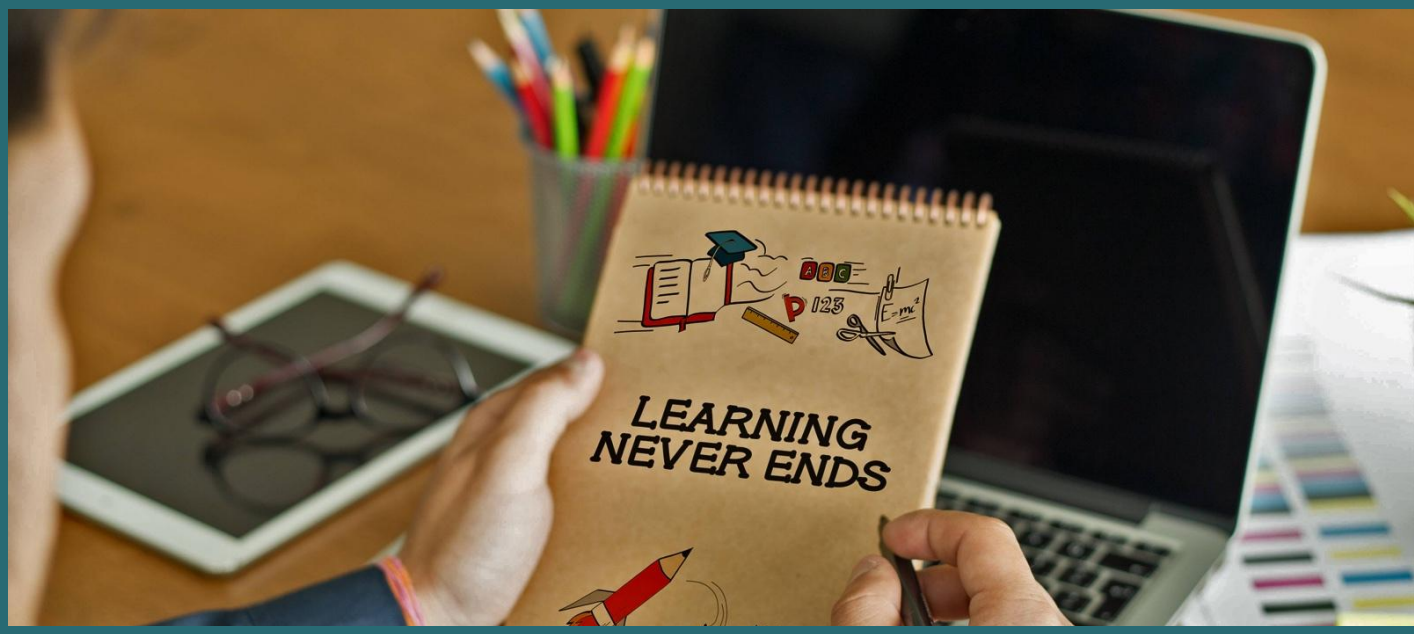
CHAPTER

TECHNOLOGY VERSUS TECHNIQUE

09

CHAPTER 9

Is the office High Tech. (technology)- Low Tech. (technique)? Keep in mind that many of us are easily impressed by technology and although technology can often help us with treatment, it will never replace the knowledge and experience as well as morals and ethics of the professional. Ask questions when an office tries to impress you with a new piece of equipment or says that they use the latest and greatest material. Some questions would be how often do you use the technology, benefits and risks, long-term benefits or consequences as compared to conventional treatment, cost difference?



CHAPTER 9

Dentists are guilty of having been tricked of being sold a product, service or upgrade of new technology because the sales person says it would create an image of being a high tech office. I personally have been guilty of purchasing many pieces of equipment for my office because I felt that it might help me improve treatment for my patients and after a couple of uses, it is more of a dust collector and after a few years would cost more to throw it out. Now just look at advertisements in magazines, online websites, etc… and everyone advertises their newest and greatest pieces of equipment and new treatment techniques. Before advertising dentistry was legal, you would only be able to advertise through word-of mouth, referrals and walk-ins. A dentist literally could only have a name (on a shingle) hung on their front door and name in the white and yellow pages (for those of you young enough to know what the yellow pages are) of the telephone book. There were no billboards, flyers, postcards and definitely no internet to advertise through. It was not legal to advertise at all. In the last 30 years, advertisement has changed the face of dentistry in both a good way and a bad way. Too often, patients are coaxed into inadequate treatment or over treatment because they are told it is "state of the art" or "new technology" or "the latest and greatest". In the dental implant world today, it is the "come in with bad or no teeth and walk out with a brand new set of permanent and beautiful teeth." sales pitch that is getting a lot of attention currently.

10

CHAPTER

ARE YOU PAYING FOR A THANKSGIVING TURKEY OR GOOD DENTAL WORK?

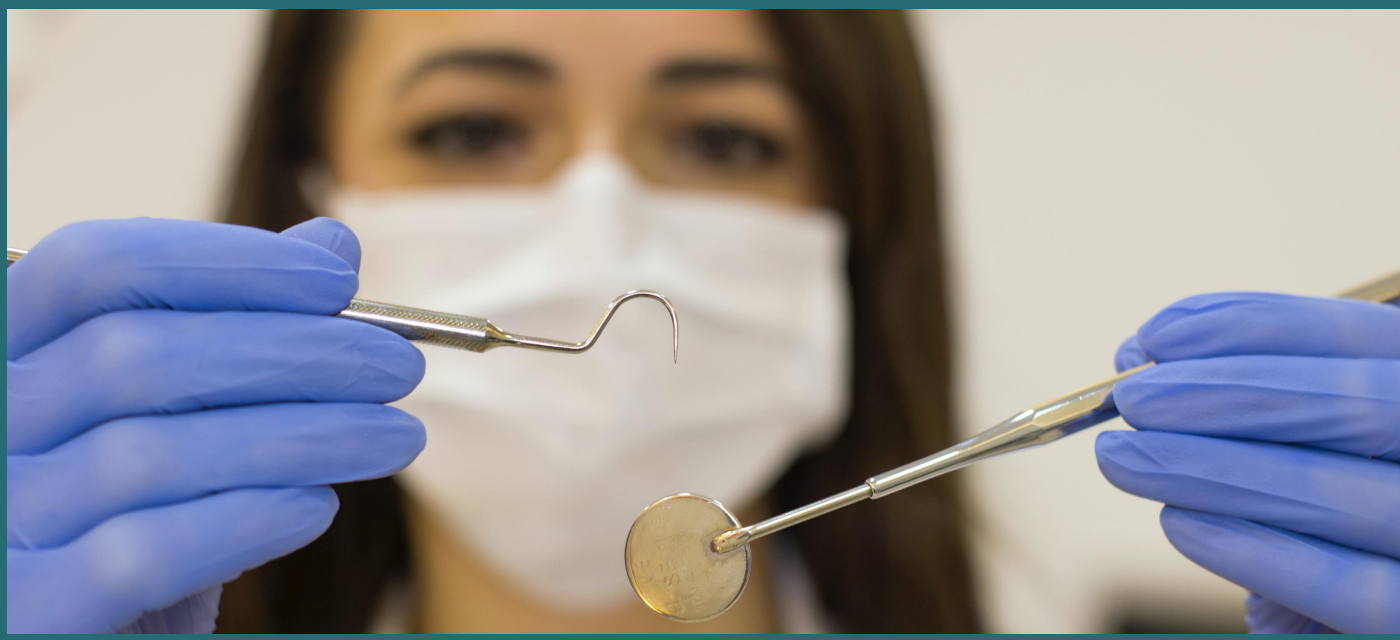
10

CHAPTER 10

Are they really a good fit for you? Too often, we are confused between seeking a dentist that best fits our needs in entirety versus being swayed overwhelmingly because of his or her personality, charisma or sales ability. As a generality, dentists are not great at sales and business. However, there are those few that could pitch and sell you tap water straight from Southern California because of all the extra minerals and nutrients that come from the processing and pipes. Often, patients refer other patients into the same trap saying ," Oh, he or she is such a great dentist! They are such nice offices. They give us a free turkey every Thanksgiving! You really should go see them." I bring up the Thanksgiving turkey with somewhat of a grin because it reminded me of an office in which a general dentist friend of mine used to work in.

CHAPTER 10

Every year, the older dentist and his receptionist wife would give a turkey to every patient that came to the office as a thank you gift. Wow, I thought. This dentist gives a lot back to his patients in appreciation and must really love to treat them right. My friend who just started as his associate soon told me that he quit because he could no longer stand working in that particular office because of all the strange and somewhat illegal things they were doing.



The owner dentist would make my friend wash and dry previously used latex gloves and reuse them as well as re-use the anesthetic syringe carpules with remaining solution in them. He was also told to cut gauze and cotton roles in half and use only one at a time to save overhead costs. After trying to explain to the owner dentist that was wrong, my friend could not have the older owner admit it nor change and thus he quit because he could not tolerate it any longer.

11

CHAPTER

S.O.A.P. IS MORE THAN SOMETHING TO WASH WITH

11

CHAPTER 11

In Dental School, we are taught a particular method of documentation to write inpatient charts named the SOAP notation method (an acronym for subjective, objective, assessment, and plan). It is a method where we listen to the patient's complaints, examine them, and then come up with a diagnosis and treatment based on all the information obtained. Inlay terms, I have listed a few things a practitioner should do in order to plan and optimize treatment results. I call it the Double L.E.T. method (can you tell I just made this up?) The Double L.E.T. method consist of the following:Listen, Look, Examine, Explain, Treatment Plan, Treat. All health practitioners need to do all these things in order to properly treat a person for the best results. In the healthcare profession, she is taught to document charting based on the S.O.A.P. Method which is an acronym for subjective, objective, assessment, and plan.

CHAPTER 11

Thus an examination prior to any treatment needs to consist of subjective evaluation of the complaint or need of the patient, the objective findings of an examination, assessment of what options and consequences exist, and finally a plan of how we are going to treat the patient if at all. The dentist should come in and first see if the patient has any complaints and or why they are in the office in the first place. They then should look at each patient to see if they have other health needs, back or neck pains, wounds, or bruises which may indicate other health or medication concerns.

The dentist should look at the health history to see if treatment modifications are necessary. If you presented to the office because of a sensitive tooth and the doctor starts approaching you with extraction forceps before acknowledging or speaking to you or even looking in your mouth, I'm sure one or both of you will be unpleasantly disappointed with what occurs soon thereafter. Make sure they listen to your concerns and expectations first. The next thing would be to have a comprehensive evaluation to be able to address your concerns as well as point out other health concerns which you may not even be aware of. For example, if you have a chief complaint of swelling and sore in the upper right cheek; however, upon a comprehensive examination, the doctor detected a cavity on your lower right molar.

CHAPTER 11

It would be terrible and potentially life threatening if the swelling and pain you complained of was a squamous carcinoma (a type of oral cancer) however, the doctor only addressed the cavity and treated it only with no attention to your original complaint. The doctor should be able to address your initial concerns as well as explain and address any other findings he or she may have regardless if you are not aware of them or not. A treatment plan usually in writing then is provided giving both you and the doctor a suggested sequence of procedures that need to be performed as well as the cost. The last part is then having the treatment performed as listed on the treatment plan or making modifications based on interim findings.

12

CHAPTER

PHILOSOPHY VERSUS MENTALITY

12

CHAPTER 12

Although the use of the definitions of philosophy and mentality are used interchangeably, there could be a vast difference in the true meaning of an office philosophy versus reasons why an office does what it does. The definition of philosophy is the study of the fundamental nature of knowledge, reality, and existence. It is the thinking, reasoning or thought behind an action.

Therefore, a fundamental office philosophy could be to provide preventative services and information to patients in order to prevent the need for larger, more aggressive treatments in the future all for the better good of patients. The definition of mentality is the characteristic attitude of mind or way of thinking of a person or group. An office mentality could be to complete as much treatment on a patient in order to produce as much income as possible in order to hit a set end of the year goal.

CHAPTER 12

It has nothing to do with how patients will be treated or what is best for the patient's healthcare.Office philosophy and preventive dentistry. Be careful of this one as it can be very gray. I've seen some offices which I would label as a little aggressive as well at one end of the spectrum where they are performing questionable treatment in order to receive insurance payments. The philosophy of the treating office or doctor has to be somewhat in line with yours because this will dictate what type of treatment, when and how much everything will cost you both from a financial as well as a health standpoint. I try to give the patient all options and consequences including that of performing no further treatment as well as options of what I feel is the best treatment given all parameters given to me by the patient. For example, if I am looking at a particular tooth that in my mind has a guarded to hopeless prognosis, I would let the patient know; however, I have been asked by patients to perform treatment in order to save a tooth for 6 months to a year only. I could almost do nothing and teeth should last that long. I try to obey the Hippocratic Oath of "do no harm" as much as possible when treating patients.

CHAPTER 12

My mentality would be to make the patient understand all options and then let them decide what treatment would be best fit for them as long as I feel it would do them no harm or possibly improve their health. For example, if a patient was just tired of seeing the dentist and wanted all their teeth pulled out, I would refuse treatment even though they understood the consequences and decided to have it done because in my mind, I would feel that I would be doing the patient more harm if I pulled all their teeth out and it would go against my philosophy with doing them harm even though they themselves want to have the treatment performed. On the opposite end of the spectrum, some patients believe that any treatment should last forever and be guaranteed for life. The only thing that I can guarantee is that we will all die someday and that I will perform any treatment the best that I can under the circumstances given to me. That is the best that anyone can do and both doctor and patient needs to share the responsibility of doing their best to get their health in the best shape possible.

CHAPTER 12

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13

CHAPTER

ONLINE PRESENTS OR PRESENCE?

13

CHAPTER 13

The dentist's or office's online presence could act like a double-edged sword. Why would you sacrifice your health and well-being based on someone's online presence and advertisements?

It is unbelievable how reliant we are on online ratings, reviews and advertisements in everything we do. I am not going to list everything we used the computer or smart phones for in order to live our daily lives because I think it could be a book in itself, but want you to just stop here, close your eyes for a minute and then list everything you do throughout the day and see how much it is reliant on the computer or smartphone.

CHAPTER 13

We are in an age of such rapidly growing technological advancements, and someday perhaps a computer and robotics will do everything we do in dentistry today; however, we are not there yet and so choose your dentist wisely and not only based on advertisements or reviews. Don't choose a dentist or office because they give you a free examination or a ninety-nine dollar special or a toaster oven for signing up as their patients. You may laugh; however, there have been capitation offices in the past that bused and bribed patients with gifts in exchange for signing up with their particular practices which would ensure a check payment every month for every patient that signs up. A free consultation or second opinion would be good in order to compare offices, staff, treatment suggestions, etc..., however, I would suggest to pay for the normal consultation and or second opinion. In the long run, it will save you a lot of money, pain, aggravation, etc... Although I may be trying to educate you on this online platform, I believe it could be a big mistake to choose a health practitioner (dentist) based on their online presence. Their online presence, however, can give you several hints as to what others have thought about their prior experiences and how the dentist practices. Sometimes it also gives a good picture of the physical looks of the office, however, beware of the social media scams out there.

CHAPTER 13

Too many of us rely on Media platforms to see how good the reviews are for a specific practice and doctor. After studying social media marketing and platforms for several years, I will tell you that although many offices have great reviews because they are great offices, many can either pay for reviews, bribe patients for reviews, create fake reviews, etc....Instead, read through several threads of reviews and see why consumers have given the office less than perfect reviews. If the same pattern occurs over and over, then you can believe there is a perceived problem with the office.

CHAPTER 13

Sometimes, patients give a one star when they actually wanted to give the office a perfect five star. You would not have known this unless you read the so-called "bad review" come to find that they are raving about how great the doctor or office was but just clicked on the wrong side. I personally do not click on "above the fold" or paid sponsor ads unless it is just for general information which most are not. Most are just advertisements for their own offices and these ads cost hundreds if not multiple thousands of dollars and are usually not offices you would choose to go to and be happy with. My suggestion would be to click below the fold, look at organic sites and read the reviews not necessarily for the most five star ratings, but for a general consensus of what consumers think about the office and general information such as times of operation, location, office pictures (remember, no one advertises the true ugly parts of their office) as well as staff and treating doctors. I think that for healthcare, the online website (often advertisement) should be one of the last things to determine your decision to pick a dental office or doctor. A worthwhile use of the internet is to scour the local dental board of examiners or the likes in your country to see if the doctor advertising or recommended by someone is indeed a licensed dentist and or has not been placed on probation or jailed for serious offenses. This should be self-explanatory. I hope you all remember the cases of the plastic surgeon performing procedures on patients and having deathly complications only to find out that they were not even a licensed physician in our country or foreign dentists without legal dental licenses performing dentistry in their garage. Remember, "garage bands and sometimes computer companies become world famous starting out in a garage but garage dentists and doctors that get caught become infamous."

ABOUT THE AUTHOR

Jason Yamada DDS, MS is a private practicing Periodontist for over 27 years in Torrance, California.

Born and raised in Honolulu Hawaii in the 60's, he experienced several "old fashioned" dentists and upon graduating from the University of Southern California Dental School with his doctor of dental surgery degree and later from Northwestern dental school with a masters degree in Oral Biology and a Periodontal specialty certificate, he immediately was recognized for talent for patient management and lecturing. After over 25 years of private practice and lecturing worldwide, he was diagnosed and treated for a benign brain tumor and put his work and lecturing on halt. After a few years of reconsideration and returning to practice, he soon realized his true passion for teaching and goal of creating an online platform at www.dentalsynergism.com to help dentists provide better care for their patients as well as for patients to be able to better their own health through knowledge.

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