

Dr. Pinero describes a case that occurs often enough to warrant having a systematic method of dealing with such clinical situations. Traditionally, patients were forced to wear a removable provisional for weeks or months before definitive treatment was started. Dr. Pinero demonstrates a great way not only to be successful clinically, but also please the patient.

PROFITABILITY

To perform this type of procedure in a profitable manner, you will need to charge approximately 20% more than your ordinary fees to remain profitable because of increased lab fees and additional dentist time. However, after patients are educated to the benefits of treating their mouth in this expedient fashion, this surcharge will seem insignificant.

ANTERIOR TRAUMA

Although this patient happened to be competing in the US Skating Championships (a rather significant event), anytime a patient has an anterior tooth emergency, whatever is happening that weekend becomes a rather significant event. In other words, as dentists, we need to be prepared for these types of situations for all of our patients, not just the ones participating in nationally televised competitions.

From a practice management standpoint, it is critically important to see emergencies that same day for both new and existing patients. It is amazing how much rapport, trust, and confidence can be built, almost instantly, by arranging to see patients in their time of need.

There are several reasons why a patient with an anterior trauma needs to be seen that same day. From a clinical standpoint, we need to determine whether the pulp has been exposed, if the tooth needs to be removed, and to determine the best way to deal with the patient's "esthetic embarrassment" as a result of the trauma. From a practice management standpoint, it is critically important to see emergencies that same day for both new and existing patients. It is amazing how much rapport, trust, and confidence can be built, almost instantly, by arranging to see patients in their time of need. There is probably no better chance to look like a hero as when you treat these patients and alleviate their physical and/or emotional distress. It is advisable to let these patients know that they are being "worked in" to the times of your regularly scheduled patients, so they will most likely experience some longer waiting than they are used to in your office.

FIXED PROVISIONALS

Although it is necessary to use a removable provisional, or flipper, in some cases, the vast majority of patients prefer fixed provisionals if at all possible. Dr. Pinero's decision to prepare the teeth at this first appointment allows for placement of a fixed provisional, which is always a popular decision with patients. This is a great time for a staff member to build some value for the patient.

If I were a dental assistant at Dr. Pinero's office, I would have told

the patient something along the following lines: "Almost any dentist you would have gone to would have given you a removable tooth to wear for the next 6 weeks. Dr. Pinero is always so concerned about how great our patients' smiles look that he took the time to figure out a better way to do it, and our patients are thrilled not to have to wear a removable temporary."

GREAT PATIENT MANAGEMENT

It is safe to assume that the extremely high level of quality and technical ability Dr. Pinero demonstrated in this case would not be the standard of care in many dental offices, yet the patient lacks the dental IQ to understand this. When you provide treatment that exceeds the standard of care, even if you do it routinely, never miss the chance to educate your patient about this commitment. Rather than the dentist bragging about his or her own work, it comes off much better when one of the staff members brags about the great job that their dentist does.

Another impressive aspect of this case is the fact that the try-in of these restorations was 3 days after the preparation. This is another example of the great service Dr. Pinero provided in this case and another great example of patient value. My experience has been that when patients perceive extra value, they are always willing to pay higher fees with no complaints.

For esthetic cases, a 3-day turnaround is something patients love and are usually willing to more pay for rather than waiting the traditional 2 weeks. Besides shortening the time the patient wears provisionals, it leaves more room for human error in case something needs to be redone on the laboratory end.

Placement of the allograft at the prep appointment is also a great example of patient management because it reduces the chances that, 6 months from now, the esthetics of the case will be compromised as a result of gingival recession and osseous healing in the extraction area. By not placing retraction cord, Dr. Pinero lessens the chance that there will be any unwanted gingival recession after the fact. Placing retraction cord is essentially a blunt dissection that very often leads to unpredictable gingival levels. In the posterior, this is rarely an issue because of the hidden position of the gingival margins; however, in the anterior, these small gingival changes can make or break a case.

CONCLUSION

This case demonstrates the successful blending of several key principles. It addresses the patient's immediate needs to have their "esthetic embarrassment" dealt with quickly, yet in an esthetically pleasing way. It provides a template for the patient to have the definitive restorations placed within 1 week, and by proactively managing the osseous and gingival components of the case, it helps to ensure that the restorations, which look great today, will continue to look great in years ahead. ■



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