Our Vision, Mission and Values, and Our Difference

Our Vision

- To make people healthy and give them a smile that makes them feel better about themselves.

Our Mission and Values

- To be an advocate of the complete health dental movement that believes that a healthy, disease-free mouth can help our patients live longer and prevent serious health problems. We are here to make a difference in the lives of our patients and to keep them healthy throughout their journey called life.

Our Difference

- Our office is a part of the 3-d Digital Dentistry Revolution. We are disrupting the industry by letting technology lead us.

8:30 Morning Huddle

- ✓ A morning huddle is a daily meeting that brings your team together for thirty minutes before you begin seeing patients. Dental morning huddles aim to get the team on the same page each day.
- ✓ These morning meetings ensure the team arrives to the office well before the first patients arrive. They refocus everyone's attention after the morning rush and they enable the team to dial in together before breaking for the day.
- ✓ Huddles offer a great opportunity to focus on the day ahead and how the day fits into your goals. Dental morning huddles are much more than a schedule review. They allow the practice to prepare for the day, identify any possible hiccups, and celebrate successes.
- ✓ Huddle is also a chance to look back and celebrate recent achievements, or even discuss areas for improvement.
- ✓ “Everyone on the team needs to show up prepared with the information that they are responsible for bringing. They must ready to talk through all that is important about yesterday, today, and tomorrow.
- ✓ The main purpose of the morning huddle: Communication!

8:30 Morning Huddle Routine

- ✓ Everyone is to clock in and be in Dr. Erik's office by 8:30
- ✓ The treatment coordinator will start morning huddle by discussing yesterday's schedule, total production amounts, and total collections.
- ✓ The attention of yesterday's schedule is then diverted to today's schedule.
- ✓ Hygiene will start by reviewing their individual schedules for the day. Patient by patient, the hygienist will review all pertinent information related to the appointment.
- ✓ Assistants will present their patients next. The assistant who in charge of patient charts the day prior will be responsible for presenting the charts in the morning huddle the following day.
- ✓ After the hygienists and the assistants have all presented their charts for the entire day, an assistant will present the Lab Case Manager and the status of all upcoming lab cases.
- ✓ Morning huddle will conclude, and everyone will break to their necessary operatories/workstations for the day.

Standard of Care—Soft Tissue Periodontal Services

Type One

- **Healthy Gums**
- No pocket depths over 3mm.
- Gums are firm and pink.
- No bleeding point
- Minimal plaque.

Type Two AAP-1

- **Gingivitis**
- Pocket depths of less than 4mm.
- Gums are firm.
- Some bleeding points.
- Minimal gingival inflammation
- Light calculus buildup.

Type Three AAP-1-D

- **Gingivitis** (borderline Early Periodontitis)
- Gums puffy, minimal swelling.
- No bone loss.
- Some bleeding points with moderate calculus build-up and staining
- Pocket depths 3-4mm
- Hasn't had Prophy within 2 years

Type Four AAP-2

- **Early Periodontitis**.
- Pocket depths of less than 5mm in 3 or more areas.
- Gums are inflamed and red.
- Mild bone loss
- No Furcation Involvement
- Bleeding on Probing
- Moderate calculus buildup
- Localized areas of moderate periodontitis.

Type Five AAP-3

- **Moderate Periodontitis**
- Pocket depths of Less than 6mm in 3 or more areas.
- Gums are inflamed and red with bleeding on probing.
- Less than 30% bone loss.
- Early Furcation Involvement.
- Slight mobility and moderate subgingival calculus buildup.

Type Six AAP-4

- **Advanced Periodontitis**
- Pocket depth of more than 7mm in 3 or more areas.
- Gums are inflamed and red with bleeding on probing.
- More than 30% bone loss.
- Slight mobility.
- Subgingival plaque and calculus buildup
- Class 1-Class 2 furcations exist.

Periodontal Maintenance Patients

- Generalized Bleeding Gums
- Multiple probing sites of 4-5 mm.
- Last Scaling and Root Planing was over 2 years ago.

Type One Treatment

- Standard prophy appointment with a six-month Continuing Care interval.

Type Two Treatment

- Standard prophy appointment with a six-month Continuing Care interval.

Type Three Treatment

- Full Mouth Debridement with follow up Prophy in one month.

Type Four Treatment

- Periodontal Therapy by quadrant irrigation.
- Polish at the last appointment.
- 4 month follow-up (4910).
- Recommend Electric Toothbrush.
- Send Post Periodontal Therapy Letter.

Type Five Treatment

- Periodontal Therapy by quadrant irrigation.
- Polish at the last appointment.
- 4 month follow-up (4910).
- Recommend Electric Toothbrush.
- Send Post Periodontal Therapy Letter.

Type Six Treatment

- Refer to Periodontist.
- Place on Continuing Care interval when released.

Periodontal Patient Treatment

- Options include increasing Continuing Care frequency, revisit S/RP if not completed in the last two years, and/or Electric TB.

Standard of Care—Hard Tissue Services (1/3)

Decay

- All occlusal catches need treatment.
- All Class 5 Abfraction, erosion and abrasion lesions that leave dentin/cementum in a compromised position need treatment.
- All recurrent decay needs treatment.
- Interproximal decay. It needs to be treated, when it is ¾ into the enamel approaching the DEJ- x-rays approx. 20% distortion- which means its larger than it looks
- Open margins need to be evaluated and addressed as needed.
- Broken down fillings need treatment.
- Replace all failing/leaking amalgams/composites as
- necessary.
- Overhangs need treatment.
- Fractured restorations need treatment.
- Incipient lesion- less than ¾ into enamel-fluoride treatment (Adult Flouride, OTC rinse and toothpaste.
- Extension- into pulp or very close- may require RCT

Standard of Care—Hard Tissue Services (2/3)

Indirect Restorations—Made Outside the Mouth

- Crown—a full coverage enamel replacement replacing all cusps. Indicated for tooth reinforcement.
- Onlay—a partial coverage restoration which reinforces weakened parts of the tooth and leave uncompromised areas untreated. Indicated when a filling is not strong enough to restore a tooth, but enough tooth structure is intact that a full crown is not needed.
- Porcelain Veneers—(enamel replacement) to address damaged or weakened tooth structure, crooked teeth, and color issues.

Indications for Indirect Restorations

- Vertical fractures extending from the occlusal surface or marginal ridge extending gingivally-one bite away from splitting tooth.
- Recurrent breakdown around multiple surface restoration.
- Broken cusps/wear–cannot be properly restored with direct restorations.
- Large multiple surface fillings involving more than 50% of occlusal surface which results in weakened cusps.
- Cosmetics.
- Anterior tooth decay or fracture involving more than ½ incisal edge.
- Root canal treated teeth—to replace lost/weakened enamel which becomes brittle after treatment.
- Fractured tooth syndrome—may look okay but hurts upon chewing.

Standard of Care—Hard Tissue Services (3/3)

Tooth Replacement

- Important for proper chewing digestion, prevention of tooth shifting, TMJ, deterioration of the jaw-bone.
- Options:
    1. Dental Implants (highest success rate)
    2. Bridges
    3. Removable Dentures/Partials

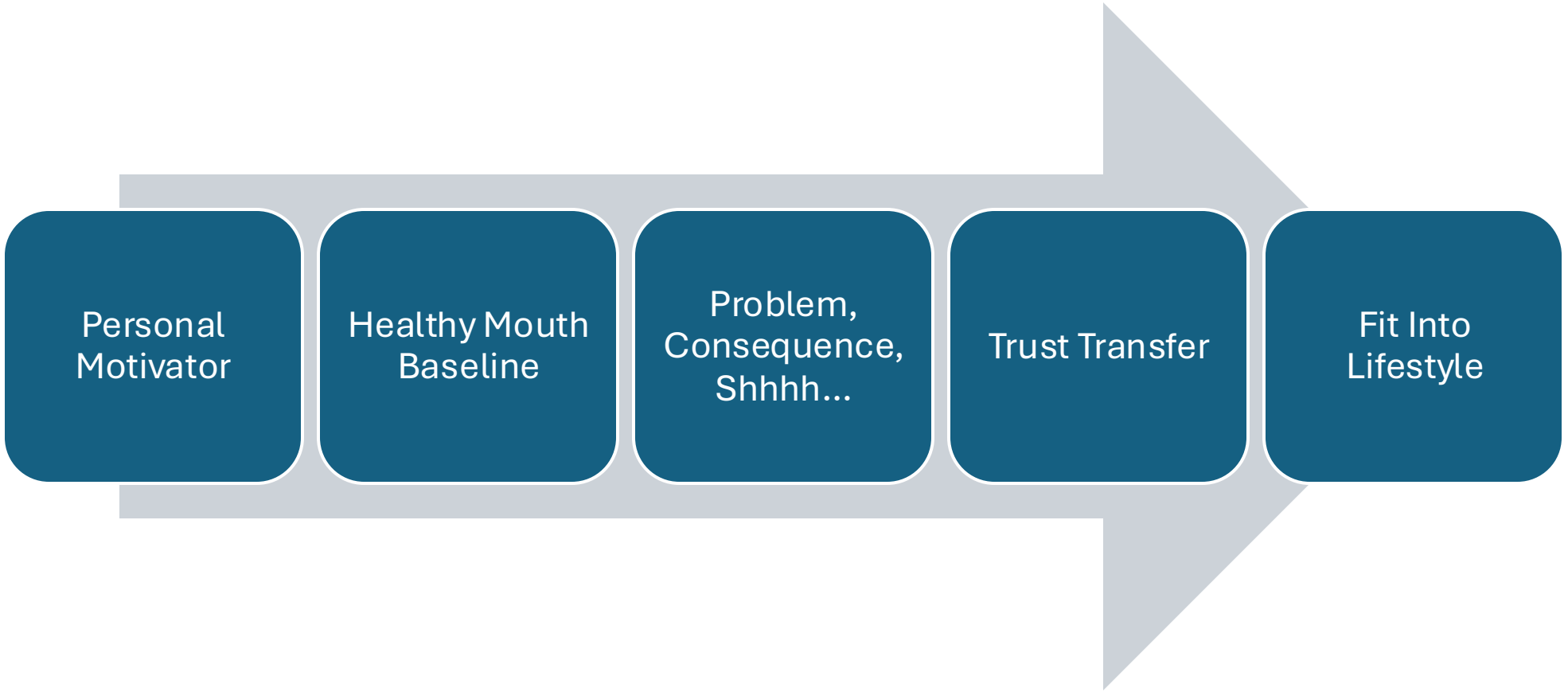
Smile Evaluation

- Is the patient happy with their smile?
    1. On a scale of 1-10 how would the patient rate their smile?
    2. If there was anything that would take them to a ten what would it be?
    3. How does the patient feel about their smile?

Miscellaneous

- Prior to any whitening procedure, all patients need a periodic exam, prophy, x-rays all active soft and hard tissue disease treated.
- Periodic Exams: twice a year.
- Periodontal Charting and BP Reading: Once a year (minimum)
- Comprehensive Exams: Every 3 years.
- Bitewings: At least once a year.
- Full Mouth Series/Panorex-every three years
- Sealants- first and second molars typically up to the age of fourteen or at any age with deep grooves

5-Step Healthy Mouth Blueprint



1. Personal Motivator

Listen for the Patient's Personal Motivator

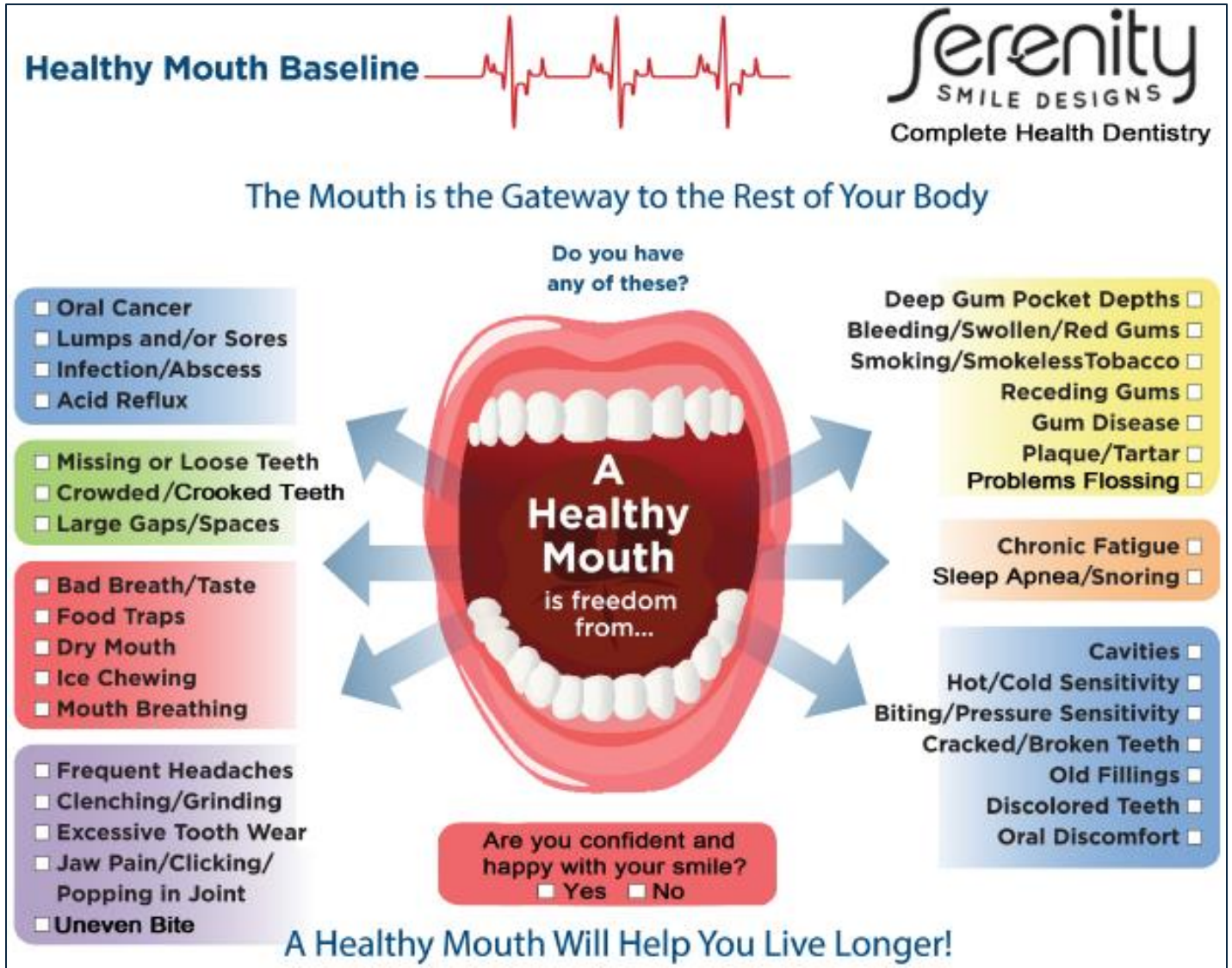
- You have to understand what motivates your patient. Everybody is motivated by something different. That's why you should adopt a unique approach with each patient.
- If you can determine what motivates the patient, then they'll accept treatment from you.
- At the heart of every patient interaction there is a personal relationship built on trust and on truly knowing the patient. The personal motivator helps to uncover the reason the patient is seeking dental care and establish a bond between the patient and health care provider.
- This vital information should be shared as if introducing a friend or family member. It is meant to help establish a bond between the patient and healthcare provider and is not meant to be scripted.
- This information may be a motivating factor to get treatment (such as a wedding or other family function).
- EXAMPLE: Sally's daughter is getting married, and she really wants to get her veneers before her daughter's wedding.

2. Healthy Mouth Baseline

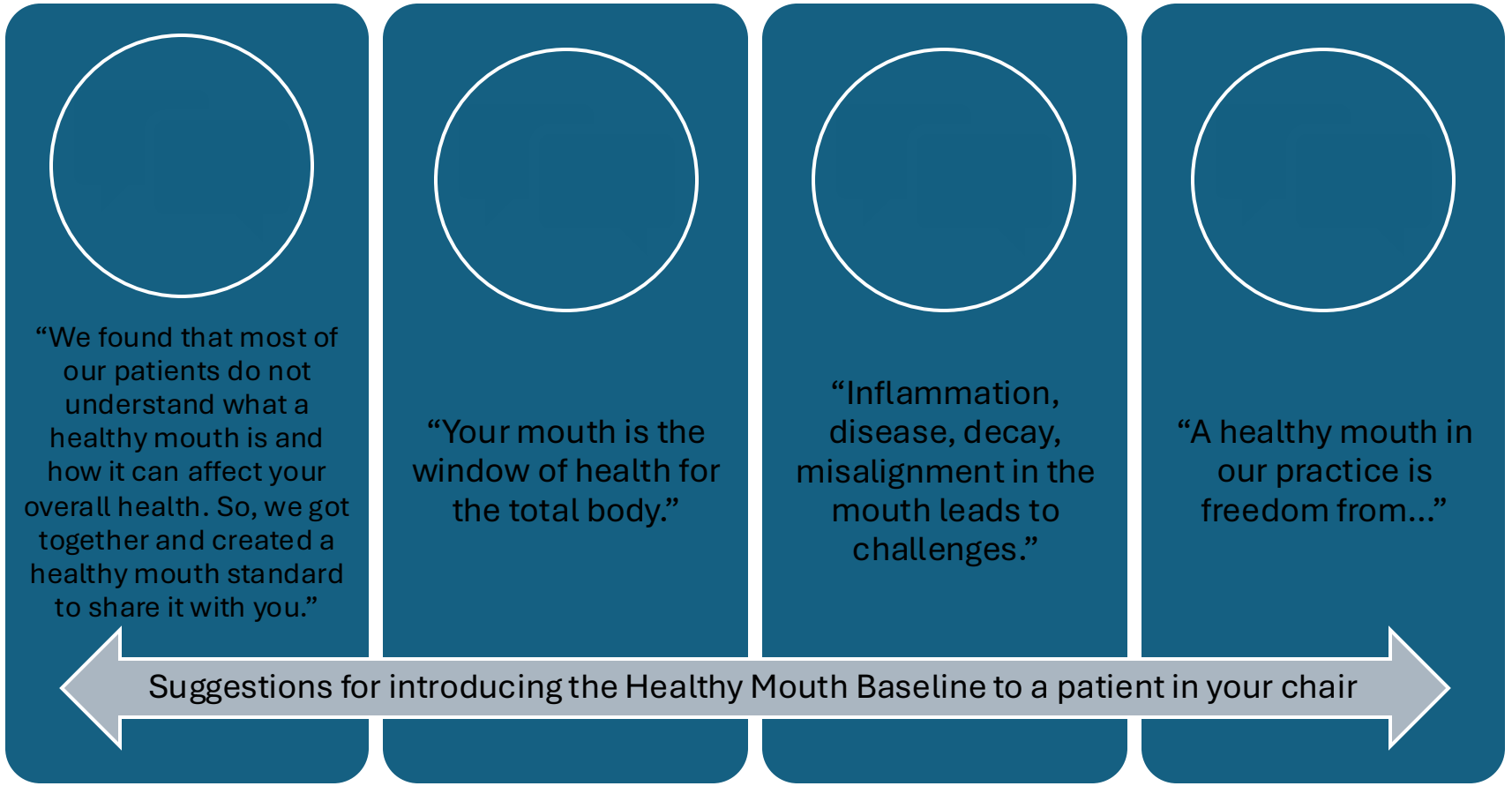
Establish a Healthy Mouth Baseline

- When dentists establish a healthy mouth baseline in their office, it completely shifts the paradigm.
- Now the patient understands that the whole dental team is going to let them know what is and isn’t healthy from a factual standpoint.
- Establish a Healthy Mouth Baseline that allows all team members to have a say and take ownership of the practice philosophy. Use it chair-side to educate each patient. Make white teeth part of a healthy, good-looking smile.

Healthy Mouth Baseline Handout



Introducing the Healthy Mouth Baseline



3. Problem, Consequence, Shhh...

Use the “PCS” Method

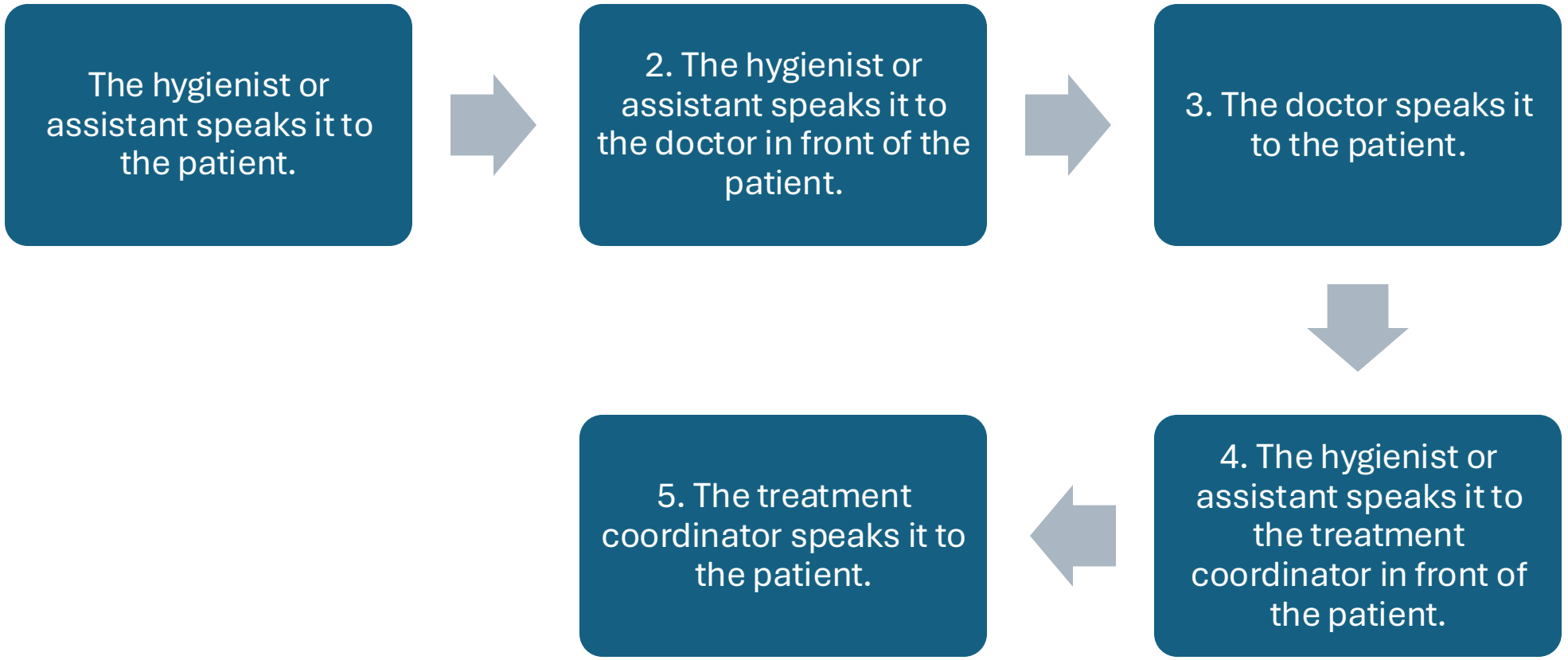
- 9 of 10 patients who need treatment have no way of knowing they treatment
- First, the problem. Let’s say the patient has disease, decay, and infection as was determined by the healthy mouth baseline you set.
- It’s vital that the patient understands the cost of inaction. That’s when you move into the C of PCS: Consequences.
- Don’t lighten or soften it; you owe your patient the whole truth and nothing less. Tell them, “You’ve got disease, decay, and infection, and if it goes untreated, it’s only going to get worse. Not only on an oral health level, but on a total health level.” Tie it back to the patient’s personal motivator.
- Now it’s time for the S of PCS: Shhh. Don’t say a word. Wait for your patient to respond. This is where the assistant has a crucial role to play. When the dentist leaves the room, the patient will often turn to them and say, “Do I need to get this done now?”
- We teach our assistants not to say, “Yes, you should get it done now.” That ends up sounding pushy. Instead, we teach them to say, “It would be irresponsible of me to say, ‘No, you don’t.’” Then it falls on the patient to make the responsible choice.

4. Five-Time Trust Transfer

Time to Fire up the Five-Time Trust Transfer

- The patient has to hear the PCS method tied to the personal motivator five times.
- What's brilliant about the five-time trust transfer is that the two most trusted people are now originating the treatment. The assistant is the number one trusted person in a dental office, and the hygienist is number two—and the most influential in the patient's mind.

How the Five-Time Trust Transfer Works



5. Fit into Lifestyle

Fitting the Treatment into the Patient's Lifestyle

- Now that the patient understands what dentistry is and how the roles of the dentist, hygienist, assistant, and team members are going to play out in her total health and wellness, the only step that remains is working together to co-create a treatment plan that is a perfect fit for her lifestyle.

End Result

- ✓By following these five steps, you've shifted the paradigm and completely transformed the way your patients think of dentistry, and the way they respond to you.
- ✓With this strategy, the patient no longer feels like they're getting pulled over by a cop when they're in the dental chair. They think of the dentist's office as a place where they get loved and cared for, where their total health and wellness is a top priority.

The Patient Experience

Here at Serenity Smile Designs, our success is based upon customer service and providing high quality comprehensive care. During the process of discovery there are several areas of concern that must be addressed for a patient.

The best way to understand the importance of your patients' experience with your practice is to put yourself in their shoes. Consider these questions as a patient:

- ✓ What would you want and expect from your dentist?
- ✓ What would you want and expect from the members of the dental team?
- ✓ What makes a dental visit a positive experience, even if the treatment or care provided involves discomfort?
- ✓ What makes you willing to return to the same practice?

The answers to those questions can make a huge difference in your ability to develop positive relationships with your patients. When they are considered from a personal perspective, those answers can affect your no show, cancellation and case acceptance rates, patient referrals, and treatment plans.

Dental care has been driven by preventive and restorative treatment, and the foundation of every clinical procedure you recommend and perform is built on the relationship you've established with each patient. From the first phone call to the completion of the treatment plan, your ability to successfully communicate with patients will determine how effectively you meet their expectations. Good communication is the cornerstone of any successful practice.

Building Rapport

Rapport is a connection or relationship with someone else. It can be considered as a state of harmonious understanding with another individual or group. Building rapport is the process of developing that connection with someone else.

- ✓ Building rapport and transferring that onto the next team member may be a part of what motivated the person to seek our office for treatment.

- ✓ Sometimes rapport happens naturally. We have all had experiences where we *'hit it off'* or *'get on well'* with somebody else without having to try. This is often how friendships start. However, rapport can also be built and developed consciously by finding common ground and being empathic.

- ✓ Building rapport is the process of establishing that connection. It is usually based on shared experiences or views, including a shared sense of humor. Building rapport tends to be most important at the start of an acquaintanceship or working relationship. The rapport created, however, can last for many years.

Breaking the Ice

When you meet somebody for the first time, there are some easy things that you can do to reduce the tension. This will help both of you to feel more relaxed and communicate more effectively. These include:

- ✓ **Use non-threatening and 'safe topics' for initial small talk.** Talk about established shared experiences, the weather, how you travelled to where you are. Avoid talking too much about yourself and avoid asking direct questions about the other person.

- ✓ **Listen to what the other person is saying and look for shared experiences or circumstances.** This will give you more to talk about in the initial stages of communication.

- ✓ **Try to inject an element of humor.** Laughing together creates harmony, make a joke about yourself or the situation/circumstances you are in, but avoid making jokes about other people.

- ✓ **Be conscious of your body language and other non-verbal signals you are sending.** Try to maintain eye contact for approximately 60% of the time. Relax and lean slightly towards them to indicate listening and mirror their body-language if appropriate.

- ✓ **Show some empathy.** Demonstrate that you can see the other person's point of view. Remember rapport is all about finding similarities and '*being on the same wavelength*' as somebody else. Being empathic will help to achieve this.

The Personal Introduction

At the heart of every patient interaction there is a personal relationship built on trust and on truly knowing the patient.

- ✓ This is meant to provide the next clinician with something personal about the patient during the introduction. This part is **not** to be read straight off the New Patient Form. It is information that is transferred as if introducing a friend or family member.

- ✓ This information may be a motivating factor to get treatment—such as a wedding or other family function. e.g. “Sally really wants to get her veneers before her daughters wedding.”

- ✓ It is meant to help establish a bond between the patient and health care provider.

- ✓ On an office tour and initial visit, discuss what the patients are here for and how we can address their wants/needs and their problems and/or concerns.

Medical/Dental Exam

Medical History

"I am going to start by reviewing your healthy mouth baseline and medical history."

1. Head and Neck

I am going to do a head and neck exam and feel your neck; is that okay with you?"

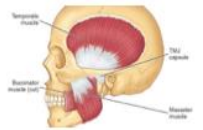
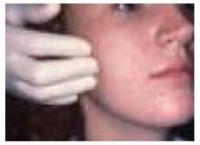
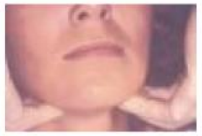
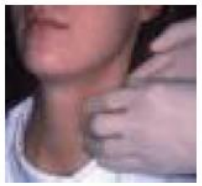
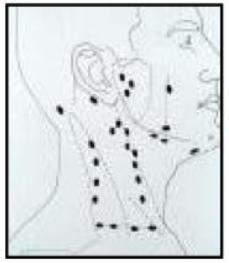
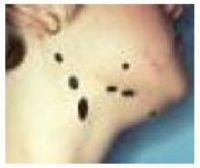
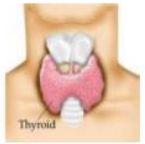
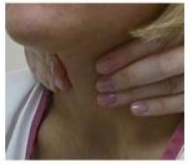
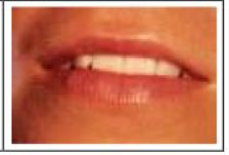
2. Oral Cancer Screening

3. TMJ/Muscular Condition

"I am going to examine your jaw joint and chewing muscles." This can lead us to find many hidden conditions such as TMJ and Sleep Apnea.

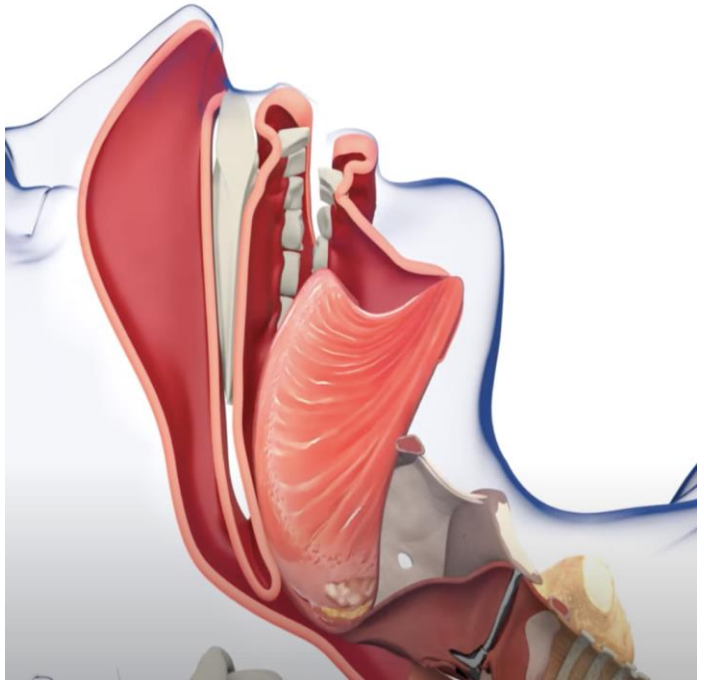
Head & Neck Examination Checklist

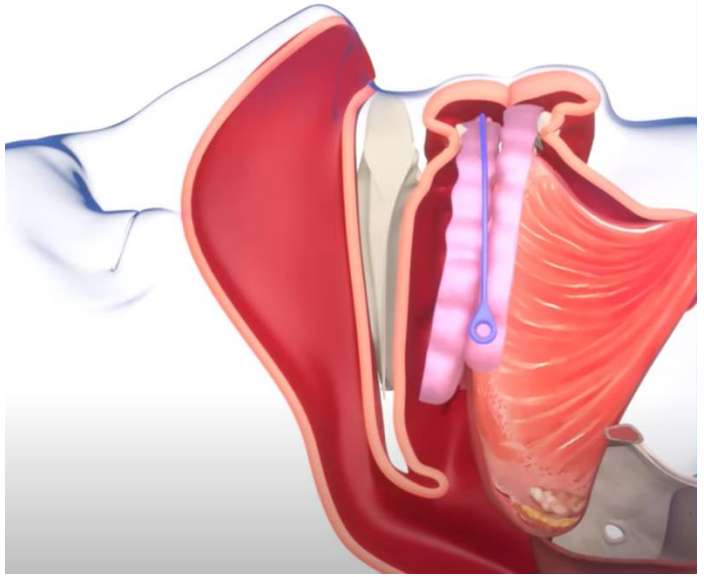
Extraoral Examination

1. Head- Size and Symmetry	Face patient forward	Note abnormal size or prominent asymmetry	
2. Skin of Head and Neck	Move hair back if necessary - use unit light to inspect exposed skin	Note patches of color change - elevated or depressed lesions	
3.Muscle Examination	Palpate the Muscles of Mastication-Screening Masseters and Temporalis	Use a scale of 0-3- 0=pressure only 3=pain.	
4. Temporo-mandibular joint	Place index finger tips over the TMJ lightly and ask the patient to open and close several times. Use finding to aid in ***JVA*** diagnosis.	Note restriction of opening, deviation or deflection, clicking or crepitus	
5. Salivary glands: Parotid and Submandibular	Palpate the parotid and submandibular areas bilaterally	Note masses, enlargement, tenderness	
6. Neck	Observe the neck	Looking for any variation from symmetry and suppleness	
7. Cervical lymph nodes: the anterior and posterior chains		Palpate marked areas, note masses, enlargement, tenderness	
8. Thyroid Gland		Palpate the thyroid gland using both hands from behind the patient . Note asymmetry, nodules or lumps.	
9. Vermilion zone of the lips.	Observe	Color changes - elevated or depressed lesions	

Sleep Apnea

- Obstructive Sleep Apnea (OSA) is a condition in which breathing stops involuntarily for brief periods of time during sleep. This is normally due to the narrowing of the airway at the back of the throat. Periods when breathing stops are called apneas or apneic episodes.
- The most common symptoms we see are TMJ issue, grinding, snoring and high blood pressure.
- Commonly treated with sleep apnea mouthguard or CPAP.





Intraoral Examination

Periodontal

- Gums and supporting bone

Disease

- Look for signs of infection (decay/abscesses)

Structural Integrity of Teeth

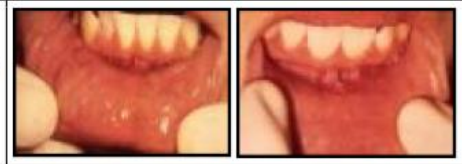
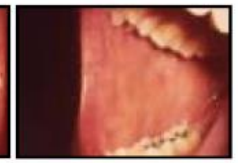
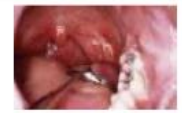
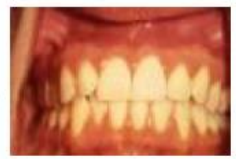
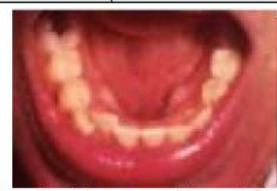
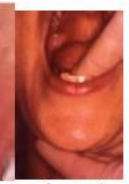
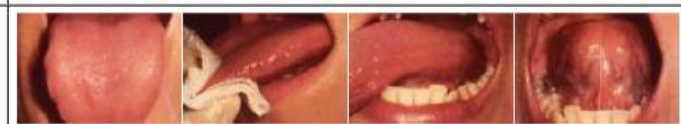
- Fractures, craze lines, broken teeth, wear, abfractions, clenching or grinding

Occlusion

- Joints, muscles, tops of teeth

Alignment of Teeth

Cosmetic Evaluation

Intraoral examination - all wearing gloves		
1. Labial Mucosa Retract, inspect, palpate upper and lower lip	**Note** color changes, elevated or depressed lesions, masses	
2. Buccal Mucosa Retract, inspect, palpate cheeks	**Note** color changes - elevated or depressed lesions, masses	 
-Pick up mouth mirror- **3. Palate**	Inspect hard & soft palate and run finger over hard palate	Note color changes - elevated or depressed lesions, masses 
4. Oropharynx and tonsillar region	Depress tongue with mouth mirror and have patient say "Ahh" and then inspect area	Note color changes - elevated or depressed lesions, masses 
5. Alveolar process	Inspect the upper and lower alveolar process - use two fingers to palpate (one buccally and one lingually)	Note color changes - elevated or depressed lesions, masses 
6. Gingiva	Inspect the gingiva	Note color changes - elevated or depressed lesions, masses
7. Floor of Mouth	  1. Use mouth mirror to retract tongue and inspect floor of mouth 2. Use two fingers (one intraorally and one extraorally) to palpate the contents of the floor of the mouth **Note** color changes - elevated or depressed lesions, masses	
-Pick up 2x2 gauze- **8. Tongue**	 1 2 3 1. Have patient stick out tongue - inspect dorsal surface 2. Use gauze to grasp the tip of the tongue - inspect and palpate lateral borders 3. Have patient touch tip of tongue to palate. Inspect ventral tongue **Note** color changes - elevated or depressed lesions, masses	

The Muscle Examination

This is a simple cursory examination to evaluate for muscle soreness, clicking, problems opening. Palpate the chewing muscles with moderate pressure and have the patient rate the pressure on a pain scale of 0-3.

- 0 = Pressure
- 1 = Tender
- 2 = Sore
- 3 = Pain

Masseter Muscles

The muscle on the right and left side of the cheek responsible for chewing. When sore, it is indicative of a clenching or grinding habit that is more common of a nighttime habit.

Temporalis

These are the muscles on the right and left temporals and extend up onto the top of the skull.

The Four Stages of Gum Disease

Stage 1: Gingivitis

Bacteria from plaque produce by-products which irritate the gums resulting in inflammation.

Gums are swollen, inflamed and red.

Gums may bleed occasionally.

Stage 2: Early Periodontitis

Inflammation affects the supporting structures of the teeth.

There is some bone loss which results in a pocket in the gum tissue surrounding some teeth.

Gums continue to bleed.

Stage 3: Moderate Periodontitis

Continued inflammation and destruction of the supporting structures of the teeth.

More noticeable bone loss and some teeth may begin to loosen.

Bone loss extends between roots of teeth.

Stage 4: Advanced Periodontitis

Bone loss and tooth mobility increases.

Eventual loss of one or more teeth.

Explaining Decay (1/3)

Enamel

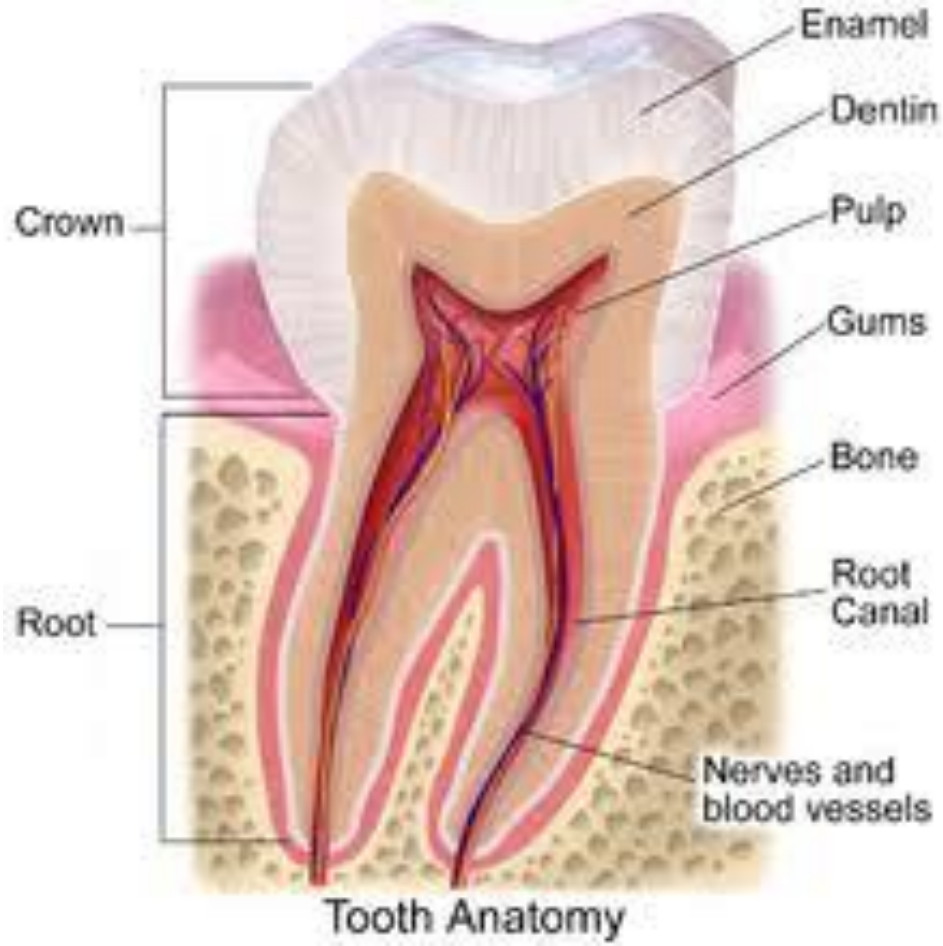
- Hard protective layer of the tooth.

Dentin

- Softer, spongy inner layer of the tooth that houses the nerve.

DEJ (Dento-Enamel Junction)

- Where the enamel meets the dentin.



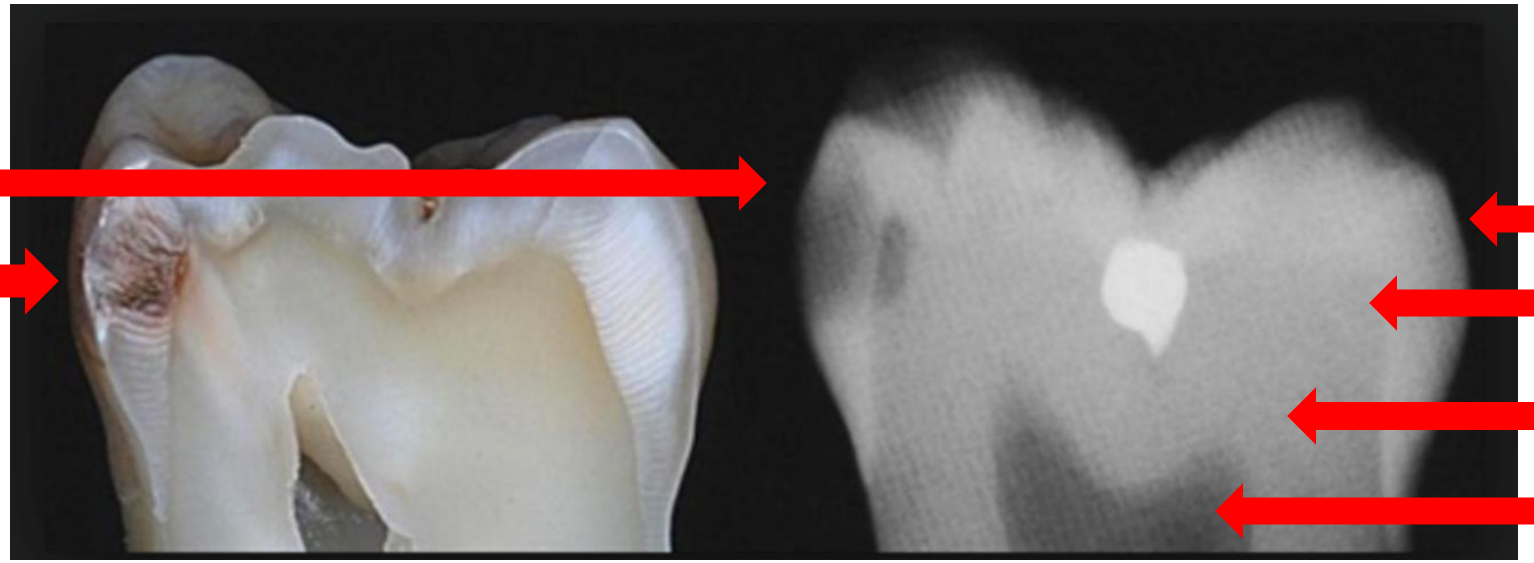
Explaining Decay (2/3)

Enamel is like the hard-outer shell on an M+M and the dentin is the chocolate.

Enamel is like the bark on a tree and a termite is trying to burrow through to get to the wood (the dentin).

Dento-Enamel Junction- where enamel meets the dentin. It is like a fence, as soon as bacteria crosses the fence we must intervene

Explaining Decay (3/3)



Decay that broke through the enamel layer and entered the dentin.

Demonstration of a healthy tooth showing enamel, DEJ, dentin and the nerve.

Stages of Caries Development