

A conceptual image featuring a single tree standing on a horizon line that splits the landscape into two contrasting halves: a vibrant green field on the right and a deep blue field on the left. The tree itself is split vertically; its left half is bare and dark, while its right half is lush with green leaves. The sky above is filled with soft, white clouds against a blue background. The title 'EMBRACING CHANGE' is centered in large, white, bold, sans-serif capital letters, flanked by two thin white horizontal lines.

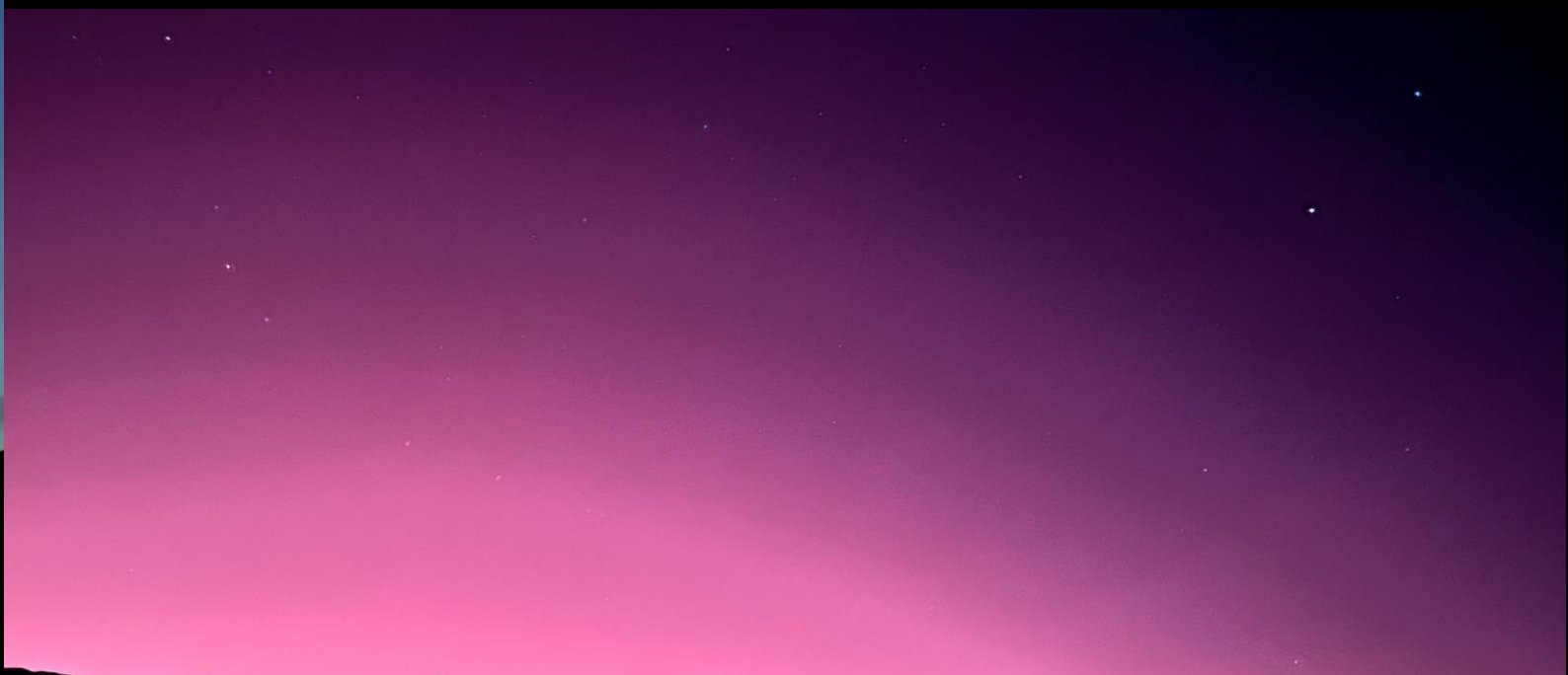
# EMBRACING CHANGE

Timothy M. Bizga, DDS, FAGD



Open your mind to the  
possibilities  
that may be hiding  
behind the inconvenience of  
change















# THANK YOU FOR YOUR ATTENDANCE\*

Complete the form below to gain access to  
FREE handouts, special offers & exclusive information.



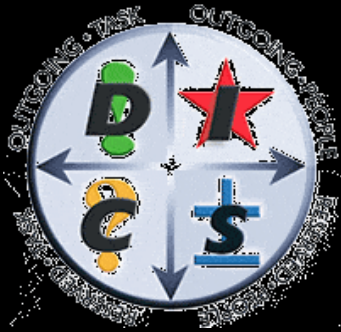
First Name

First Name

[www.2thLectures.com](http://www.2thLectures.com)



# ABOUT ME







# DISCLAIMER

I participate in multiple product reviews each year in order to stay at the fore front of the latest materials, techniques and services available, ensuring that the message I deliver is current and relevant to today's continuing education needs.

Some of these products & services I will be sharing with you today.

Today I am supported in part by:

Vista/Apex, Pearl, Deka,  
Shofu, GC





 pinkwave™

**VA**  
VISTA | APCX

Patented





# Objectives

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- Share my experience and tell stories
- Be authentic
- Have fun








## Perspective Principle

1. How we VIEW things determines how we DO things
2. What you SEE is who you will BE
3. When we CHANGE the way we look at things- the things we look at CHANGE
4. What I BELIEVE, determines how I PERCEIVE (your subjective construct)



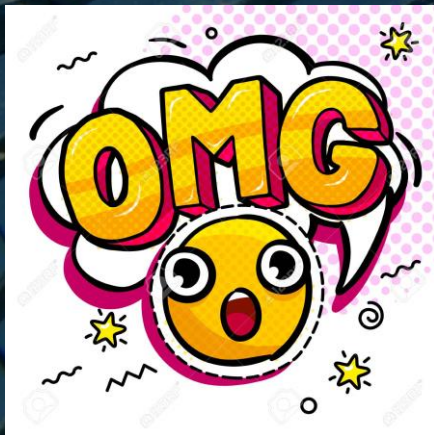


Here is what  
I know

- I am deeply passionate about consumer access to affordable care AND...the right of health-care provider to remain independent while earning a living



I also  
know...



- The Industry is BROKEN and Dentist are footing the bill...
  - Payroll has gone up
  - Rent has increased
  - Equipment costs ↑
- Since 1997 the market has grown 70%, while dentists remain flat
- YET reimbursement through primary payment channels in dentistry (i.e. dental insurance) is stagnant or DECLINING



# A Tale of Three Groups of Independents

Independent Pharmacy



Independent Hardware

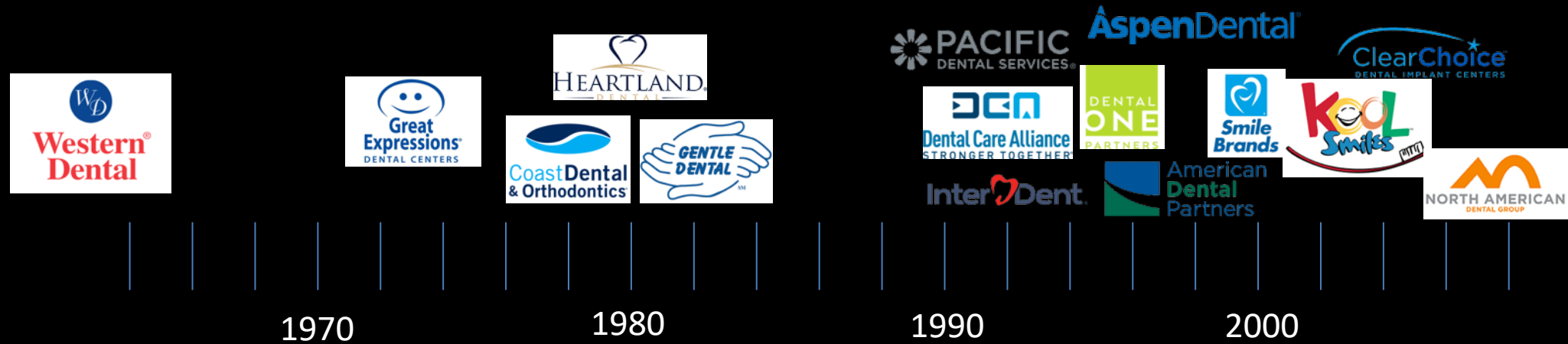


Independent Optometrists



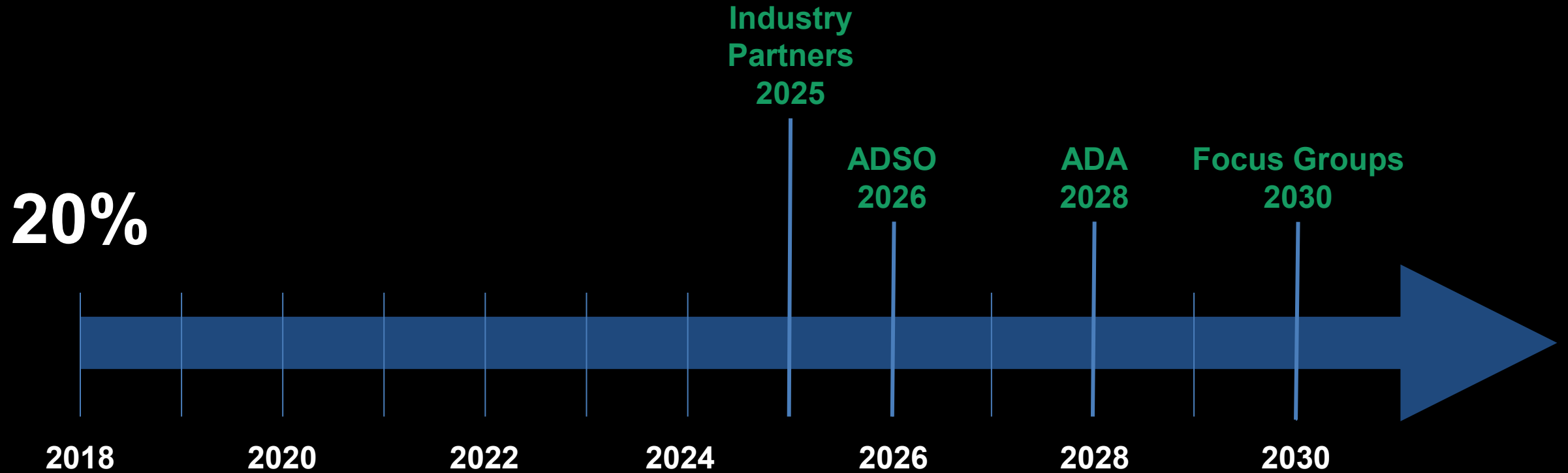


# DSOs continue to expand



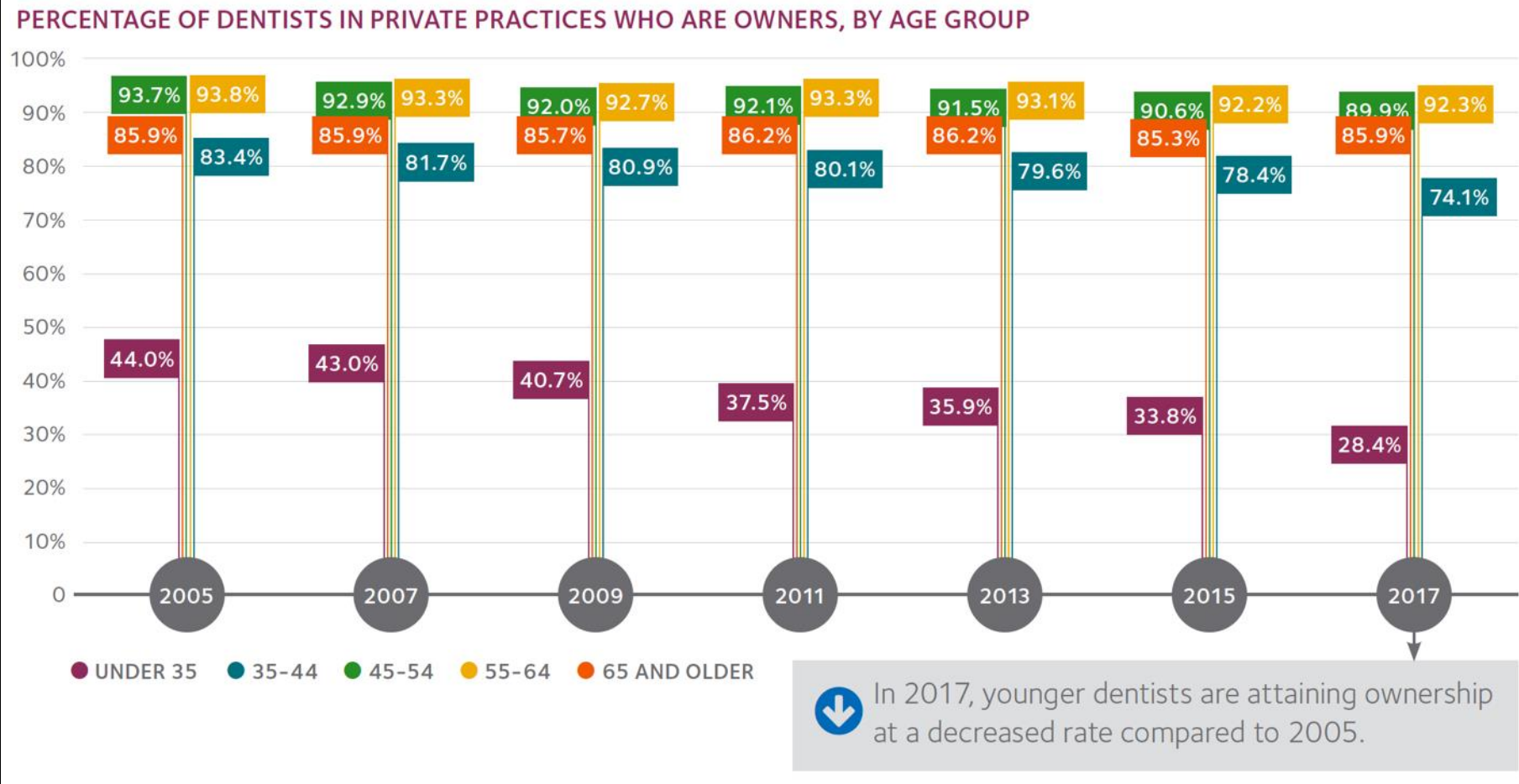


# When will 50% of dental practices be DSO affiliated?



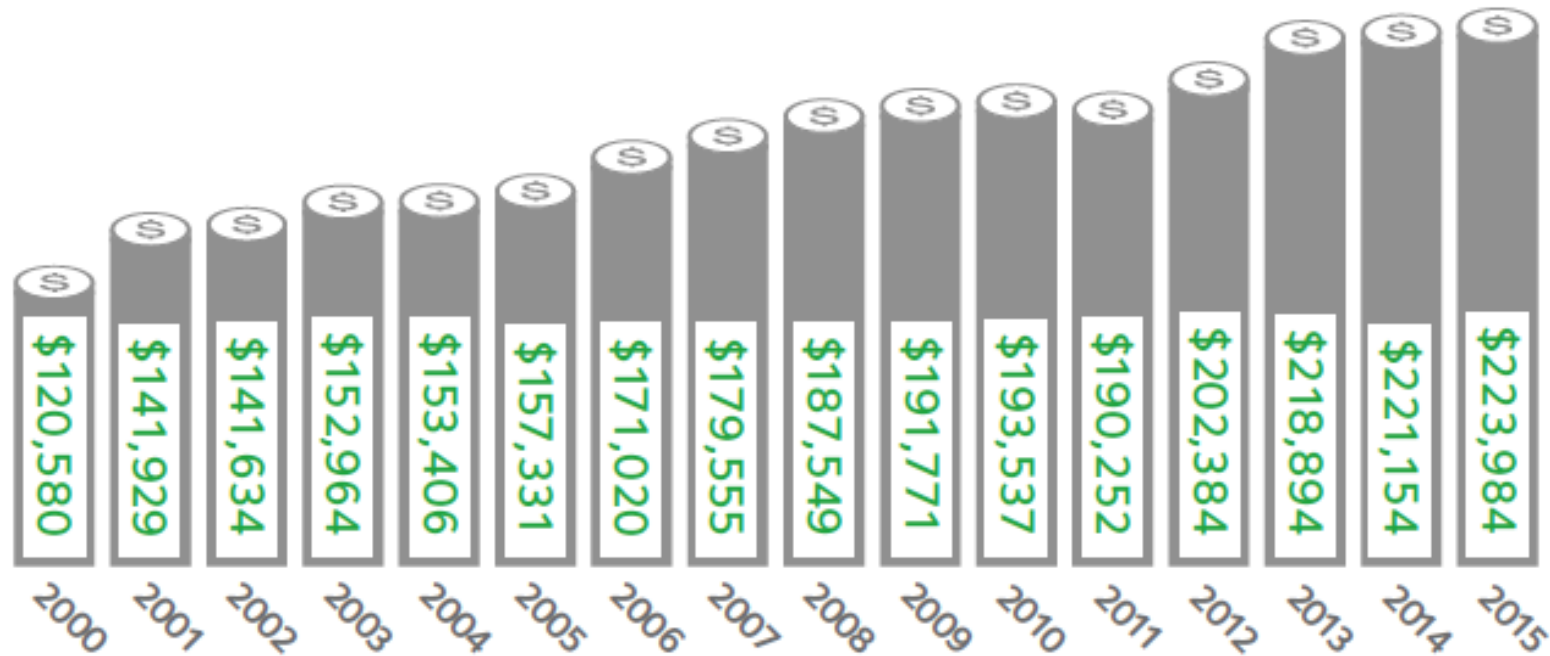


# Private Practice Ownership Declining





# Trends in Education Debt



**AVERAGE EDUCATIONAL INDEBTEDNESS** of graduating dental students has increased an average of 4.2% annually between 2000 and 2015 after adjusting for inflation.

Source: American Dental Education Association, Survey of Dental School Seniors, 2015 Graduating Class.

## \$297,331

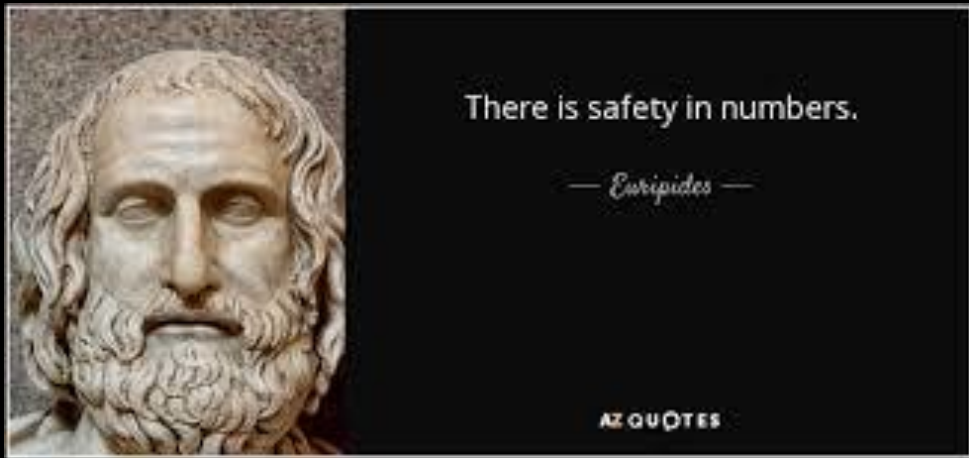
average debt per  
graduating senior in 2023

*American Dental Education  
Association (ADEA)*

# Dentistry's 8 Game Changers

1. The Great Resignation
2. Changes in Patient Buying
3. More Dental Schools
  - 13 opened since 2008
4. Higher Student Loan Debt
5. Decrease in Insurance Reimbursements
6. Expansion of DSOs or Corporate Dentistry
7. Fewer Private Practice Associateships Available
8. Delayed Retirement







## Built for Dentists by Dentists

**1) Real savings that move the needle**

Meaningful reductions on supplies, labs, equipment, technology, and major investments.

**2) Doctors leading doctors**

A peer-driven network of owners who share what is working in real private practices.

**3) A community that actually shows up**

Live events, study clubs, and national connections that go far beyond an online group.

**4) Support for every stage of ownership**

From first practice to multi-location growth to long-term exit planning.

**5) Growth that extends beyond the dental chair**

Tools and guidance to build a stronger business, better team, and more sustainable life.



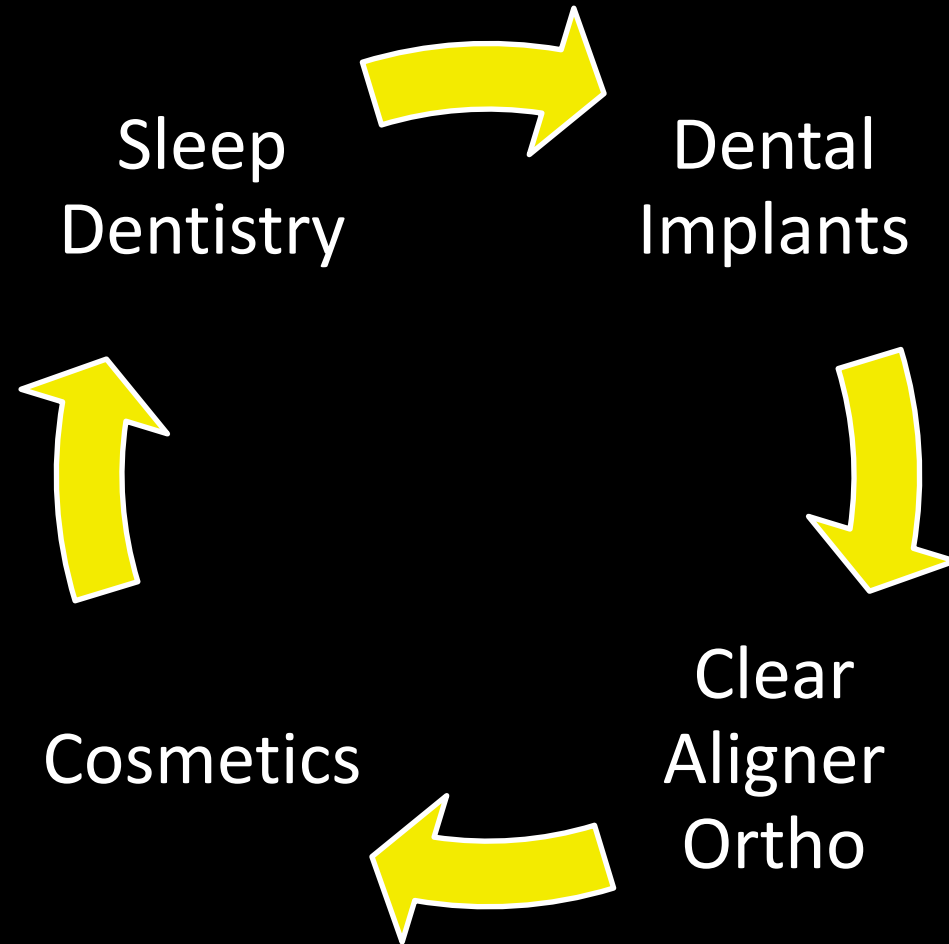




# Adding Select Dental Services

- Brilliant Ways to Grow
  1. Dental Implants
  2. Adult Ortho
  3. Sleep Apnea/Lasers
  4. Botox/Fillers
  5. Cosmetic/Preventative Dentistry/ENDO
  6. Robust Hygiene Program

# ROI Pursuits





# A Fork in the Road

- Treat Children
  - Totally fee for service
  - Guiding growth and development
  - 4-6months of habit correction
  - Custom appliance to facilitate eruption
  - Goal is to prevent long-term adverse effects
- Treat Adults
  - Possibility of Medical Billing
  - Sleep studies are required
  - Manage symptoms
  - Multiple appliance options
  - Studies show some remission and lack of long-term efficacy

- Extended Bottle Feeding and Pacifier Use
- Causes Poor Tongue Position and Abnormal Swallowing
- Sugar/ Processed Foods can have an effect
- Poor Oral Habits (thumb / finger / lip sucking, tongue thrust, etc.)

### Mouth Breathing / Snoring

- Restless Sleep / Arousals
- ADD / ADHD
- Bed Wetting
- Chronic Allergies
- Nightmares
- Daytime Drowsiness
- Aggression / Defiance / Anger
- Difficulty in School
- Frequent Infections

### Sleep Disordered Breathing

### Compromised Airway

- Reduces airway / Restricts Airflow
- Reduces Oxygen / Increases CO2
- Affects Brain Function / Immune & Endocrine Systems
- Swollen Adenoids / Tonsils
- Low Tongue Position / Tongue Thrust
- Underdeveloped Dental Arches
- Overjet / Open Bite
- Cross Bite





# Outward Symptoms

## Neurophysiological:

- ADD/ADHD
- Depression
- Morning headaches



## Developmental/ Hormonal:

- Delayed or stunted growth
- Predisposition to obesity, diabetes
- Mouth breathing
- Suboptimal dental esthetics

## Immunological:

- Chronic allergies
- Eczema
- Asthma
- Swollen adenoids/ tonsils



## Behavioral:

- Aggressive behavior Irritability/ anger
- Peer problems/ few friends
- Difficulty in school



## Sleep disturbances:

- Restless sleep
- Sleep talking/ walking
- Daytime drowsiness
- Snoring
- Tooth grinding
- Nightmares
- Bedwetting

## SLEEP DEPRIVATION – PERCENTAGE OF INCIDENCE

- Mouth breathing during sleep -1/2 inch opening reduces airway by 6 mm – average airway in 7 year old is 7mm
- Most urgent for diagnosis are in bold type below
- 20 most important symptoms ≤4 – 13+ years

<b>Mouth Breathing Nights</b>	<b>43.0%</b>	Snores 1 Night/Week	24.7%
<b>Snore at All</b>	<b>37.2%</b>	Sweating During Sleep	19.0%
Difficulty Listening	34.7%	Snores 2-4 Nights/Week	18.9%
Often Interrupts	34.7%	Bed Wetting	18.1%
Tooth Grinding	32.0%	Hyperactive	17.5%
<b>Talks in Sleep</b>	<b>31.7%</b>	Attention Deficit	15.7%
<b>Wakes Up at Night</b>	<b>29.0%</b>	<b>Falls Asleep Watching TV</b>	<b>13.4%</b>
Allergies	28.7%	Speech Problems	12.9%
<b>Restless Sleep</b>	<b>26.9%</b>	<b>Difficult, Labored Breathing</b>	<b>12.4%</b>
Fidgets with Hands	26.6%	Snores 5-7 Nights/Week	8.2%
<b>Mouth Breathes Days</b>	<b>25.4%</b>	Throat Infections	6.8%
<b>ADHD</b>	<b>25.2</b>		
Incidence ≥ 1 Symptom	90%	N=501	
Incidence ≥ 4 Symptoms	60%	(from Stevens et al, 2016)	





## Findings

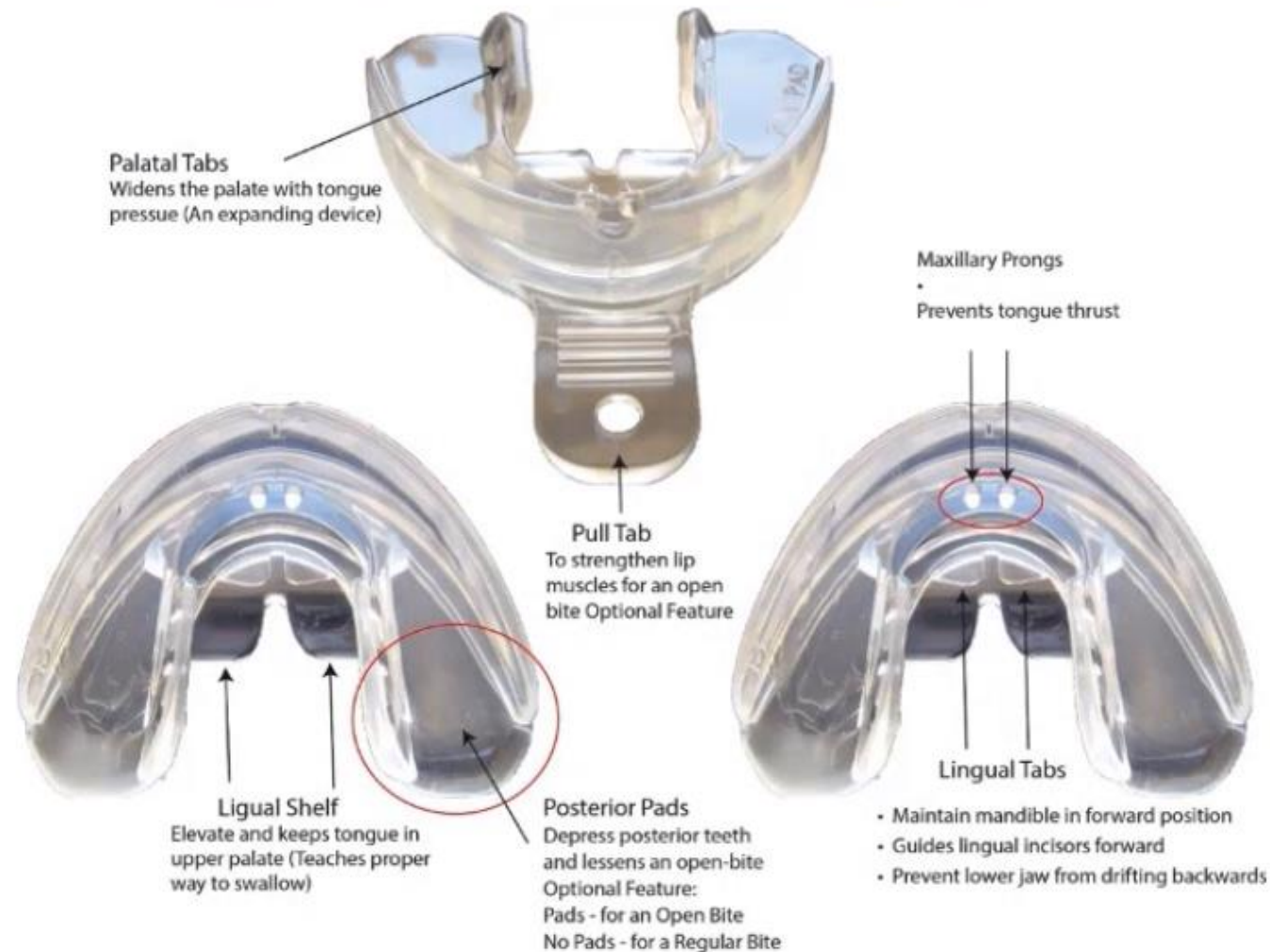
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- Mouth breathing & snoring associated with more SDB symptoms than any of the other symptoms studied
- 90% had  $\geq 1$  SDB symptom
- 60% had  $\geq 4$  symptoms
- 20% experience bedwetting
- From 4 to 12 yo, 92.6% of symptoms **did not self correct**; 30% worsened with age

KIDS  
AGES 5-7

# healthystart™

## HEALTHY START HABIT CORRECTOR® KIDS











Boy 1





Boy 2

# Adjunctive vs. Support Therapy in Dental Sleep Medicine



## Adjunctive Therapy

Therapies that **enhance or supplement** the primary treatment

Not intended to stand alone

Aim to improve **efficacy, comfort, or compliance**

*Examples:* nasal dilators, positional therapy, weight management, humidification



## Support Therapy

Therapies that **enable, facilitate, or maintain** the primary treatment

Focus on patient's ability to **use** the primary therapy successfully

Reduce barriers, side effects, or complications

*Examples:* TMJ support strategies, bite re-positioning exercises, oral hygiene reinforcement, follow-up and titration protocols





# Snoring Myth

Snoring Isn't Dangerous.  
It's just "disruptive"

# Snoring Reality

## Study conducted on 273 snoring patients

### The prevalence of OSA in snorers presenting with various chief complaints: a pilot study

**Bryan Keropian<sup>1</sup>, Neal Murphy<sup>2</sup>**

<sup>1</sup>Center for Snoring and CPAP Intolerance, University of Southern California School of Dentistry, Los Angeles, CA, USA, <sup>2</sup>Department of Orthodontics, Case Western University School of Dental Medicine, Cleveland, OH, USA

**Aims:** The incidence of obstructive sleep apnea (OSA) in snoring patients is reported in the literature to range from 20% to 70%. The aim of this study was to obtain exact data on the percent of snorers who have OSA, and to classify them as having normal, mild, moderate, or severe sleep apnea.

**Methodology:** There were 273 patients who came into the senior author's office with sleep disorder breathing problems. They suffered with various sleep problems. All 273 patients also had a snoring problem. None of the 273 patients had ever had a sleep test, or polysomnograph (PSG).

All 273 required a PSG for evaluation of their sleep problem. They were referred to a certified sleep lab local to them. When the results of the PSG came back, the authors were able to classify them as having normal, mild, moderate, or severe sleep apnea.

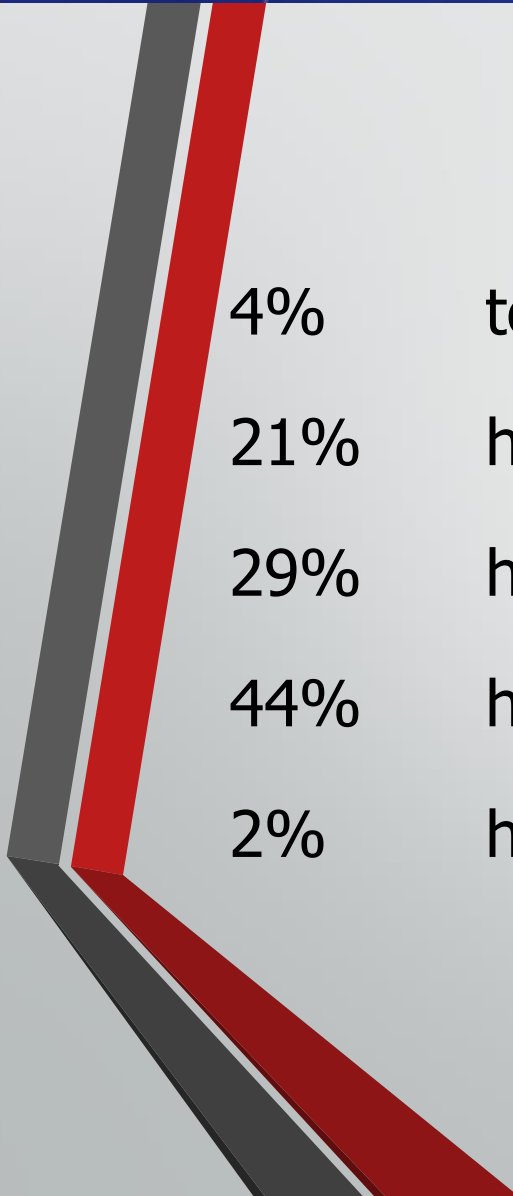
**Results:** The results of the 273 PSGs showed the following: 12 patients (4%) had PSGs of apnoea-hypopnoea index (AHI) <5 (normal), 57 patients (21%) had PSGs with AHIs 5–<15 (mild), 79 patients (29%) had PSGs with AHIs 15–<30 (moderate), 119 patients (44%) had PSGs 30 or >30 (severe), and 6 patients (2%) had PSGs >100 (severe).

**Conclusions:** Based on this study, of 273 patients who snored, the incidence of OSA is high. Ninety-six percent of the patients suffered with mild to severe sleep apnea. This malady, which can be very serious and degenerating, could be much more prevalent than previously believed. Additional research is needed to verify these figures.



# Snoring Reality

Study conducted on 273 snoring patients




4%	tested normal for obstructive sleep apnea (OSA)
21%	had mild OSA (bad and likely to get worse)
29%	had moderate OSA (really bad – lots of comorbidities)
44%	had severe OSA (seriously bad – likely to die early)
2%	had AHI scores > 100 (really really bad – as in call 911 now)

**96% of people in this study who snored also had OSA**

# Snoring Reality

## Snoring and Carotid Artery Disease: A New Risk Factor Emerges

Robert Deeb, MD ; Matthew R. Smeds, MD; Jonathan Bath, MD; Edward Peterson, PhD; Matthew Roberts, MD; Nanette Beckman, RVT; Judith C. Lin, MD, RVT, RPVI; Kathleen Yaremchuk, MD

**Objectives/Hypothesis:** Previous studies have identified a relationship between snoring, carotid intima media thickening, and the presence of atherosclerosis. This study examines the correlation between snoring and carotid artery disease through use of duplex ultrasound identifying greater than 50% internal carotid artery stenosis.

**Study Design:** Prospective cohort study.

**Methods:** Patients presenting to three academic vascular laboratories for carotid duplex examination completed the following surveys: demographic information, assessment of risk factors for carotid stenosis, assessment of history of obstructive sleep apnea, or continuous positive airway pressure use and Snoring Outcomes Survey. Patients were categorized into 2 groups based on the presence or absence of carotid disease. Data were analyzed by univariate contingency tables and logistic regression analysis.

**Results:** Five hundred one patients completed the survey, of whom 243/501 (49%) had evidence of carotid occlusive disease. On univariate analysis, smoking, hypertension, heart disease, hypercholesterolemia, diabetes, and stroke all correlated with greater than 50% carotid stenosis. Multivariate analysis indicated that snorers were significantly more likely to have carotid disease. Three hundred twenty-seven participants were thought to have primary snoring. On univariate analysis, snorers were found to be significantly more likely to have carotid disease. After adjustment for covariates, snoring was not significant for carotid disease. However, multivariate analysis showed snorers to be significantly more likely to have bilateral carotid disease.

**Conclusions:** This study shows a potential relationship between snoring and bilateral carotid artery stenosis greater than 50%; snorers have risk of carotid stenosis twice that of nonsnorers. Further investigation is warranted to better elucidate this relationship.

**Key Words:** Snoring, carotid artery disease, carotid duplex study, obstructive sleep apnea.

**Level of Evidence:** 2b



# Snoring Reality

To be clear, other published studies show snoring to OSA correlation of up to 70%, but still...

If you or your loved ones snore, and if you'd like to keep them around, then please encourage them to be tested for OSA. Because untreated OSA makes life worse in so many ways. It can even kill them.

Home sleep tests are widely available, easy to do right at home, and extremely accurate. As your medical doctor or some specially trained dentists for further information.

Sleep well.

# Non-Surgical Approaches

- Weight Loss
- \*Hormone Therapy
- Avoid Alcohol / Afternoon Caffeine
- Decongestants
- Positional Sleep
- Oral Appliances
- CPAP
- Lasers



**Walter Stumpf**

*"Vitamin D3 sites of action in the brain: An autoradiographic study"*



# Surgical Approaches

- Nasal Surgery
- Uvuloplasty
- PPP/UPPP (UvuloPalatoPharyngoPlasty)
- Pillar Procedure (Palatal Implant)
- Expansion Sphincter Pharyngoplasty
- Lateral Pharyngoplasty
- Uvulopalatal Flap
- Z-Palatoplasty
- MMA (MaxilloMandibular Advancement)

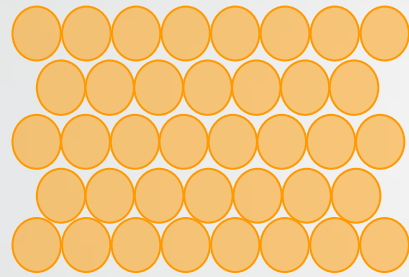
# Tissue Resurfacing

- Ablative (Er:YAG / CO<sub>2</sub>)
- Non-Ablative / IPL (Nd:YAG / 500μ-1200μ)
- Fractional Ablative (Er:YAG / CO<sub>2</sub>)
- Fractional Non-Ablative (rare) - (CO<sub>2</sub>)

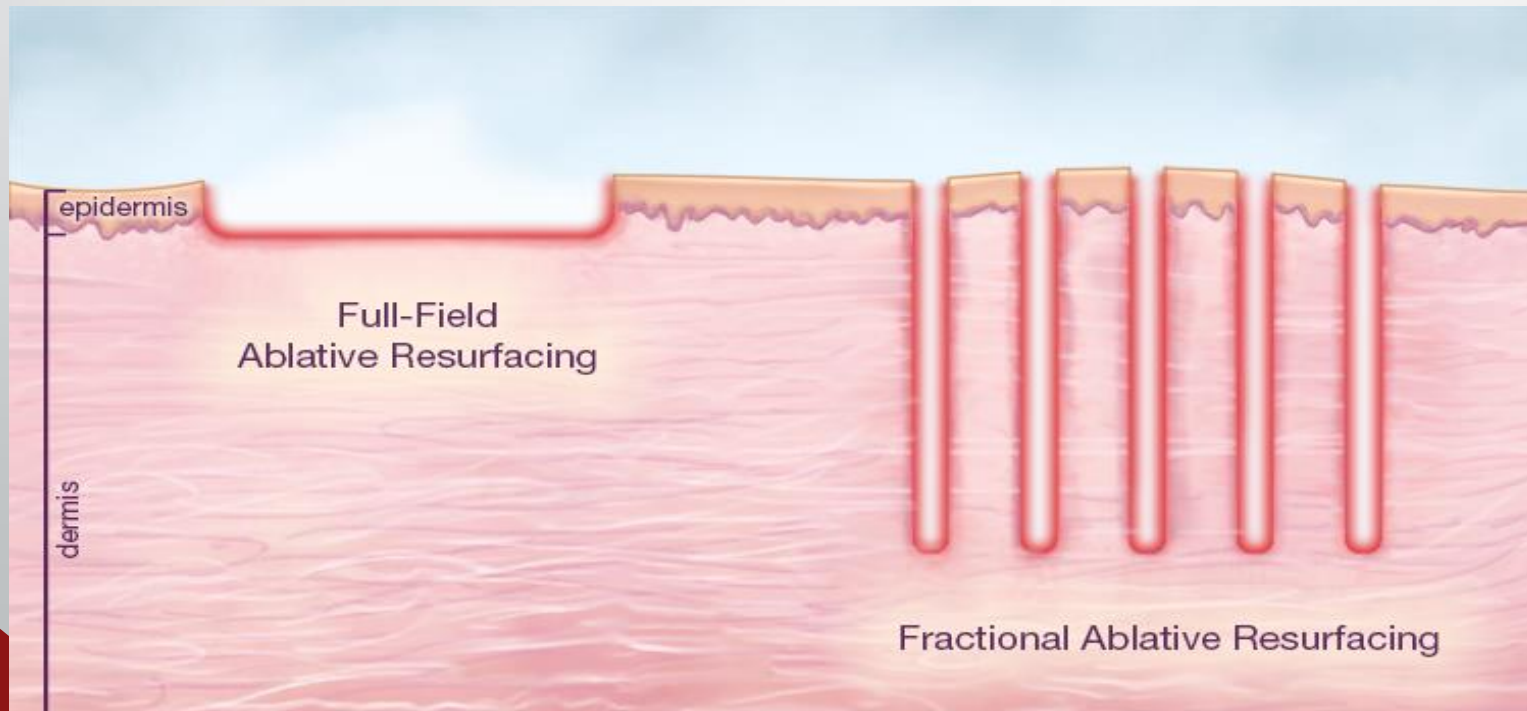
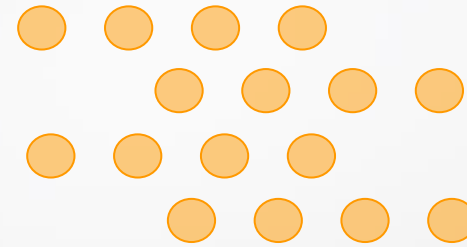


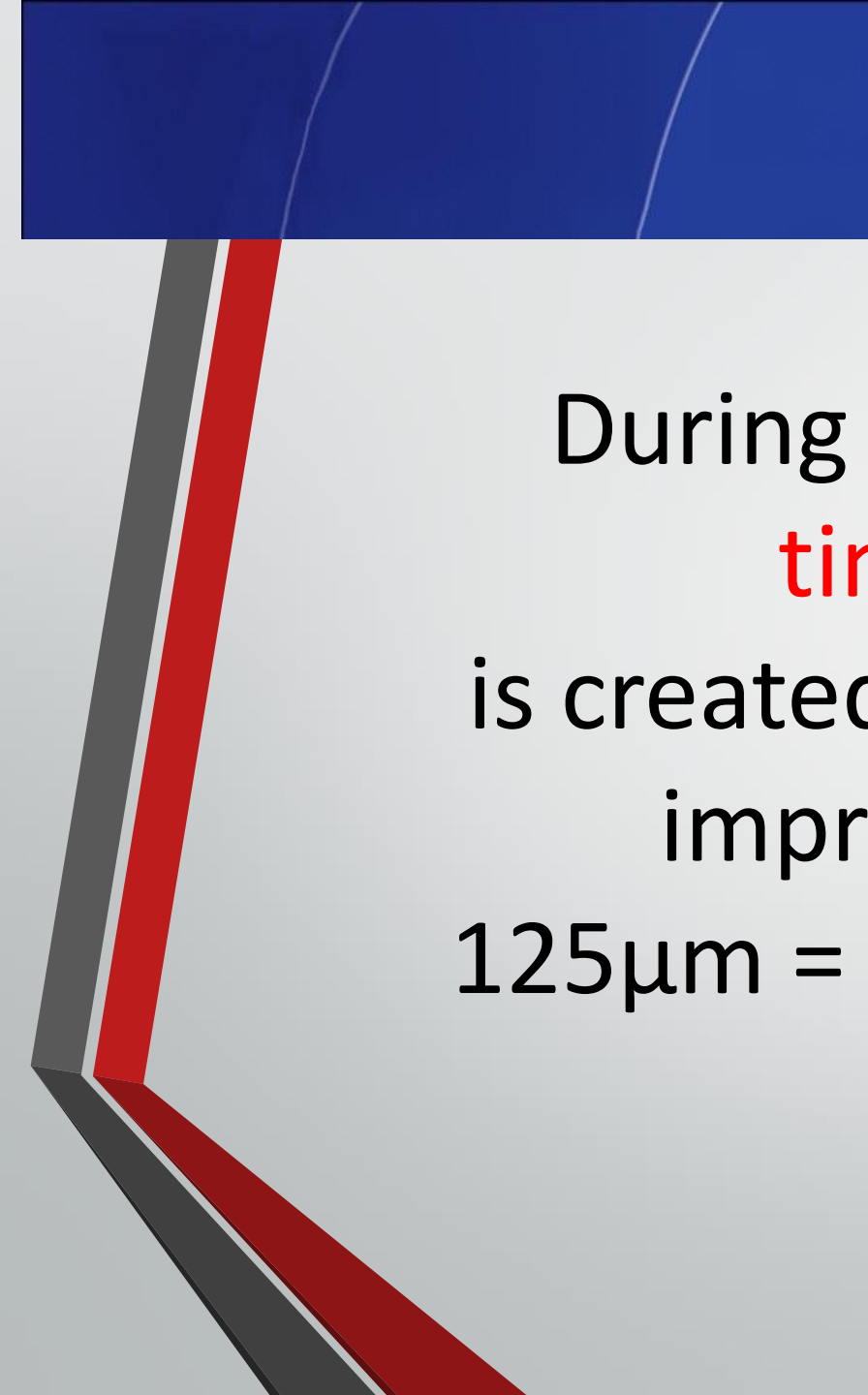
# Fractional Resurfacing vs Full Ablative

“Horizontal delivery of energy”  
Traditional scanning mode



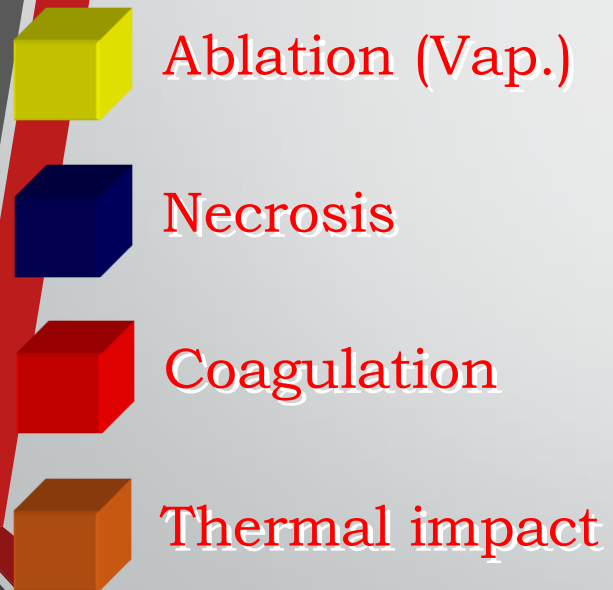
“Vertical delivery of energy”  
Fractional scanning mode

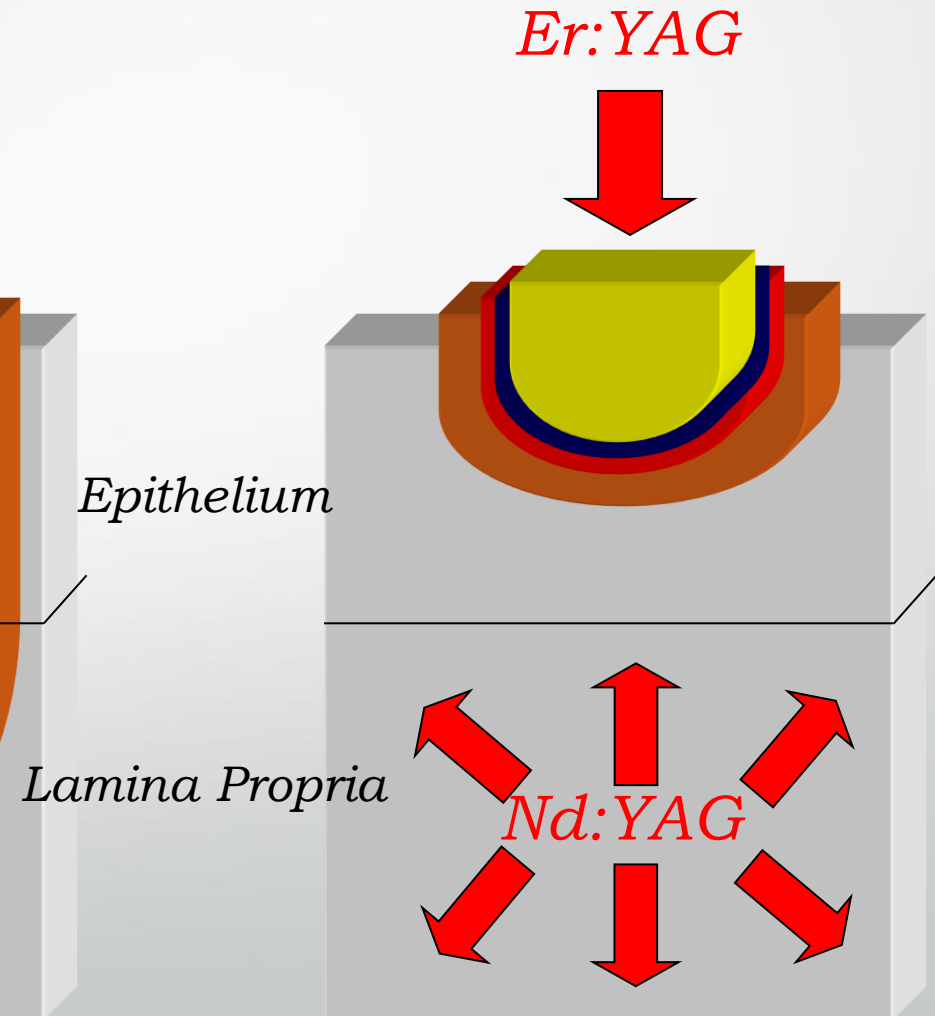
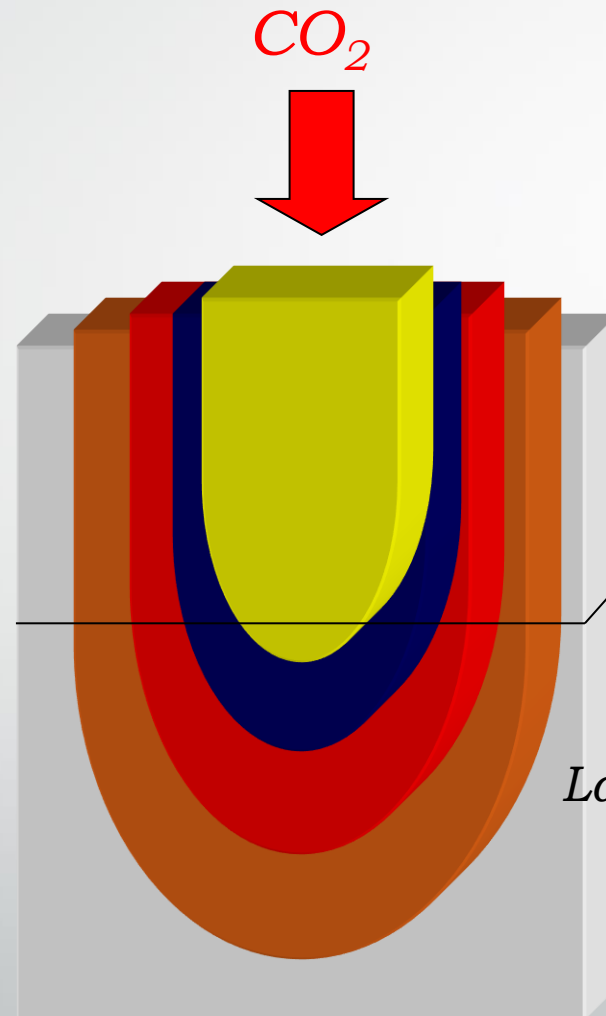




During treatment, a pattern of  
**tiny thermal wounds**  
is created stimulating collagen and  
improving surface tension.  
125 $\mu$ m = primary intention healing  
= no scar tissue

# Lamina Propria Stimulation

- 
- A legend on the left side of the diagram showing four colored squares corresponding to different tissue effects: yellow for Ablation (Vap.), dark blue for Necrosis, red for Coagulation, and orange for Thermal impact.
- Ablation (Vap.)
  - Necrosis
  - Coagulation
  - Thermal impact





# Lamina Propria Stimulation



Ablation (Vap.)



Necrosis



Coagulation

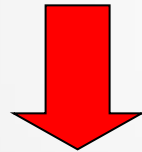


Thermal impact

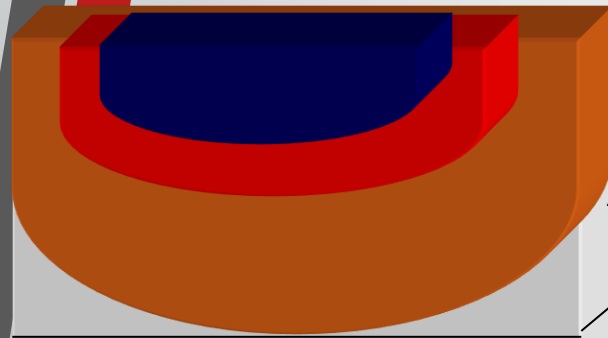
*Non ablative CO<sub>2</sub>*



*Fractional ablative CO<sub>2</sub>*

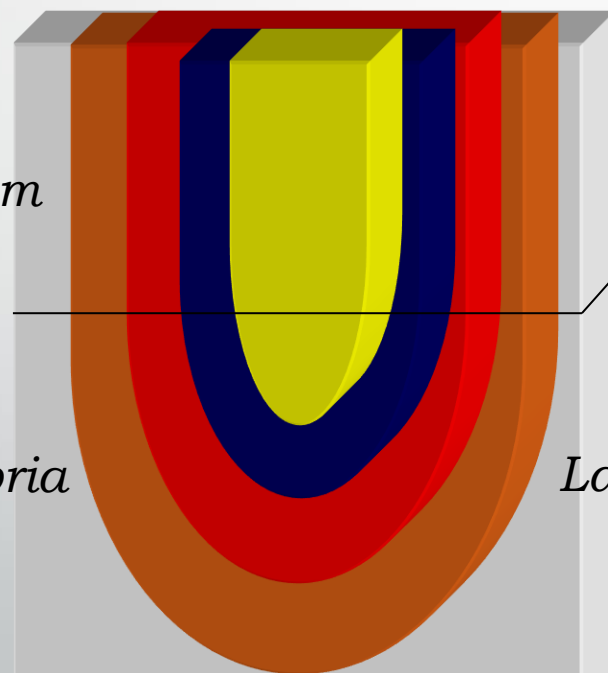


*Er:YAG*



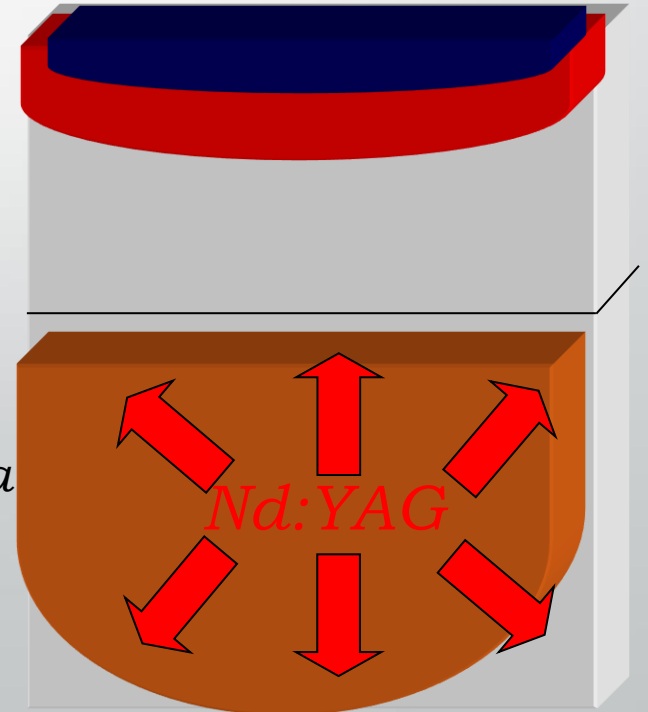
*Epithelium*

*Lamina Propria*



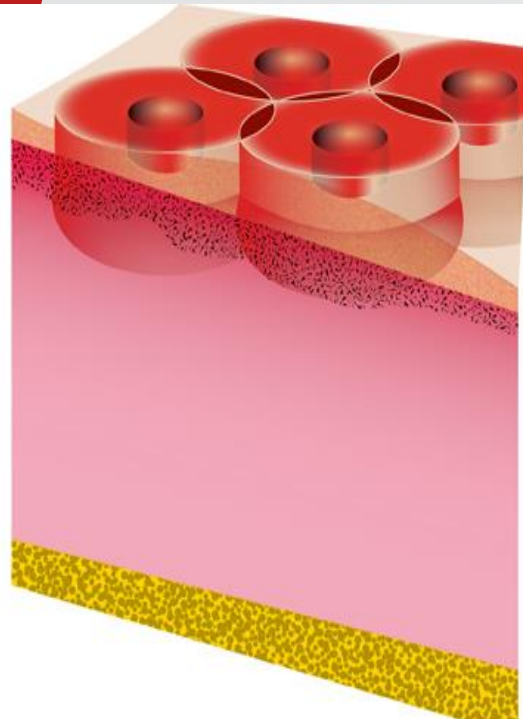
*Epithelium*

*Lamina Propria*

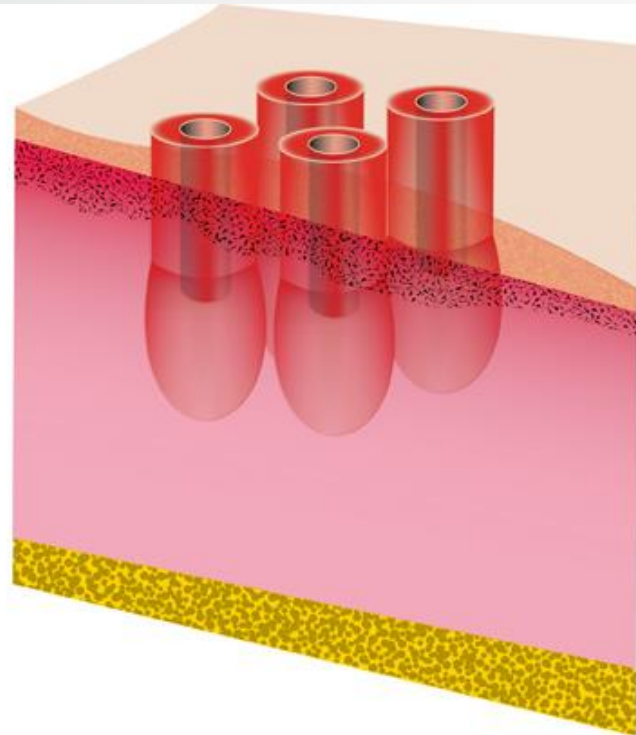


*Nd:YAG*

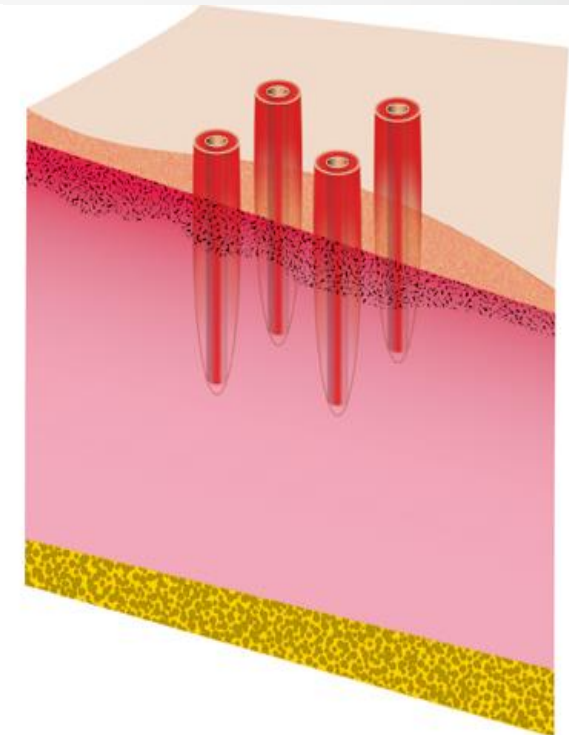
# Thermal Damage is Essential to Stimulate Repair (New Collagen)



Large diameter beam, e.g., 1.25 mm, causes wide epidermal foot-print and a shallow zone of residual thermal damage: Considerable epidermal ablation with minimal reduction of rhytides

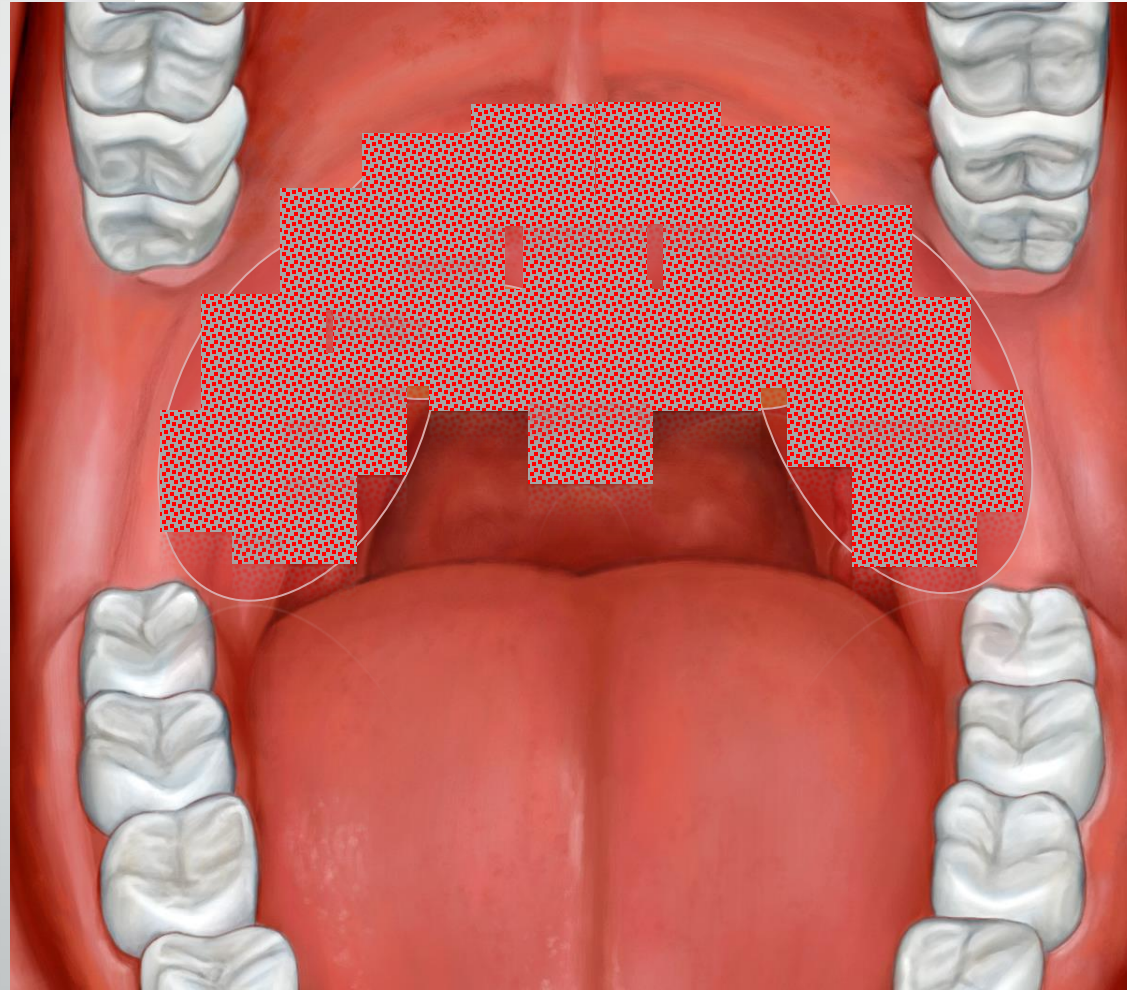


**SmartXide DOT yields a bowl-shaped zone of residual thermal damage that seems to be the best for neocollagenesis and the treatment of rhytides.**



Small diameter beam, e.g.,  $< 200 \mu$ , results in deep, narrow ablation, but a minimal zone of residual thermal damage: less optimal Tx of rhytides

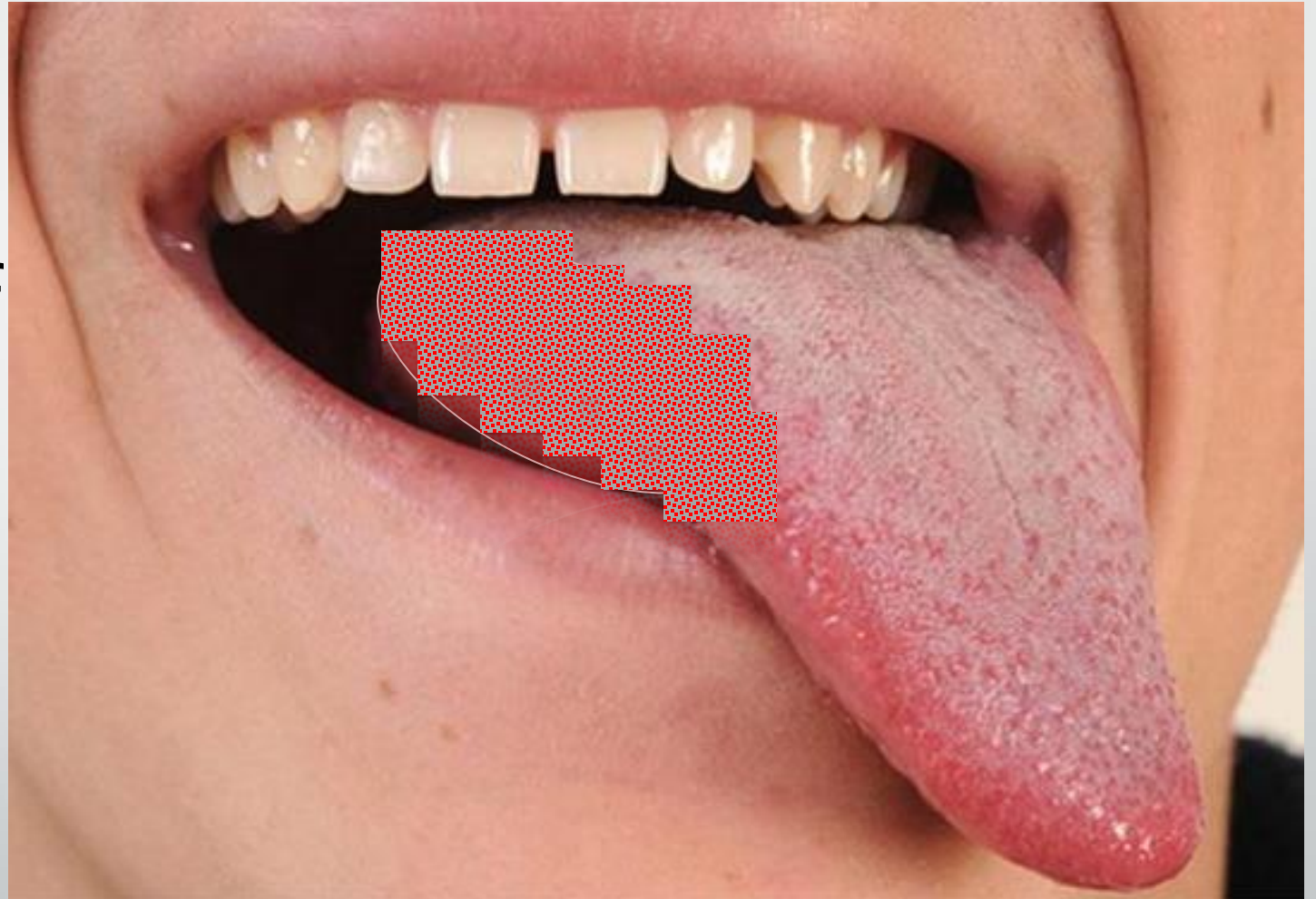
# Target Areas



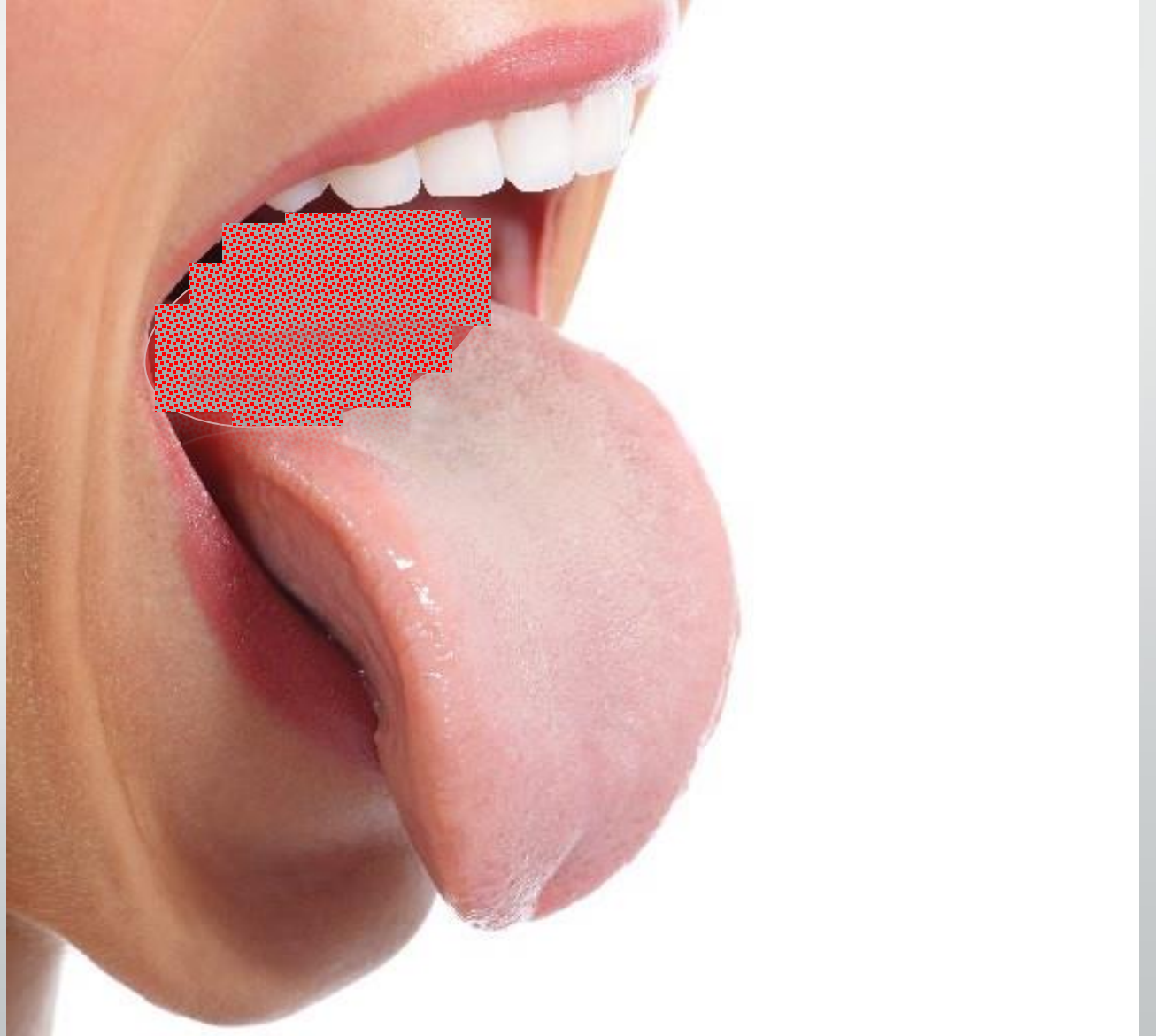


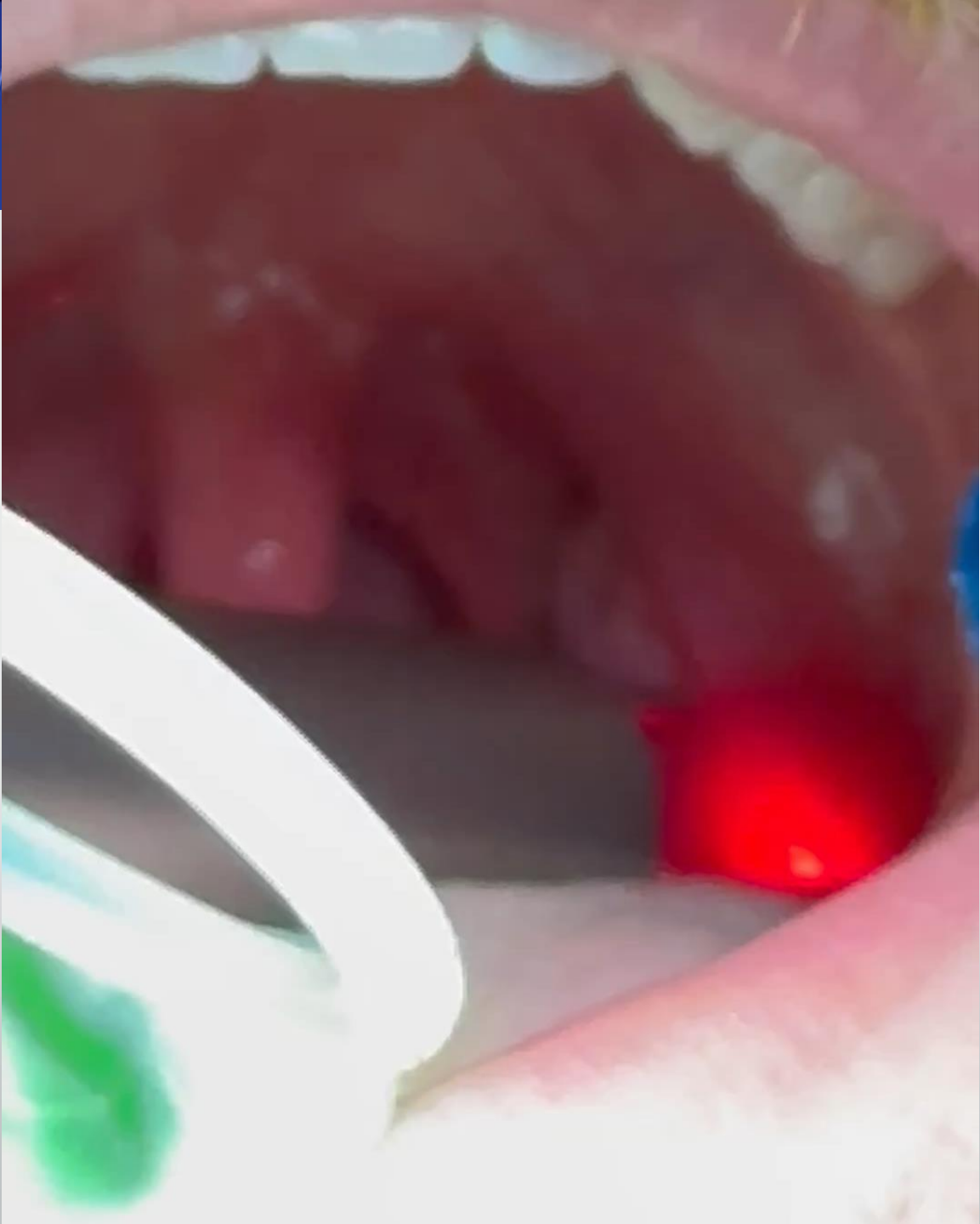
# Target Areas

Lateral border of  
Tongue



Posterior Dorsum of  
Tongue (lingual tonsils)







# Tonsillar Decontamination Results

Before



**Before Treatment**

After



**1 Day After Treatment**

In Operation



In

w



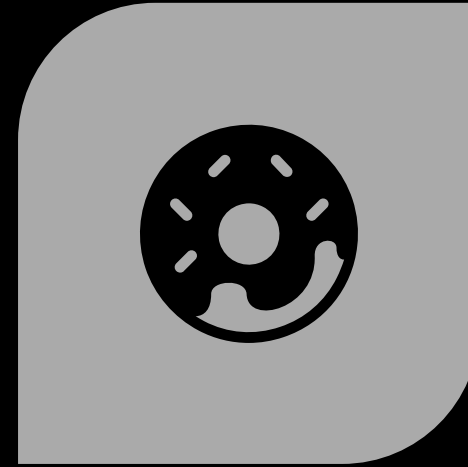
DEKA Dental Lasers



# Two Ways to Profit



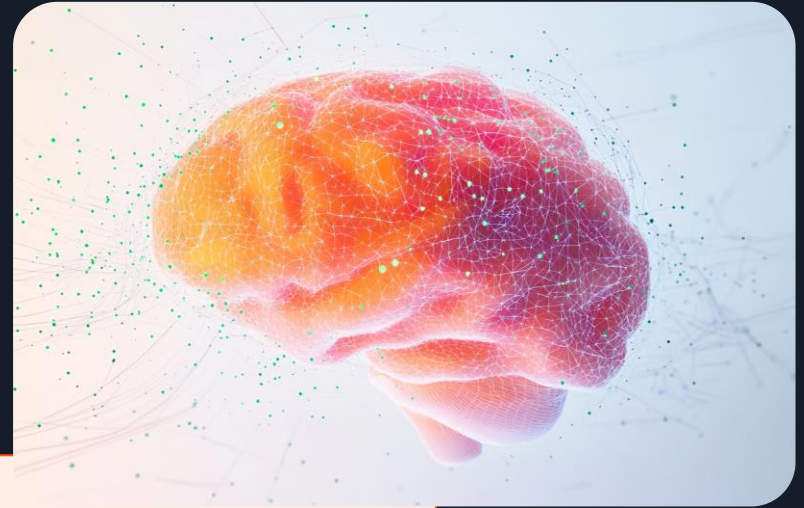
TREAT AIRWAY



TREAT ATHLETES

# AI

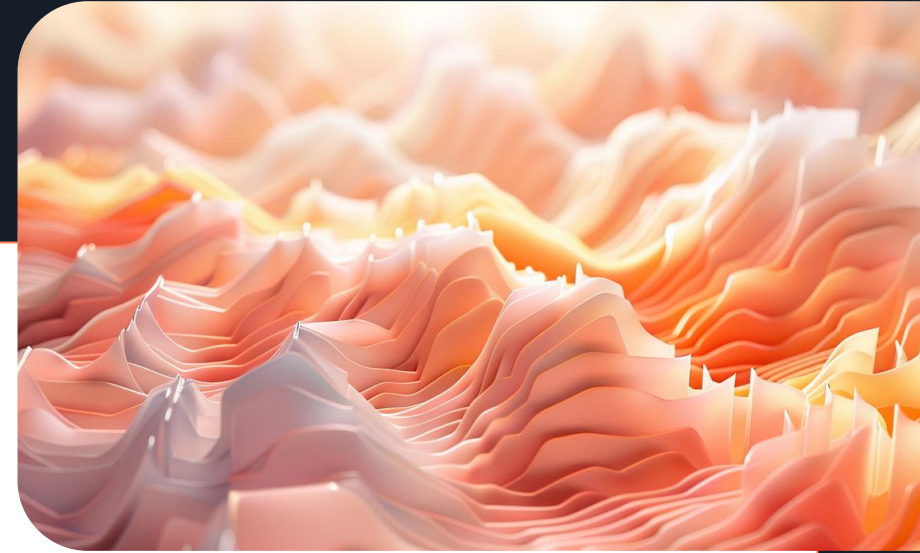
Computer systems that can simulate the problem-solving and decision-making capabilities of the human mind.



## The building blocks of AI



# How AI is trained



### Input

Tremendous volumes of data are fed into computer programs.

### • Training

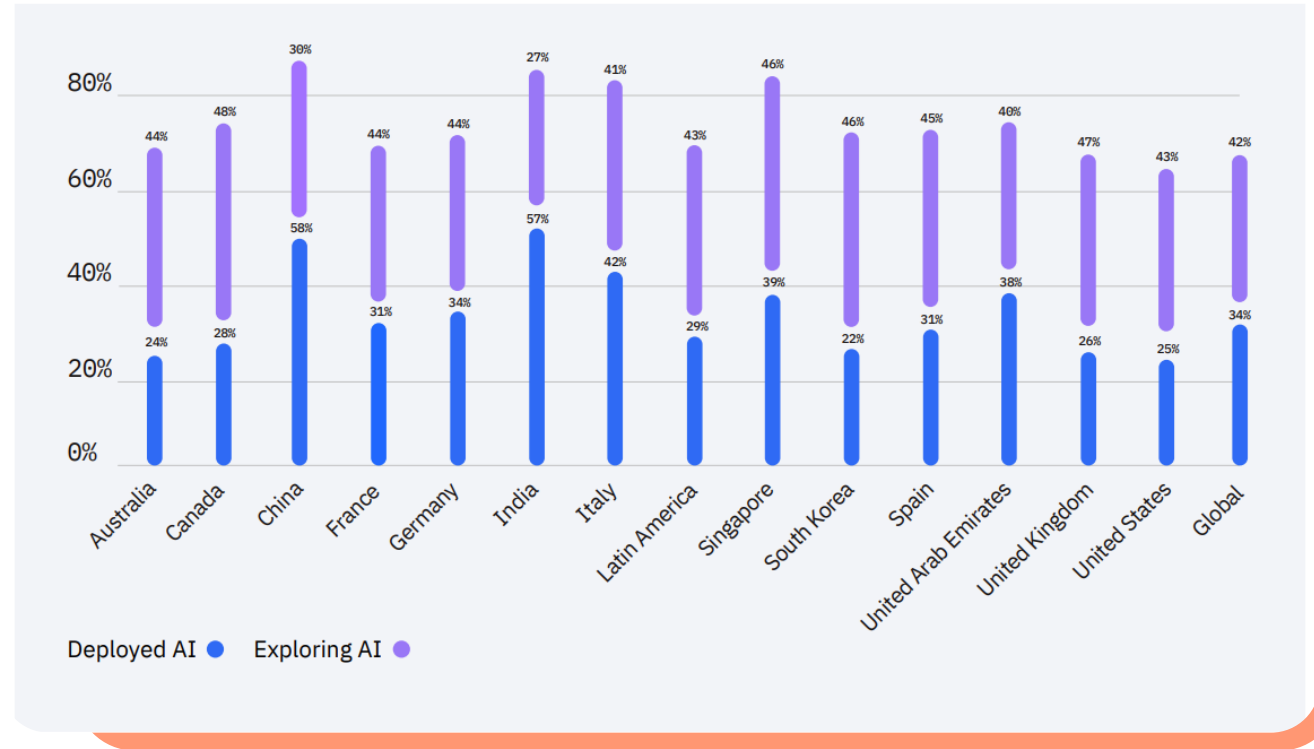
Algorithms then analyze the data, detect patterns and learn.

### • Output

AI generates insights, predictions, or decisions.



# AI in business



**35%** of businesses globally are using AI today.

**42%** of businesses are exploring AI.

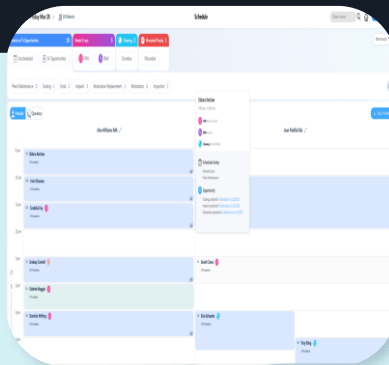
AI in Dentistry

# AI in Dentistry

Diagnostic Assistance



Enhanced Scheduling & Chart Audits



Insurance Verification

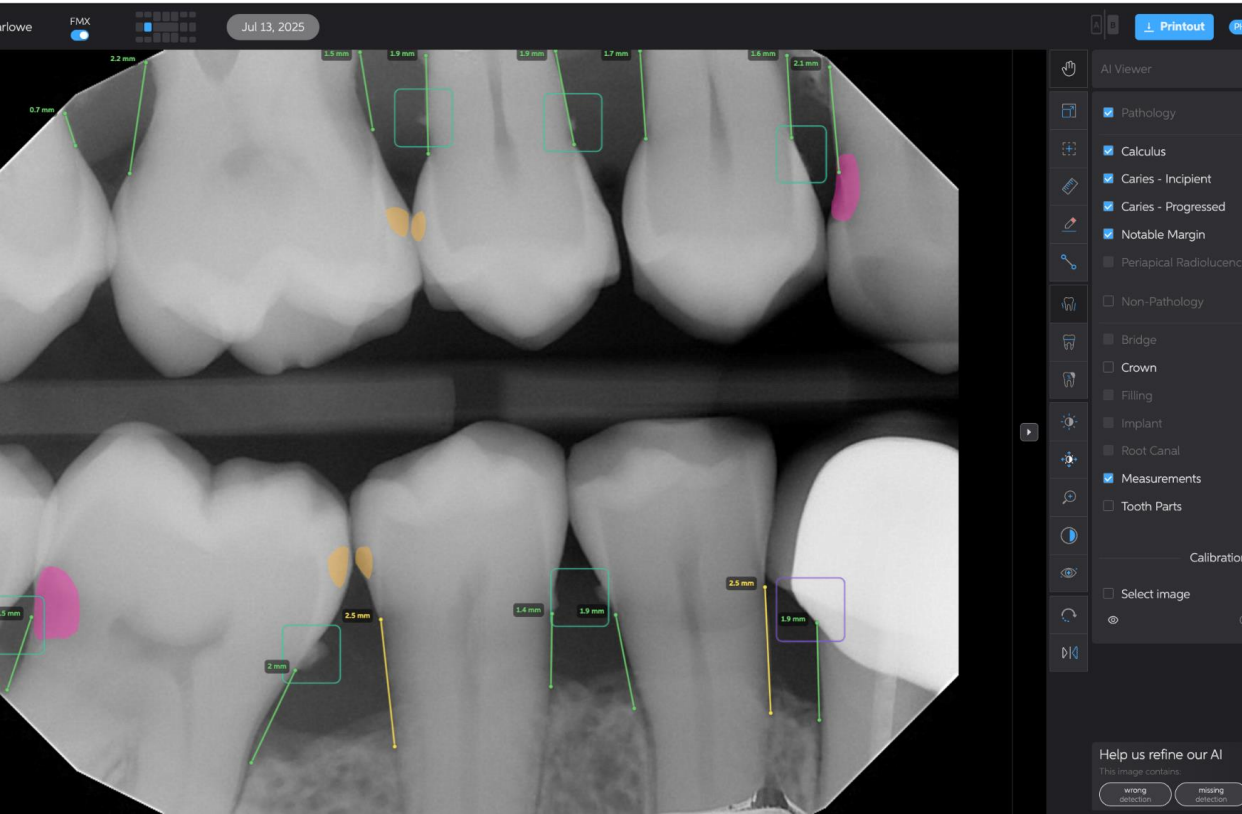
A screenshot of an insurance verification software interface. It displays a table with columns for Patient Name, Appointment Date, Insurance Carrier, Insurance ID, Insurance Type, and Status. The table lists several patients and their insurance details.

Patient Name	Appointment Date	Insurance Carrier	Insurance ID	Insurance Type	Status
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary
JOHN, JOHN J	03/15/2024	Antares Blue Cross of CA	000000000000000000	0.0	View Summary

Workflow and Staffing



# AI Printouts for Claims Submissions



Haley Marlowe | Jul 13, 2025

Brentwood

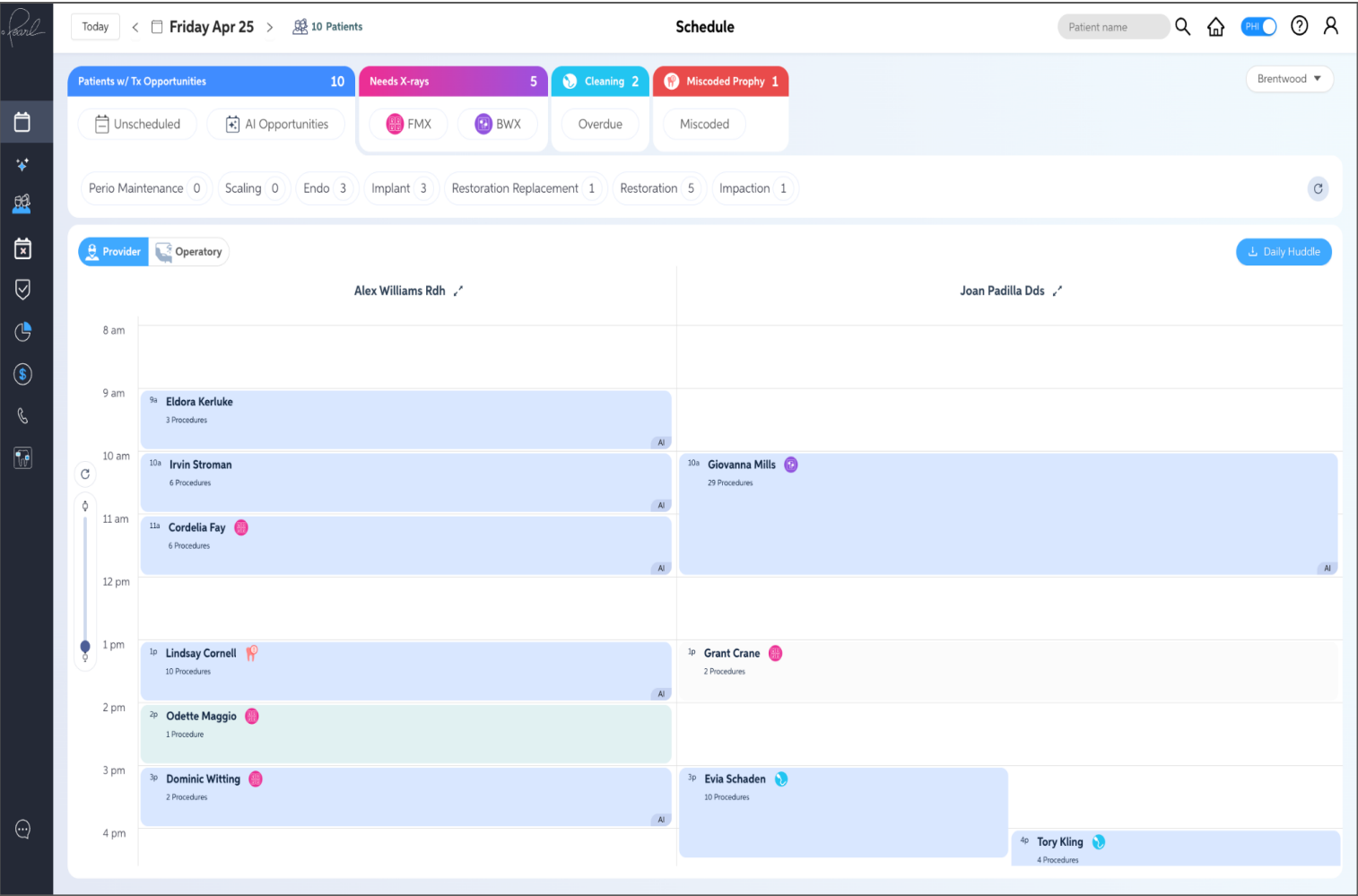
A screenshot of an AI dental analysis software interface showing a panoramic radiograph of a patient's teeth. The image is divided into two rows. The top row shows teeth 2, 3, 4, 5, and 6. The bottom row shows teeth 31, 30, 29, 28, and 27. Various areas are highlighted with colored boxes and lines, indicating detected pathologies. Measurements are provided for several areas, such as 0.7 mm, 2.2 mm, 1.5 mm, 1.9 mm, 1.7 mm, 1.6 mm, 2.1 mm, 1.4 mm, 1.9 mm, 2.5 mm, 1.9 mm, 2 mm, 1.5 mm, 2.5 mm, 1.4 mm, 1.9 mm, 2.5 mm, and 1.9 mm. On the right side, there is a sidebar with a list of pathologies: Pathology (checked), Calculus (checked), Caries - Incipient (checked), Caries - Progressed (checked), Notable Margin (checked), Periapical Radiolucency (unchecked), Non-Pathology (unchecked), Bridge (unchecked), Crown (unchecked), Filling (unchecked), Implant (unchecked), Root Canal (unchecked), Measurements (checked), and Tooth Parts (unchecked). At the bottom right, there is a section for 'Help us refine our AI' with buttons for 'wrong detection' and 'missing detection'.

Teeth 3-5, 28-30

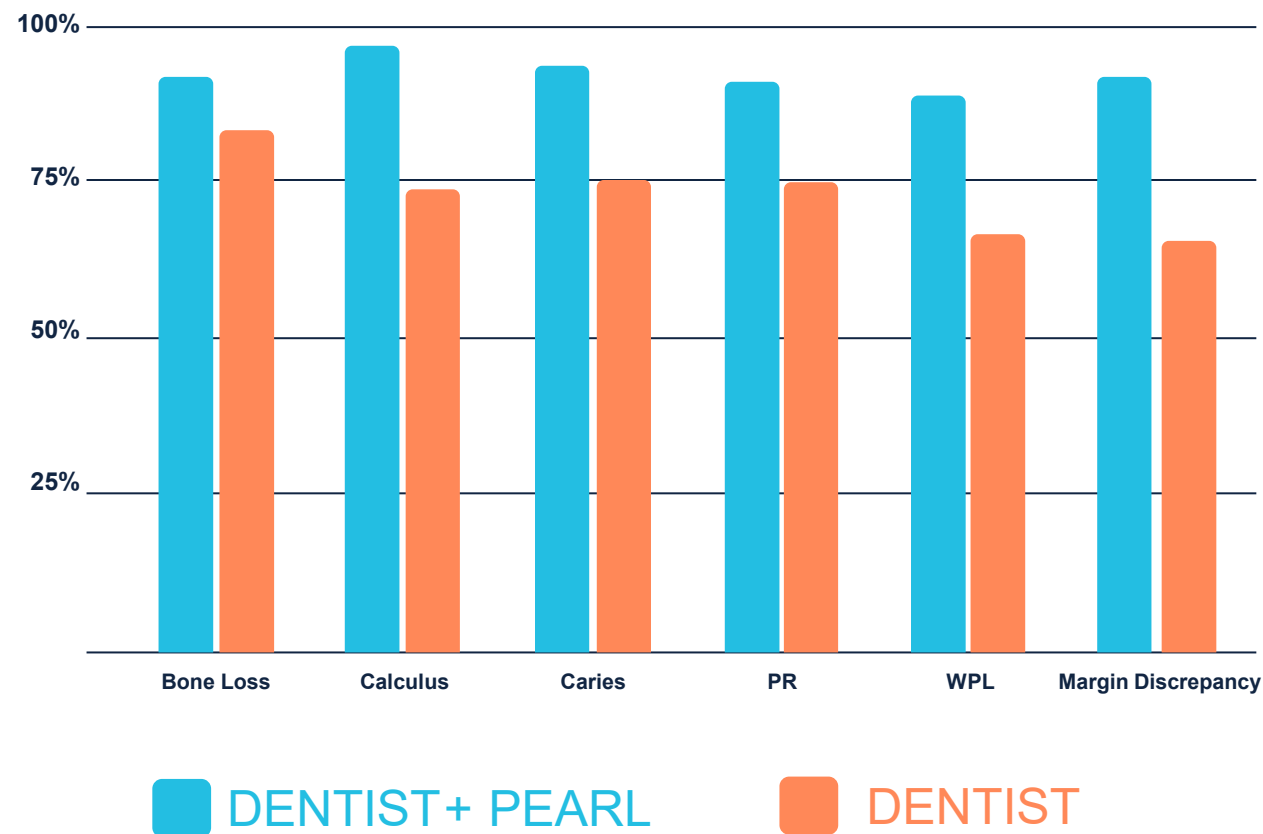
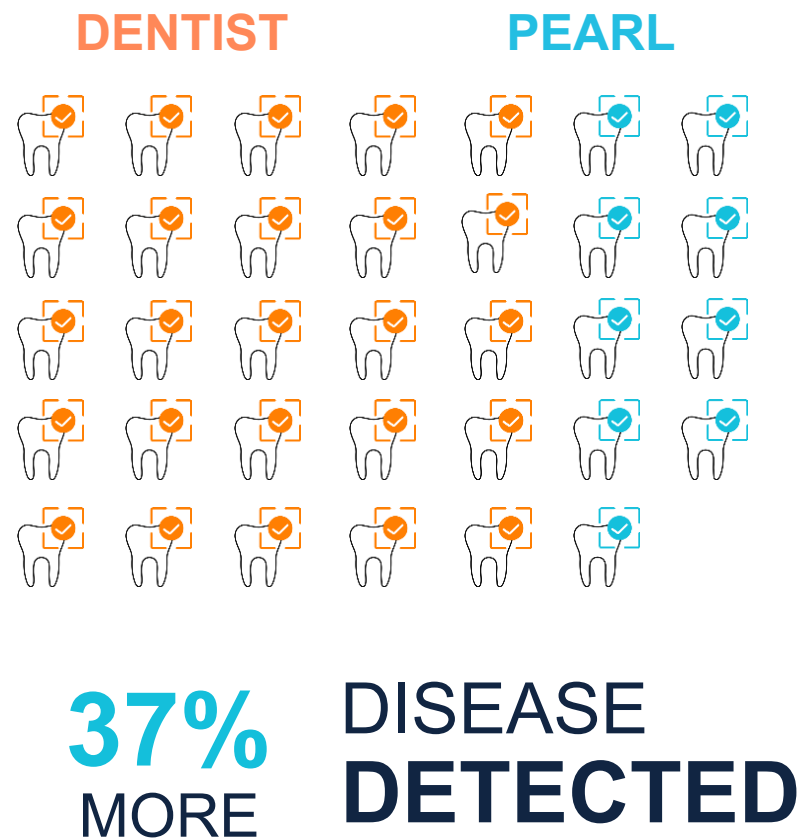
Tooth#	Pathology
30	Incipient Cavity Progressed Cavity
4	Incipient Cavity
3	Incipient Cavity
6	Progressed Cavity
29	Incipient Cavity
3-5, 28-30	Notable Margin Tartar



# AI Performance Schedule | Highlights Daily Opportunities



- + Identify Unscheduled Treatment
- + Identify Undiagnosed Treatment
- + Identify Patients who need X-rays
- + Identify Patients with Overdue Hygiene
- + Identify Miscoded Prophylaxis
- + Enhance Same Day Dentistry



## Patient Trust | BY THE NUMBERS



64%

Say they **don't** understand their x-rays during a consultation with their dentist 2

55%

Say **trust in the diagnosis/dentist** is the most important factor in treatment acceptance.<sup>2</sup>

61%

Say they have **switched dentists, sought second opinions or refused treatment** after a diagnosis.<sup>2</sup>

40%

Say they **distrust** dentists.

<sup>1</sup> <https://news.gallup.com/poll/1654/honesty-ethics-professions.aspx>

<sup>2</sup> [https://5664760.fs1.hubspotusercontent-na1.net/hubfs/5664760/Guides%20and%20Studies/Dental%20Patient%20Trust%20Survey\\_8\\_22.pdf](https://5664760.fs1.hubspotusercontent-na1.net/hubfs/5664760/Guides%20and%20Studies/Dental%20Patient%20Trust%20Survey_8_22.pdf)



# Second Opinion<sup>®</sup>



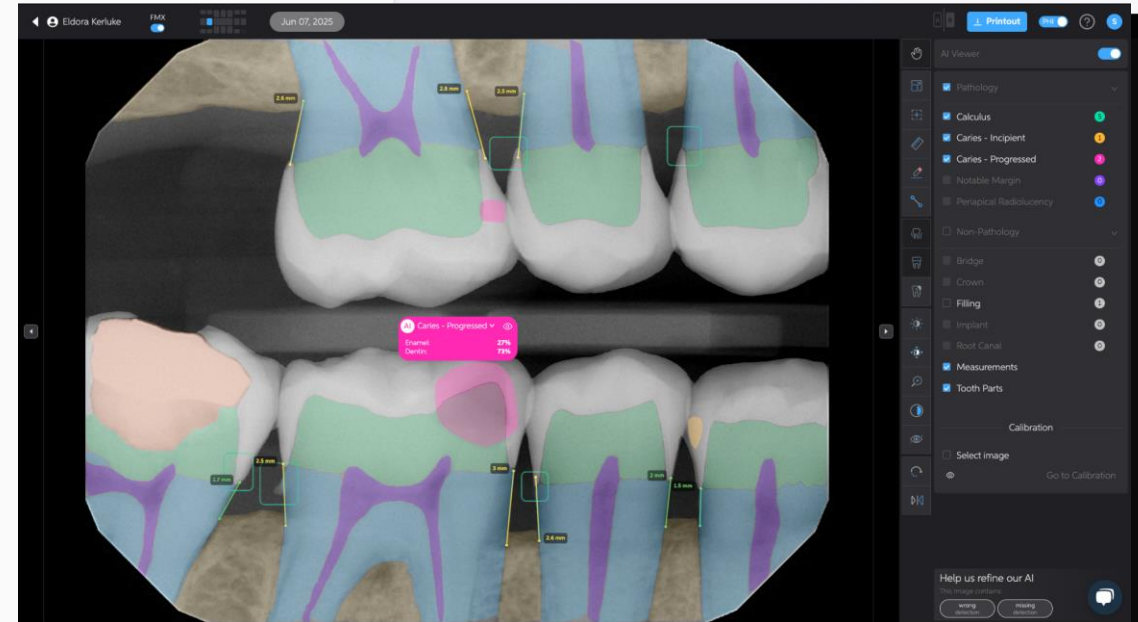
More accurate diagnoses



Improved communication



Timelier treatment



# The Power of “YET” in Case Presentation

- A non-threatening keyword that shifts focus from now to inevitability
- Reduces defensiveness across DISC profiles
- Use phrases like:
  - “Is that bothering you YET?”
  - “Is that sensitive to you YET?”
- Encourages proactive, preventive decision-making



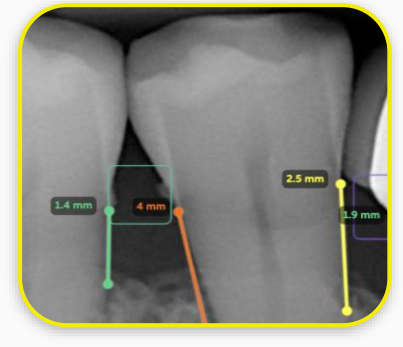
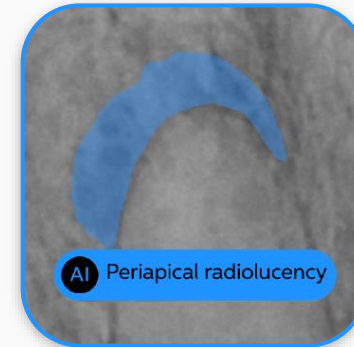
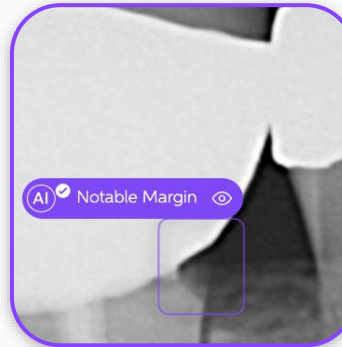
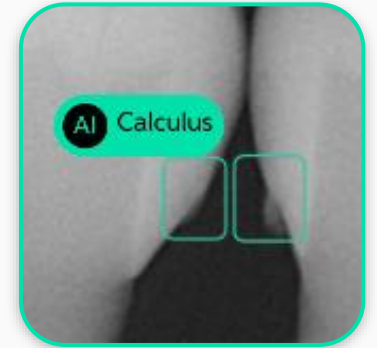
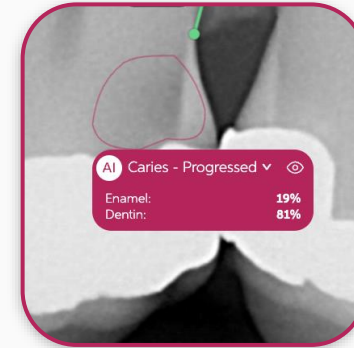
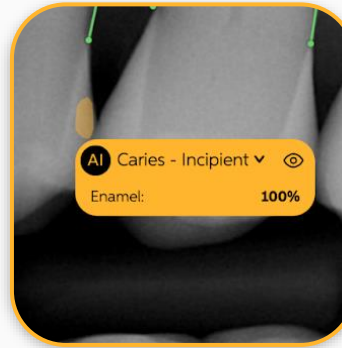
# Features | AI Detections

## Detections

- Decay within enamel
- Decay progressed into Dentin
- Calculus
- Notable Margin
- Periapical Radiolucency

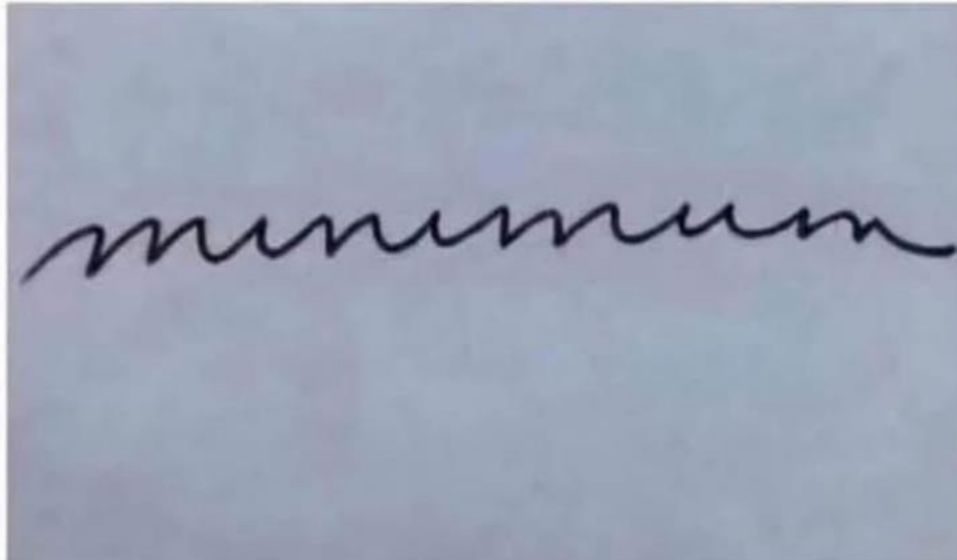
## Bone Level Measurements

- 0 - 2.5mm
- 2.5 - 4mm
- 4mm +

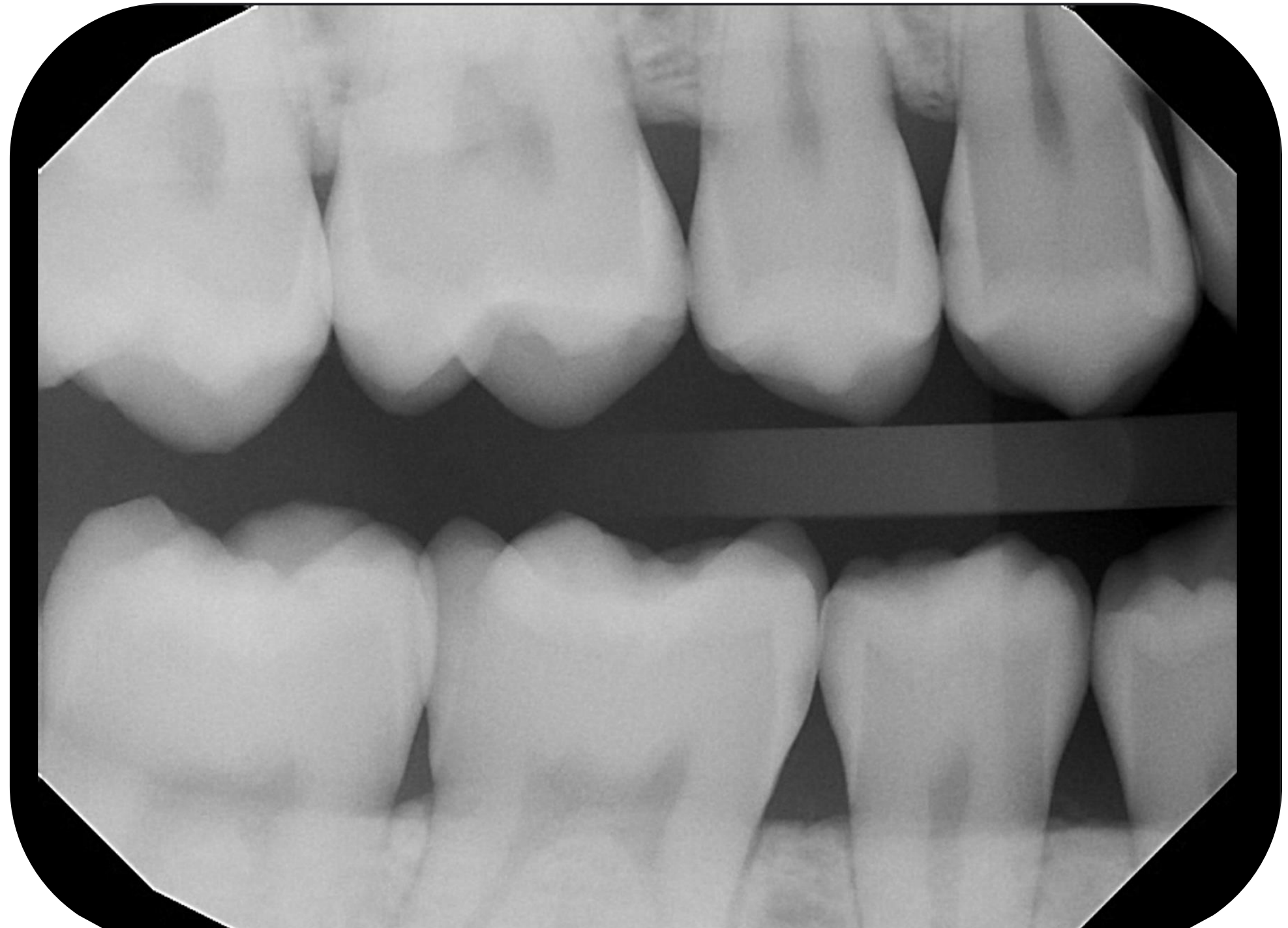




There's at least one  
generation that can't tell  
you what word this is.

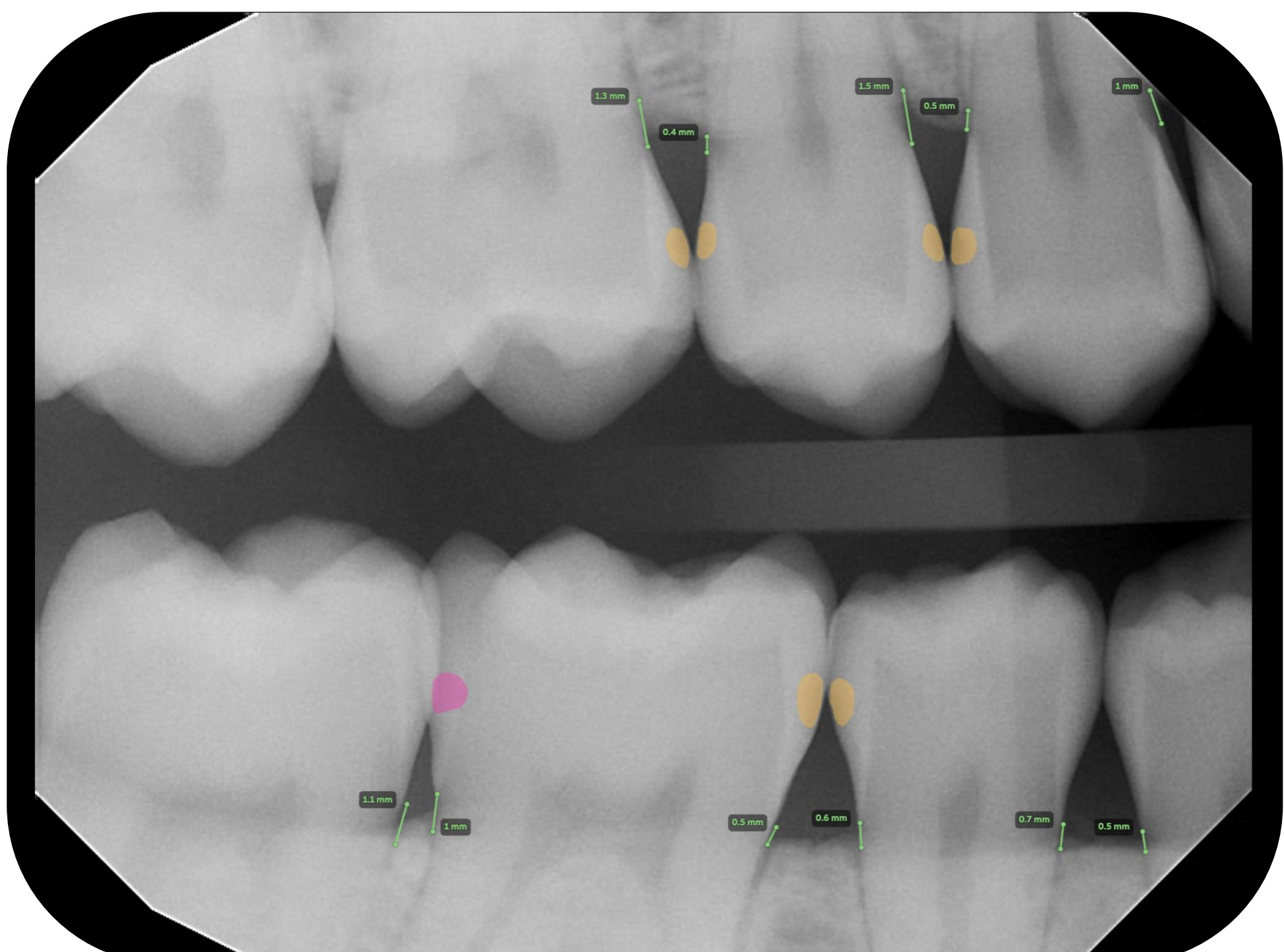
A photograph of the word "minimum" written in a cursive script on a light blue background. The word is written in dark ink and is slightly slanted to the right. The background of the photograph is a textured, light blue surface.

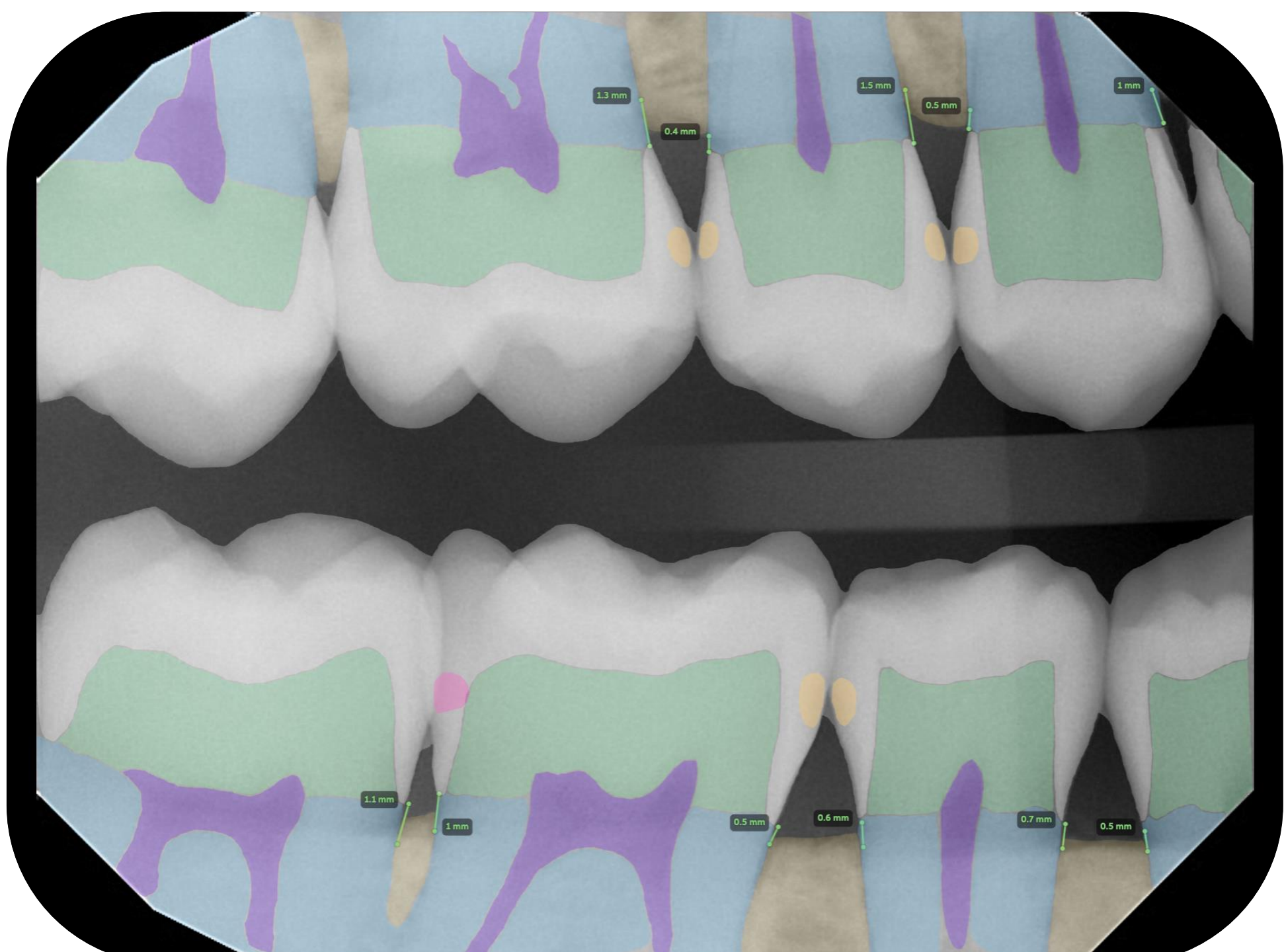
**How many areas of decay  
do you see?**

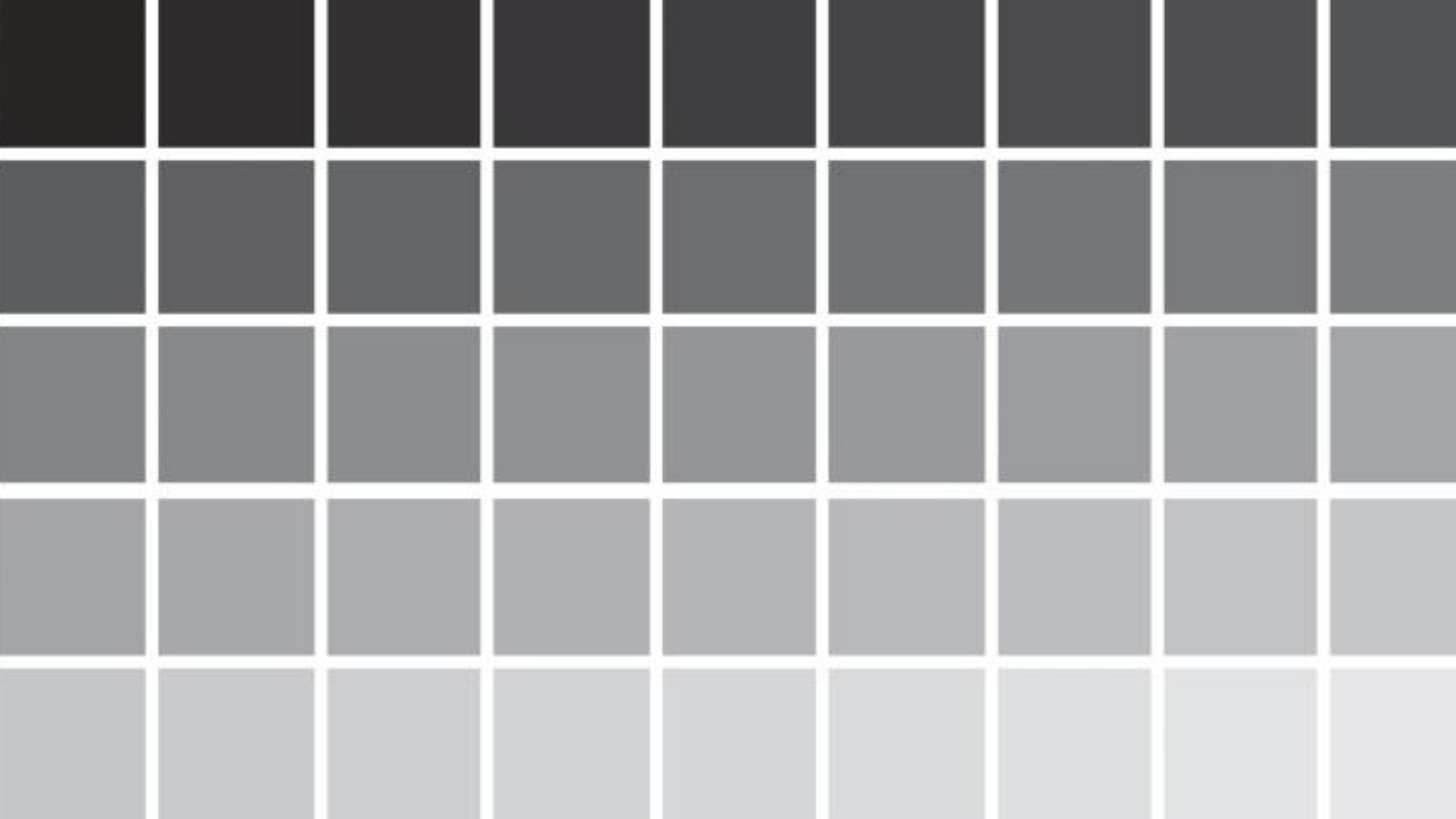




7









# Creating a Differentiator



# 5 Keys to Keeping Patients Coming Back

1. Treat the Patient, Not Just the Tooth
2. Co-Diagnosis (report Findings)
3. Time, Pain, Money
4. Differences
  - *Harvard Business Review April 2013*
5. Connection



# Psychology of Why Customers Don't Buy

1. No need
2. No money
3. No hurry
4. No desire
5. No trust





# Rules of Business and Referrals

1. Know
2. Like
3. TRUST



# Whole Body Listening!

Larry wants to remind you to  
listen with your entire body



**Eyes = Look at the person talking to you**



**Ears = Both ears ready to hear**



**Mouth = Quiet- no talking, humming or making sounds**



**Hands = Quiet in lap, pockets or by your side**



**Feet = Quiet on the floor**



**Body = Faces the speaker**



**Brain = Thinking about what is being said**



**Heart = Caring about what the other person is saying**

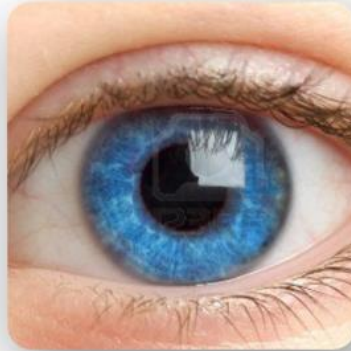
# Which Impresses People More?





# Cues to Human Behavior

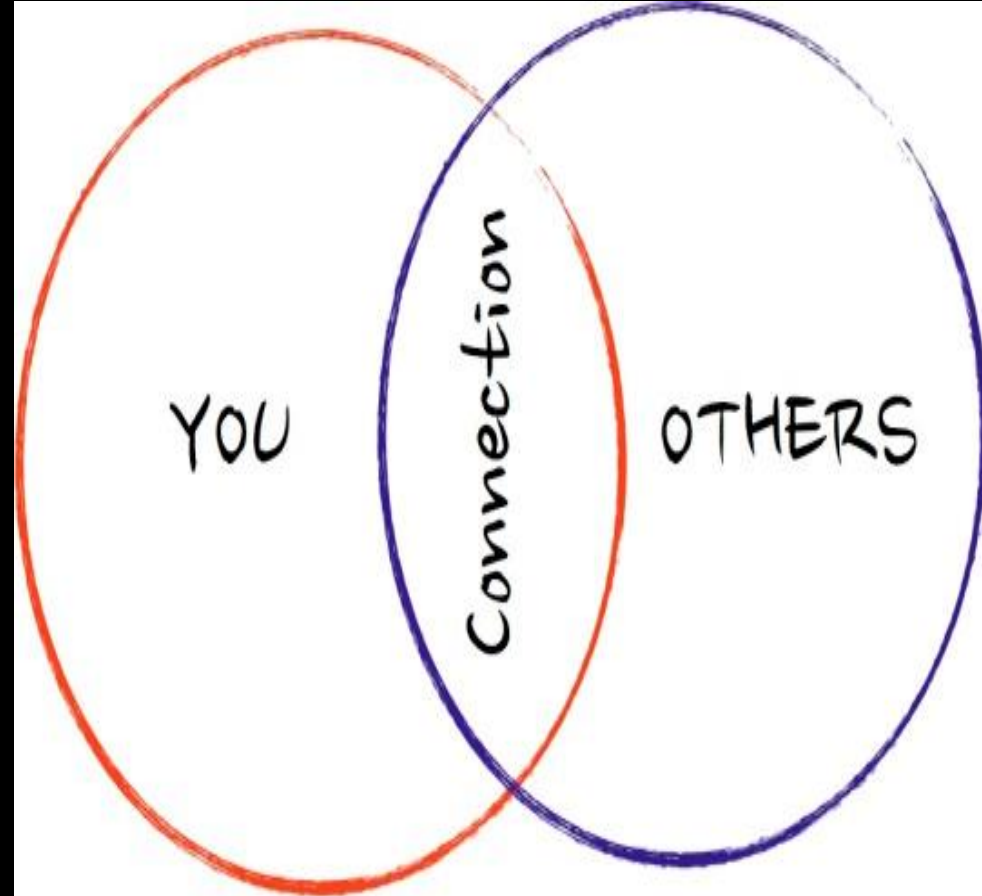
## Three Channels



- Verbal (words that you choose)
- Visual (gestures, dress, eye contact etc.)
- Vocal (tone, inflection, loudness etc.)

# Rapport is Power

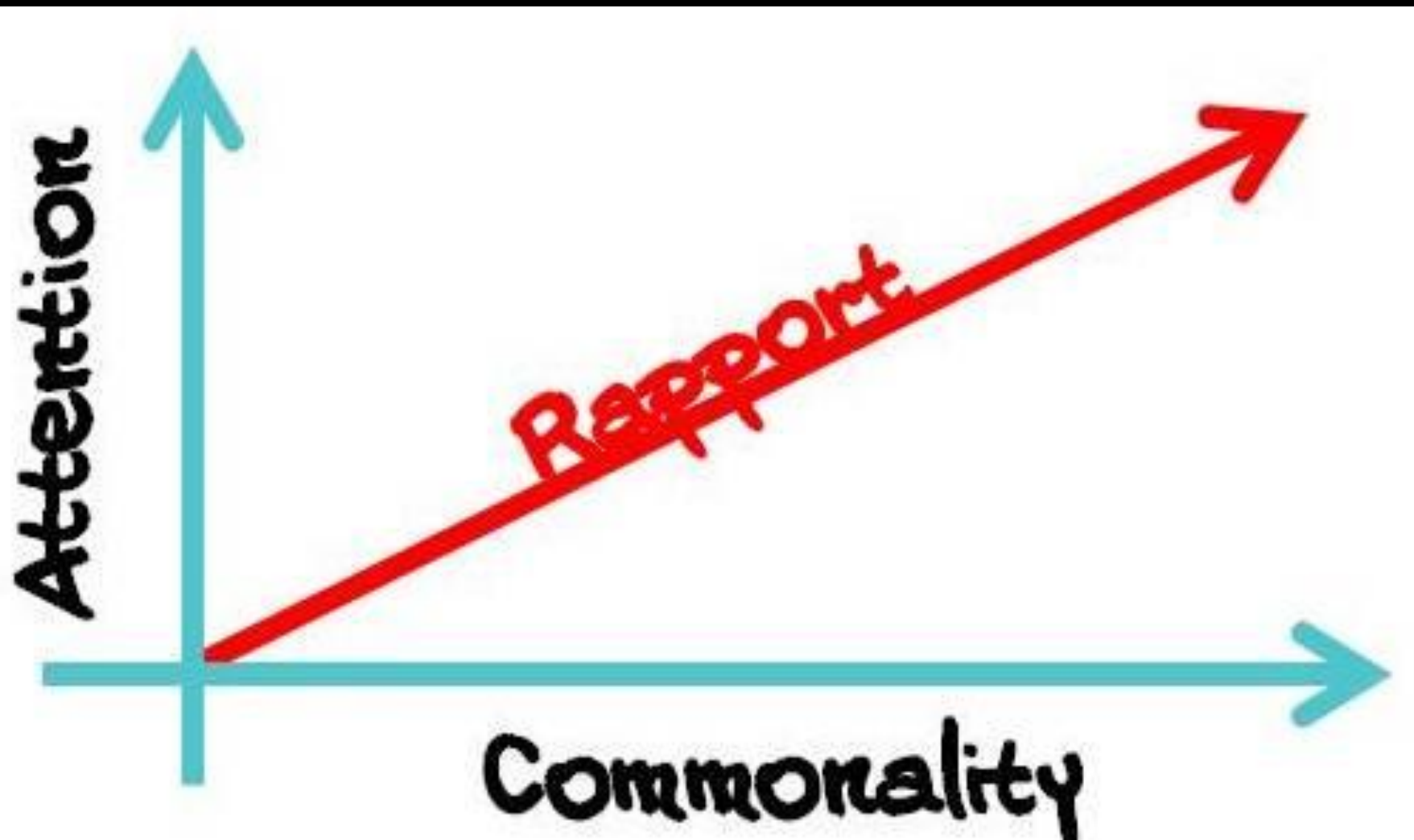
- Total responsiveness between people



# The Magic of Rapport

1. Rapport is created by feeling of commonality
2. Words are only 7% of communication
3. Matching and Mirroring
  - Milton Erickson, MD
  - People like people who are LIKE THEMSELVES; or how they would like to be
4. Style is more important than substance **INITIALLY**





# Becoming More Likeable

1. Learn to remember names
2. Be a comfortable person, so there is no strain in being with you
3. Acquire the quality of relaxed, easy-going so that things do not ruffle you
4. Don't be egotistical. Guard against the impression of knowing it all.
5. Cultivate the quality of being interesting so people will get something of value from their association with you.
6. Study to get the "scratchy" elements OUT of your personality
7. Sincerely attempt to heal, on an honest basis, every misunderstanding you have had or now have. Drain off your grievances.
8. Practice liking people until you learn to do so genuinely.
9. Never miss an opportunity to say a word of congratulation upon anyone's achievement, or express sympathy in sorrow or disappointment.
10. Give spiritual strength to people, and they will give genuine affection to you.



# Selling the Case

- Find the problems
- Listen, Simplify, Connect
  - Tell them
    - What you find
    - What you think
    - What you feel
- MONEY (*USUALLY* last)





# *Divorce Decree*

PETITION FOR MARRIAGE

This Petition is for dissolution of marriage. The following follows:

WHEREFORE, Petitioner prays for it to be granted that:

- a. dissolving the marriage;

- b. dividing the marital property and debts in accordance with the attached Property Settlement Agreement resolving the divorce.

Agreement resolving the divorce and Child Support.

Meet “AI”









# Treatment Acceptance

- What is the number of days, on average, to case acceptance in a dental office?

69.8 days





**D I S C**











# Purpose of DISC

1. To help you better understand YOURSELF
2. To help you better understand OTHERS
3. To help you be MORE PRODUCTIVE and have LESS ANXIETY when dealing with people
4. To treat others as they wish to be treated

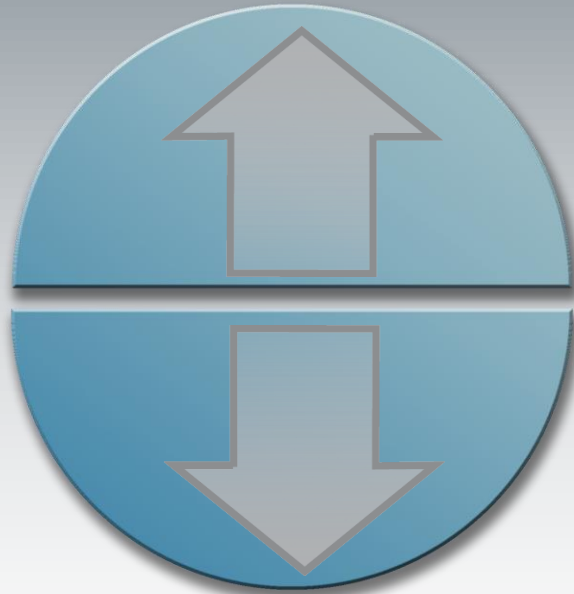
## Understanding Yourself ...

Everyone is “wired” differently. To understand yourself better, ask yourself these two questions:

### First Question

1. Am I more Outgoing, or am I more Reserved?

Outgoing



Reserved

## Understanding Yourself... Traits to look for:

### Outgoing / Active

- Fast - paced
- Involved
- Energetic
- Optimistic
- Positive
- Enthusiastic

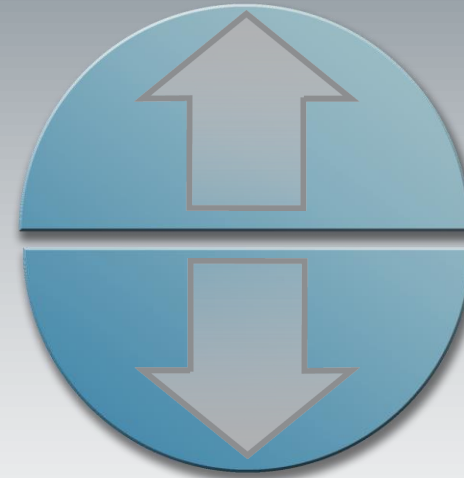
**Their focus is on talking things out.**

### Reserved/Passive

- Slower – paced
- Cautious
- Concerned
- Reluctant
- Critical thinking
- Discerning

**Their focus is on thinking things through.**

Outgoing

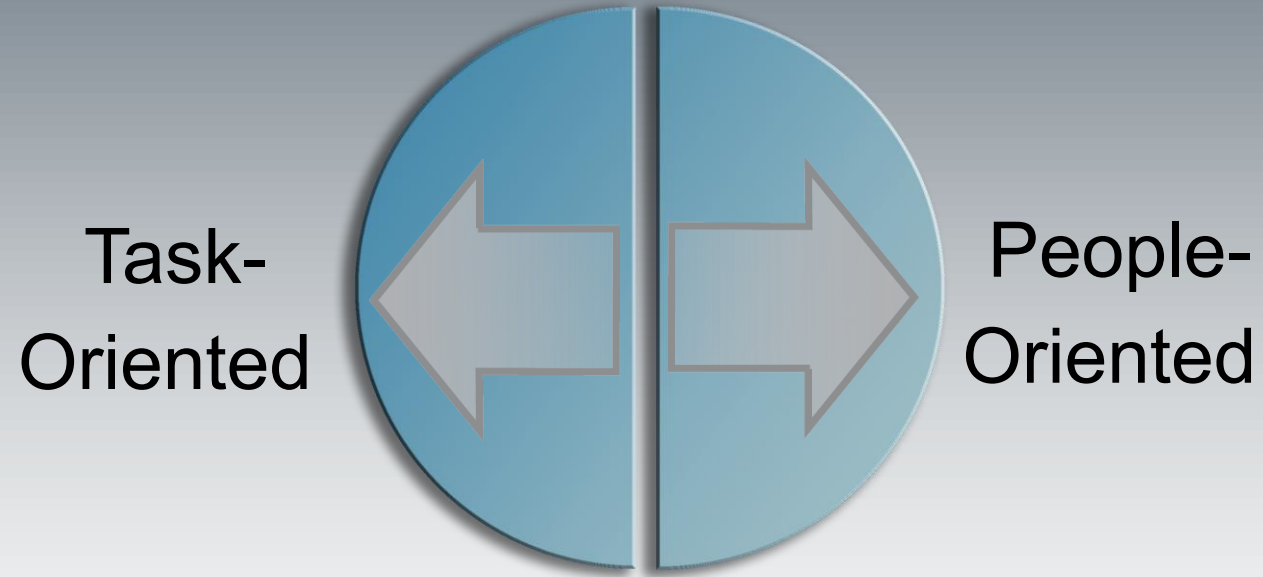


Reserved

Understanding Yourself...

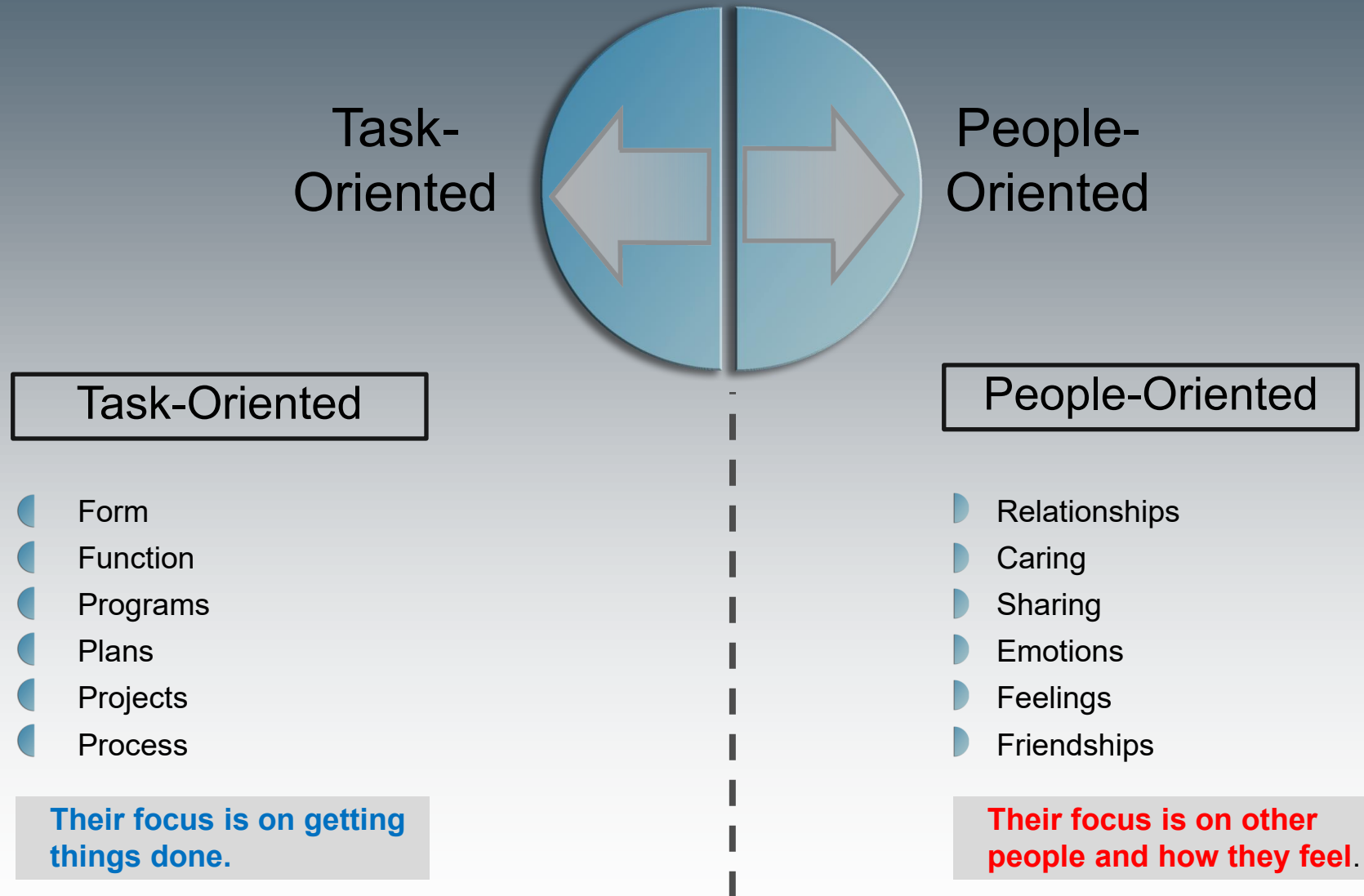
Second Question

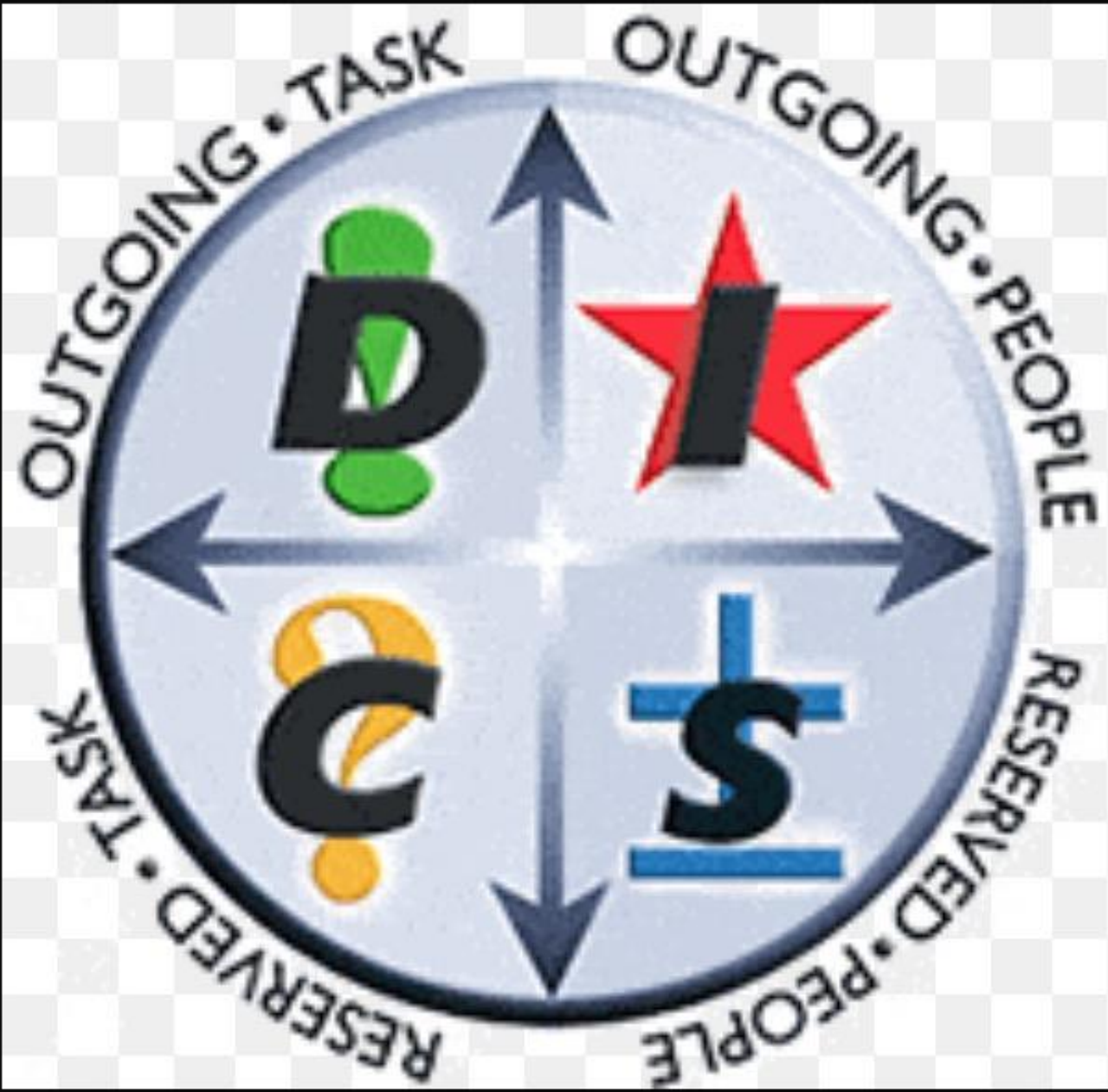
2. Am I more Task-oriented or People-Oriented?



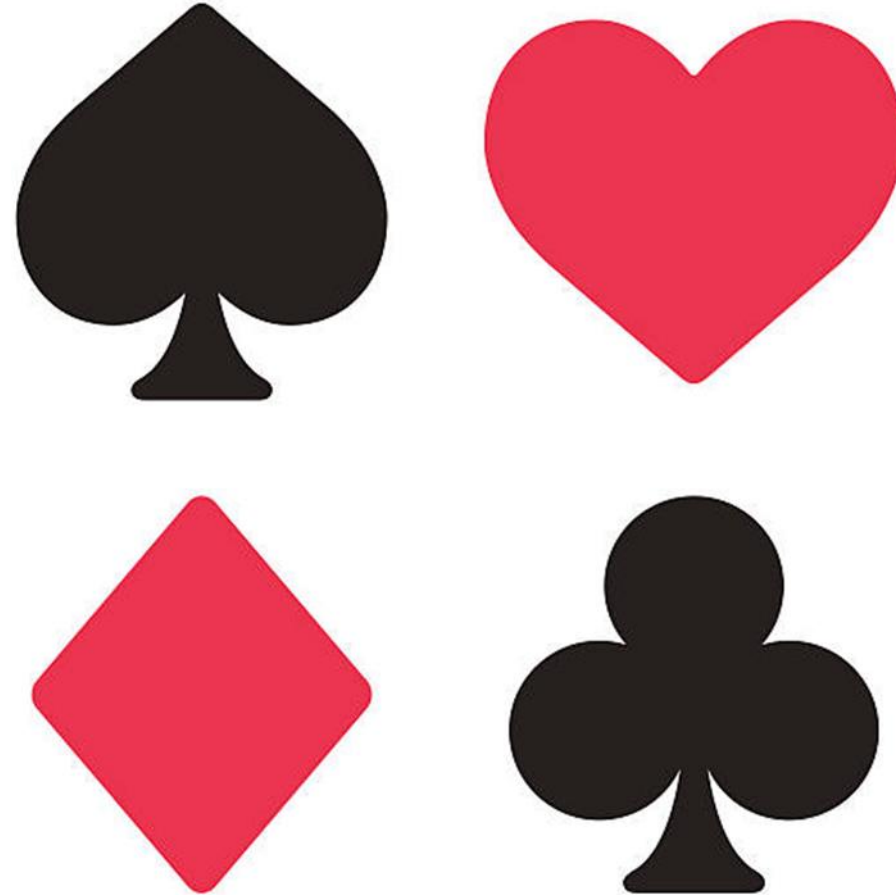


## Understanding Yourself ... Traits to look for:





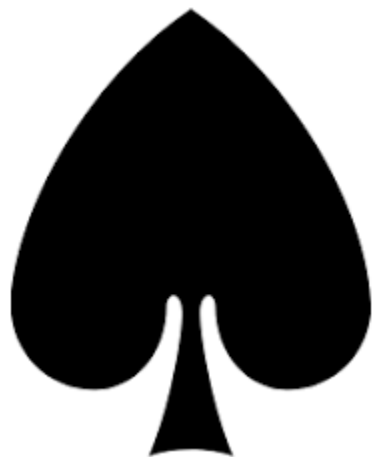
When you combine these two ways to divide the circle, you will see that they give the circle four parts, so you can visualize the four temperament types.



## Remember

Most people have | s. There are four basic personality styles: S, F, T, and A. They are also known as temperaments. They blend together to determine your unique personality style. The graphic overview of the Four Temperament Model of Human Behavior will help you understand why you often feel, think and act the way you do.

our parts.



## **D** Seeks results. Active. Multi-tasker.

- Driven by authority
- Will easily try to take control
- Embraces any change that will help them get results
- Very comfortable responding to direct confrontation
- Treasures loyalty

Greatest Fear: Being taken advantage of



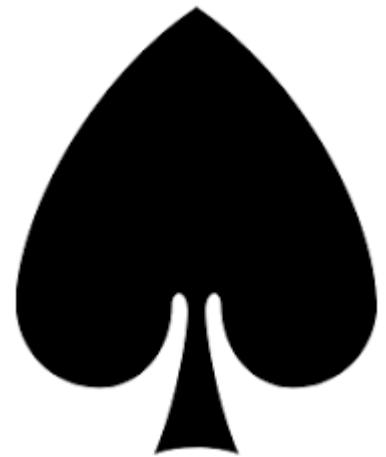


**Seeks Control**

**Decisive**

**Direct**

**Results**





**Seeks friendly environment.  
Always active.**

- Relationship-oriented
- Emotional and animated
- Great storyteller
- Encourager
- Treasures great experiences with others

**Greatest Fear: Rejection / Loss of Approval**



**Persuasive**

**Spontaneous**

**Friendly**

**Spotlight**





S

Seeks a team environment.  
Very loyal.

- Easygoing and agreeable
- Evenly paced
- Good listener
- Compassionate
- Treasures peaceful relationships

Greatest Fear: Loss of Security / Confrontation





**Team-Oriented**

**Follow-Through**

**Loyalty**

**Acceptance**





**C** Seeks an environment that honors logic and facts.

- Compliant
- Conscientious
- Accurate
- Detail-oriented
- Treasures perfection

Greatest Fear: Criticism



**Compliant**

**Analytical**

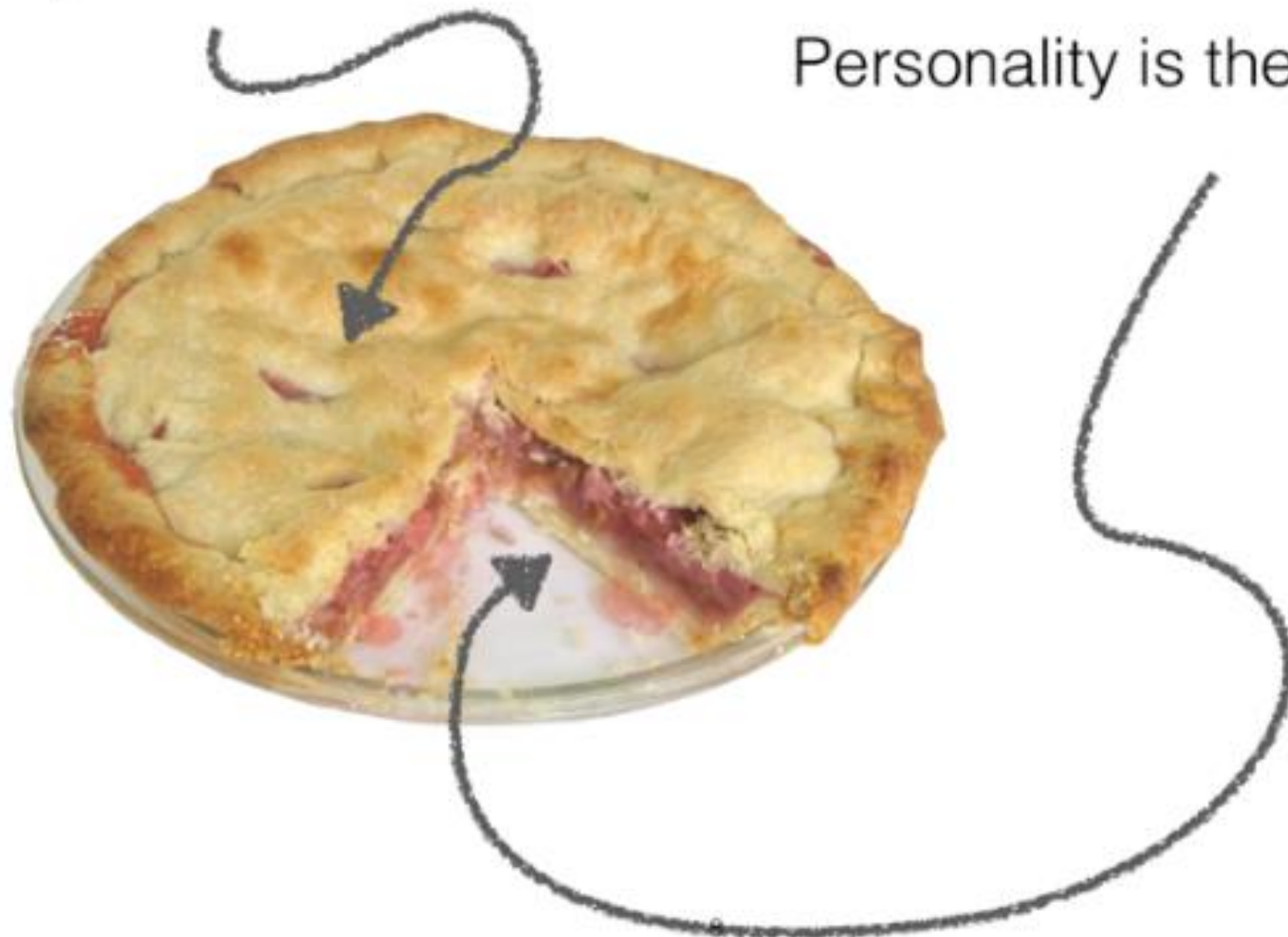
**Planner**

**Accuracy**



Style is the crust!

Personality is the filling.





# ***Presenting with Style***

**GUIDEBOOK**



*Knowing What to Say & How to Say It*



The Ultimate  
Discovery System™

# Communicating with a D

- Be brief, direct, and to the point. Then leave.
- Ask “What” not “How” questions.
- Focus on results.
- Don’t ramble.
- Discuss a problem and its effect on outcomes.



# Communicating with an I

- Don't do all the talking.
- Don't ignore their ideas.
- Allow time for socializing.
- Follow up with the details in writing.
- Four short 10-minute discussions are better than one 40-minute discussion.





# Communicating with an S

- Create a friendly tone for the discussion.
- Show interest in them as a person.
- Don't be overly aggressive.
- Minimize the potential for confrontation.
- Give definition to the goal and everyone's role.
- Give them time to adjust to any changes.





# Communicating with a C

- Provide all the details.
- Use validated facts.
- Be precise in your explanation.
- Be very specific.
- Be patient, answer all their questions, and follow up to provide them with the additional data they request.





## Quick points

1. D types are “Drivers” and interested in RESULTS and enjoy benefits that solve their problems
2. I types are “Interpersonal” and interested in IMAGE and love recognition
3. S types are “Steady” and interested in most recommended PROCESSES and need reassurance
4. C types are “Idealists” and interested in DETAILS and will validate your statements

# Patient Assessment

- He is a 42 y.o. male
- He has recently lost an implant, hates his flipper and is uncertain of next steps. He asks a lot of questions and is looking for guidance. He expresses he is tired of bouncing between multiple offices.
- The implant has failed twice, is this a good option for a third try? What is possible in the interim?



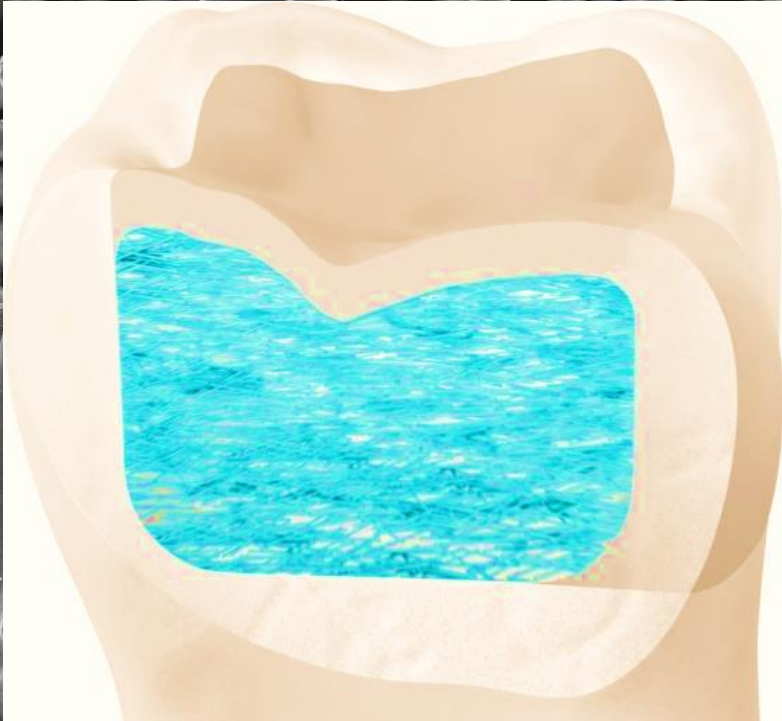
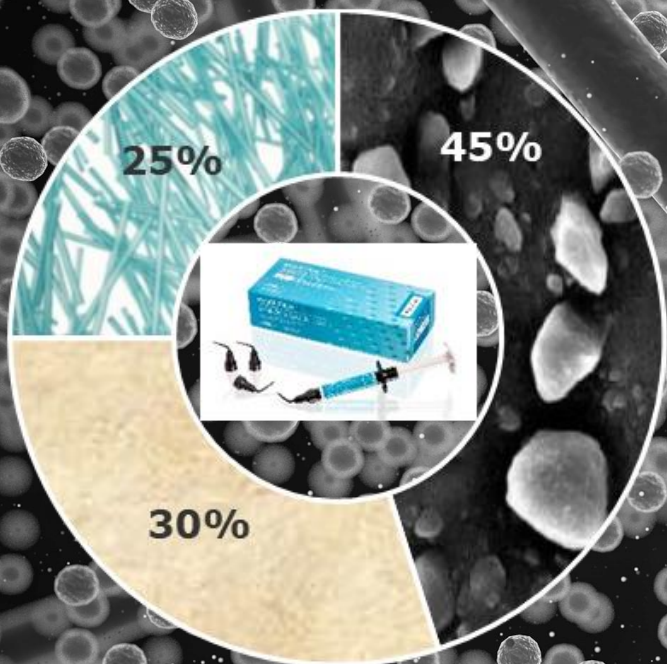






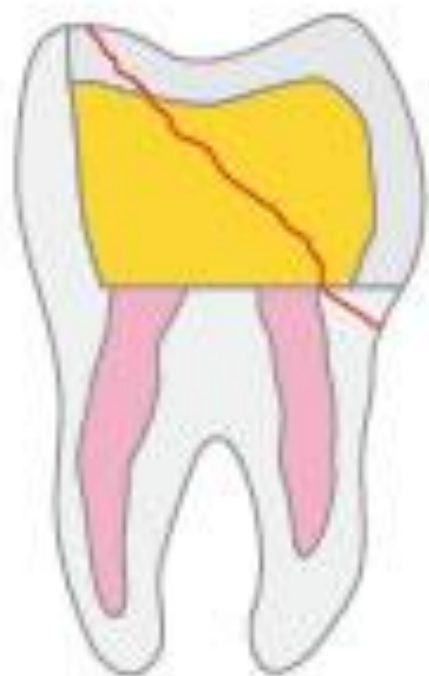








Conventional composite



Fibre-reinforced composite





# Choose between a fast bulk placement and a more esthetic option



**Dentin**  
shade

Depth of cure  
**2.0mm**



**Bulk**  
shade

Depth of cure  
**5.5mm**



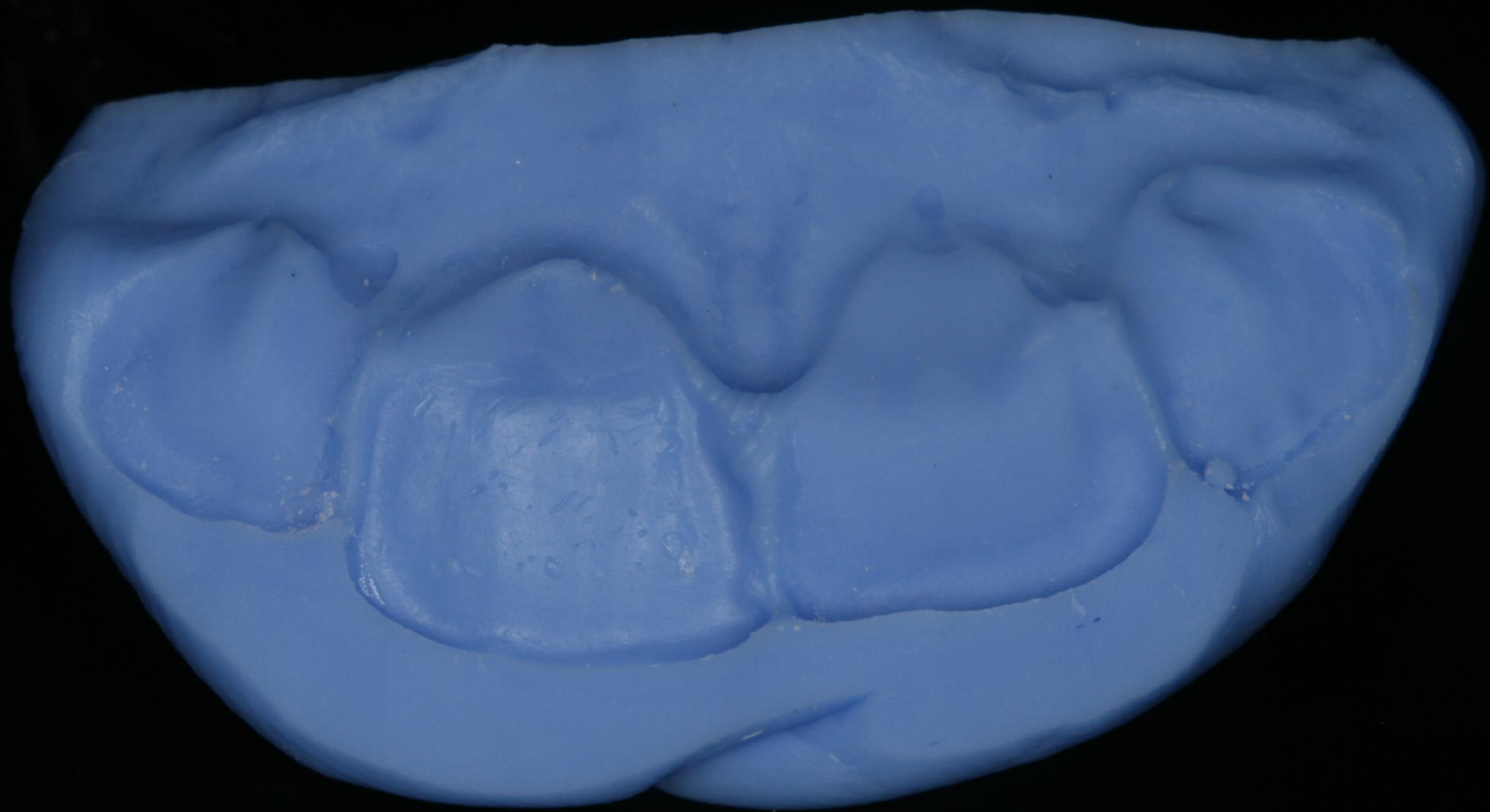
Optimal for **more esthetic results**  
and **core build-up**

Optimal for **deep posterior cavities** and  
for **fast placement**





















# Patient Assessment

- 55 yo male
- He is quiet, nervous, and in because his wife brought him
- When questioned, he states “everything is fine, but was told he needs an implant for #10”
- Wife begins to state “everything is not fine, He needs a smile for our sons graduation.”
- What personality style might he be? *DISC*



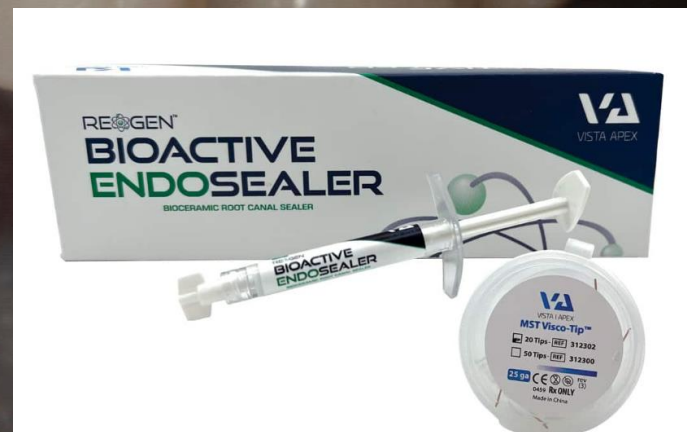




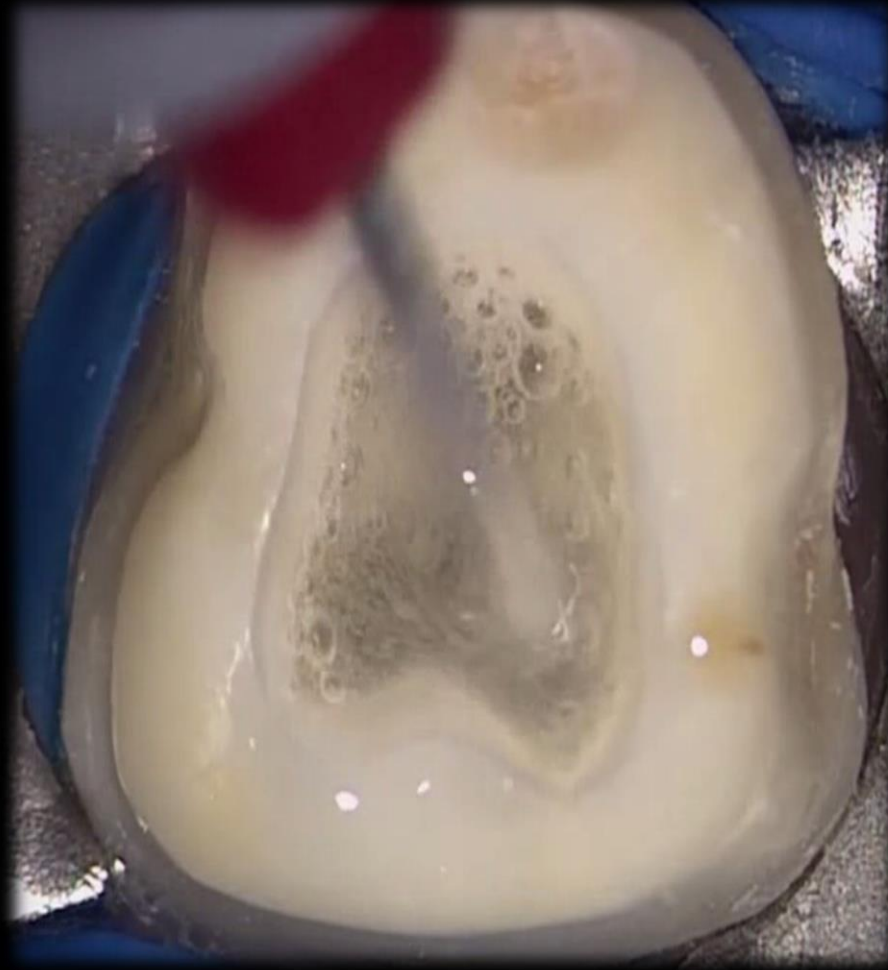








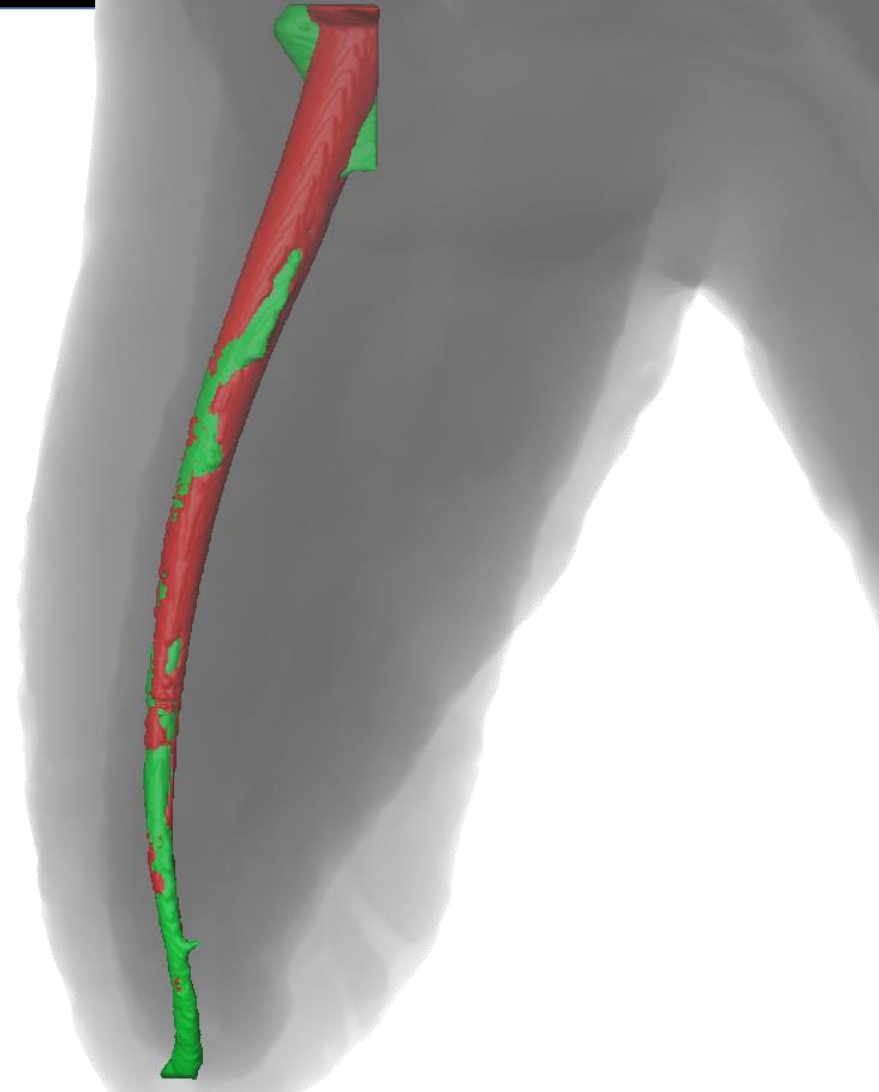
# IRRIGATION





# Importance of Irrigation

Up to 35% of Canal Walls  
Are Untouched by  
Instruments



# Irrigants Clean Where We Cannot



# ENDO||ULTRA®

The **EndoUltra® Cordless Handheld Device** produces ultrasonic tip frequency of 40,000 Hz (200x faster than sonic devices)!

**EndoUltra®** by Vista Apex harnesses ultrasonic technology in a compact, easy-to-use and cordless handheld device! **EndoUltra®** is the only cordless activator unit capable of generating the tip frequency (40,000 Hz) required to create sufficient acoustical streaming and the cavitation necessary to effectively clean, penetrate and remove vapor lock.

The complete **EndoUltra®** kit includes 3 autoclavable Titanium activator tips which resonate down the entire length of the tip! These unique, multi-use tips will not engage or remove tooth structure. Tips are available in 20/02 with depth markers at 16mm, 17mm and 18mm. Tip frequency is 40 kHz (40,000 cycles/second). Tips may also be purchased separately.

Cordless easy-to-use, ultrasonic activation

Battery charged LED indicator light  
Green = Full  
Orange = Partial  
Red = Low

Sure grip design for comfort and easy maneuverability

On / Off button

Removable autoclavable sleeve

LED light for improved visualization

Autoclavable Titanium 20/02 Activator Tips

## Ultra **EFFECTIVE**

*Better penetration to every part of the canal!*

## Ultra **EFFICIENT**

*Better cleaning in less time!*

## Ultra **SONIC**

*Better acoustic streaming with cavitation!*



VISTA | APEX



SCAN THE QR CODE TO GO DIRECTLY TO THE PRODUCT LISTING  
VISIT [VISTAAPEX.COM](http://VISTAAPEX.COM) | CALL TOLL FREE 877.418.4782

# Why Activation

- Research shows that cavitation and acoustic streaming significantly improve debridement
- Facilitates 3D debridement
- Facilitates faster and more effective removal of smear layer and biofilm



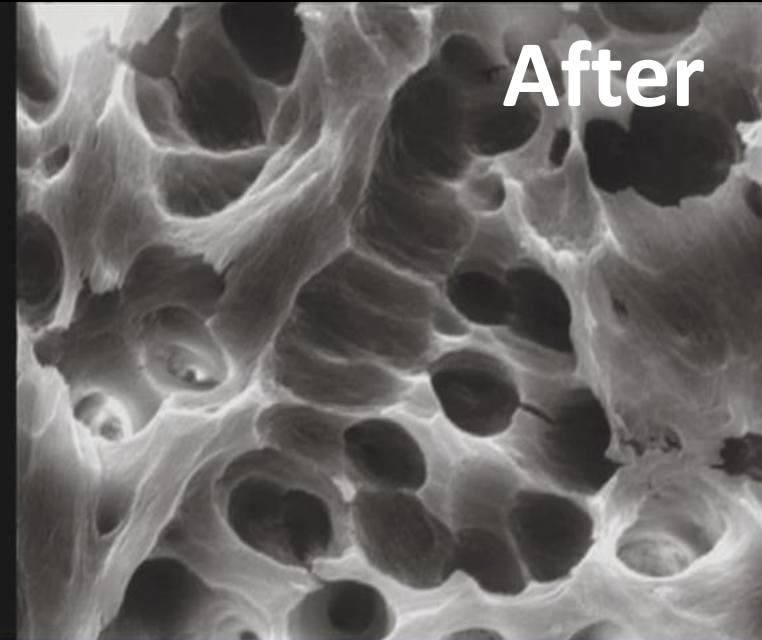
# Activation has produced clean/open dentinal tubules

**Before**



Caron G: Cleaning efficiency of the apical millimeters of curved canals using three different modalities of irrigant activation: a SEM study, Master Thesis, Paris 7 University, 2006.

**After**



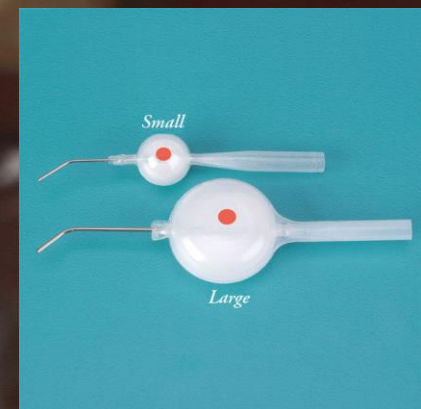
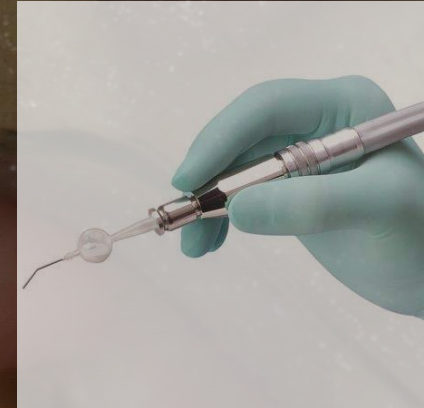
Caron G: Cleaning efficiency of the apical millimeters of curved canals using three different modalities of irrigant activation: a SEM study, Master Thesis, Paris 7 University, 2006.



# Materials















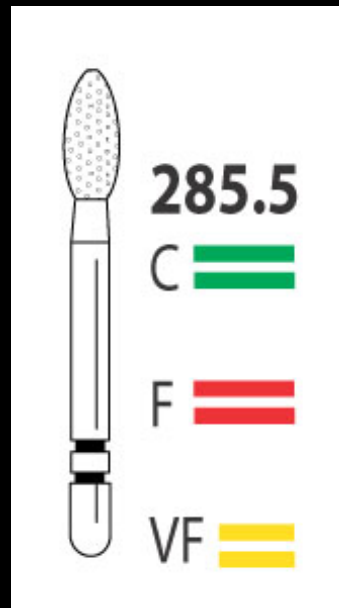
# 6 Year Recall

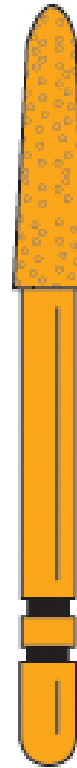
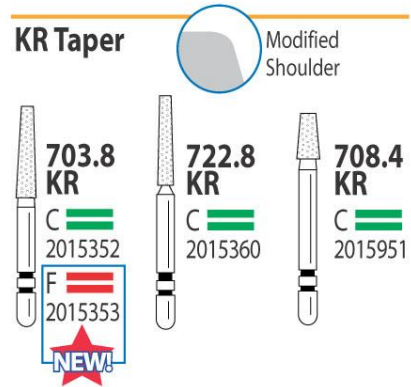




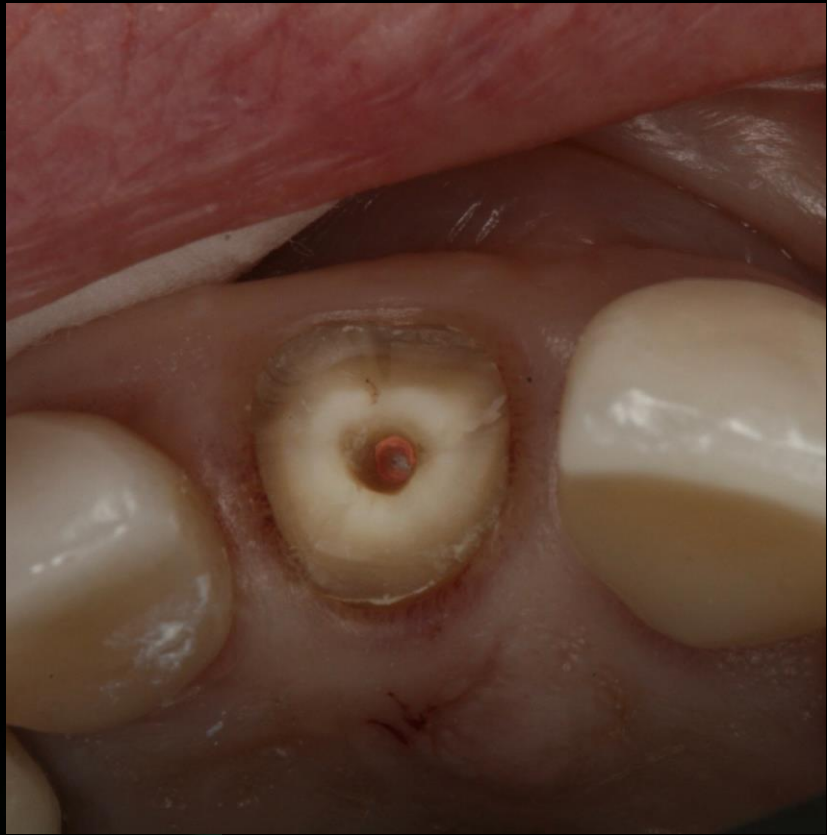
# *Fun Facts About Diamonds Burs*

- 20% of Dental Diamond Shapes Create 80% of Preps
- The Football 285.5C is the #1 used diamond shape
- 6 of the top 10 are “Chamfer” round-end taper shapes, Round- End Tapers (Chamfer 770.8C used as control in clinical studies)
- Flat-End Tapers, Beveled Cylinders and Flames next most frequently used shapes





My feelings have changed...















# What about money?



\$1,200.00 Tattoo

\$200.00 Tattoo

\$20.00 Tattoo

*YOU GET WHAT YOU PAY FOR*



THERE WILL ALWAYS BE SOMEONE WHO  
SAYS THAT THEY CAN DO IT CHEAPER...

# Light Polymerization and Curing Lights





# Seal!

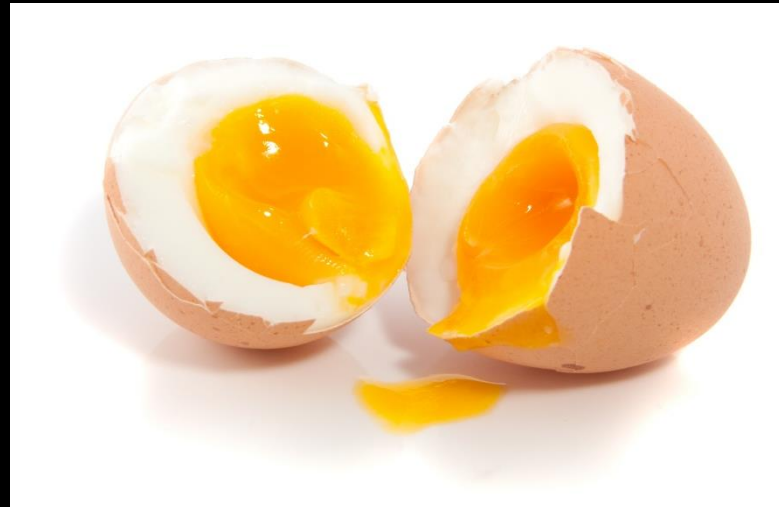
## Insufficient cure continues to be an issue

**37% of composite restorations are being insufficiently cured.**

**An insufficient cure can lead to adverse effects on physical properties, such as**

- reduced bond strengths,
- breakdown at the margins & microleakage,
- and ultimately secondary caries.

Boksman, L., Santos GC., (2012). Principles of Light Curing. Inside Dentistry, Volume 8, Issue 3. d failure.





## Proper Light Use

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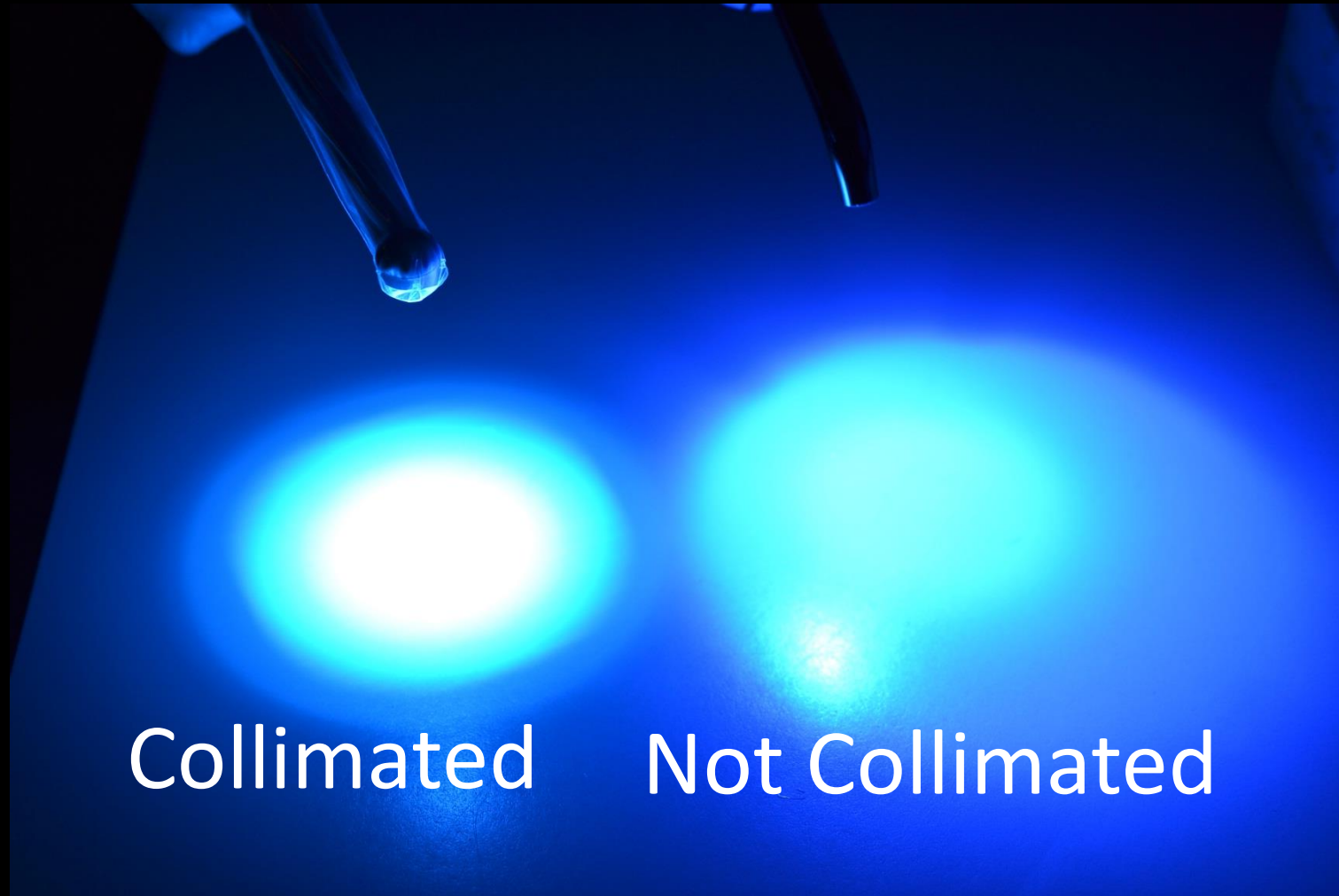
- **Light curing should be based on depth**
- Deeper preps require longer curing times

# Beam Collimation and Performance Over Distance



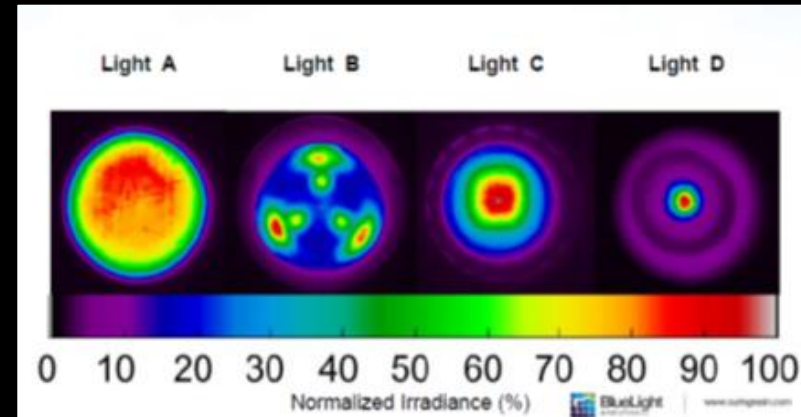


# Beam Collimation and Performance Over Distance



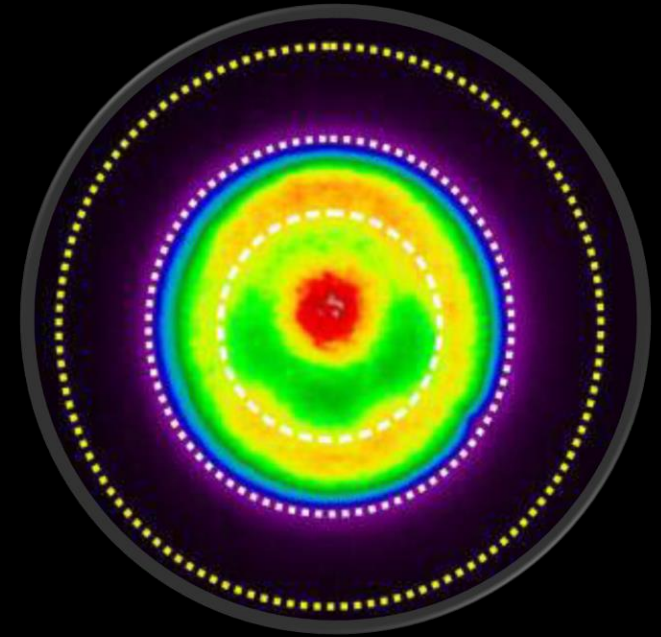
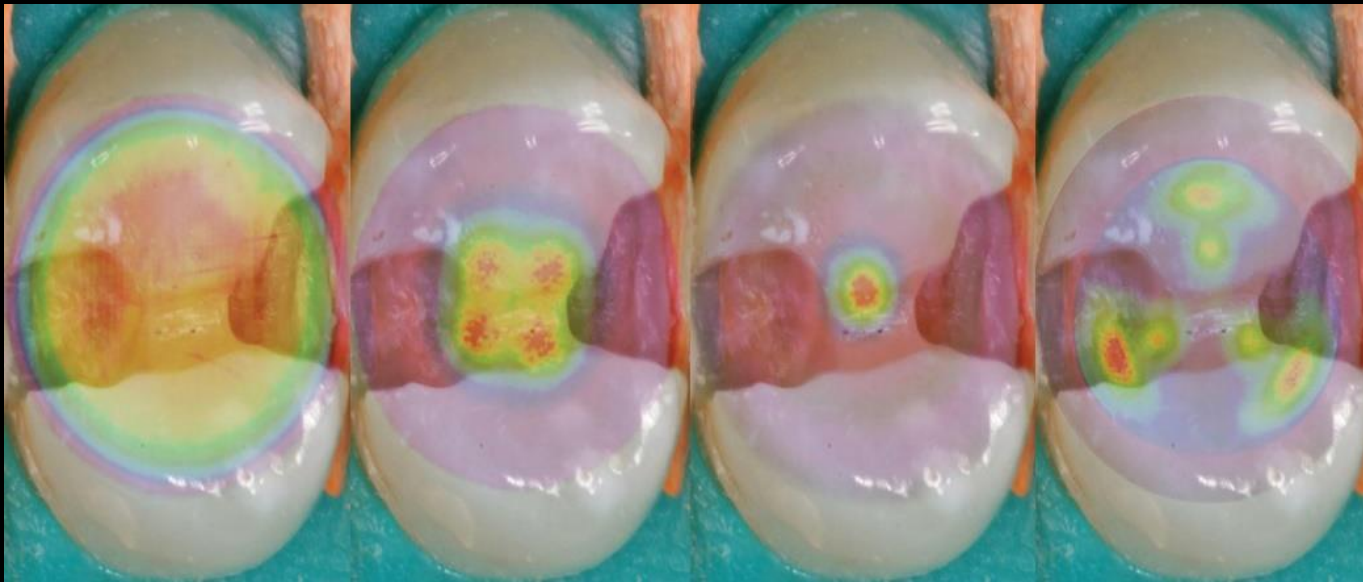
# Distribution of LEDs

There are hot and cold spots within the curing light tip, and they vary with every light.



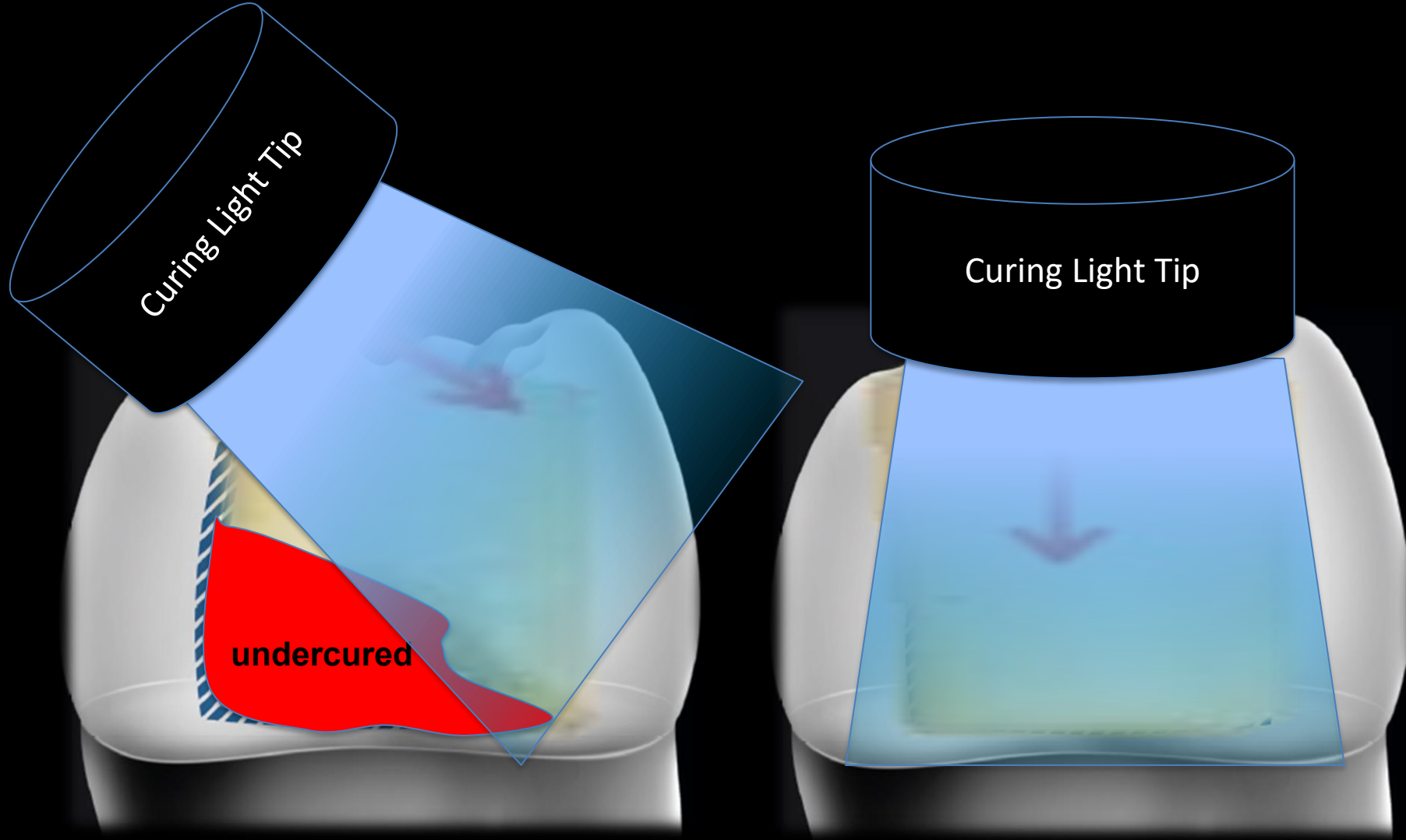
# Beam Profile

The effective part of the light beam should be evenly distributed across the face of the light tip to maximize curing effectiveness and minimize the negative impact of operator technique.





# Effect of Light Angle on Curing





Most lights only deliver 35% of stated output to  
bottom of deep box

How does your light perform where it counts?





  
pinkwave™

**VA**  
VISTA | APCX

Patented





# Goodbye Blue, Hello Pink

PinkWave was distinctly designed to enhance the efficacy of curing procedures. PinkWave is equipped with Apex's Patented QuadWave™ Technology which leverages four different wavelengths to ensure peak performance. Along with the standard blue light, PinkWave also employs red, near infrared (NIR) and UV light, which together, make up the only pink light on the market. This innovative approach to curing has never been achieved before and results in both doctor and patient benefits.

- Built in Transilluminator
- 3 curing modes — Boost, Standard, and Ramp
- 1640 mW/cm² on Standard mode and 1865 mW/cm² on Boost mode

## PinkWave™ Compared to Standard Blue Light

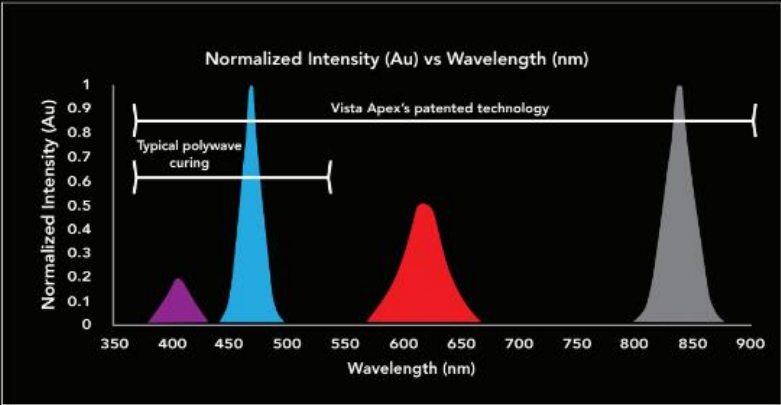


## How you cure matters

quadwave™  
● ● ● ● Technology

PinkWave™ QuadWave™ Technology leverages four different wavelengths to ensure peak performance:

- UV-photo Initiators
- CQ Initiator
- Enhanced Polymerization
- NIR – Enhanced Polymerization



## Largest Curing Area



### Transilluminator



### Easy posterior access

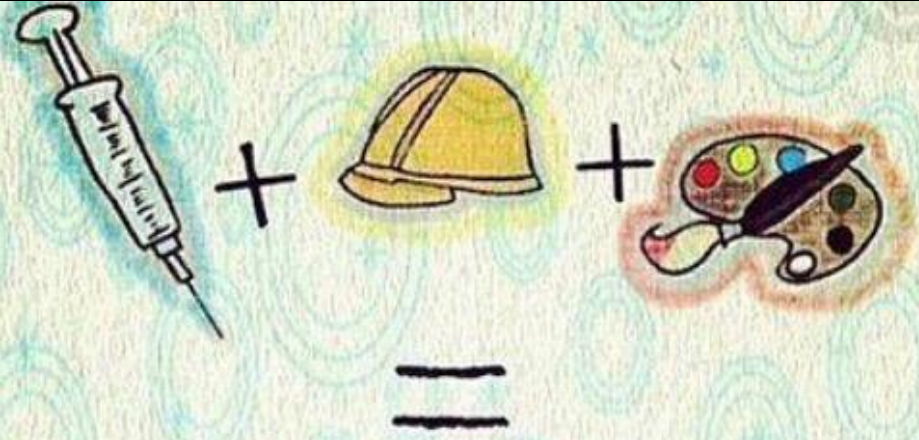


### Ordering Information

- PinkWave™ Kit 90734
- (1) Cordless Curing Light
  - (1) Induction Charging Base
  - (1) Power Cord
  - (5) Autoclavable Light Shields
  - (100) Barrier Sleeves







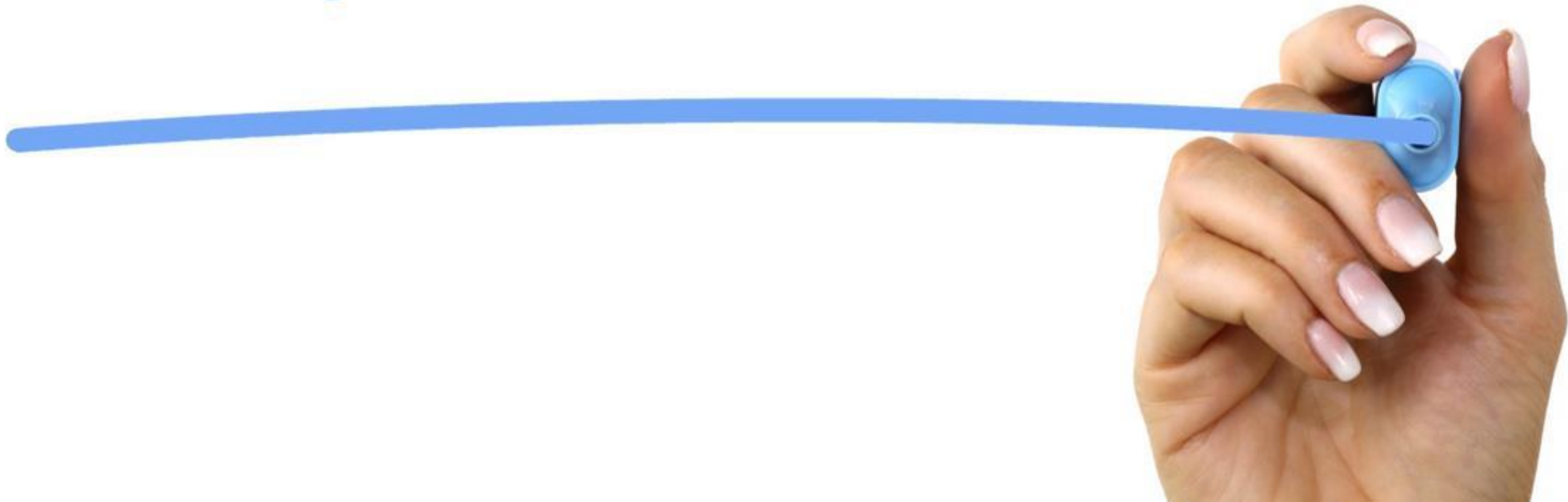
@rafal\_draw  
dentist

d : d octor

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tist : ar tist


# PREVENTION





# Evidence-based clinical practice guideline for the use of pit-and-fissure sealants

A report of the American Dental Association and the American Academy of Pediatric Dentistry

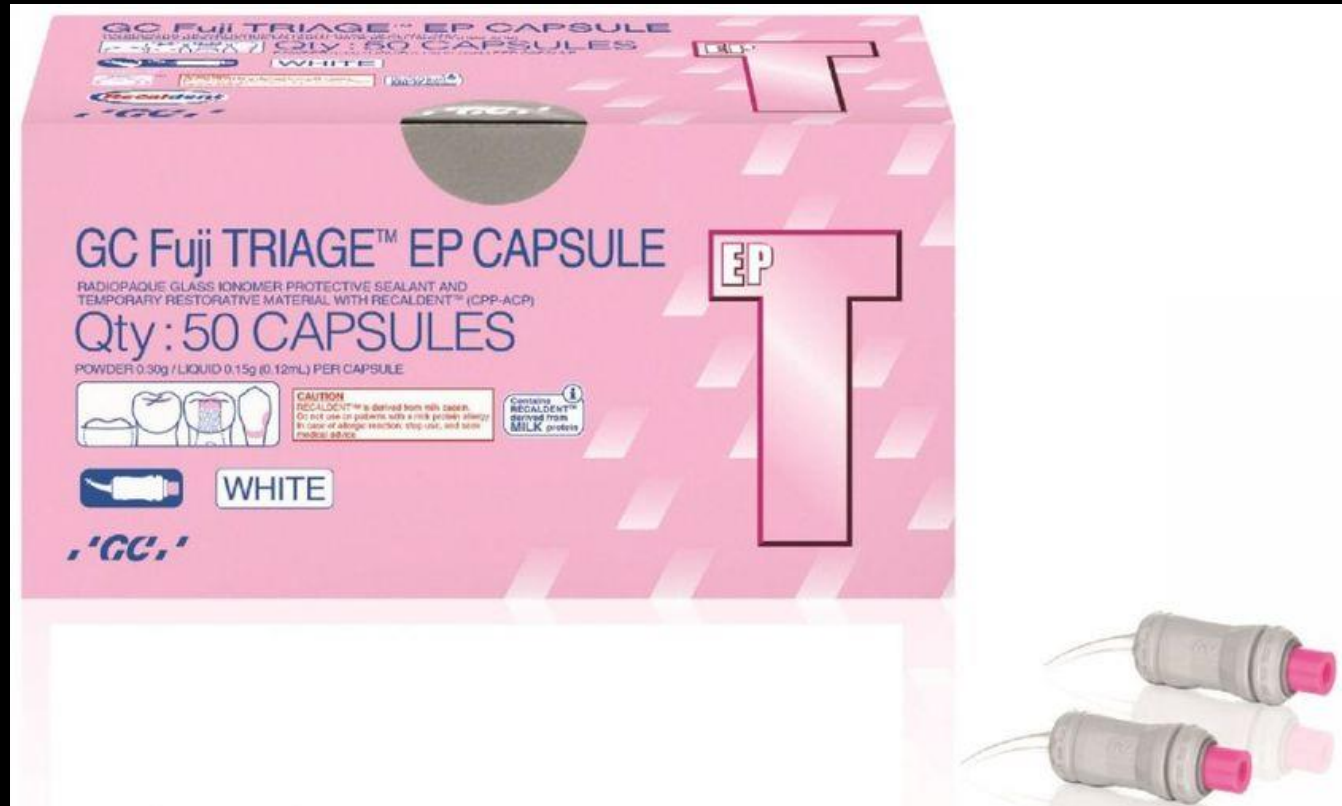
John T. Wright, DDS, MS, James J. Crall, DDS, MS, ScD, Margherita Fontana, DDS, PhD, E. Jane Gillette, DDS, Brian B. Nový, DDS, Vineet Dhar, BDS, MDS, PhD, Kevin Donly, DDS, MS, Edmond R. Hewlett, DDS, Rocio B. Quinonez, DMD, MS, MPH, Jeffrey Chaffin, DDS, MPH, MBA, MHA, Matt Crespín, MPH, RDH, Timothy Iafolla, DMD, MPH, Mark D. Siegal, DDS, MPH, Malavika P. Tampi, MPH  Press enter key to Email the author, Laurel Graham, MLS, Cameron Estrich, MPH, Alonso Carrasco-Labra, DDS, MSc, PhD(c)

# Conclusions and Practical Implications

These recommendations are designed to inform practitioners during the clinical decision-making process in relation to the prevention of occlusal carious lesions in children and adolescents.

Clinicians are encouraged to discuss the information in this guideline with patients or the parents of patients. The authors recommend that clinicians reorient their efforts toward increasing the use of sealants on the occlusal surfaces of primary and permanent molars in children and adolescents.

# I prefer “extra protection”





# Alternatives



# RATIONALE FOR MI Paste® ONE?



Clean

+



Treat



Clean & Treat in One Step!

# MI Paste® ONE

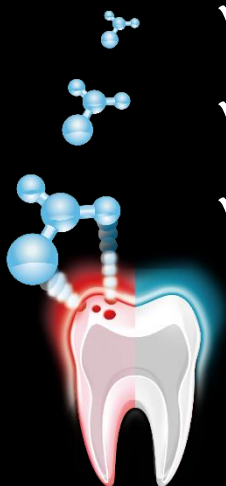
## Active Ingredients

- ✓ Sodium Fluoride - **Anti-caries**
- ✓ Potassium Nitrate (5%) - **Desensitizer**



## Other Ingredients

- ✓ RECALDENT (CPP-ACP) 10%
- ✓ Silica (low/mild abrasive)
- ✓ Mild foaming agent (no SLS – No Sodium Lauryl Sulfate)





# HOW TO USE

## HOW TO USE:

1.



Apply a small, pea-size amount of MI Paste ONE to your toothbrush.

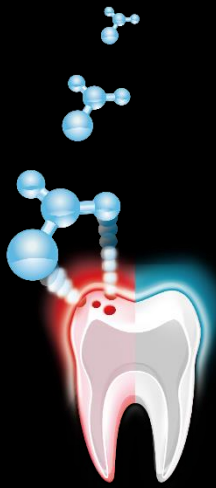
2.



For best results, brush for 2 minutes and **do not rinse**; do not eat or drink for 30 mins after brushing. Use twice a day.

### CAUTION

RECALDENT™ is derived from milk casein. Do not use on patients with a milk protein or hydroxybenzoates allergy. In case of allergic reaction; stop use, rinse mouth with water, and seek medical advice.



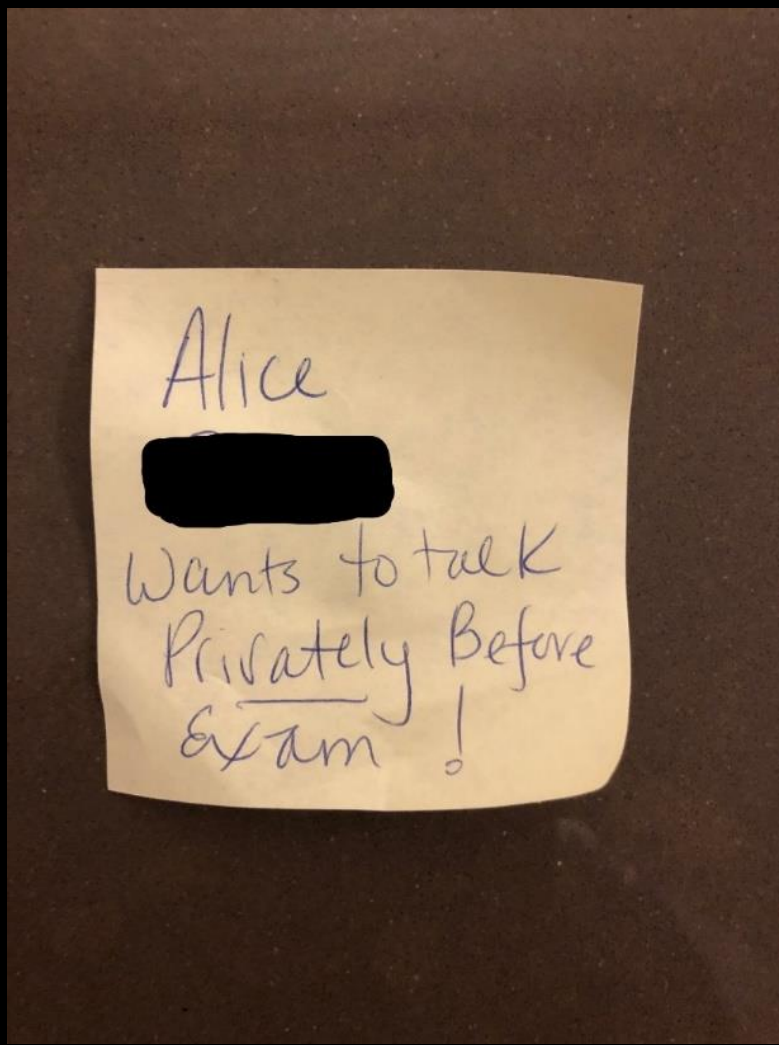
Fresh  
Mint

Cool and refreshing  
mint flavor!





SUMMARY







Dr. Tim Bizga

Like **Dr. Tim Bizga** on  
Facebook

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