Daily Production Goals?

Do you have one? Don’t feel bad, most doctors don’t have a definite goal to shoot for each day. I do know for sure though, that those doctors in the top 5% of our profession certainly have such goals. Our staff monthly bonus plan is based on this figure which is the fairest way to derive a good bonus plan. It doesn’t matter if it’s a long or short month; if the combined daily averages for production and collections reach a certain level, a bonus plan is in effect.

But, how do you get to those assigned goals? There’s plenty of advise on how to go about that, but I want to share with you my perspective and philosophy which may go against many popular systems being touted out on the lecture circuit.

One system out there requires putting the dollar figure for the scheduled patient’s services next to their name on the appointment book. A total is calculated for that day and hopefully it will equal your goal. I’ve even heard that in some offices, the appointment scheduler can’t leave until the next day’s schedule is arranged to meet that goal. To me, and I’m sure a lot of receptionists, this seems to be an unnecessary inconvenience which really adds to their stress level. It shouldn’t have to be that way.

Many of our leaders talk about the “Power Block” appointment booking system, whereby you schedule high production procedures in certain pre-assigned blocks within the daily schedule. For example, from 10:30 to noon only a large C&B case can be scheduled. And then, maybe the same thing at 1:00 to 2:30. The obvious goal here is to be sure and have a few high production procedures in each day’s schedule. This is a good system, but once again, I think it is too restrictive for a highly productive Type A practice (bread & butter general dentistry).

We’ve tried all the various systems that are conveniently spoon-fed to us from the podium, but we still come back to the same common sense scheduling guidelines that allow us more control of the appointment book while making us more efficient and profitable.

We have one Golden Rule for scheduling for production: Keep the doctor busy! It doesn’t matter what type of procedures, just keep the doctor busy. I don’t really care if one day I seat crowns all day long and my production is zero, because 2 weeks prior to that I must have had one heck of a great day prepping all those teeth. It all averages out in the long run. Of course you shouldn’t be filling the appointment book so full of low production procedures that you can’t sched-
Here’s what we do that almost assures us of at least a $7,000 day. As I have stated before though, it really helps by having 5 or 6 treatment rooms. Right now, we usually have 3 hygienists in 3 rooms most days. Pam, our appointment secretary, schedules the other 3 rooms for my patients according to these basic guidelines (which always seem to get broken). Column #1: high production procedures - crowns, bridges, root canals, etc. Column #2: operative, extractions, etc. Column #3: emergencies, denture services, etc.

Column #1 doesn’t necessarily mean Operatory #1, etc., etc. These patients are seated in whichever chair is available at the time. These guidelines are simply meant to curtail situations such as when you have 3 root canal patients in all 3 rooms at the same time. Or worse yet, 3 denture patients all at the same time. I said curtail, because still we have such occasions when treatment situations don’t go as planned. I’ve had a root canal patient scheduled in Column #1, and then the routine operative patient in Column #2 turns into a root canal, and then the emergency patient from Column #3 needs a root canal also. We’ve learned to be flexible though. Depending on the complexities of the root canals and whether we have any patients waiting, we may go ahead and do all 3. That’s icing on the cake when you can work in procedures like that. If the schedule doesn’t permit that, then we simply do a pulpotomy on the #2 patient and/or the #3 patient.

I have to be honest with you; I will work in a procedure such as a crown or a root canal even though it may delay the seating of a scheduled patient by 5 or 10 minutes.

I have to be honest with you; I will work in a procedure such as a crown or a root canal even though it may delay the seating of a scheduled patient by 5 or 10 minutes. I know that’s a “no-no”, but as I explained before, if you’re truly winning over your patients, then there is very little down side risk to this very profitable concept. We make spur of the moment decisions based on who is scheduled next, whether there are any hygiene rooms open, the doctor’s next scheduled patient treatments, any changes in the day’s schedule, etc. That’s why it’s not that important to know ahead of time how many $’s are scheduled. We work in various procedures throughout the day so that our production total can easily be 20 - 40% higher at the end of the day than what it may have looked like at 8:00 am. If I’m kept busy all day, 99% of the time we will always reach our goals, and so will you!

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Is your appointment book controlling you? In a high volume practice, it seems that way many times. I’ve utilized a system for many years that gives me more control of a busy schedule. It’s so simple, yet so effective in reducing stress during the work day when trying to stay on time with the patients’ appointments.

It’s important to utilize every minute of a work day. When doing this, unfortunately, there will be increased stress when trying to stay on schedule. Much of that stress can be alleviated by using operative procedure appointments as an equalizer. To understand how it works in our office, I have to first explain how we do part of our case presentations.

When it comes time to explain to the patient how many visits are required for their treatment we are not specific as far as telling them how many fillings we will be doing on each appointment and on which teeth. Many doctors write out a detailed chronological list with each tooth number listed per visit. We’ve never done it that way. For each individual patient we list up to 4 phases, or stages, of treatment that we recommend being done in a certain order with an approximate number of appointments needed.

For example, we will tell a particular patient that their first phase of treatment will be to get them out of pain; so we may do endo and buildups on their first visits. Phase II may consist of crowns; phase III might be several appointments for routine fillings; and stage IV could be for removable prosthetics. When it comes to operative procedures, amalgams and composites, we seldom ever write out any set order in which we will be doing their fillings, unless they have specific requests due to discomfort or cosmetic concerns. If a patient has, let’s say 9 decayed teeth requiring composites or amalgams, we will tell them that it will take 3 or 4 visits to get them done. We almost never (99% of the time) tell the patient that on their first visit, we will work on #’s 4, 5, & 6. And on their second appointment, we will do #’s 12, 14, & 18, etc. The reason we intentionally don’t do this is so it will allow us an adjustment zone to get back on schedule.

In about 75% of our operative treatment appointments scheduled, we do not know which teeth will be restored on that visit until they are seated in the chair. The dental assistant brings me the chart and asks where I would like topical placed. At that time, knowing where I’m at with my current patients, and which procedures I’m involved with, that’s when I decide which teeth we will work on. If I’m running behind because we worked in an emergency root canal, then I may choose to work on #4 & #5 only.

On the other hand, if I’m ahead of schedule or notice that one of my next appointments cancelled, then I may tell the assistant to put topical on #’s 4, 5, 30, & 31. This way I’m more in control of the appointment book instead of the other way around. It gives us a little more control and flexibility in managing stress. Also, it makes us more productive. If time allows, we can do more procedures on that chart and we have the ability to adjust the schedule.

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**The Great Equalizer for Appointment Control**

It gives us a little more control and flexibility in managing stress. Also, it makes us more productive.

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**ONE-UP BOND F**

One of the top rated products by Dr. Gordon Christensen’s CRA Newsletter!

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patient without having the patient think that we deviated from the prescribed treatment plan. If you tell a patient before hand that you will be doing 4 teeth on their next visit, then you’re going to feel obligated and pressured to do those 4 teeth. If you’re already running behind, now you’re really going to have stress. With the appointment equalizer, you can get back on schedule without the patient questioning you.

I can honestly say that I’ve never had a patient say, “Hey, I was scheduled for an hour, but I was only back there 45 minutes.” In our office, we aren’t real specific on telling them the length of their next appointment unless they ask, and then if they do, we give them an approximate time.

There are several exceptions to this policy of deciding treatment on the spot for operative procedures. If financial concerns apply, then we will stick to a preplanned order of treatment sequence. In most cases, it doesn’t really interfere with prior payment arrangements except with a cash patient, in which case we will not do additional work without their consent. With most insured patients though, we’ll take our chances of getting the 20% co-pay of any additional procedures from the patient if they don’t have it with them that day. Sometimes the assistant will know what teeth are scheduled because of a previously placed post-it note that designates what we have planned for their next visit. And of course, if a patient only has one or two restorations remaining to be done, the assistant knows that we’ll be completing their operative and doesn’t need to come show me the chart.

Please be aware that we only do this with operative procedures. We never deviate from crown and bridge, endo, surgery, denture, and other appointment procedures. This is a very effective way of gaining more control of your appointment book while decreasing stress and increasing profits. It takes creativity and the willingness to be flexible to master this system; but, the benefits are well worth it.

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Unfortunately, there is a generation of dentists who are inundated with a one-sided approach to building a successful practice. I received a letter recently from a young dentist just two years in practice who asked me why he had never heard anything about my philosophy yet practiced almost exactly how Mark and I do in our separate practices. He stated that following graduation, everything he reads and every seminar he attends, the message he constantly receives is how to build a successful practice via a small boutique type of cosmetic practice. He wanted my opinion on why that was the situation because he has done the opposite and is already paying himself $25,000 a month out of his young practice. He told me he just scratches his head while watching all of his classmates struggling trying to build the ideal cosmetic practice that they are being encouraged to develop.

I explained to him that cosmetic dentistry is hot right now because of several reasons. Cosmetic restorative materials have improved tremendously over the past 10 years. You can safely place beautiful cosmetic restorations with considerably far less post-op sensitivity than ever before. Every week there’s a new restorative material on the market. With these new products come exhaustive exposure of all their marketing efforts promoting all the tremendous benefits of a cosmetic practice.

Another reason is because most of the current seminar speakers advocate the Type B lower patient volume / higher fee type of practice. They have found tremendous success with this type of practice and share that information with their audiences. These presentations have been responsible for literally being life changing experiences for some dentists.

I’ve always said that there are two ways to build a successful practice, but that it is much easier to do so with a Type A practice for the majority of dentists. That’s the message that most dentists are not exposed to. I really don’t enjoy writing this kind of article because I don’t want to appear as if I’m just begging for another Dental Economics debate. But, I am simply committed to sharing with you ideas that can directly affect your practice. As I said in Issue #1, the goal of this newsletter is to help dentists become highly successful which will help them enjoy and appreciate our profession more.

The selection of which direction to grow your practice is the single most important factor in deciding your success or lack of success. Hopefully, I can share a few perspectives that offer a little balance to the one-sided philosophies we hear so often.

The "smaller is better" concept is really not all that new. I first heard about it 22 years ago when I was so drawn to the likes of Drs. Omer Reed and Dick Barnes and others. The concept was doing quadrant and full mouth dentistry on fewer patients while charging a higher fee. I used to get so excited and pumped up when I heard these people speak. Heck yes I want to treat fewer patients and charge higher fees. Back then it was a lot of gold restorations and PFM’s; today, it’s posterior composites.
and veneers. The concept is the same though. It’s very appealing because there is a certain element of elitism that goes along with these types of practices. Plus, you don’t have to see as many patients.

Did I have any success with attaining that type of practice back then? No, and for a variety of reasons; mainly though because it takes exceptional discipline, commitment, and dedication to build that type of successful practice. I simply didn’t have it. I hate to say it, but most of us don’t have what it takes to build this type of practice. Fortunately, there are many fine institutions that can help train doctors in this area; but even then, it’s extremely difficult.

I’ve never claimed to know it all and I never say that my way is the only right way. I can only share with you my experiences in my own practice along with all the experiences that many of you have shared with me, and also those that I have witnessed when observing other offices. I have no reason to slant this discussion one way or the other; I’m simply pointing out perspectives that could be vital to your success.

I’m a little reluctant to say this because I know I’m going to take a lot of heat on this one, but here goes. I don’t think there is this “Cosmetic Explosion” with our patients that we often hear about!

There, I said it. Are you lighting a match to this newsletter yet? With the exception of “tooth whitening”, I really haven’t seen a big interest in cosmetic dentistry since I first started practicing 24 years ago. I feel terrible saying that but I’m simply stating what I’ve experienced. Maybe it has to do with being in Wichita, Kansas, I don’t really know. We use Caesy, the Smile Channel, intraoral cameras, photo albums, and more and still don’t have patients beating our door down asking for smile make-overs. Of course, I’m not marketing 100% in that direction so I’m not going to get the same results as those that do. I have done beautiful posterior composites, yet seldom get a patient who wants me to redo their whole mouth. I would love to share with you how a nice veneer case resulted in the referral of three more cases; but I can’t. I know other doctors have these stories, but I think they’re in the minority. What I see more often than that though is a doctor who abandons a great Type A practice and struggles to no avail to build a Type B model.

I have always believed and agree with our current mentors that we are more successful when we create value for our services and present “want-based” dentistry instead of “need-based” dentistry. I stand by that and will always continue to do so. Unfortunately, it’s not that simple to get patients to say yes to comprehensive dentistry. This philosophy should be considered as just one of our many tools that we should incorporate in our practices. I just don’t think it’s that simple to change 30 years or more of someone’s attitude in regards to their dental health. My next door neighbor is an ophthalmologist who commented to me one day in the backyard, ”I don’t look at my teeth everyday and really don’t care how they look just as long as they function well and don’t hurt.” Ouch, we don’t want to hear that. But, I believe that is the attitude of most of our patients, at least it is in my practice. Unfortunately, the “Cosmetic Explosion” hasn’t hit my neighbor yet. Actually, I don’t think it’s even hit the majority of dentists yet. We still see many dentists who don’t have ideal cosmetic restorations in their own mouths or in those of their staff. I think the “Cosmetic Explosion” really has more to do with all the inception and marketing of all the new materials than it does with patients asking for these services. Once again, all I can do is share with you what I’m experiencing in my town and am assuming many of you are practicing in similar communities.

Many of the emails, letters, and phone calls that I’ve received keep encouraging me to continue spreading this message because that’s exactly how they found success and happiness in dentistry also. This is the silent majority among highly successful dentists. I know many dentists who enjoy personal incomes of $300,000 to $500,000 a year who practice in a Type A high volume practice. And this isn’t a black/white (amalgam/composite) issue either. Some of these practices are amalgam free and some aren’t. The point is that they are successful because they expanded from a small practice to treating more patients in a more efficient manner.

On the other hand, I personally do not know any dentist who enjoys that type of net income from a small boutique practice other than a few of our national speakers. I know they are out there, I simply don’t know them personally. The large majority of highly successful dentists are doing it through a Type A practice.

My friend, Dr. Jeffrey Hoos, from Connecticut is a perfect example. Jeffrey and his partner recently opened their 10 operatory, fully equipped and staffed dental office and are producing over $260,000 per month. They have the best of both worlds - they provide excellent cosmetic dentistry which nicely adds to their main production of general “bread & butter” procedures. He openly admits that there is no way he
Finally, someone came up with the perfect solution for many porcelain repair problems. We’ve all been there before. We’re cementing a posterior crown and, for one reason or another, there’s an open contact. First, we apologize endlessly to the patient while at the same time blaming the lab. Then we recement the temporary and reschedule the patient for another cementation appointment. We lose from a customer relations point of view and also from a production aspect because there is now more chair time and miscellaneous supplies required.

**EZ-CONTACT™** is also the perfect solution for repairing chipped porcelain crowns if no metal is exposed*. It is also ideal for adding length to pontics either before or anytime after cementation. **EZ-CONTACT™** is a porcelain repair “First-aid Kit” that will save the day in many situations!

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Kit includes: 
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could enjoy that kind of income if he were to downsize - he’s already been down that road.

I received another letter from a doctor who had taken extensive cosmetic training and was on the verge of committing to an exclusive boutique practice when he first started reading our newsletter. He switched gears and within one year he developed a $1,000,000 per year, high net, high volume practice and loves dentistry. That’s the key - go to Pac Live, LVI, Pankey, etc., and learn how to do these new procedures and then incorporate them into a Type A practice. Some of the most successful cosmetic dentists I know are doing it this way.

It’s really unfortunate that the "high volume" practice almost seems like a four letter word. I wish it sounded more elite, but it doesn’t. It denotes a stress filled, chaotic workplace where you’re simply playing the numbers game. You often hear the scenario about how a dentist has a high volume practice grossing $500,000 a year and expands his staff and overhead only to find out that he or she is now working harder to gross $650,000 or so, which may only increase their net by a couple thousand dollars. I agree, it’s not worth it. Then, the consultants diagnose the practice and recommend downsizing to a Type B practice.

What I would recommend is the opposite. Efficient systems and the proper number of staff and treatment rooms will allow a growing practice to surpass the $650,000 - $750,000 barrier which is what we call going from Stage IV onto Stage V. Once a doctor does that, then the doctor’s net salary can easily double or triple. We see too many doctors “jumping ship” too early. They were so close, but gave up and tried the other concept which is much more difficult to achieve. And the biggest reason for that is because there are not enough of these cosmetic patients to go around.

I wish there were a better term to use than "high volume" when describing what the silent majority of successful dentists are doing. It doesn’t sound nearly as glamorous as the smaller “boutique” cosmetic practice does. But, the reality of the situation is that the large majority of highly successful practices are those dentists who are in a high volume practice with or without cosmetics as their main theme. The quicker this message of the silent majority spreads, the sooner more doctors will live the lifestyles they envisioned and deserve!

You’ve probably heard about it by now! Dentists all over the country are switching to Septocaine anesthetic because of it’s more profound and deeper-penetrating effect. Doctors report greater success with their injections and less need for palatal anesthesia because it can diffuse through from the buccal.

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Procter & Gamble is in the middle of a $100,000,000 advertising campaign promoting their over-the-counter home teeth whitening product called Crest Whitestrips. Have you been signing petitions to boycott all of P&G’s long list of products? Have you sent a letter to them expressing your disappointment with their company for back-stabbing our profession? I’ve been reading a lot of postings on some of the dental e-mail chat rooms that show there are many dentists ready to take arms against P&G. They just can’t believe that a company such as theirs would do this to a profession who has endorsed Crest toothpaste for so many years.

Well, I for one think our profession owes P&G a grateful congratulations for bringing something to the marketplace that will do more to promote dentistry than anything we’ve seen in a long time. Okay, my office in the future may not be sucking down bleaching trays as often as we do now, but I bet we’ll be busier providing more dentistry that will be generated by these Whitestrips. Actually, every dentist should hope that as many people as possible will go out and try them. Think about it. When’s the last time anything of this significance can bring so much attention to how people look at their teeth? I hope everyone watches these commercials and runs to the bathroom mirror to just see how dingy their teeth are, then goes out and buys Whitestrips.

The best thing that could happen to dentistry would be to have every teenager and adult using these bleaching aids. You know what’s going to happen? After whitening their teeth with Whitestrips, they’re going to beat a path to our offices to have their old PFM on #8 replaced to match their new shade. Same thing will happen when their teeth lighten enough to show a discernable difference with their old existing anterior composites.

You can also count on those patients who don’t have the dexterity to manipulate the bandaid-like strips who will call their dentist to have their teeth whitened professionally. And then, there is also going to be that group of patients who, after repeated exposure to P&G’s ads, will be motivated to visit their dentist about cosmetic concerns and who simply prefer to have this service done professionally. This is better than us spending our advertising dollars to get patients in the door.

So, let’s relax and quit getting our blood pressure all out of control. P&G has hit on a good thing, and one which any of us would love to have invented ourselves and brought to market. Or, if one of us did, would we have kept it under the carpet so as not to diminish the whitening services of our colleagues? I don’t think so! This is called progress and one which I think all of us will benefit from. Thank you Procter and Gamble!
Are you comfortable doctor? Are things going pretty well in your practice? Or, are you like many dentists who are displeased with our profession and would have preferred choosing a different career years ago? My first 10 years of practice presented me with many doubts about my decision just as it has many other dentists. Now, when I look back, I realize that there really couldn’t have been a better choice for me than dentistry.

So, what made me look at it differently? After attempting other various business ventures while practicing dentistry and thinking the grass was greener on the other side, I came to realize what a great profession dentistry really is. But, it only came about after I got out of my comfort zone and truly started enjoying a much higher income from my practice. As I explained in the first issue of the KISCO Perspective, I sincerely believe that the majority of dentists can genuinely enjoy and appreciate our profession once they start receiving a significantly increased income from dentistry.

The average income for dentists is around $135,000 per year which is not nearly enough for most dentists in order to appreciate our profession. When you consider the time involved in our dental education and all that we have to deal with on a daily basis, that figure is at least half of what it should be. When was the last time you had a patient tell you how much they envy you and wish they could be a dentist? Isn’t it really quite the opposite? They usually express amazement that someone would actually choose to do this for a living. That’s exactly why so many dentists question their career decision.

On the other hand, I’ve never met a highly profitable dentist who denigrates our profession and talks badly about it. We’ve got it so much better than most professions. We can work 3 to 4 days a week and be home every evening for dinner and have our weekends free while enjoying an income that competes with many physicians that work twice that number of hours.

But no, instead, many of us are enticed to go outside of dentistry to find “true success.” Okay, I’m guilty! Looking back, I was just like one of those many dentists who just couldn’t stick to doing just dentistry and had to try and make money doing something else. I was very fortunate to have started out by developing a pretty successful practice right away without any hardships within my practice. Yet, I wasn’t making enough money to justify the hard work that I was putting in to my four and a half day a week practice. I would think, hey, if I could get into something else so that I could just draw an additional $1,000 or so each month, then that would be great. So, I dabbled with various multi-level marketing programs, started KISCO, got into the health club business, attempted a new food delivery program, and of course I got into some lousy tax shelter investments also. Later on, I got a little smarter and decided to stay in the dental field and just concentrate on my practice, KISCO, and the seminar business.

Well, guess what? Where do you think the largest majority of my income comes from? Yep, the ole’ dental office. I used to get into some ventures that would take more of my time than what was required of me producing dentistry every week.

(continued on page 14)
Dr. Steven has often been called the “Voice of the Silent Majority.” He constantly bucks the mainstream philosophies espoused by many of the current seminar presenters. The silent majority refers to that group of dentists who enjoy a net income of $300,000, $400,000 or more per year who do it off the same philosophy that Dr. Steven practices under: a high volume, bread & butter practice that treat patients in an extremely efficient manner. That philosophy is hardly ever written about or discussed in our current literature or seminars, yet that's where you will find the majority of highly successful dentists.

Let's look at some of the things that Joe's office is doing wrong according to our experts:

- They do first visit prophylaxes.
- They do no “power block” appointment scheduling.
- They do not block out emergency time slots.
- They do case presentations on the first visit in most cases.
- They still “watch” suspicious teeth.
- They have a high accounts receivable.
- They do not have a laser or filmless x-ray equipment.
- They do mostly single unit crowns that make up 95% of their C&B.
- They still continue to offer amalgams along with posterior composites.
- They do not seat every patient exactly on time.
- They still play the insurance game with most companies (no PPO's or capitation though).
- They don’t have “morning huddles.”

Is your office doing many of the above things which you may have questioned after reading or listening to our current consultants? See how you can do these supposedly “wrong” things and still dramatically increase your income while enjoying dentistry more.

Now, let's see what Dr. Steven's office is doing right:

- They produced over $1,200,000 and collected 97% in 2000 working only 14 days/month with just one doctor.
- They see 40-50 new patients each month without any external advertising.
- They see a wide range of patients doing “bread & butter” dentistry in an extremely efficient manner.

This concept has placed Dr. Steven's NET Income in the top 1% of dentists.

Dr. Steven is known for “telling it like it is” in the real world of dentistry.

“Joe cuts through all the hype out there on the lecture circuit and really tells it like it is. If you're serious about making more money and enjoying dentistry more, you don't want to miss this seminar.”

Dr. Howard Farran, DDS, MBA, MAGD, CEO of DentalTown

“Joe makes the business of dentistry simple. Efficiency is the key and that makes you more profitable. You don't want to miss this seminar!”

Mark Trollio, DDS. KISCO Seminars

“Your message should be stapled to the forehead of every dentist on the planet!”

Dr. Fraser Hendrie Edinburgh, Scotland

“I just can’t tell you how much I appreciate your sound advise on dental practices! You’re one of the few voices of reality and it needs to keep ringing. Last month we produced 107K in our 22nd month of business. Your principles work!”

Dr. Jon Romer Rockport, TX

“Thank you for being a voice of reason in the face of the current promotions of boutique dentistry and niche marketing. You hold out the beacon of hope for those of us who want to deliver good dental health for as many of our friends, neighbors, and family as we can in a lifetime of honest work.”

Dr. Wade Phelps Kenedy, TX
Dr. Joe Steven is a full time practicing dentist in Wichita, KS since his graduation from Creighton Dental School in 1978. He is also founder of KISCO and its “efficiency products for dentistry.” You may have seen Joe over the past 13 years when he presents “The $1,000,000 Staff” seminar with Dr. Mark Troilo. And you’ve seen his articles in The Profitable Dentist Newsletter and in Dental Economics. You may have seen his three magazine issue debate in Dental Economics with Dr. Bill Dickerson, or the debate he had with Dr. Pat Wahl and Lorraine Hollett. And, many of you have enjoyed and benefitted from his sometimes controversial but always enlightening KISCO Perspective Newsletter. Now you can see Joe in person at his new “Efficient-dontics” seminar that is guaranteed to change the way you practice dentistry! Pick a location and bring your staff for an information-packed, exciting, fun-filled presentation! Or better yet, bring Joe to your city for one of your dental group’s CE programs. Call 800-325-8649 for details. Look at just some of the topics Dr. Steven will be sharing with you:

✔ The most efficient and effective way to present comprehensive dentistry
✔ Why you should be doing first visit prophies
✔ See how to transition many of these first visit prophy patients into a very profitable soft tissue perio program
✔ The most efficient way to virtually eliminate post-op sensitivity with posterior composites and amalgams
✔ Efficient and cost effective ways to generate tons of new patient referrals
✔ Automated molar endo in less than 30 minutes
✔ Absolutely the fastest and most efficient way to take C&B impressions without the use of retraction cord or hemostatic agents (H&H technique)
✔ Learn the most efficient way to manage your practice through a teamwork approach
✔ Efficient appointment scheduling
✔ Help you decide if you want a Type A practice (higher volume general dentistry) or a Type B practice (lower volume cosmetic emphasis)
✔ Efficiency systems and tips for both a Type A or Type B practice
✔ ... and much more!

95% of all attendees highly recommend this seminar for the entire dental team!

Register Today!
Call 800-325-8649

If you have questions about any of our seminar topics, KISCO products, or upcoming seminar locations, please call 1-800-325-8649 or (316) 262-1456 / Fax: 316-262-0013 / E-mail: kisco@southwind.net or visit our website: kiscodental.com

Schedule:
Registration is from 8:30 - 9:00 a.m. Program hours are 9 - 12 a.m. and 1:30 - 4:30 p.m.

Tuition:
Each doctor or the first person from each office: $295. Each additional office member: $45. An additional $20 each if paying at the door.

Refunds:
Anyone who pre-registers will receive a full refund for cancellation if received 72 hours prior to the start of the seminar. KISCO guarantees full satisfaction, or your fee will be refunded.

Credit:
AGD Approved PACE Program Provider - 6 hours credit FAGD/MAGD (12/01/89 to 12/31/2003).

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Now, that makes a lot of sense - start a new business venture and put in more time than practicing dentistry in hopes of making an extra grand or two per month. Hey, I’m not alone on this; I’ve met hundreds of dentists who have tried the same thing. Sure, we all know some dentists who have taken a risk outside of dentistry and have done extremely well to the point where they don’t have to practice any more. But, these doctors are certainly in the minority.

The reason dentists are notorious business entrepreneurs (and we are compared to any other professional) is because most of us are not satisfied with the income that dentistry provides. After five years in practice, I was doing pretty well and better than the national average. But, boy, I sure wasn’t making the kind of income I thought dentistry could offer. So, I had to try something else. I’d be embarrassed to tell you how many years it took me before I made a significant income outside of dentistry, so I won’t!

My practice was doing well enough to continually bail me out of my extra-curricular business escapades. But, on the other hand, I was stressed out having to meet those financial obligations in an office that, unknowing to me at the time, had tremendous increased potential. As a result, there were a good number of my earlier years that I was part of that ADA statistic of 67% of American dentists who would not choose to be a dentist if they had to do it over again. My contention has always been that if you have financial problems from whatever source, then it is very likely that you won’t enjoy and appreciate our profession.

My lecturing partner and best friend, Dr. Mark Troilo, used to tell me twenty years ago that I was sitting on a “perio gold mine.” I used to say, “Yea, but I’m doing okay and really don’t have time because I’m involved in this new Amway Wan-a-Be business venture.” I was in my comfort zone. Plus, I was onto something that could provide an income that possibly could surpass the income from my practice.

Years ago, as I was serving as general manager of a health club that I owned with my brother, I had an eye-opening experience. I finished a hard day at the office and went down to our health club for one of my 3 day-a-week (if I’m lucky) pick-up basketball games. As I walked in, I was informed that the toilet was backed up in the men’s locker room and that none of our male staff members were available at the time, and they asked me if I would look at it. I went down and quickly grabbed a mop and bucket and started cleaning up the mess. I hate to get graphic here, but it’s kind of like “you had to be there”, so here goes. There was about two inches of water on the ceramic tile floor with feces literally floating in it. As I was mopping things up, a guy with a towel wrapped around him walks by me headed towards the shower. I easily recognized him because I just seated a crown on him about 3 hours earlier. As he walked by me, he saw what I was doing and jokingly (I hope) said, “Hey Joe, this sure beats dentistry, huh?”

Boy, that was a reality check! I wish I could say that I quickly dropped my mop and headed back to my office to start reorganizing and improving my office for higher production goals. No, but repeated visions of that scene in my mind gradually helped me in doing the right thing and got me out of my comfort zone.

In my case, I was forced out of my comfort zone because my strained dental practice couldn’t keep up with my financial obliga-

(continued from page 11)

KISCO Has the Best Continuing Book

by Dr. William W. Oakes

Originally published in the early 1980’s, The Winning Combination went on to sell over 10,000 copies in less than 9 months. The concept behind the book is that you can have the right location, building, equipment, staff, skills, etc. - but if you are not using the proper combination, you won’t be successful. The number one, best selling practice management book of all times has been updated (1997) and has added a section that contains many of the forms, graphs and handouts that Woody uses in his own dental practice!

Item # 6010  $49.99

by Dr. Todd L. Vogel

Associates for Fun & Profit explains how to find, interview, and integrate associates into your practice. You’ll learn what needs to happen before you add an associate and what to say and do after you add one to create a smooth transition. These ideas work whether you’re in an associateship, considering one, or licking your wounds from a bad experience.

Item # 6070  $49.99
tions brought about by my unwise business ventures. That’s what I love about our profession; there is tremendous profits to be made in it if we choose to go after it. No one will tell you that it is easy, but it’s not that complicated if you’re willing to do it. Most dentists just never really commit to a plan to perfect every system in their office because they don’t have to. They are in their own comfort zone! It’s so much easier to go golfing on Friday than it is to work on developing that staff policy manual for your office that you’ve been wanting to write.

I admit, it’s easier to get motivated to move out of your comfort zone if you are forced out, as in my case, than just going for it and doing it. Yet, many successful dentists burst through their comfort zones on their own. Hopefully I can share with you a few perspectives on how you can do the same without being forced out due to financial difficulties.

When the banks wouldn’t allow me to take out any more loans, I was no longer in my comfort zone. I was in a very “uncomfortable” zone, and decided to “mine” my perio patients as Mark suggested. I spent a couple of weeks and formalized a soft tissue management program for my office. I had gathered various materials from different seminars in hopes of using them some day. That day had come.

For my first 8 years of practice, we really didn’t have a good perio program. We made the typical mistake that many dentists do by trying to do quick perio at slightly increased prophy prices, and mostly on their first visit. With the help of my hygienists, we typed up a very inclusive protocol that any new hygienist to our office could follow easily. With the help of our front desk personnel, we devised a realistic insurance coding system/treatment protocol that works best for the insurance companies in our area. Immediately, our production and profitability increased.

There are so many things that we all could do within our practices that can immediately increase our incomes, while truly benefiting our patients and allowing us to greatly appreciate our profession. When I say increase our incomes, I don’t mean by just a thousand or so a month. I’m talking about doubling or tripling your current net income which in most cases will far surpass any outside business venture income.

At our seminars, I’m often amazed at how many doctors do not have a written Office Brochure for their patients, or a written Financial Options Brochure, or a Staff Policy Manual. Most offices can benefit from an additional hygienist or other staff member. Most offices can greatly benefit by expanding the number of treatment rooms or adding on a consultation room. These are just some of the projects that many dentists intend to accomplish, yet keep putting them off because they are in their own comfort zone.

Sure, these things take time to implement; but, really it’s not that difficult if you have a plan and set a time to begin. What better time than now! Make it a New Year’s Resolution! Almost every year, I set project goals to accomplish for the New Year. Many of these are simple things that accumulate on my desk that may only take 20-30 minutes for each project to be completed. Occasionally, for extended weekend vacations, I like to spend some of that time to just get caught up and knock out some of these long overdue projects.

Start a “project list” right now! Jot down many of the things that you know that really should be done in your practice. Are all your monitors in order? I would say 90% of den-

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### Education Materials Available

**by Dr. John A. Wilde**

In 1996 Dr. John A. Wilde, one of seven dentists in a town of 13,000, saw patients a total of 52 days and enjoyed a NET INCOME of $347,000 from dentistry alone. This is $6,700 per six-hour day—almost ten times the national average. John’s 1995 INVESTMENT INCOME was $377,800. Read his fascinating, fact-filled, revealing, light-hearted and spirited book to discover how these achievements were accomplished.

**Item # 6041** $46.99

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**by Dr. Craig C. Callen**

**THE CUTTING EDGE III** is packed with information to propel your practice into the new century! Discover what Dr. Callen learned that ALL successful dentists have in common. His high tech review will give you valuable information on the latest equipment to enhance your practice. See how an extra 10 minutes a day can increase your collections 25%. The marketing section reveals techniques that have helped thousands of dentists across U.S. There is even a bonus section to help you wade through the confusing issues of personal insurance today. All this and more in a practical and easy to implement format.

**Item # 6030** $69.99
Have you been needing to place an ad for an additional staff member? Put it on your list. Have you been looking into expanding your office? Put it on your list. How about taking that new “endodontic” or “cosmetic” course? Better yet, how about implementing all that information from that “endodontic” or “cosmetic” course that you already took? Put it on your list!

This list can go on and on; but go ahead and write one. It’s best if you can use a word processing program on your computer to compile this list. If you don’t know how, have your receptionist do it on the office computer since most new computers have good basic word processing capabilities. Arrange the list in order based on the priority you place on each one. I try to update my project list at the start of each month by deleting finished projects and adding new ones, and rearranging some of them based on changed priorities.

Don’t worry about failing to complete your list every month because more than likely you won’t. But, you’ll be way ahead of the game and your project goals won’t escape you because you have them written down. There is a lot to be said about the great satisfaction that we enjoy when we accomplish projects, regardless if it’s a small one or a major undertaking like expanding your office. When you start crossing off items on your project list, it can often be a very motivating, invigorating factor in helping you attain higher goals.

There is so much out there in our profession that can help us establish various systems in our practices. Take that new course, hire that consultant, view those videos you purchased two years ago - just give yourself a little shove to force yourself out of your comfort zone. It only takes a fraction of the time to do these things when compared to the endless hours that some of us put in with outside ventures that don’t even come close to providing us the income that dentistry can. Stay with what you know and do best and Go For It!

Dr. Perkins has researched and assembled the most efficient Endodontic procedure in the history of Endodontics. By modularizing the procedure, selecting the most efficient materials, careful choreography and systematically removing all wasted motion, performing an Endodontic procedure has never been so effortless. You will see Dr. Perkins perform a molar Endodontic procedure in fifteen minutes, from the time anesthesia is administered until the final canal is filled. The end results are dense gutta percha fills, closely approximating the apices. Most dentists are able to more than double their productive capacity when performing Endo using Dr. Perkins’ technique.

The Amazing 15 minute Crown Procedure has more economic impact on a dental practice than any other procedure that exists in dentistry. See it for yourself on videotape! Watch Dr. Scott Perkins as he performs a sub 15-minute crown procedure on a patient. This exciting videotape will also show you the basics of intraosseous anesthesia using the X-Tip. All of the details of the entire crown procedure process will be shown close-up as Dr. Perkins provides the narration in one of the most dramatic dental videotapes ever produced!

**Auto Flosser**

Item #8850

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Get 1 FREE with every order of 12

**Replacement Floss Bows**

Item #8851

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Get 1 pk. FREE with every order of 12

**Video**

15 Minute Molar Endo

by Dr. Scott Perkins

Video

15 Minute Crown Procedure

by Dr. Scott Perkins

Video
Efficiency Postcards

Gain control of “no shows” and “missed appointments”. Anytime a patient doesn’t keep an appointment or cancels at the last minute, send this card to confirm their next appointment or to ask them to call for another one.

We Missed You
(Male) Item #4500
We Missed You
(Female) Item #4501

Back Side Message:

Thank you for your cooperation!

☐ Your rescheduled appointment is for:
   ______________________________
   Day      Date           Time

☐ Please call us today for another appointment.

Last Chance Dental Office
Item #4600

After repeated broken appointments, send this card to subtly convey the seriousness of keeping their next appointment.

Use one of our standard messages or KISCO will print your own personalized message at no additional cost.

Back Side Message:

A review of our records indicates that you have necessary dental work that needs to be completed.

Please call us for an appointment at your earliest convenience.

Day Date Time

If unable to keep this appointment, please call us so we may reschedule and make that time available for someone else.

Thank you!

This card is designed for periodic file purging to prompt patients to return for unfinished dental work.

Still Under Construction Item #4700

Treatment Recall Card

Back Side Message:

It’s time for your regular dental examination!

☐ Please call us today for your appointment.

☐ Your reserved appointment is for:
   ______________________________
   Day      Date           Time

Child’s Coloring Recall Card

Motivate your young little patients & win them over with these coloring recall cards!

Child’s Coloring Recall Card Item #4100

Back Side Message:

Color and bring me to your next dental visit!

☐ Use our messages or write your own message for any of these cards at no extra charge.

☐ Actual size of cards is 4 1/4” x 5 1/2”.

Prices include:
• custom imprinting of your return address
• imprinting of our standard message or your own personalized one (maximum of 50 words).

EFFICIENCY POSTCARDS

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KISCO combines numerous dental brochures into one simple, concise, easy-to-read booklet. Your patients will be better informed with simple illustrations, pictures and explanations. The easier something is to read and understand, the more your patients will be willing to accept quality dentistry. The Dental Records pages encourage regular dental care and improves your recall system!

**Personalized Imprinting**

Give your booklets a personal touch by imprinting your name, address and phone number on the front cover. Personalized imprinting always has a positive promotional effect. You can add that special touch by including your office slogan or logo or use one of our slogans or logos.

**Color Choices** of Cover paper.

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**Typestyles Available**

- A - HELVETICA
- B - Bookman Italic
- C - Zapf Chancery
- D - Impressum
- E - Park Avenue
- F - Avant Garde

**Ink Choices**

- C1 (Black)
- C2 (Blue)
- C3 (Red)
- C4 (Burgundy)
- C5 (Teal)
- C6 (Fuscia)

**Custom Covers**

Customize your cover with your color logo or your own custom designed cover. If you provide finished artwork, there will be a minimum one time fee of $25.00 to cover layout. We will give you an estimate for any additional costs such as plates, negatives, and specialty ink colors.

**Free Logos**

- L1
- L2
- L3
- L4
- L5
- L6
- L7
- L8
- L9
- L10
- L11
- L12

All cover choices come printed with black ink. 5 optional ink colors are available for a $19.50 charge. Specialized ink colors are available for a $30.00 charge.

Imprinting is only available on the front and back cover of the Dental Diary. The interior pages of the booklet are preprinted.

Available in Spanish!

**FREE**

Counter top acrylic display holder with your first order of 100 or more booklets. Holds up to 15 booklets. Additional holders are $9.95 Item # 1050
THERE ARE THREE CHOICES OF BOOKLETS

**Book B** Item #1004 (Basic book with page 14B that explains amalgam restorations)

**Book C** Item #1005 (Basic book with page 14C that explains posterior composites for those offices not using amalgams)

**Book S** Item #1006 (Basic book in Spanish)

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Years ago I asked Dr. Earl Estep what percent of his overhead was staff salaries. He quickly answered, “How the hell would I know? As long as my staff is happy and I’ve got money in the bank, why do I need to know that?” He’s absolutely right! It bothers me seeing so many dentists take to heart so many seminar “sound bites” such as the one about staff salaries should not be more than 25% (or whatever). At our seminars, we invariably get asked that question about our offices. Remember, the KISCO Perspective is not a sugar-coated newsletter about my practice, so I’ll go ahead and tell you that our staff salaries run about 30%.

Speaking from experience, I know that seminar lecturers love to come up with a cliche or a formula or a percentage number to share during their presentations that the audience can write down and hang their hats on. Some of these tidbits can be very troubling for many doctors, especially this one on staff salaries. If your office doesn’t meet that magic percentage number, what are you to do, go back and fire someone or just lower everyone’s salary? Or, if you’re on the low side, do you give everyone a raise?

There are way too many variables involved to have a universal staff salary percentage. Do you have a cosmetic practice or a “bread and butter” practice? How many doctors are in your practice? Is your spouse or children on the payroll? Is there a shortage of hygienists or assistants in your community? How long have your staff members been with you? And most importantly, just how good are they? If you have a $1,000,000 staff, you should want to pay them more than an average salary!

Trying to stick to certain figures like this could be part of why so many doctors don’t like our profession. Too many doctors worry needlessly, in most cases, because they think their salaries are too high. In my practice, I know I could trim that percentage down a little bit, because I know I’m slightly over-staffed. But, I do so as a luxury and to make my daily work load a little easier. Aren’t luxury allowances one of the benefits of having a good income? Even though a 5% reduction in the office overhead of a million dollar practice is a lot of money, it’s not worth it if you don’t enjoy your work. So, I really have no trouble justifying my salary percentage.

Please don’t take this article the wrong way though. Salaries are our largest expense and we need to monitor them and consider our staffing situations on a regular basis. And yes, many doctors do get into trouble with over staffing; but I don’t think it is as serious as many of our mentors lead us to believe. Use your best judgement and be sure you get the most out of each employee. Remember, the best way to lower your staff salary percentage is to increase your production and collection levels with your current staff. In an average office, a 10% increase in office revenues results in about a 2% reduction in the staff salary percentage. The important thing is to pay them what is necessary to keep them happy!
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have questioned themselves because they’ve been bombarded with the lopsided influence of developing a small, insurance-free, cash up front, high fee, cosmetic practice. Don’t get me wrong; somedays I often think I would love to have that type of practice also. But, like many dentists, I simply don’t have the dedication, temperament, and discipline to succeed in that direction. I find it much easier with the Type A practice and consider that to be my valuable, unique talking frog.

Sure, the cosmetic practice has a lot of appeal and glamour to it and can be very gratifying. But, as in my friend’s case who did the 180, some of us reach a point in our career where we get exhausted trying to chase that elusive pot of gold at the end of the rainbow and would just as soon have a talking frog!

---

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1002
One enchanted evening, two older gentlemen were casually walking along the side of a beautiful pond. The moon shone on a frog sitting on a lily pad. The frog said to the gentleman closest to her, “Sir, if you kiss me, I’ll turn into a beautiful princess, and you can have your way with me.” The astute man picked up the frog and put it in his pocket.

A few minutes later, his friend said, “Are you crazy? Why did you put that frog in your pocket? Why didn’t you kiss her?” His friend calmly answered, “At my age, I’d rather have a talking frog!”

Now... what the heck does this have to do with dentistry? That joke was on my birthday card that Mark Troilo sent me last year, and I just loved it. In a very philosophical, symbolic way, there is much truth in that joke. I’ve related that quote many times to various situations, and of course to dentistry.

I received a letter a while back from a doctor who wanted to thank me for all the information that he’s gained from our KISCO Perspective Newsletter. He started off by telling me that at first he would just shake his head in disagreement with some of my articles on how I practice (Type A practice: high volume, bread & butter dentistry). He explained that he had taken many cosmetic program courses and he was well trained and dedicated to building a highly successful, boutique, cosmetic practice. He spent a couple of years in really working on building this style of practice, the whole time shaking his head as he read my articles. Unfortunately, this endeavor was presenting him with some very difficult financial challenges. He simply wasn’t getting anywhere!

He then said that finally he threw his arms up and did a 180 degree turn and tried to model his practice according to some of the principles and philosophies that I’ve written about for the last four and a half years. He said his practice took off and within six months he was on target for producing over a million dollars for the year while increasing his net income two to three times what it had been.

I’ve often said that I truly admire and respect those dentists who develop a highly successful Type B cosmetic practice. But, I’m quick to add that I feel that they make up a very small percent of the highly profitable practices. Yet, so much of the information available in our literature and in seminars is just that. That’s why I feel compelled to share this other seldom heard philosophy. I’m constantly receiving emails, phone calls, and letters from dentists, especially young ones, who truly appreciate hearing these common sense principles that they once believed in, yet

(continued on page 23)