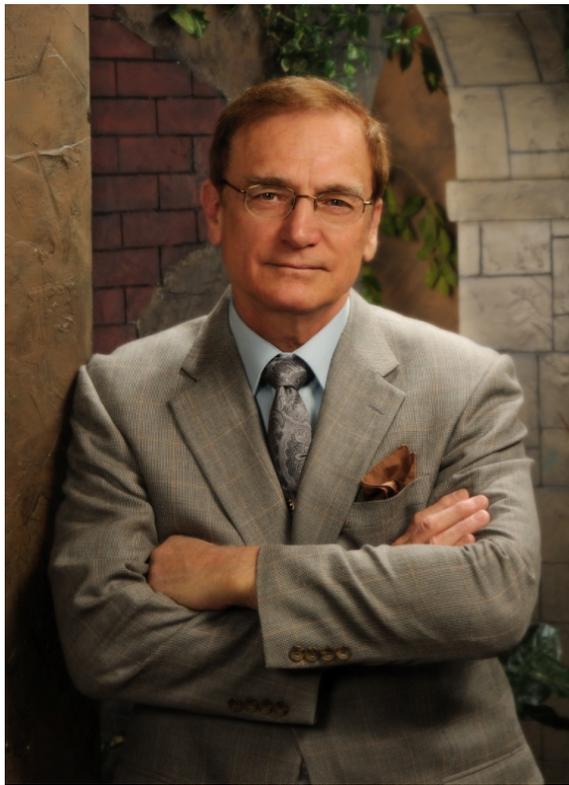


This **Video Program** was designed for Orthodontic Students and recent graduates.



It was designed by Dean C. Bellavia, Ph.D., M.S.

For four decades, Dr. Bellavia has worked with hundreds of new and established practices to design most of the state-of-the-art orthodontic systems used today.

Dean has published four books on orthodontics and two books on personality, has written scores of articles on practice management, and has lectured to thousands of orthodontic professionals.

This is why we feel that this program can be of help to you, too!

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www.DeanBellavia.com

What You *Should* Know... *before* you Start Practicing!

NOTE: Make sure you **download**
and **print** your **Video Workbook**,
before watching this video.

This video and helpful downloads are meant to
make you **aware** of what you **Should** know
before starting in practice.

It is **not** the intent of this video to tell you **how** to do
these things...that is another educational series.

What You *Should* Know... about *Practice Management!*

The **PURPOSE** of practice management is to have an environment in which a well-organized and trained staff, working in their ideal positions, are efficiently scheduled to provide exceptional services, while attaining the practice's monthly goals.

It also helps for the doctor to be in the solo-practice or partnership environment where he/she works best.

What You *Should* Know... *Before Starting in Practice!*

Will you be a Partner *or* Solo Practitioner

If a Partner Type...

What You Should Know to *Choose* a Practice.

If a Solo Practitioner type...

What You Should Know to *Manage* a Practice.

Getting Started...

What are your Choices?

Check off what you think *might* be best for you.

- Associate...** Working for a Practice
- Partnership...** Joining a Practice
- Solo...** Buying an Existing Practice
- Solo...** Starting a New Practice

Are You the **Associate** Type?

Ask yourself the following questions!

Can I *work for others* and not have my own patients? Yes No ?

Can I *take orders* from other practitioners? Yes No ?

Can I live on at an *income way below* the average orthodontist?
 Yes No ?

Do I like having *no managerial responsibilities*? Yes No ?

If mostly true, you are an associate type practitioner.

You Are Are Not May Be an Associate Type practitioner.

Are You the Partner Type?

Ask yourself the following questions!

If my partner and I disagreed, *would I concede* to my partner if it was best for the practice, even if it wasn't best for me? Yes No ?

Can I share "*equal practice name billing*"?

The practice must be in *my* name... Yes No ?

If "yes" to *both* questions, you are the partner type.
You Are Are Not May Be a Partner Type practitioner.

Notes: _____

Are You A *Compatible* Partner?

You *Should* be Compatible in 6 Ways!

You won't know this until you consider a partnership.

Association Compatibility...

Is everyone looking for the same type of association?

Relationship Compatibility...

Do you get along with the doctor's spouse and staff?

Personality Compatibility...

Does your personality match the "practice personality"?

Does your personality complement the doctor's?

Remember, the Practice Personality IS the other doctor's personality!

Are You Also *Compatible* With...

You won't know this until you consider a partnership.

Tx Philosophy Compatibility...

do you have similar Treatment and Equipment Philosophies?

Managerial Preference Compatibility...

together, can you handle *all* aspects of practice management?
(staff, marketing, purchasing, Tx Mechanotherapy, etc.)

Financial Compatibility...

will the *present practice net* provide the life styles you want?

It must be the *present*...you don't know the future!

Are You a Solo Practitioner Type?

Ask yourself the following questions!

Can I handle the *financial* responsibilities of starting a new, or buying an existing, practice? Yes No ?

Can I *grow* a new or purchased practice? Yes No ?

Can I manage the *people* aspects of a practice? Yes No ?
(organizing, hiring, training and managing the team)

Can I manage the *systems* aspects of a practice? Yes No ?
(internal/external marketing, scheduling, reporting, etc.)

If yes to *all* questions, you are a Solo Practitioner type.

You Are Are Not May Be a Solo Practitioner Type.

Are You **Buying** a **Solo** Practice?

If so, you need to know...

You won't know this until you purchase a practice.

What is the practice really **worth**?

What are the **liabilities** of buying that practice?
(pre-paid & run-on cases, staffing, office, systems, growth, etc.)

What are the **assets** of buying that practice?
(OBS-Recall, well-treated cases, staffing, office, systems, etc.)

How will you **pay for** the practice and its upgrades?
(bank, seller, etc.)

When will the seller be totally **out** of the practice?

Whether you become a **Partner** or **Solo** Practitioner...

You must **Organize** your team...efficiently & effectively

You must **Hire** the best people...the first time

You must **Train** your team...quickly and effectively

You must provide an exceptional **New Pt. Experience**

You must create an effective & efficient **Schedule**

You must set and attain realistic **Monthly Goals**

The **PURPOSE...** *of Practice Management!*

The purpose of Team **Organization** is to have all of the practice positions filled to meet your production levels.

The purpose of Team **Hiring** is to have all team members working in positions that they are naturally inclined to do well in.

The purpose of Team **Training** is to have all team members quickly, completely, and effectively trained in their positions.

The purpose of the **New Pt. Experience** is to have an exceptional service that makes patients want their friends to also experience.

The purpose of Team **Scheduling** is to efficiently and effectively utilize the doctor's and team members' time to treat patients.

The purpose of **Setting and Attaining Goals** is to set the practice on a realistic and successful course of controlled growth.

*You Should Know the **22 Secrets...** of *Practice Management!**

The **secret** to Team Organization (FS/D)

The **4 secrets** to Hiring the Ideal Team

The **3 secrets** of Quick & Effective Team Training

The **4 secrets** of the Ultimate New Pt. Experience

The **7 secrets** of Ideal Scheduling Design

The **3 secrets** of Setting & Attaining Goals

What a Practitioner *Should* Know... about *Practice Organization!*

The **secret** to Team Organization is Production

Staffing = Production = Full Starts per Day

$$\frac{\text{Total Equivalent Starts/Year}}{\text{Total Full Tx Days/Year}} = \text{Full Starts/Day}$$

Total Equivalent Starts/Year = Full + Ph-II + .35 x Ph/Lim Starts/Year

For Example $\frac{135 \text{ Equivalent Starts/Year}}{180 \text{ Days/Year}} = 0.75 \text{ FS/D}$ **A most important number!**

Notes: _____

What a Practitioner *Should* Know...

about *Team Size!*

Twice the FS/D Production
means twice the staff.

1.00 FS/D



2.00 FS/D

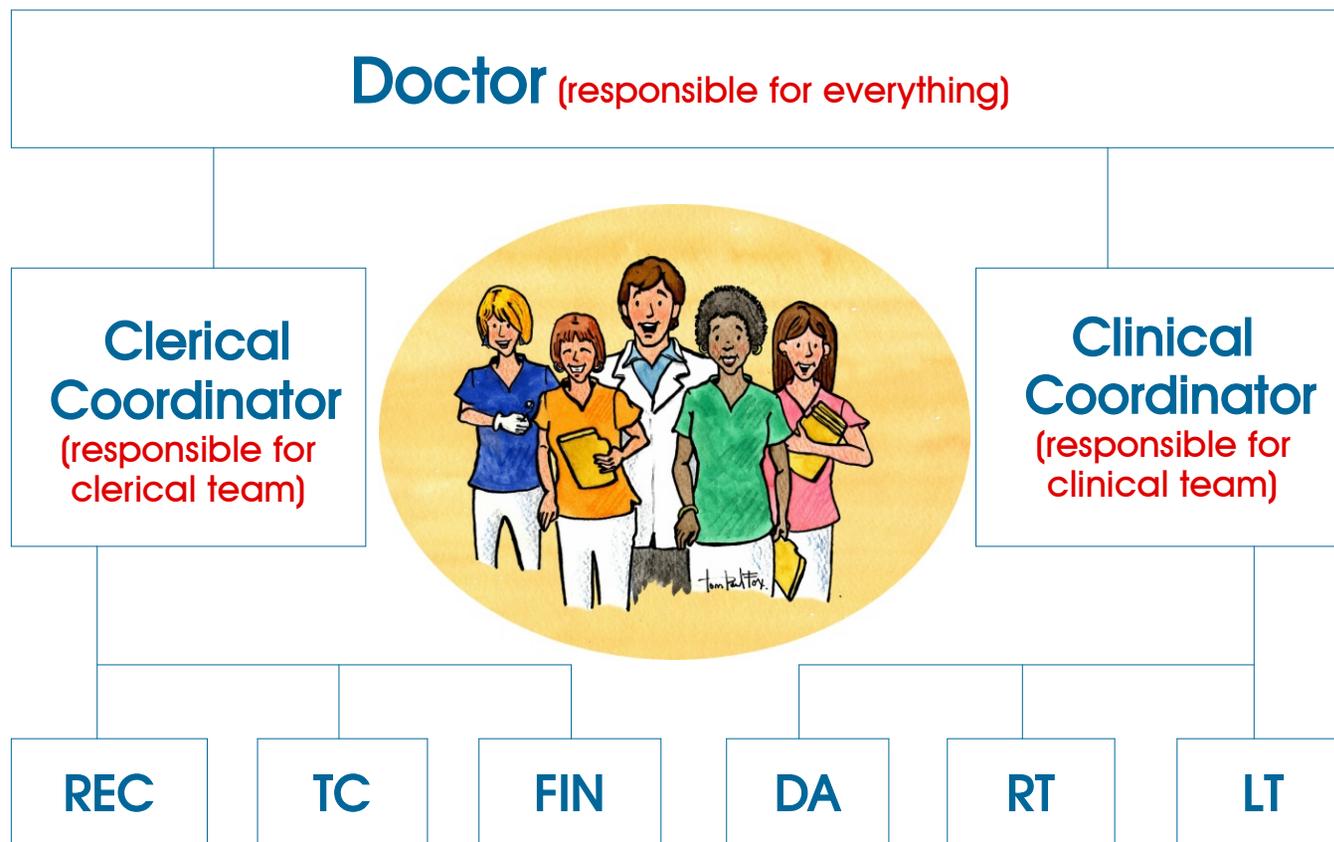


But every Team
Member must be
equally busy

Notes:

What a Practitioner *Should* Know...

about *Team Positions!*



What a Practitioner *Should* Know...

about *Staffing Needs!*

Typical
Staffing
Needs
vs.
Productivity

FS/D worked	Patients Seen Per Day	DA's Needed per day	RT's Needed per day	LT's* Needed per day	Recep Needed per day	TC's Needed per day	Bkkpr Needed per day	TOTAL Needed per day
0.50	25	0.6 – 0.8	0.15 - 0.20	0.15	0.40	0.4 - 0.5	0.30	2.0 - 2.3
0.75	35	0.8 – 1.0	0.2 - 0.25	0.23	0.60	0.5 - 0.6	0.35	2.7 - 3.0
1.00	40	1.2 – 1.5	0.3 - 0.35	0.30	0.65	0.7 - 0.8	0.50	3.7 - 4.1
1.25	45	1.6 – 2.0	0.4 - 0.45	0.38	0.75	0.9 - 1.0	0.65	4.7 - 5.2
1.50	55	2.0 – 2.5	0.5 - 0.55	0.45	0.90	1.1 - 1.2	0.75	5.7 - 6.3
1.75	60	2.4 – 3.0	0.6 - 0.65	0.53	1.00	1.3 - 1.4	0.85	6.7 - 7.4
2.00	65	2.8 – 3.5	0.7 - 0.75	0.60	1.10	1.5 - 1.6	1.00	7.7 - 8.6
2.25	70	3.2 – 4.0	0.8 - 0.85	0.68	1.20	1.7 - 1.8	1.15	8.7 - 9.6
2.50	75	3.6 – 4.5	0.9 - 0.95	0.75	1.30	1.9 - 2.0	1.25	9.7 - 10.7

Notes: _____

What a Practitioner *Should* Know...

about *Staffing Combinations!*

Typical Staff Position Combinations

Notes:

FS/D			
0.50	2 Staff: DA/RT/LT/ST (Dr does DA work too) & TC/REC/FIN (most Fin done on non-Pt Tx days)		
0.75	4 Staff: DA & DA/ST/LT & TC/RT & REC/FIN (some Fin done on non-Pt Tx days)	3 Staff: DA/RT/LT/ST & DA/REC (when TC in exams) & TC/REC/FIN (most Fin done on non-Pt Tx days)	
1.00	4 Staff: DA & DA/RT/LT/ST & TC/FIN & REC	4 Staff: DA & DA/LT & TC/RT/ST & REC/FIN	4 Staff: DA/RT & DA/TC & FIN/LT/ST & REC
1.25	5 Staff: DA/ST & DA/RT & DA/LT & REC & TC/FIN (Fin done on non-Pt Tx days)	6 Staff: DA & DA & DA & RT/LT/ST (if other lab work) & REC & TC/FIN (some Fin done on non-Pt Tx days)	
1.50	6 Staff: DA & DA & RT/LT & REC & TC & FIN/TC	7 Staff: DA & DA & DA/ST & RT/LT (if other lab work) & REC & TC & FIN/TC	
1.75	7 Staff: DA & DA & DA/ST & RT/LT & REC & TC & FIN/TC	8 Staff: (if other lab work)	
2.00	9 Staff: DA & DA & DA & DA/ST & RT/LT & REC & TC & REC/TC & FIN		
2.25	10 Staff: DA & DA & DA & DA & DA/ST/LT & RT & REC & REC/TC & TC & FIN		
2.50	11 Staff: DA & DA & DA & DA & DA/ST & RT/LT & RT & REC & REC/TC & TC & FIN		

What a Practitioner *Should* Know... about *Team Hiring!*

The 4 **Secrets** to Hiring the Ideal Team

1. You need an effective hiring **procedure**.
2. The new hire must have the right **attitude**.
3. The new hire's **mental skills** should fit the position.
4. The new hire's **personality** must fit the position.

What a Practitioner *Should* Know...

about a Hiring *Procedure!*



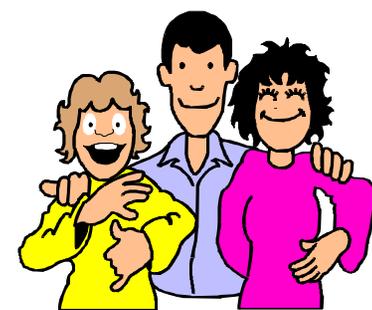
1) Seek Applicants:
Want ads,
Patient's Family,
Friends of Staff,
DA Schools



2) Screen Applicants:
Have them call,
Review Résumé,
Schedule initial
interview



3) Mental Skills
“test for the best”
at Initial interview
...use the “Hiring
Questionnaire”



4) Dr and team
interviews,
Select the best,
✓ References,
Negotiate Salary
& Benefits

Notes: _____

What a Practitioner *Should* Know... about an applicant's *Attitude!*



A Strong Work
Ethic means...
she sticks around



Handwriting:
Slant \uparrow = pos
Slant \downarrow = neg



A poor
Self Image
makes her
doubt her
abilities



Team players...
don't gossip...
they help each
other out

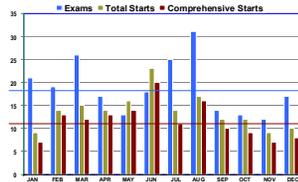
Notes: _____

What a Practitioner *Should* Know...

about an applicant's *Mental Skills*



If she can't
alphabetize,
 you shouldn't
 let her near
 your files



If not good at
math, she
 shouldn't do
 statistics or
 financial



If poor **spelling**
 and **grammar**
 skills, you
 shouldn't hire
 her for clerical



If poor **manual**
dexterity skills,
 you shouldn't
 hire her for a
 clinical position

Notes: _____

What a Practitioner *Should* Know...

about *Personality Styles!*



Socially
Interactive

Joyful

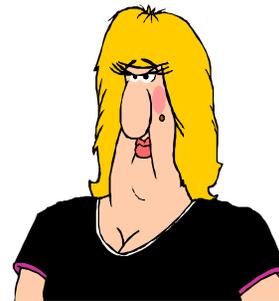
Socializer
Style



Relationship
Maintaining

Sad/Loving

Relator
Style



Get It Done
Now!

Angry

Director
Style



Unerringly
Proceeding

Fearful

Analyzer
Style

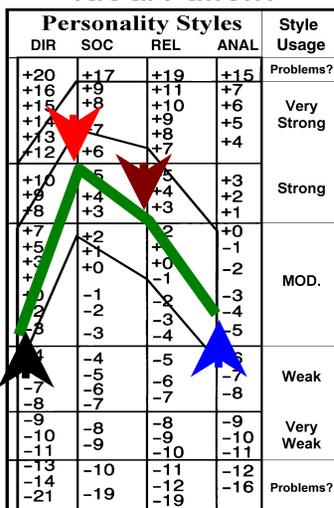
What is YOUR strongest personality style? Socializer Relator Director Analyzer

Notes: _____

What a Practitioner *Should* Also Know...

about an applicant's *Style Strengths!*

Tx Coordinator
Ideal Pattern



Socializer Style:
Gets them excited

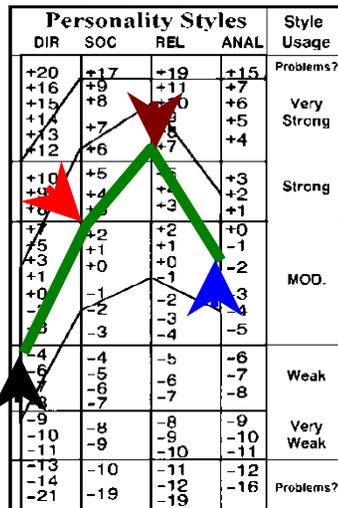
Relator Style:
Establishes Rapport

Analyzer Style:
Complete Procedures

Director Style:
Closes the sale

Notes: _____

Receptionist
Ideal Pattern



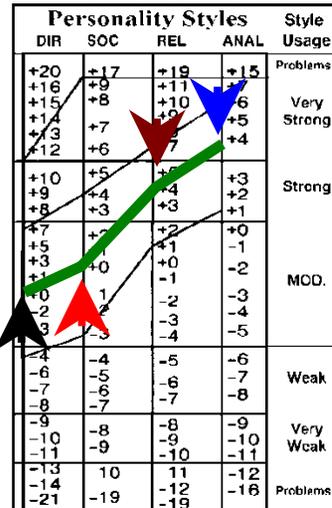
Relator Style:
Establishes Rapport

Socializer Style:
Influences them

Analyzer Style:
Remembers Pt. Details

Director Style:
Follows the Schedule

Financial
Ideal Pattern



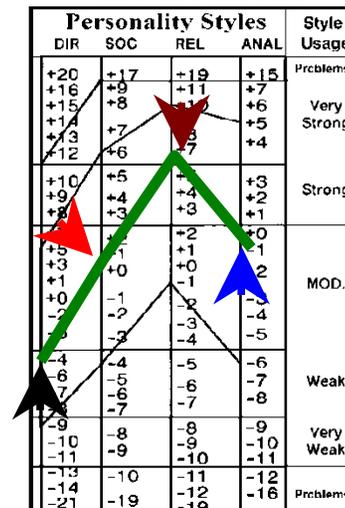
Analyzer Style:
Creates accuracy

Relator Style:
Establishes Rapport

Socializer Style:
Influences them

Director Style:
Collects Past Dues

Clinical Team
Ideal Pattern



Relator Style:
Establishes Rapport

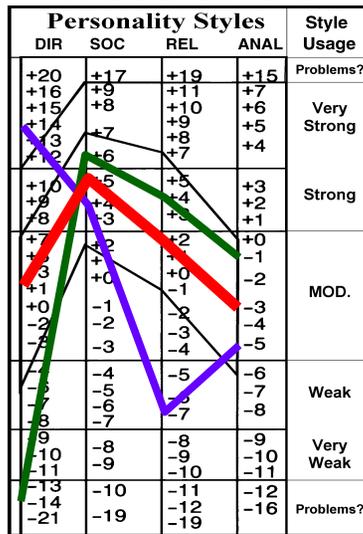
Analyzer Style:
Follow Procedure

Socializer Style:
Gets them excited

Director Style:
Stays on Schedule

What a Practitioner *Should* Also Know... about Position *Style Patterns!*

Tx Coordinator

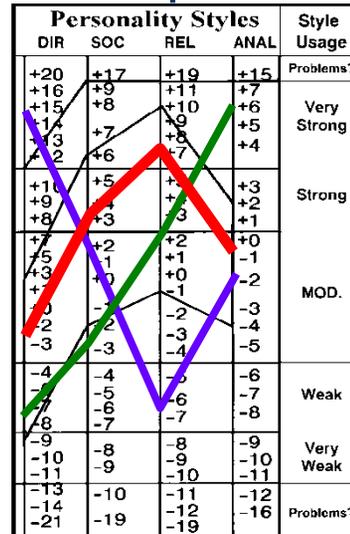


IDEAL Pattern
Strong Socializer

The worse Position Pattern

Problems with Conversions

Receptionist

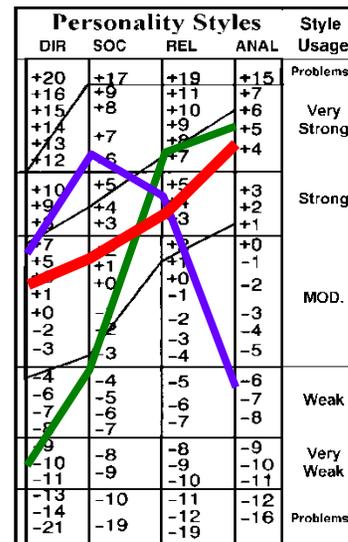


IDEAL Pattern
Strong Relator

The worse Position Pattern

Problems with Warmth

Financial

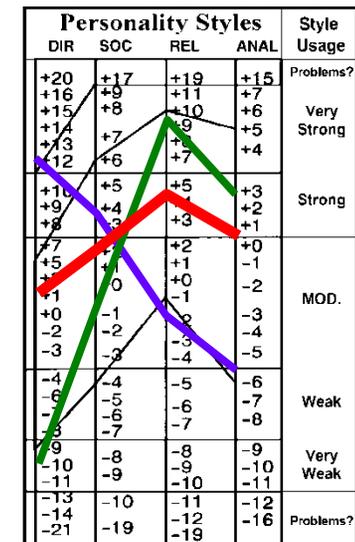


IDEAL Pattern
Strong Analyzer

The worse Position Pattern

Problems with Past Due

Clinical Team



IDEAL Pattern
Strong Relator

The worse Position Pattern

Problems Staying on Schedule

Which Pattern do you think is *yours*? Check it off...think about it!

Notes: _____

What a Practitioner *Should* Know... about an applicant's ***PACE!***

Visual: ≡Fast



Up Left



Up Right



Blank Stare



Ask a quick question like
"What did you have for
lunch last Tuesday?"
As you watch her eyes move.

Kinesthetic = S I O W



Down Right

Auditory = Moderate



Left

Right



Down Left

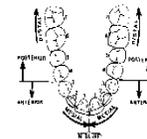
What do you think *your* Pace is? Check it off...think about it!

Notes: _____

What a Practitioner *Should* Know... about Team Member *Training!*

The 3 Secrets of Quick & Effective Team Training

1. Orient them to the practice.

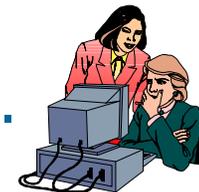


Team Training Programs

ORTHO & OSHA Orientation
TC Program
Receptionist Program
Financial Program
Chairside DA Program
Records Tech Program
Patient Trainer Program

2. Use a Sequential Training Program.

3. Use a proper Demonstration Technique.



Notes: _____

What a Practitioner *Should* Know... about *Legal Orientation!*



WELCOME

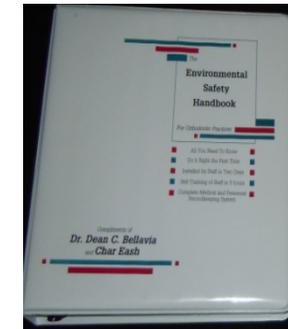
Get Her
Settled
In



Create a
Personnel
File Folder



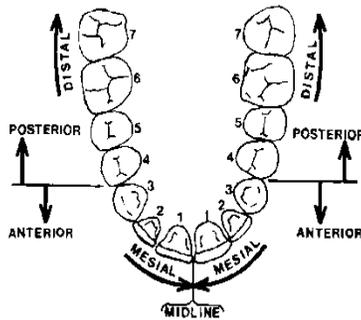
Start a
Medical
Record



Complete
Her OSHA
Training

Notes: _____

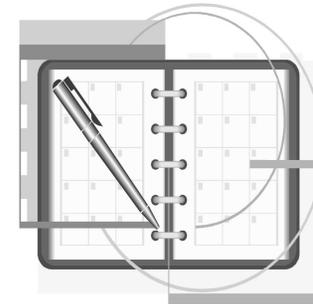
What a Practitioner *Should* Know... about *Orthodontic Orientation!*



Learn the
language of
Orthodontics



Learn
Your
Tx Sequence



Schedule
the Daily
Training

Notes: _____

What a Practitioner *Should* Know... about *Sequential Training!*

TC Training:

Receptionist Duties
& Scheduling



Exams & Consults



OBS Recall
Control



Receptionist Training:

Filing



Scheduling



Financial



Financial Training:

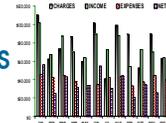
Receptionist Duties
& Scheduling



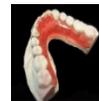
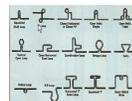
Receivables,
Insurance,
Past Due



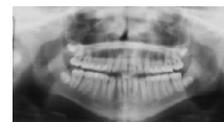
Reports



DA Training:



RT Training:

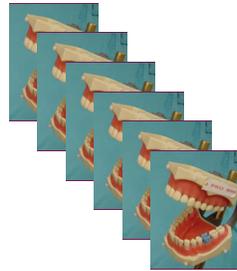


What a Practitioner *Should* Know...

about *Demonstration!*



Demonstrate
each part of
procedure and
Trainee Tries It



Demonstrate the
entire procedure
and have the
Trainee try it



Practice on
Typodont
Alone
Until Perfected



Practice on
Patients with
Trainer Observing,
then on her own

Use same Demonstration Technique for clerical training.



Notes: _____



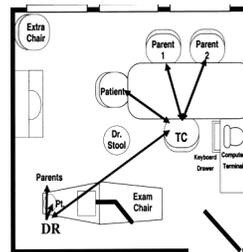
**Now that we have covered Team
Organization, Hiring and Training,
take a 10-minute **BREAK**
to collect your thoughts and
ask questions you may have
about your personal concerns.**

Turn Off Video

What a Practitioner *Should* Know... about the *New Pt. Experience!*

The 4 Secrets of the Ultimate New Pt. Experience

1. Patient-Centered Exams



Notes:

2. Patient-Centered Financing



3. Patient-Centered Appointments

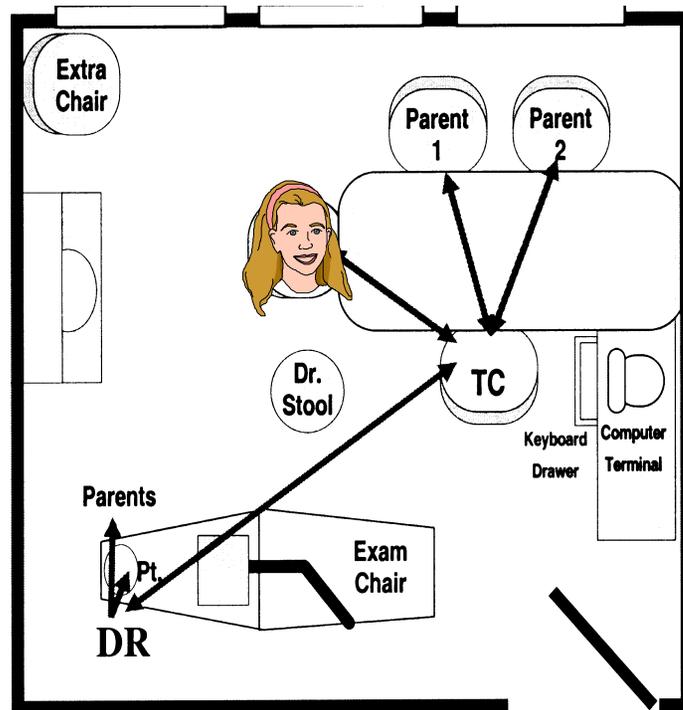


4. Patient-Centered Written Communication

What a Practitioner *Should* Know...

about *Patient-Centered Exams!*

The Patient is the center of everything



A pleasant Recept. New Pt. Call

The TC's Pre-Exam Patient Call.

← A Private Exam/Consult room.

An exam that focuses on the Patient.

A DR/TC "good show" dictated exam.

An adequate DR "explanation".

A thorough TC "explanation".

An "exceptional experience" for all.

What a Practitioner *Should* Know... about *Pt.-Centered Financing!*

Know the
Pt.'s. Payment
Resources:



Cash



Credit



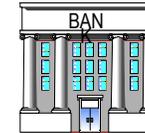
FSA, HAS



Insurance



L.O.C.



Loans



Practice

Negotiate the
Financial
Agreement:



Make Patient
DEALS

a 5% deal beats
an empty chair



Flexible Financial Arrangements

CHILD Full Tx:		FEE Multiplier:		\$6.65	5.0%	2.0%									
Appt CODE	Active Tx Fee	AVG IP		High IP		Spread-Out IP				Other Payment Plans					
		Mo	IP	Mo	IP	1st	2nd	MP	mos	Paid in Full No./NS	Save	Credit Card	Save		
C-12	\$4,430	12 x \$260	+\$1,310	12 x \$190	+\$2,150	\$795	/	\$775	+	\$260	x 11	\$4,209	\$221	\$4,342	\$88
C-18	\$4,930	18 x \$200	+\$1,330	18 x \$140	+\$2,410	\$755	/	\$775	+	\$200	x 17	\$4,684	\$246	\$4,832	\$98
C-24	\$5,430	24 x \$160	+\$1,590	24 x \$120	+\$2,550	\$875	/	\$875	+	\$160	x 23	\$5,159	\$271	\$5,322	\$108
C-30	\$5,930	30 x \$140	+\$1,730	30 x \$100	+\$2,930	\$895	/	\$975	+	\$140	x 29	\$5,634	\$296	\$5,812	\$118
C-36	\$6,430	36 x \$130	+\$1,750	36 x \$90	+\$3,190	\$905	/	\$975	+	\$130	x 35	\$6,109	\$321	\$6,302	\$128
Ph-III RPE	\$5,830	36 x \$120	+\$1,510	36 x \$80	+\$2,950	\$755	/	\$875	+	\$120	x 35	\$5,539	\$291	\$5,714	\$116
Ph-III Herbst	\$5,230	30 x \$130	+\$1,330	30 x \$90	+\$2,530	\$685	/	\$775	+	\$130	x 29	\$4,969	\$261	\$5,126	\$104

Notes: _____

What a Practitioner *Should* Know...

about *Pt.-Centered Appointments!*



Greet *every* patient as friend

Good Idea? Yes No ?

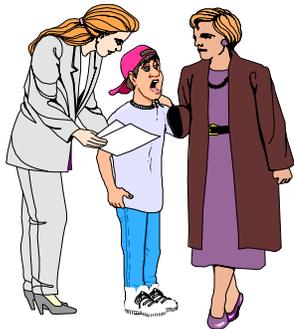
Notes: _____



Address *their* concerns, listen & support

Good Idea? Yes No ?

Notes: _____



Escort the Patient out to educate the family

Good Idea? Yes No ?

Notes: _____

What a Practitioner *Should* Know...

about *Written Communications!*

Patient & Family Letters:

Post-Exam Patient Thank You letter

Good Idea? Yes No ?

Post-Initial Braces Patient Welcome

Good Idea? Yes No ?

Periodic Pt. Review Report

Good Idea? Yes No ?

Patient Cooperation letters

Good Idea? Yes No ?

Family Dentist Letters:

Post-Exam Notification

Good Idea? Yes No ?

Post-Consult Notification

Good Idea? Yes No ?

Periodic Pt. Review & Tx Request

Good Idea? Yes No ?

End of Active Tx Report/Tx Request

Good Idea? Yes No ?

End of Retention Report

Good Idea? Yes No ?

Extraction, etc., Tx Requests

Good Idea? Yes No ?

What a Practitioner *Should* Know... about *Team Scheduling!*

The 7 Secrets of Ideal Scheduling Design

Create your BASIC schedule...

1. Collect Meaningful Statistics
2. Define Tx Mechanotherapy
3. Define Your Appointments
4. Calculate Appt. & Staffing Needs
5. Design your Dr-Tx-Time Schedule

And to be more productive...

6. Create Composite Appts.
7. Create Substitution Appointments

Notes: _____

What a Practitioner *Should* Know...

about *Collecting Meaningful Statistics!*



You need about two years worth of statistics.

Design **MAIN office first**, using main office statistics; adapt it for other offices later.

Notes: _____

What a Practitioner *Should* Know...

about *Full Tx Mechanotherapy!*

Initial Appliance Appointments:

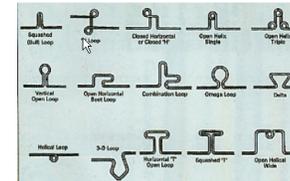
Exam, Records Case Presentation
 Pt. Orientation, U&L IMP for IDB
 IDB U&L 6-5-4-3-2-1's (+ 7's =25%), U&L 015 NIT AW's
 Lower 7's: BAND 40%, BOND 35%; Piggyback Sect AW's
 Upper 7's: BAND 40%, BOND 35%; Piggyback Sect AW's
 ReBOND 1-4 Brackets in 85% of cases
 ReBand 1-2 Bands in 5% of cases

Archwire Change Sequence:

Change from U 015 NIT AW to U 018 NIT AW
 Change from L 015 NIT AW to L 018 NIT AW
 Change from U 018 NIT AW to U 17x25 NIT AW
 Change from L 018 NIT AW to L 17x25 NIT AW
 Change from U&L 17x25 NIT AW to U&L 19x25 NIT AW
 Remove, Reshape and Replace **U** Ideal AW 1 Time
 Remove, Reshape and Replace **L** Ideal AW 1 Time
 Remove, Coordinate and Replace **U&L** Ideal AW 1 Time
 80% of AW's inserted U or L; 20% of AW's inserted U&L,

Braces Removal & Retention:

Pre-DeBand Acct Check, L IMP for Bonded 3x3
 DeBand/DeBond All, Bond L 3x3 Retainer, IMP for U Hawley
 Insert U Hawley, Retention Records
 6 Retention Checks in: 2 wks, 1-mo, 3 mo, 6 mo, 6mo, 6 mo = 22 mo



Notes: _____

What a Practitioner *Should* Know...

about *Ph-I/Lim Tx Mechano*therapy!

Severe CL-II, HERBST Tx:

Exam, Records Case Presentation
 Separate U&L 6's
 Fit Crowns on U&L 6's, U&L IMP Herbst
 Insert Herbst, Bond U&L 2-2's, U&L AW's
 8 to 10 visits, 6 weeks apart
 Change AW's as necessary
 Remove Herbst, U IMP for Hawley
 Insert U Hawley
 Total Ph-I Tx time = 12 to 15 months
 Ph-II Tx in approximately 1 to 3 years

Posterior X-bite Banded RPE Tx:

Exam, Records Case Presentation
 Separate U 6's
 Fit U 6's, Impression for RPE, Resep.
 Insert RPE, BOND to U 4's
 3, 1-week visits plus 3 to 5, 5-week visits
 Remove RPE, U IMP for Acrylic Plate
 Insert Acrylic plate
 Total Ph-I Tx time = 4-6 months
 Ph-II Tx in approximately 1 to 2 years



Notes: _____

What a Practitioner *Should* Know... about defining your *Appointments!*

Your **Appointments** are defined
by your Tx Mechanotherapy

You need accurate
Doctor & Assistant
Treatment Times

Notes: _____

EX New Patient Exam:

TC = 25 minutes: New Pt. Welcome, History Taking, Imaging if used
DR = 15 minutes: Dictated Orthodontic Exam & Discussion of Findings
TC = 20 minutes: Discussion of Finances, Appointments, & Communications

8B BAND U&L 6's; BOND U&L 5-4-3-2-1's; U&L 014 NIT AW's, Insert Aux Appl

DA = 30 minutes: Pt. Prep, Remove Seps, Clean teeth, Fit 6's
DR = 10 minutes: Adapt & Cement Bands
DA = 08 minutes: Clean excess cement, Prep for Direct Bonding
DR = 20 minutes: BOND Brackets, Partial Cure
DA = 30 minutes: Complete Cure, Insert & Ligate AW's, Insert HG, TPX
DR = 05 minutes: Final Pt. Check-out
DA = 00 minutes: Pt. Instruction, Clean-up and Check-out

2A Change to Any U &/or L SS AW's

DA = 07 minutes: Pt. Prep, Prepare AW's
DR = 05 minutes: Adjust AW's, Special Ligation, Final Pt Check-out
DA = 18 minutes: Ligate AW's. Pt. Clean-up/Check-out

4D Full DeBand/DeBond All; Bond L 3x3, U IMP for Circum. & L Hawley

DA = 15 minutes: Pt. Prep, Set Up Handpieces, Prepare for DeBand
DR = 05 minutes: Bond L 3x3
DA = 20 minutes: Light Cure, Remove All, Remove Cement, Pt. Brushes
DR = 05 minutes: Remove Composite, Final Pt. Check-out
DA = 15 minutes: U IMP & Rinse, Pt. Instruction, Clean-up/Check-out

What a Practitioner *Should* Know...

about *Appt. & Staff Calculations!*

APPT. CODES		Type of Tx	Per 1.00 FS/D	2.00 FS/D	DR MIN. per Appt.	TOTAL DR MIN	TC Min./Appt.	TOTAL TC MIN	Rec. Tech Min./Appt.	TOTAL RT MIN	DA Min./Appt.	TOTAL DA MIN
CODE	Units											
Ex	3	New Pt. Exam	1.50	3.0	15	45	45	135				
TC	3	Tx Consultation	1.10	2.2	5	11	45	99				
PC	2	Parent Conference	0.35	0.7	5	4	30	21				
OB	1	Recall Observation	2.00	4.0	0	0	15	60				
OS	2	Recall OBS Start	0.50	1.0	0	0	30	30				
PER	1	Pre-Exam Records	1.50	3.0	0	0	15	45	15	45		
IR	2	Post-Exam Records	1.50	3.0	0	0	30	90	30	90		
MR	1	Misc. Records	2.00	4.0	0	0	15	60	15	60		
RR	2	Retention Records	1.00	2.0	0	0	30	60	30	60		
PR	2	Progress Records	0.10	0.2	0	0	30	6	30	6		
7B	7	7-Unit Band/Bond/Appl.	0.80	1.6	26	42					105	168
6B	6	6-Unit Band/Bond/Appl.	0.20	0.4	23	9					90	36
5B	5	5-Unit Band/Bond/Appl.	0.15	0.3	16	5					75	23
4B	4	4-Unit Band/Bond/Appl.	1.05	2.1	18	38					60	126
3B	3	3-Unit Band/Bond/Appl.	0.43	0.9	12	10					45	39
2B	2	2-Unit Band/Bond/Appl.	2.37	4.7	10	47					30	142
B	1	1-Unit Band/Bond/Appl.	0.00	0.0	0	0					15	0
3A	3	3-Unit AW Appts.	1.00	2.0	8	16					45	90
2A	2	2-Unit AW Appts.	3.00	6.0	6	36					30	180
A	1	1-Unit AW Appts.	6.00	12.0	3	36					15	180
CK	1	Fixed Appl. Check	6.00	12.0	3	36					15	180
2S	2	2-unit SOS	1.00	2.0	5	10					30	60
S	1	1-unit SOS	1.00	2.0	2	4					15	30
PDB	0	1st Full DeBanding	1.00	2.0	6	12					0	0
FDB	0	1st Full DeBanding	1.00	2.0	14	28					0	0
RI	0	Retainer Insertion	1.00	2.0	3	6					0	0
R	1	Remov. Appl. Adj.	4.00	8.0	4	32					15	120
6HI	6	Herbst Insertion	0.15	0.3	20	6					90	27
2HA	2	Herbst Adjustment	0.60	1.2	5	6					30	36
3HR	3	Herbst Removal	0.15	0.3	16	5					45	14
Column Totals				83	Total DR Min	427	Total TC Min	606	Total RT Min	216	Total DA Min	1373

It is best to use a spreadsheet when doing your calculations, based on FS/D, so you can easily recalculate your needs as you grow and your productivity (FS/D) increases.

MAIN Office	Avg. Tx Hrs/Day	7.50	See slide 15 for staffing combinations.									
	Dr Hrs	0.48	TC Hrs	0.84	RT Hrs	0.24	DA Hrs	1.55				
Present Full Starts/Day =	0.75	DR/Day	0.36	TC/Day	0.63	RT/Day	0.18	DA/Day	1.16			
Desired Full Starts/Day	1.00	DR/Day	0.48	TC/Day	0.84	RT/Day	0.24	DA/Day	1.55			
Your % Growth	33%	Receptionists/Day	0.70	Financial/day	1.00							

Notes: _____

What a Practitioner *Should* Know... about *Designing Your Schedule!*

EX	2B	PDB	6HI
			3HR
	2B	FDB	
EX	INV INV2		2HA
	S		
	4B	RI	
TC			3B 5B
		B	2S
PC	CK	A	
	CK	A	
	CK	A	S 7B
OB	CK	A	6B
OB	CK	A	
OS	CK	A	
PER	2S	2A	
PER		2A	
IR	S		
		2A	
IR	R	3A	
MR	R		
MR	R		
RR			
PR			

+

Appt. Time	Daily Schedule Design Grid				Appt. Time
	TC	RT	DA-1	DA-2	
	Exams Consults	Records	Band/Bond Adjust	Band/Bond Adjust	
8:00					8:00
:15					:15
:30					:30
:45					:45
9:00					9:00
:15					:15
:30					:30
:45					:45
10:00					10:00
:15					:15
:30					:30
:45					:45
11:00					11:00
:15					:15
:30					:30
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12:00					12:00
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:15					:15
:30					:30
:45					:45
3:00					3:00
:15					:15
:30					:30
:45					:45
4:00					4:00
:15					:15
:30					:30
:45					:45
	Column-1	Column-2	Column-3	Column-4	

=

Appt. Time	Daily Schedule Design Grid				Appt. Time
	TC	RT	DA-1	DA-2	
	Exams Consults	Records	Band/Bond Adjust	Band/Bond Adjust	
8:00	OB		CK	A	8:00
:15		MR	CK	A	:15
:30		PER	CK	A	:30
:45	EX	R	CK	A	:45
9:00		R	7B	B	9:00
:15			6B	2B	:15
:30					:30
:45		IR		S	:45
10:00				4B	10:00
:15	PC				:15
:30					:30
:45			PDB		:45
11:00		MR		6HI	11:00
:15			S	3HR	:15
:30		PR	FDB		:30
:45					:45
12:00		RR		2HA	12:00
:15					:15
:30					:30
:45					:45
1:00					1:00
:15					:15
:30	OS		3B 5B	RI	:30
:45				2B	:45
2:00		PER			2:00
:15	EX		2S	1INV 2INV	:15
:30		R		S	:30
:45			CK	2S	:45
3:00			IR	CK	3:00
:15			R	CK	:15
:30				CK	:30
:45	OB			CK	:45
4:00		MR	CK	3A	4:00
:15	TC	R	CK		:15
:30		R	CK		:30
:45					:45
	Column-1	Column-2	Column-3	Column-4	

Notes: _____

What a Practitioner *Should* Know... about *Composite Appointments!*

You don't need to create composite appointments, unless you want to, or **have** to when your practice grows.

EXAMPLES: 2 Unit & Composite (Band/Bond/Appl.) Appointments

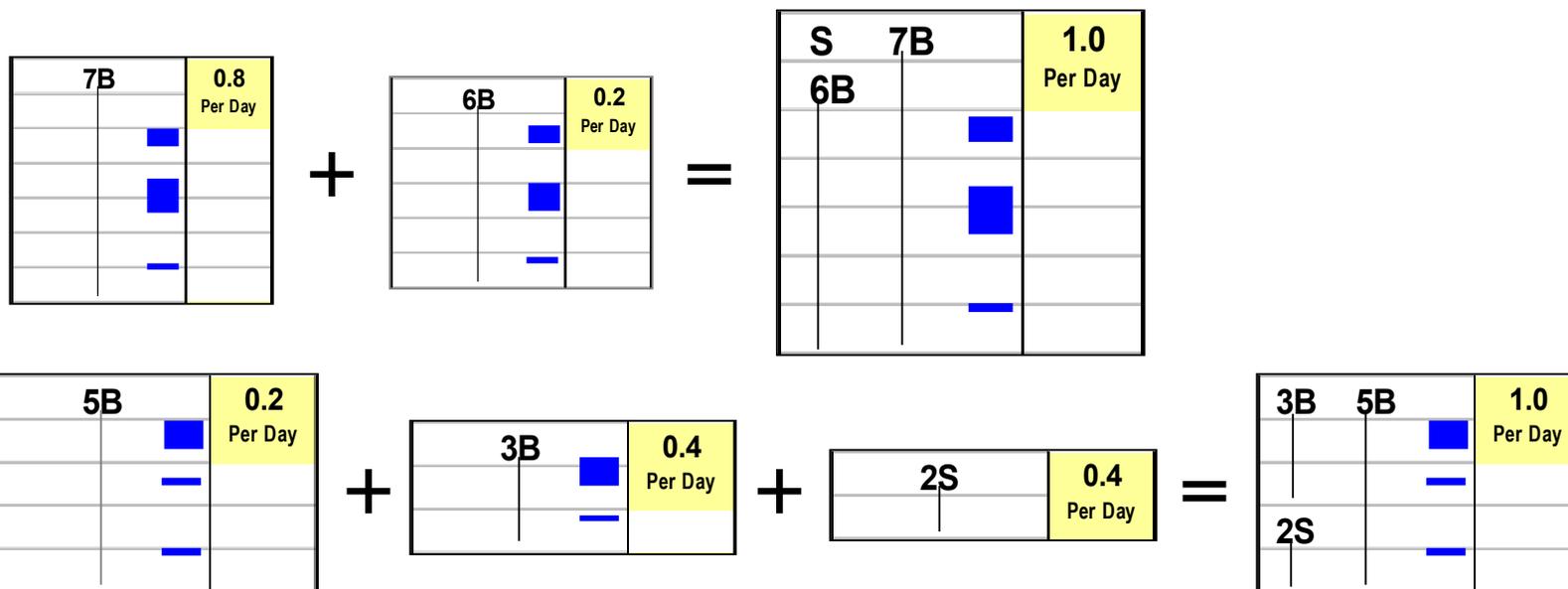
Bond U &/or L 7's	60%	Remove Banded Aux Appl	40%	Fit & IMP for Hyrax	35%	Insert Banded Hyrax	35%	U&L IMP	25%	Insert U&L Rem. Appl	22%	Band U or L 7's	20%	Composite 2B
2B 		2B 		2B 		2B 		2B		2B 		2B 		2B 
														

Good Idea? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about *Substitution Appointments!*

You don't need to create substitution appointments, unless you want to, or **have** to when your practice grows.



Good Idea? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about *Controlling Your Schedule!*

The Three Step Decision Making Process

Can I get some or all of the Tx and/or repairs done in the amount of scheduled time left?



If it is all right with the patient *and anybody waiting*, can I get him started, then treat my next patient on time, and get back to him (or have somebody else work on him), no matter how long it takes?



Do whatever you can in the time left before your next scheduled Pt; *reschedule that patient to complete the treatment and repairs.*

Good Idea? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about Setting & Attaining *Goals*!

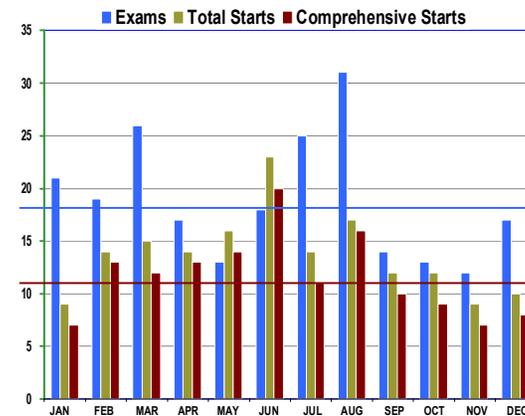
The 3 Secrets of Setting & Attaining Goals.

1. Set Realistic Goals

\$12,456
38 \$645
\$422 23

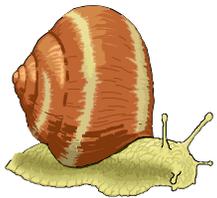
2. Monitor Your Progress

3. Implement Change



Notes: _____

What a Practitioner *Should* Know... about setting *Realistic Goals!*



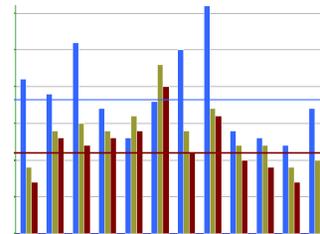
Based on
Practice
History



Based on
New
Programs



Based on
Last Year's
Statistics



Based on
Team
Attitude

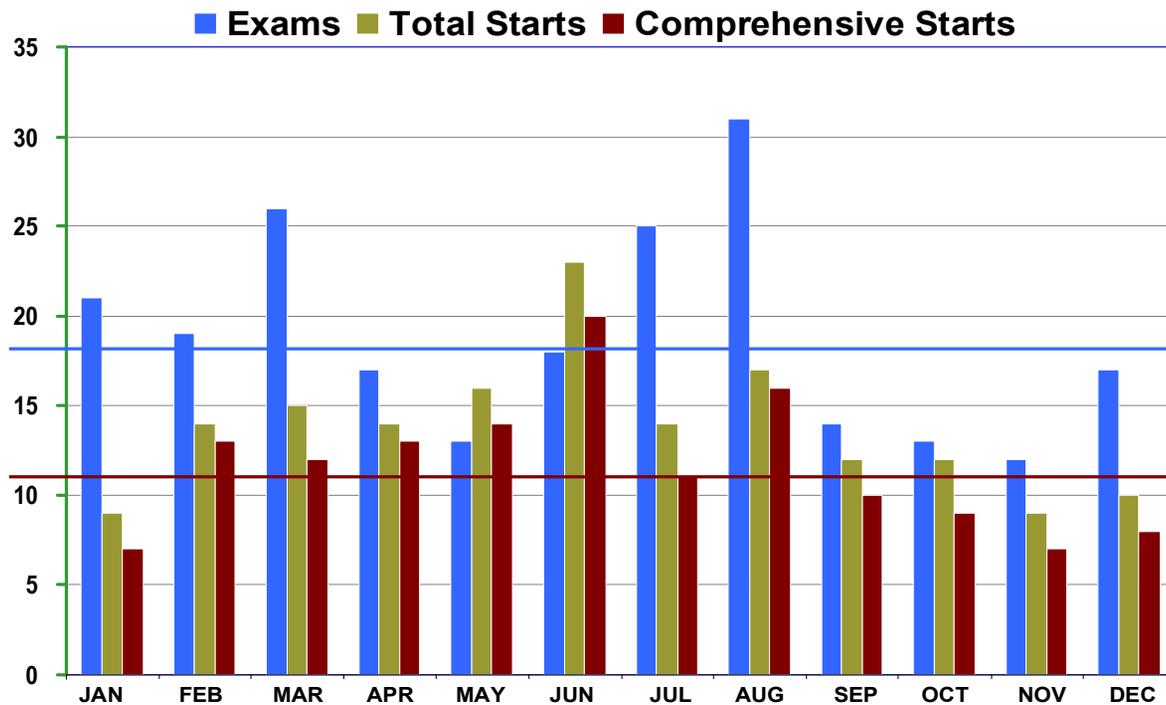
Good Ideas? Yes No ?

Notes: _____

What a Practitioner *Should* Know...

about *Monitoring Your Progress!*

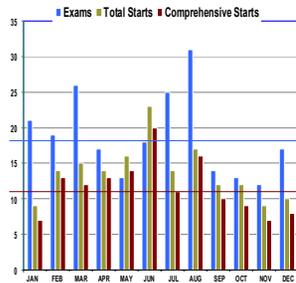
Use a
Monthly
Reporting
System



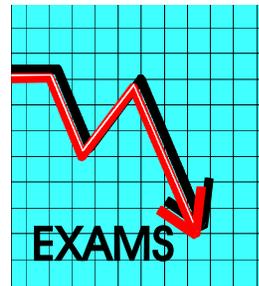
Good Idea? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about *Implementing Change!*



Determine
Unattained
Goals



Determine
Changing
Patterns



Consider
Procedural
Changes



The Effects
of Change
Take Time

Good Ideas? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about *Marketing!*

What is Orthodontic Marketing?

Having the patient **aware** that they have a problem...
that their problem **can be resolved**...
...and that **you** can resolve it.

It's **not about starting** them...
...it's about **acknowledging** their needs and concerns

Makes Sense? Yes No ?

Notes: _____

What a Practitioner *Should* Know...

The **Simple Secret** to Marketing

Everything *written and said* is about the Patient...
...*nothing* is about you

ALWAYS make everything in the **2nd person**
(you, your) or the 1st person plural (we, us)

Never used the 1st person singular (I, me, my, etc.)

Never used the 3rd person (them, they, our patients, etc.)

Makes Sense? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about **Internal Marketing**

Referrals from within the practice

Referrals come from your patients and their families.

It is your “Ultimate New Patient Experience”

It starts with the initial phone call and ends with dismissal from retention.

It also comes from your team and **their** families and friends.

All interacting within the community where you, your staff and your patients reside.

Makes Sense? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about **External Marketing**

Referrals from Outside your practice

Potential patients must be AWARE YOU EXIST!

Referrals come from your patient's DDS and Staff.
Stimulated by personal relationships between them and your practice.

Referrals from organizations within your community.
Schools, churches, businesses, clubs, charities, etc. that you are active in.

Referrals from Advertising within your community.
Website, Office Sign, Location, Phonebook, Billboards, Radio, TV, etc.

Refer to the PDF, "**Websites and the Art of Communication**" for details.

Makes Sense? Yes No ?

Notes: _____

What a Practitioner *Should* Know... about *Orthodontic Selling!*

What is Orthodontic Selling?

It's simple, just convince the patient that
your practice is the best place
to resolve their problem.

But, it must be done in a specific manner
or they will be lost and all of
your marketing will be for nothing.

What a Practitioner *Should* Know... about *the 5 Secrets of Selling!*

- 1) **Establish Rapport:** so that they *trust* what you have to say
- 2) **Focus on their Concerns:** your *only* concern is their concerns
- 3) **Allay their 16+ Fears:** that must be allayed before they say YES
- 4) **Visualize, Avoid Buybacks, Use Pre-Closes:** *Visualize* them as already started...don't say or do anything that negates this (buybacks) ...speak as if they are already in treatment (pre-closes).
- 5) **Close the sale:** suggest getting started and *assume that they will*

Refer to the PDF, "**Selling Orthodontics**" for more details.

Makes Sense? Yes No ?

Notes: _____

What a Practitioner *Should* Know...

about *Getting Started in Practice!*

Organize your basic team, based on *present* production.

Allow your staffing to **grow** as your practice grows.

Good Idea? Yes No ?

Notes: _____

Hire the right people, but only hire what you *need*.

Employ **key people** in key positions.

Good Idea? Yes No ?

Notes: _____

Design a **basic Schedule** with *all* of your appointments.

Modify your schedule as your production increases.

Good Idea? Yes No ?

Notes: _____

Thank You

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