

Bridging the gap

Open communication and having the right information in a prescription make working with a lab a smooth process that achieves optimal results for the patient.

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Getty Images/Thomas Northcut

76%

of lab owners and CDTs say improvement is needed by dental school graduates on how to communicate with the laboratory including how to properly write an Rx.

Source: June 2010 NADL Working With Dentists Survey.

When asked to discuss their working relationships, dentists and dental laboratory technicians most frequently cited communication issues as one of their primary challenges.

The difficulties shouldn't come as a surprise: It's no easy task to communicate effectively with someone with whom you have little or no direct contact. Remember, prescriptions often are submitted without the appropriate amount of information, and it's easy to see how miscommunications can occur.

We know communication is essential for achieving positive results. So how do we ensure effective communication between dentists and dental laboratory technicians?

"That's an interesting question, and one that many of us often overlook," said Jerry Ragle, CDT, owner of Ragle Dental Laboratory in Champaign, Ill. "Both parties are so busy sending and receiving work that we tend to overlook each other's needs. Understanding those needs ultimately will provide the patient with the

best result, and yet we take it for granted that the dentist knows what we know and vice versa."

Overcoming challenges

Ragle and his clients work to overcome communication challenges by developing tools that help define expectations.

"How do we want a doctor to communicate with our laboratory?" Ragle asked. "We have found that spending a great deal of time on the front end always saves time on the back end."

WHAT THE LAB NEEDS

In an ideal situation, many laboratories would have some or all of the following information right from the start, especially in more complex cases:

- Panoramic x-ray
- Full-mouth periapical film survey
- Diagnostic models, with full representation of the palate and all vestibular areas
- Full-arch bite registration
- Periodontal charting
- Digital intraoral photographs using the following views:
 1. Full-face smile, with teeth separated so that all incisal edges are clearly visible, no retraction
 2. Anterior view, with teeth separated so that all incisal edges are clearly visible, full retraction
 3. Maxillary and mandibular occlusal view (mirror shots)
 4. Buccal views, left and right retracted, with teeth separated so that all cusp tips are visible (mirror shots)
 5. Full-face and right profile shots with the teeth in contact, no smile

His lab's first step is having doctors complete a "Preference Form" listing the information the lab keeps on file regarding each doctor's fixed restoration preferences. This includes specifying preferences for alloy, anatomy, occlusion and design for full-cast, ceramic and pontic design.

Every practice uses different diagnostic schemes and criteria; however, in lieu of seeing the patient in person, this checklist can assist the laboratory in meeting your needs and desires as well as those of your patient.

"If proper diagnostics have been done prior to the start of a case, then little communication needs to take place during the process," Ragle said.

Useful prescriptions

Adequate prescriptions are an important part of the communication process. These include specifying the materials you would like to be used in the restoration. You can consult with your laboratory regarding materials,

but the decision should not be left to the dental technician.

Once a case is submitted to the laboratory, Ragle said his lab prefers to use full diagnostic models along with temporization made from the diagnostic wax-ups for communication between the laboratory, doctor and patient.

For doctors who don't recognize the need for this "test drive" his laboratory provides a "Pre Wax-Up Check." This confirms the status of the case, the scheduled delivery date and time, and allows doctors to provide feedback and request changes. Some of Ragle's clients review this information with the patient.

"Most patients simply let the dentist do what they think is best, and for the most part it works," he said. "They have expectations of what they want the restorative work to look like, but patients don't really understand how to get the result they want. When there is miscommunication, patients sometimes receive something unexpected."

ADDITIONAL HELPFUL DETAILS

To fabricate the restoration you want for your patient in a timely manner, your lab needs a range of details. Here are some things you should consider sending when appropriate.

- Opposing
- Pre-op models—Original and/or Temporary
- Bite
- Small items—Package separately
- Redos/Additions—Include all original materials
- Prescription—Include:
 - Male/Female/Age
 - Return date
 - Type of restoration
 - Material request
 - Cosmetic changes
 - Shading
 - Finish/Try-in
 - Future work

In Ragle's experience, diagnostic temporization is paramount in eliminating the unexpected, but at the very least, a "Pre Wax-Up Check" is an effective tool that saves time and money for both the doctor and the laboratory. His lab has other communication tools as well.

"When I have a difficult time explaining things, I tend to create a picture," he said. "I gave up a long time ago trying to figure out how, or why, our crowns were high when that wasn't the case when they left the lab, so I developed a V.O. (vertically out) Chart. This chart demonstrates another way—a visual way—for a dentist to communicate his or her need to the laboratory and makes it easier for the laboratory to meet the dentist's expectations."

Tools are one way to build effective communication, but those tools have to be reinforced until they become habits. One of the ways Ragle's laboratory reinforces the need for sufficient information from his doctors is

including a checklist in every delivery box. This simple form provides a gentle reminder of what the laboratory would like the doctor to include on the prescription as well as what to deliver with the case.

Ragle admitted he doesn't know how many doctors read the checklist, but he includes it so he can be confident he is doing his part in providing two-way communication.

Follow ups welcome

Exchanging feedback is the final step to effectively communicating.

"We really live and die by our comment form," Ragle said. "It provides us with the information that we need in order to deliver consistent work and to meet each dentist's specific needs."

Regardless of the methods or tools you and your laboratory use for communication, be open to change and to continuous, constructive feedback to achieve a better result. ●