

Ensuring a Positive Outcome

Dentist-Laboratory Communication Challenges

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

We know that 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," says 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."

Ragle explains, "For example, I am finally sitting down and writing the script for proper diagnostics with a doctor with whom our lab has worked for more than 25 years. Currently, we take pictures of procedures and place them into a presentation that we develop. Depending on the need of the patient and doctor, different directions can be taken."

Overcoming challenges

Ragle continues to work with his clients to overcome the communication challenge by developing several tools that are used to define expectations. "So how do we want a doctor to communicate with our laboratory?" asks Ragle. "We have found that spending a great deal of time on the front end always saves time on the back end. First, we ask all of the doctors we work with to complete a 'Preference Form' (see Figure 1)." Figure 1 lists the information that the laboratory would like to keep on file regarding the doctor's preferences in terms of fixed restorations, and includes sections for specifying alloy, anatomy, occlusion, and design for full-cast, ceramic, and pontic design.

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, and full-arch bite registration
- Periodontal charting
- Digital intraoral photographs utilizing 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

Figure 1

PRE WAX-UP CHECK

DR.: _____ PATIENT: _____

Case currently on hold
 Case currently in production (see Scheduled for Delivery)

Scheduled for Delivery _____ DAY / _____ MONTH / _____ DATE _____ TIME

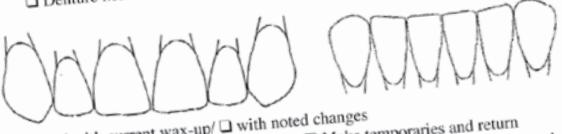
To meet the above Scheduled Delivery, please return by _____
 Note: If not returned by above return date case will be placed on hold and rescheduled for completion once received.

ESTHETIC DETAILS

Shading See original prescription See diagram below
 Patient will schedule for Custom Shade

Changes Needed to Wax-up: See diagram See notes

Denture Mold Selected _____



Proceed with current wax-up/ with noted changes
 Make noted changes and return Make temporaries and return

Note: Once wax-up is approved and case is completed further changes made to the completed work will incur additional charges.

Additional Comments:
 Esthetics _____
 Function _____
 Occlusion _____
 Future Treatment Planning _____

Date Sent(Lab): _____ Date Returned(Dr): _____
 Dr Signature _____ Lic. # _____

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Figure 2

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

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

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

Adequate prescriptions

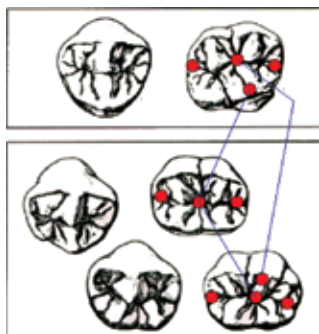
Another important step in an effective communication process is to write an adequate prescription, which includes specifying the materials that you would like to be used in the restoration. You can choose to consult with your laboratory regarding which materials it would suggest, but you should not leave the prescription blank and leave the decision entirely to the dental technician. "I could not begin to count how many times patients have come to our laboratory for shade verification and told us all of the things they expect, yet the doctor's prescription says, 'PFM 8 & 9, lab to pick the shade,'" Ragle says.

Once a case is submitted to the laboratory, Ragle says that his lab prefers to utilize full diagnostic models along with temporization made from the diagnostic wax-ups for communication between the laboratory, doctor, and patient. He admits, though, that some doctors don't recognize the need for this "test drive" and would prefer not to spend the additional time. For those doctors, his laboratory provides a "Pre Wax-Up Check" (see Figure 2). This document confirms

OCCUSAL CONTACT DEFINITIONS

CONTACT

Leave specific contact points on occlusal surface as shown below.



TAPE PULL

Ragle Standard Procedure
 Articulating tape should pull through when models are in centric relation.

V01

Visibly Out x1
 Out 0.1 mm should appear to be visible but not excessive. Die from base is up 0.1 mm.

V02

Visibly Out x2
 Out 0.2 mm should appear as if there is a slight to moderate gap at base (implants).

V03

Visibly Out x3
 Out 0.3 mm should appear excessive.

V04

Visibly Out x4
 Out 0.4 mm should appear excessive.

V05

Visibly Out x5
 Out 0.5 mm should appear extremely excessive.



The space in which the die is popped up from the base is the VO Gap.

CHECKLIST

ENCLOSE

- ✓ Opposing
- ✓ Pre-op models—
Orig. and/or Temp.
- ✓ Bite
- ✓ Small items—
Package separately
- ✓ Redo/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

Place all items in the enclosed plastic bag and seal.

the status of the case, as well as the scheduled delivery date and time. It also allows doctors the opportunity to provide feedback and request changes that they note on the wax-up.

Ragle notes that some of his clients may 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, but patients are becoming much more aware, especially cosmetically, and they have expectations of what they want the restorative work to look like," he says. "But patients don't really understand how to get the result they want; they just know that they want their result. When there is miscommunication, patients sometimes receive something unexpected."

THIS MONTH'S LABORATORY CONTRIBUTOR



Jerry Ragle, CDT, began his dental laboratory career in 1973. He is a Certified Dental Technician (CDT), and is certified in ceramics and crown and bridge with the National Board for Certification (NBC). Ragle is a firm believer in forming partnerships within dentistry to enhance awareness and further advance the abilities of all those involved. For additional information, visit www.raglelab.com/education.

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 communication tool that saves both time and money for both the doctor and the laboratory.

Ragle acknowledges that his laboratory may have more communication tools than other labs. "When I have a difficult time explaining things, I tend to create a picture," he explains. "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 (*see Occlusal Contact Definitions*). 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 that Ragle's laboratory tries to reinforce the need for doctors to provide sufficient information is by including a checklist (*see above, at left*) in each of their delivery boxes. 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 admits that he doesn't know how many doctors read the checklist, but he includes it so that he can be confident that he is doing his part in providing two-way communication.

Figure 3

This form is sent to you in the interest of improving our service. Your comments and suggestions are appreciated. Please enclose your next case. Thank you.

Dr. _____
Patient _____

REMOVABLE PROSTHETICS			FIXED PROSTHETICS			RELATIONS	
Repair <input type="checkbox"/>	Partial <input type="checkbox"/>	Denture <input type="checkbox"/>	FIT	Tight <input type="checkbox"/>	Good <input type="checkbox"/>	Loose <input type="checkbox"/>	RECEIVED ON TIME? <input type="checkbox"/> Yes <input type="checkbox"/> No
Over Ext. <input type="checkbox"/>	Good <input type="checkbox"/>	Under Ext. <input type="checkbox"/>	SHADE	Dark <input type="checkbox"/>	Good <input type="checkbox"/>	Light <input type="checkbox"/>	
OTHERY	High <input type="checkbox"/>	Short <input type="checkbox"/>	BITE	High <input type="checkbox"/>	Good <input type="checkbox"/>	Short <input type="checkbox"/>	REQUIRED MAJOR ADJUSTMENT? <input type="checkbox"/> <input type="checkbox"/>
USION	Tight <input type="checkbox"/>	Loose <input type="checkbox"/>	CONTACTS	Tight <input type="checkbox"/>	Good <input type="checkbox"/>	Open <input type="checkbox"/>	
Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	MARGINS	Over Ext. <input type="checkbox"/>	Good <input type="checkbox"/>	Short <input type="checkbox"/>	INVOICED CORRECTLY? <input type="checkbox"/> <input type="checkbox"/>
Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Poor <input type="checkbox"/>	ANATOMY	Too Much <input type="checkbox"/>	Good <input type="checkbox"/>	Too Little <input type="checkbox"/>	

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- Ragle Dental Laboratory, Inc. may from time to time require a deposit or ship goods C.O.D.
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The importance of feedback

The final step to communicating effectively includes exchanging feedback. "We really live and die by our comment form," Ragle says (*see Figure 3*). "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 that you and your laboratory develop and use for communication, be open to change and to continuous, constructive feedback in order to achieve a better result. ♦



Ricki Braswell, CAE, is a co-executive director at the National Association for Dental Laboratories in Tallahassee, Fla. Braswell has worked in the association profession for 16 years and has achieved the designation of certified association executive (CAE).

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