

Dental photography: marketing and communication

Phil Wander continues his series with a look at how internal and external photography can boost the profile of your practice

INTERNALLY (i.e. within your practice), photography plays a key role in showing your patients examples of your previous work and allows them to visualise their own treatment by considering similar cases under your care.

Albums can be viewed as printed photographs or as digital images utilised in a computer-based programme which can run silently or with sound in an endless loop, shown on a large screen in your waiting area.

An example of such software is MEDiVision PiC (www.medivision.co.uk). The program is designed to motivate patients to accept cosmetic treatments, sundries and additional services that you may wish to offer at your practice.

This type of system can increase cosmetic treatment sales, educate, inform and entertain patients, reduce the perceived waiting time and enhance the image of the practice.

Using your own photographs in this system is a good way to showcase your photography skills to an essentially captive audience, quickly and easily demonstrating your own work,

rather than that of another dentist.

A dental practice can be enhanced by your own photographs, including travel pictures, scenic views and nature images – not all photographs have to be dental!

Extreme close-ups of flowers, insects and animals are particularly appealing, and can be captured using the same equipment employed for clinical close-up dental photographs. A photographic montage can be an especially attractive waiting area feature.

Large “blow-up” photographs at the practice entrance can prompt patients to ask about treatment options, and can also offer them confidence to have similar work undertaken.

“Smile galleries” of suitable patient and staff photographs can enhance the friendliness and interest within the practice: rather than providing the patients with old magazines, let them see what you can do!

A “welcome to the practice” presentation or printed leaflet (see example, top right) will help patients understand who will be treating them, and introduce them to relevant staff’s

particular interests and specialities.

External marketing has become easier with the advent of digital photography. Patients can now have their treatment plans e-mailed to them, and prints of your favourite photographs make attractive seasonal greetings cards, leaflets, reminder cards and newsletters.

Of course these can also be used to create your website, using

photographs of your own choice.

Laboratory communication

Communication with the dental laboratory is particularly enhanced through the use of photography. No matter how skilled your drawings, sketches and diagrams, the visual and immediate information presented in a photograph can instantly guide the technician to the correct shape, size, length, arrangement, texture, characterisation and, to a certain extent, colour required in each individual case.

Photographs showing the position of the lips at rest and smiling are particularly useful. Diastemas, centre line, embrasure shapes, occlusal plane and other specific features can be highlighted and marked on a photographic print.

This adds a dimension of reality for the technician, and will provide a “human element” when used in conjunction with study casts and radiographs in case presentation.

A photograph is a “frozen moment in time”, and a “video clip” may be useful for the technician to see a more dynamic, continuous sequence of lip and tongue relationships to the teeth.

A technique tip is to film the patient counting, “Thirty-five, forty-five, fifty-five, sixty-five.” This is particularly useful in determining the incisal edge position in cosmetic dentistry, and also provides a pictorial portrayal of the patient, as the technician is able to both see and hear the patient “first hand”.

Although it is not always possible to convey accurately



the shade of the teeth for the technician, a well-exposed clinical image can be e-mailed to the technician, by means of an “online lab ticket”:

- To document shape and surface morphology, texture and lustre, retract the lips, dry the teeth, use a black background and position the lens and flash perpendicular to the tooth being photographed.
- To document translucency, retract the lips, use a dark background and position the lens and flash 60 degrees above the surface to be photographed.
- To document chroma,



Vectoring flash directed from various different angles



The stump shade: an essential guide for the technician



The grey card assists in shade tab identification

hue and value, retract the lips, use a special grey card as the contrastor (Douglas Grey Card, available from www.bobrigby.com) and angle the lens 30 degrees above or below, perpendicular to the teeth.

- A “stump shade” is regarded by many dental technicians as an essential guide to help visualise the colour of the dentine following tooth preparation.

Vectoring (i.e. angling the flash and lens at varying degrees to the surface of the teeth) will give the technician a more comprehensive overview of the teeth to enable him/her to create more effective restorations.

It is important that the technician has photographs of the patient showing as much gingiva as possible, highlighting any “black triangles” (inter-dental papillae position), gingival zeniths and “gummy smiles” – as “the pink is as important as the white!”

A full-portrait photography with the patient showing a “maximum forced smile” will give a true representation of the gingival display. A tip is to ask the patient to “mouth breathe” while this photograph is being taken.

In order to convey exact facial proportions, a portrait shot with a measure in place between the pupils should be taken. This information can be transferred onto a printed photograph, adjusting the print size so that the photograph becomes an exact life-size replication of the patient’s form.

Similarly, photographs taken with a “stick bite” in place may be very useful to help a technician with horizontal incisal relationships, midlines and facial proportions.

Recently introduced from the USA is ClearMatch – a computerised method of transmitting tooth shade information (available from www.photomed.net). ClearMatch is a shade analysis and communication tool for dentists and dental laboratories. It is a software-only system that allows the user to select the digital camera of their choosing and use their existing PC to perform

highly accurate analysis of shade, value and anatomical features of teeth.

Using a proven and patented method of colour analysis to accurately measure shade and value information, ClearMatch software “normalises” images prior to performing the desired analysis.

“Normalising” means adjusting hues to compensate for any colour imbalances that occurred when the image was taken.

The system helps the dentist or dental technician make beautiful, accurate restorations.

Simply take a photo with a shade tab and the included ClearMatch black and white reference target.

Load the image into the software and follow the simple, step-by-step instructions. The software will then calibrate the image and give you a shade map that you can send to your lab.

In conveying information

for orthodontic diagnosis and appliances, a series of photographs are essential. Appliances and laboratory work require special techniques to photograph them, often taking the flash from various angles and using graded colour backgrounds.

It is now possible, by means of an oral scanner, to take a “digital impression” with the Lava Chairside Oral Scanner (3M Espe – www.3mespe.co.uk/lavacos).

Continued on page 20

ADAPT clinical evaluation: Chlosite gel, Molar

Molar recently invited ADAPT to clinically evaluate the effectiveness of Chlosite gel in the treatment of periodontal pockets in adults. The group presents its findings...

A NUMBER of products are available to UK general dental practitioners which are designed for direct application to reduce or eliminate periodontal pockets without recourse to surgery.

These treatments contain a variety of active clinical agents, most commonly a single form of chlorhexidine. There is currently widespread debate among dental professionals concerning the value and appropriate introduction of these products to complement, or in some cases perhaps replace, conventional methods of periodontal pocket reduction.

In addition to scaling and cleaning, flap surgery and implant dentistry, laser surgery is now an option, with Nd YAG and more recently Erbium YAG wavelengths adding a further advance in the treatment of periodontal pathology in adult patients.

Chlosite gel from Molar contains two forms of chlorhexidine, the digluconate and dihydrochloride allotropes, suspended within a sterile matrix of xanthum gum.

This combination of chlorhexidine agents is claimed to remain active over a period of several days, with its

bacteriocidal effects working to reduce the pocket depth throughout this period.

ADAPT agreed to co-ordinate a clinical assessment and present collated results from the application of Chlosite in a number of suitable adult patients attending general dental practices within the UK.

A group of ADAPT members agreed the trial parameters which were established. Adult patients presenting with the required condition were screened for alcoholism, diabetes and any other medical conditions which would compromise their

suitability as subjects.

Generalised pockets deeper than 3mm, with or without bone loss, were selected and after a routine scaling and cleaning, Chlosite was introduced to the pocket according to the manufacturer's recommendations, with measurements and other relevant symptoms being recorded by the participating practitioner.

Patients were monitored post-treatment by a minimum of one follow-up inspection after 21 days, with some cases meriting repeat visits for up to 12 weeks.

Dental photography: marketing and communication

Continued from page 19

The equipment consists of a digital wand – a camera used inside the mouth – which scans up to two million different data points, capturing a high density digital impression of the mouth without the need to actually touch the surface of the teeth.

It also includes CAD software, with a remote location SLA model manufacturer where the CAD file is converted into a working model. Cerec AC Bluecam is another chairside digital impression system.

Dentist communication

In cases where suspicious pathology is detected, such as suspicious pre-cancerous lesions,

ulcers and so on, a photograph can be e-mailed to a consultant for an "instant diagnosis" and potential referral for any necessary treatment.

It is useful to place a millimetre rule or measure adjacent to the lesion to convey its proportions accurately.

It is also possible to attach a digital camera to a Velscope to record the images for cancer screening, and keep them as part of the patient's records.

For continual professional education and inter-dental study groups where complex cases are often discussed and analysed, a series of photographs of your own cases and patients can be a useful aid to self-evaluation and improvement.

Patient communication

Words can only promise what treatment may achieve. Photographs spell instant proof and reassurance, and can be used to build up a visual treatment plan to aid the patient's

visualisation and understanding of the treatment.

Using photographs helps your patient to discover their oral health condition, and gives you the opportunity to teach them about their mouth – an area which is obviously difficult to access visually.

It is easier and more effective for the dentist and the patient to view a digital image together, on a large screen, rather than to look into a mirror, which can be cumbersome and in any case, show the image the wrong way round!

Portraits have become an excellent way to show the dramatic effects of cosmetic dentistry – a "celebration of treatment" (see right). Patients

relate better to attractive "before and after" portraits than they do to close-ups of teeth.

Using dental photography will assist your communication skills with other dentists, colleagues, laboratory technicians and with your patients.

Incorporating photography in your day-to-day practice will help you to enjoy, enhance, enliven and enthuse about your work.



Photos for orthodontic clear positioner appliances

Dr Philip Wander has over 40 years' experience in both NHS and private practices in Manchester. He co-authored with Dr Peter Gordon the *BDJ* textbook *Dental Photography*, and has written numerous articles and lectured extensively on the topic. He is currently giving a series of hands-on courses on "Shoot your patients to build your practice". For further information, contact Philip at info@dentalphotos.co.uk.

