The Business of Dentistry
A Peer-Reviewed Publication  
Written by Alan Richardson

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Educational Objectives:
At the conclusion of this educational activity the participant will be able to identify the following:
1. The importance of delivering high quality dentistry
2. The basics of practice profitability
3. The four primary areas to manage for success
4. The importance of exceptional customer services
5. The importance of leadership
6. How to minimize embezzlement

Author Profile
Alan Richardson, As a peak performance coach, Alan brings to the business of dentistry a refreshing, stimulating perspective based on more than 30 years experience in heavy industry and business management. As a Chairman and CEO of public companies and having lived and worked in many parts of the world, his insightful knowledge and experience adds a dimension unique to the field of dentistry. Mr. Richardson draws on his strategic strengths and experiences to coach dentists, both professionally and personally. Alan is the Chief Executive Officer of The Richardson Group, providing consulting and management services to the healthcare industry. His goal as a coach is to be a catalyst that moves people to action and achievement of their goals. He can be contacted at alan@richardsoncoaching.com or toll free 888-495-3623. www.richardsoncoaching.com

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Abstract
You will learn what makes a dental office successful and profitable. The areas discussed in detail include; the importance of delivering high quality dentistry, providing exceptional customer services and understanding what makes the business work and be profitable, safeguarding the patient base as the most valuable asset by understanding continual care, the role of insurance, management of collections and receivables. Also discussed is the role of leadership to ensure the team is committed to common vision and goals, so the practice is a fun place to work, is productive, profitable and a place that patients enjoy visiting.

When you elected to own your own practice, you hopefully made a conscious decision to assume all the responsibilities that come with ownership. You can’t act like an associate when you are an owner. If the aspects of ownership are unclear to you then get clear and get clear fast. As an owner, you are taking responsibility for the oral health of your patients, the livelihood of your staff and the financial health of your family.

The most important asset of your business, above all, is your patient base.

Maintaining the patients you have while adding additional patients is essential for practice survival.

There are three areas that require your constant focus. Take care of these areas and success is inevitable. Ignore any of them at your peril.

The three areas that require your constant focus are:
• High Quality State of the Art Dentistry
• Outstanding Customer Service
• Practice Profitability

These three areas require you to take ownership – ownership means ‘management’. Ownership means taking on the role of the executive of your own business. Ownership means leadership. Ownership means accountability.

High Quality State of the Art Dentistry
Defining what high quality state of the art dentistry means to you is important as it creates the groundwork for clinical care. High quality state of the art dentistry provides you and your team with the certainty of excellent care for your patients.

Outstanding Customer Service
It is essential that the doctor and team be clear about their collective “Belief Systems” regarding customer (patient) service. The ranking of priorities must be:

1) Patient
2) Team
3) Self

The goal is to consistently make the patient #1 by addressing their needs and wants and creating an emotional impact on them. The individual needs of the doctor and team members are subordinated to the needs of the team and the team’s needs are subordinated to the needs of the patient. The moment that ‘self’ is put above the team or patient, the service collapses. When the Patient, Team, Self (PTS) priority is in place, the individual then, by definition, is taken care of by the team. Everyone’s needs are met.

A second belief must be that the patient’s time is more valuable than the doctors or practice’s time. Be clear who is paying the bill. These basic concepts are essential:

SOOT - Start Out On Time
SOT - Stay On Time
GOOT - Get Out On Time

Timing your procedures is critical. Work endlessly on designing your schedule. Request that the clinical team review the schedule two weeks out to ensure that it will still work for both patients and team. Be sure to block schedule for productivity. Ensure that your morning huddle focuses on ‘pinch points’ and opportunities in the schedule. Patients who are seen on time, get out on time and have their emotional needs met, will refer.

Work endlessly on team training so that all communication is patient focused and elegant. Tell your patients what you can do for them, not what you can’t do. Your patients need to hear, ‘My pleasure’ and ‘I’d be happy to’, ‘Yes, we can do that’. Do away with all the ‘Rules and Punishments’ you have for your patients.
Regard your patient base as your most valuable asset. Work endlessly to ensure that all your patients have at least one or more appointments. Do not let them fall out of your cycle of health due to your neglect.

**Keep your patients in the Practice Wellness Wheel**
The purpose of the Practice Wellness Wheel is to ensure that every patient has at least one appointment. The Wheel allows you to focus on those areas of your practice that need attention in order for you to achieve the objective of every patient having an appointment. Keep your patients within the Wheel. Follow the arrows and follow the path of your patients, use reactivation to put those patients who have fallen out of the Wheel back on the wellness track. Your practice cannot help but grow and be successful when you focus on the Wheel. Your patients will benefit with health and well-being.

**Figure 1 – Practice Wellness Wheel**

![Practice Wellness Wheel](https://example.com/practice-wheel.png)

**NEW PATIENTS**
- Referrals
- Internal Marketing
- External Marketing
- Monitoring
- Acknowledgments
- Customer Service

**OPERATIVE**
- Needs vs Wants
- Discover Values
- Diagnosis
- Treatment Planning
- Case Presentation
- Enrollment
- Elective Options

**HYGIENE**
- Complete Medical, Dental, Perio Care
- X-rays
- Oral Cancer Screening
- Co-Diagnosis
- Fluoride
- Sealants
- Ancillary Services
- Preapointment

**REACTIVATION**
- Support Your Vision
- Chart Auditing
- Elegant Enrollment Skills
- Enrollment into Care

Many of your patients would describe what you do to them as unpleasant or worse. Even if a patient has never had an unpleasant experience, there is that constant fear that ‘this visit could be the one time that I will experience pain’. Patients accept this aspect of dentistry. What your patients don’t accept is a poor emotional experience. It only takes one expression, one comment, poor body language, lack of ‘being there’ to undo all the good that was previously done. You are in a competitive environment where patients have multiple choices of dental offices and places to spend their money. With social media becoming pervasive, a patient has the opportunity to write negative comments, damaging your reputation and business. Negative comments most often deal with negative emotional experiences.

It is good business sense to build, preserve and protect your patient base. It can be relatively easy and inexpensive to keep patient satisfaction high.

You must invest endlessly in team training on emotional behavior and elegant communication skills to the same degree that you invest in clinical training. Never assume that your business will improve by taking a more advanced clinical course while neglecting the customer service component. This is shortsighted and foolish.

When referrals to specialists are needed, the general dentist must have met with the specialist and agreed upon a standard of care and the communication necessary to provide the patient with the best experience. The general dentist must have visited the specialists’ offices, met the staff and communicated the expectations of service for their patients whom they refer. The general dentist may indicate to the specialist that when these conditions are consistently met, they will exclusively refer to them. In this way, the general dentist creates a “Circle of Excellence” for patient care.

As the specialist, approximately 80% of the referrals come from 20% of the practices that refer to them. Build great relationships and ‘lock up’ the 20% by providing and committing to superior responsive service. This will solidify the referral base.

**Practice Profitability**
The basics of practice profitability are:
- Manage your income
  - Keep current on your financial obligations
  - Manage both practice and student debt
- Reinvest in the business as needed, with training, equipment and facility improvements
- Pay yourself
- Pay off personal debt
- Accumulate wealth
- Provide a lifestyle for yourself and family

Managing your income is essential for long-term financial success. Practice income comes from two sources:
- Patient payments
- Insurance payments

The dilemma facing many practices is ‘what to do with insurance’. The first step in managing insurance is to remove the negative emotional knee jerk reaction that doctors commonly have toward insurance. Your patients certainly do not view insurance as negative. They see it as an essential benefit without which many would never come and see you in the first place. They rarely understand their dental insurance and mentally lump it together with their medical insurance. Congratulate your patient for having insurance and explain to them what it means, e.g. ‘Your insurance covers your exams, routine cleanings and x-rays. Also approx. 80% of extractions, root canals and some other procedures. The most it will pay in a year is $1,500. We will work with you to allow you to get the most benefit.
from your insurance while at the same time allowing you to make the choices in your dental care that allow you to keep your teeth for a lifetime and be healthy."

The question all practices face is which insurance should be accepted. The first step is to identify the major employers in your area such as; industries, manufacturing, city, county, schools, hospital, etc. and identify which insurances these major employers have subscribed to. Obtain copies of the fee schedules including the Preferred Provider Plans. Review these fee schedules, what is and is not covered and the annual maximum. Create a spreadsheet; estimate the number of employees in each group so that the practice can make a sound business decision rather than a decision based on emotion.

If your schedule is half empty and you do not see an opportunity to increase your ‘full paying patient load’, then clearly joining the most attractive insurance plans allows you to fill your schedule. Use incremental thinking to obtain the best result.

Remember always the basics of success in a general practice – keep hygiene strong by pre-appointing everyone. Remember that operative dentistry only comes from three places – hygiene, new patients and emergency patients. The only one you have true control over is hygiene. New patients are critical and it’s not only the number of new patients you receive that is important, it is also the number you retain.

It is common for a general dental practice to receive fifty to sixty percent of their income from insurance, the balance from patient payments. Therefore, manage your insurance, submit claims daily electronically, ensure daily that the claims were received by the clearinghouse, any rejected claims are resubmitted immediately with the necessary information and review the outstanding insurance claims weekly. Insurance is essentially ‘guaranteed income’, when properly managed.

Collect the patient’s portion of the treatment fees at the time of service by ensuring that the clinical team is trained to ‘hand off’ to the administrative team, that the patient is informed of their cost prior to service – ‘inform before perform’, use outside financing when necessary and do not become the patient’s banker.

Review practice accounts receivable in detail at least monthly with particular focus on any accounts over sixty days and major focus on accounts over ninety days. The goal is to have accounts receivable to be no more than fifty percent of the monthly production, i.e., if the practice produces $100,000 month, then receivables must be no more than $50,000. Also ensure that when the receivables report is run, that it does not include credits because credits reduce the total and also reduce the 0 – 30 day amounts due.

For outstanding patient balances, ensure that you are billing using an ‘alpha’ system, i.e., the alphabet is broken down so that statements are sent daily rather then monthly to reduce the work load in the administrative area and statements are resent after insurance payments have been received.

Remember that every time the receivables increase, they reduce practice income accordingly and this further reduces doctor income.

At the end of each production day, the day must be closed out and the end of the day reports produced. As a minimum, what must be produced is the ‘day sheet’. The day sheet must be reviewed by each provider for accuracy of data entry and work performed and initialed, when correct. If corrections are needed, they are made and new day sheets generated. The doctor receives the final day sheet attached to which are the deposit slip and the final day’s schedule. The doctor must review the day sheet looking for any activities that are outside the norm. Special focus is required on any adjustments, write offs or for patient names that you have not seen that day. Most embezzlement could be prevented by routine review of the day sheet, deposit slip and final schedule. Never allow the team to put off closing out the day to the next day. The process of closing out the system begins thirty minutes before the day normally ends.

Adjustments fall into two broad categories namely elective and non-elective adjustments. Elective are all those that the practice has decided to do for a variety of reasons. These could be adjustments for family and staff, courtesy adjustments for colleagues, clergy, discounts for cash payments, marketing discounts and of course insurance adjustments. Non-elective adjustments are those where the patient does not pay the practice. Managing adjustments is critical as they can easily reach alarming amounts. Trading services is never recommended.

These results are accomplished by endlessly monitoring and measuring the performance of your business. You cannot change what isn’t measured.

Daily, weekly and monthly monitoring of the primary components of the practice, especially production, collections, receivables and new patient flow is a must. Establish with your team, the individual who will deliver reports to you on a timely basis so that you are constantly fed good information in order to make sound business decisions. Daily review of the end of day reports, the final schedule and deposit slips take moments to do and are vital to your financial success. Don’t ever get lazy about your accountability to pay attention daily to these reports. Doing so will protect you and your team from potential embezzlement.

With Internet banking and software programs such as Quicken® and QuickBooks®, continuous tracking of the financial performance of your business can and must be done routinely. You must know how much you need to collect monthly to cover expenses. Review your Profit and Loss statement continuously. Do not wait for your bookkeeper or accountant to provide you with a Profit and Loss statement. In too many cases this doesn’t occur until long after the month has closed. Use your accountant for tax planning and big picture financial guidance.
You must know at any moment in time where you are financially. Routinely calculate your net worth so that you can celebrate your financial success. Make this a monthly routine.

Now that you know the three primary areas on which to focus for success, who do you need to be in order to get the best results? You must become a great leader who manages with accountability.

LeaderAbility – It’s in every one of us!

Leadership + Accountability = LEADERABILITY

Two words we hear a lot these days are Leadership and Accountability. To put a different spin on these words, let’s combine them, resulting in Leaderability. Simply, it’s the ability to lead and be accountable. Leadership and accountability go hand in hand – it’s about being a leader in work and in life.

Being a leader is simply doing the best everyday and taking accountability. Being the best you can be is crucial to the success of the practice, resulting in excellent patient care and cultivating a feeling of gratitude and fulfillment.

Here are some thoughts about how to become a role model of Leaderability!

- **You must have a vision** – A leader must be able to communicate the vision. Your vision needs to be in your mind every day and reevaluate it occasionally so that it stays current with the changing time. Your team must be as involved as you in keeping true to the vision. As a leader, who you are makes a difference. The most important message you can share is yourself.

- **Your employees want a passionate leader** – If the leader doesn’t have passion, it’s difficult to be a great leader. It’s also difficult to have a team believe in you. Passion is infectious. When you have it, others will feel it.

- **Be a great decision maker** – Be quick – not hasty. Gather enough good intelligence to make great decisions. Don’t over analyze – you will make the wrong decisions from time to time. It’s okay; your team can live with that; it’s the lack of decisions that is difficult for them.

- **Trust is the force that connects people to each other.** Without trust, there is a huge gap between the team and the vision. Without trust people will stay off the bus. However, if people trust the leader and each other, they will hop on the bus and help move the bus forward towards the vision. Honoring your word and remembering the intent of others builds trust.

- **Leadership is not just about what you do - it’s about what you can inspire, encourage and empower each other to do.** How do you inspire your team? How do you inspire the patients?

- **A leader brings out the best within others by sharing the best within themselves.** Give your team responsibility and don’t micromanage – make yourself available for them to be coached. Always let your team know your expectations.

Continue to grow as a person. The more you know and experience, the more you can share and inspire others. Do something huge once a year that you have never done before like skydiving, learn a foreign language, volunteer, travel to a foreign country or learn about a different culture.

- **Rules without the Relationship Leads to Rebellion** As a leader you can have all the rules you want but if you don’t invest in your people and develop a relationship with them, they will rebel. This applies amazingly to children as well. It’s all about relationships. What are you doing to invest in your team?

- **Lead with optimism, enthusiasm and positive energy, guard against pessimism and weed out negativity.** Choose words to support communication that moves you forward rather than words that do not. It’s amazing to watch the positive impact they have. There are 1000 words to describe positive feelings and 3000 words to describe negative feelings. Eliminate all stinkin’ thinkin’ and negative self-talk. Stay with the can-do attitude. Create a winning environment so people can grow. Take the time to recognize good work.

- **Leaders inspire and teach their people to focus on solutions, not complaints.** Implement the no complaining rule. When masterminding, focus 10% on the problem and 90% on the solution.

Great leaders do not compromise values or standards. Great leaders maintain high standards and hire the best people to achieve excellence in all areas. A great leader needs a high performance, self-managed team to support the vision and the practice culture. Steve Jobs said it best – ‘Going to bed at night saying we’ve done something wonderful – that’s what matters to me.’

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1. What is the most important asset in your business?
   - Staff
   - Good-looking state of the art facility
   - Patient base
   - Effective marketing

2. What are the three areas of your business that require constant focus?
   - Working hours, profitability, training
   - Quality dentistry, outstanding customer service, practice profitability
   - Retirement planning, profitability, growth
   - Staff training, clinical training, new services

3. What does ownership mean in the context of this course?
   - Paying all the bills in a timely manner
   - Management, taking on the role of chief executive, leadership, and accountability
   - Having all the documents necessary for ownership taken care of
   - Ensuring that your staff are well compensated

4. These three areas of your business require constant focus for continuing success they are?
   - Ownership, leadership and accountability
   - Have a good staff, accountant and consultant
   - Work long hours, have variable work hours, compensate staff well
   - Regular attendance at advanced clinical CE, management training, join study clubs

5. What does high quality 'state of the art' dentistry mean in this article?
   - Attending the latest and best continuing education courses
   - Buying the newest equipment and materials available
   - Having the best trained staff
   - Using state of the art techniques and materials, equipment, team training and focused hygiene team

6. The ranking of priorities regarding customer (patient) service are:
   - Team, self, patients
   - Patients, self, team
   - Patients, team, self
   - Patients, suppliers, team

7. Basic concepts of customer (patient) service are:
   - Start out on time, end on time
   - Stay on time and end on time
   - Start out on time, take lunch and end on time
   - Start out on time, stay on time, and end on time

8. To create a great schedule, you need to:
   - Time procedures, design the schedule, block schedule
   - Ask the patient when they can be seen
   - Ask the doctor to determine how long procedures take
   - Let the team know with all their experience, to decide how the schedule should be

9. The morning huddle must focus on:
   - Who are we seeing today and who are the troublesome patients
   - Identifying ‘pinch points’ where extra help might be needed and where there are opportunities to provide extra service
   - What calls the doctor must answer
   - What the team would like for lunch

10. The Practice Wellness Wheel has four components:
    - New patients, hygiene, marketing, collections
    - Operative dentistry, hygiene, training, new patients
    - New patients, operative dentistry, reactivation, hygiene
    - Operative, hygiene, reactivation, marketing

11. The Practice Wellness Wheel has a circle in the lower right segment of the hygiene quadrant. This wheel represents:
    - Timing of the hygiene procedures
    - Pre-appointing all patients possible
    - Ensuring that all hygiene procedures are timed accurately
    - Ensuring that a full diagnosis is made

12. Practitioners are significantly upset by the following:
    - A bad emotional experience from poor “customer service”
    - Practice running a little late
    - Doctor taking vacations
    - The hygienist talking too much

13. To have great patient focused communication, you need to tell your patients:
    - What you cannot do for them
    - What you can do for them
    - The rules you have for cancellations and no shows
    - The cost that you charge for no shows

14. Continuing Education should focus on:
    - Upgrading clinical skills with minimal staff training
    - Having the team attend clinical training
    - Having an equal balance between clinical training and non-clinical staff training
    - Do all training ‘in house’ with webinars and DVDs

15. What is the ‘Circle of Excellence’?
    - The general dentist has a group of specialists that have been selected to be ‘extensions’ of the general practice
    - A group of general dentists who formed a study club
    - The team creates an agreement about performance
    - The doctor creates a vision as to what the practice could be

16. Specialists receive referrals commonly with the following ratios:
    - 20% come from 80% of the referring doctors
    - 50% come from 50% of the referring doctors
    - 80% come from 20% of the referring doctors
    - 90% of the referring doctors send 100% of the referrals

17. Practice income comes primarily from:
    - Patient payments and insurance
    - Patient payments, interest, rental space and insurance
    - State and Federal programs
    - Patient payments, insurance and interest

18. Insurance is viewed as:
    - A bad thing to be tolerated
    - A necessary evil of doing dentistry
    - An opportunity to help people subsidize the cost of dentistry
    - A way to sort patients in to good and bad categories

19. Operative dentistry comes from three primary sources:
    - Hygiene, new patient and referrals from specialists
    - Enrollment, phone calls, advertising
    - New patients, hygiene, emergency patients
    - Emergency patients, hygiene and chart auditing

20. In a large metropolitan area, practice income is made up of this insurance percentage:
    - 50 – 60%
    - 80%
    - 25%
    - 40%

21. When reviewing the accounts receivable, the focus should be on what areas:
    - Current or 0 – 30.
    - Over 120 days.
    - Over 60 days.
    - Over 60 with emphasis on over 90 days.

22. Total practice accounts receivable should be equal to what percentage of an average monthly production:
    - 50%
    - 150%
    - 100%
    - 25%

23. Credits on the accounts receivable report are?
    - Money the practice owes to patients or insurance companies.
    - Payments received from patients that should be paid to the doctors.
    - Money that was posted in error.
    - Money owed to the bank

24. What is the “alpha system” for billing patients?
    - Sending statements only to patients with balances over 90 days.
    - Sending statements twice monthly.
    - Breaking the alphabet down so that statements are sent daily in alphabetical groups.
    - Calling patients on the phone to collect outstanding balances.

25. At the end of the day, what reports must be given to the doctor:
    - Accounts receivable and the day sheet.
    - Day sheet and the deposit slip.
    - Deposit slip, a list of no shows and the production report.
    - Day sheet, deposit slip and final day’s schedule.

26. Using Quicken® or Quickbooks®, what will you primarily track in your business?
    - Number of new patients
    - Number of days the office is open
    - Expenses and profitability
    - Staff vacation time

27. What is ‘Leaderability’:
    - Leadership and accountability
    - Profitability
    - Having people like you.
    - A sense of well-being.

28. When masterminding solutions to problems it is best to focus what?
    - 90% on the problem, 10% on the solution.
    - 10% on the problem, 90% on the solution.
    - 50% on the problem, 50% on the solution.
    - 20% on the solution, 80% on the problem.

29. Great leaders need to create:
    - A high performance self managed team.
    - A great reputation with peers.
    - A reputation for having the best ‘deal’ in town.
    - An office that is always open.

30. To get the best results for you, your team and your practice, you need to lead with:
    - Optimism, enthusiasm and positive energy.
    - Courage and strength.
    - Force and dynamism.
    - A mindset that you cannot lose.
The Business of Dentistry

COURSE CREDITS/COST

INSTRUCTIONS

Educational Objectives

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For Questions Call 216.398.7822

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2. To what extent were the course objectives accomplished overall? 5 4 3 2 1 0
3. Please rate your personal mastery of the course objectives. 5 4 3 2 1 0
4. How would you rate the objectives and educational methods? 5 4 3 2 1 0
5. How do you rate the author's grasp of the topic? 5 4 3 2 1 0
6. Please rate the instructor's effectiveness. 5 4 3 2 1 0
7. Was the overall administration of the course effective? 5 4 3 2 1 0
8. Please rate the usefulness and clinical applicability of this course. 5 4 3 2 1 0
9. Please rate the usefulness of the supplemental webiography. 5 4 3 2 1 0
10. Do you feel that the references were adequate? Yes No
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