

BOTOX *and Photography*

NEW Regular Feature

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The importance of photography in the dental practice is frequently overlooked. This article will introduce doctors & their teams to a new photographic marketing concept for Aesthetic Smile Design & Facial Rejuvenation Makeovers.

Today the sophisticated patient has access to unlimited information: as a result they have increasing aesthetic demands. There is a critical tie-in between facial soft tissue contours and the ***Dental Smile Design***. Addressing the aging soft tissue associated with smiles, using Botox and Fillers prior to the definitive dental aesthetic treatment, can dramatically influence the final restorative approach.

Office personnel often find it difficult to effectively communicate and listen to 'what a patient wants'. In a busy practice, it is critical to organize and train an office team to achieve this goal....through Photography! (Fig.1)

How many times have you regretted not having taken more pre-treatment photographs of a treatment that had an excellent result? We have all had a tooth whitening patient who says nothing has changed---until they view their pre-op photographs.

My wife Dr. Janet Roberts a Clinical Director for the Frontier Institute. Her photographic protocol is to take the AACD series of intra-oral photographs. In 2008, my wife and I opened a facial aesthetic practice, A Smile Above, in Coal Harbour Vancouver, BC Canada, where we have integrated the treatments of Botox, dermal fillers and laser therapy with smile design. The existing medical photographic protocol had minimal emotional appeal for patients seeking facial aesthetic treatment. There was a need to create a combined dental, facial and aesthetic series to help elicit a patient's emotional desires in smile design and facial aesthetics. As a result, our aesthetic training program, the Pacific Training Institute for Facial Aesthetics (PTIFA) developed the Roberts Facial Rejuvenation Photography (RFRP) series (Fig. 2) and coaches office teams in how to

utilize photography for internal marketing of aesthetic facial treatment.

Photography can be utilized in subtle ways for internal marketing:

- attractively framed and mounted "after treatment" patient portraits decorating the office walls (Figs. 3 & 4).
- reception area before & after treatment photo albums (Fig. 5).
- photographs on a consultation monitor (Fig. 6).



Fig. 1: A digital SLR ring flash camera used in intraoral photography and also with the Roberts Facial Rejuvenation Photography (RFRP) series.

The Roberts Facial Rejuvenation Photography (RFRP) series comprises 28 facial digital photographs, plus one intraoral (Fig. 2).

Using a digital SLR ring flash camera (Fig.1), the doctors & team members can be trained to complete the RFRP series in as little as 3 ½ minutes.

The photographs are taken in the frontal, sagittal, and 45° views. This series of photos presents the patient with a visual perspective normally seen by family, friends and business clients, but not always apparent to patients themselves.

Immediately after taking the RFRP, the series is transferred to a computer template (Fig. 2). The photographs are then displayed on the consultation computer monitor (Fig. 6). The various angles are presented in relaxed, active (Figs. 8, 9, 10, 11, 12, 13) and smile modes. Each of the various angles is

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Fig. 2: The RFRP series comprises 28 facial views and 1 intraoral view.

arranged into specific groups for comparison (Figs. 15,16).

- Relaxed / active groups demonstrate the wrinkles associated with facial expression.
- Relaxed / smile groups- give the patient the perspective of how they would appear if their faces had more



Fig. 3: Internal marketing: facial photographs staged on walls identify the style and quality of treatment in your office.



Fig. 4: Walking or sitting anywhere in the office should create interest in the aesthetic services that you offer.



Fig. 5: A photo album allows the patient to see a variety of before and after photos and encourages interest in aesthetic treatment.



Fig.6: The RFRP series is presented to the patient on a monitor which enables them to scroll through their own photos



Fig.7: The RFRP series is taken in a standardized setting with a black backdrop for comparison & quality

volume and demonstrates the alignment, shape and colour of the dentition.

Many of the views are angles that the patient rarely has an opportunity to see. The majority of patients really do not like their appearance in these photographs, which is usually the reason they have come to you for a consultation. The RFRP

series allows the patient to understand specifically what they do not feel comfortable with in their facial appearance.

It is recommended that a consultation area with a computer / monitor be created where the patient can sit in a relaxed setting and use the mouse to scroll through the RFRP series (Fig.14). This method is more effective than explanations, pamphlets, DVD's & informative lectures.

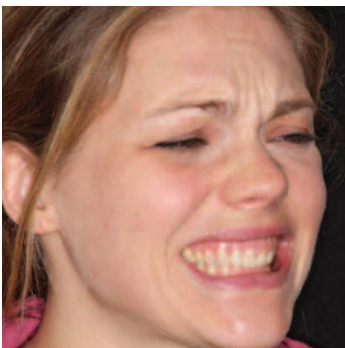


Fig.8: A Hyperfunctional upper lip elevator muscle (Gummy Smile) showing the gingival exposure before Botox treatment

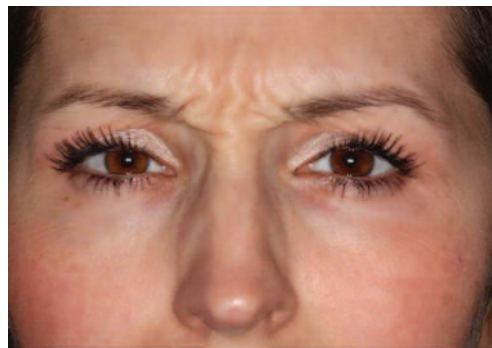


Figure 9: Hyperfunctional frown lines before BOTOX treatment, showing vertical furrows between the eyes expressing tiredness, worry or concern.



Fig.10: Hyperfunctional forehead lines before Botox treatment showing the horizontal furrows across the entire forehead

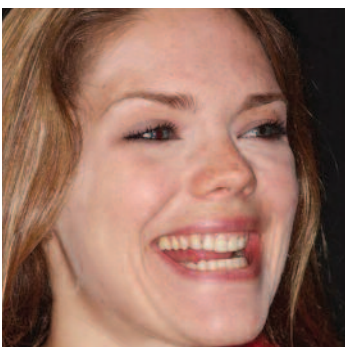


Fig.11: The previously hyperfunctional upper lip (Gummy Smile) after Botox treatment demonstrating the upper lip now covering the gingiva tissue



Fig.12: After Botox treatment showing the vertical furrows gone & an invigorated smooth appearance



Fig.13: After Botox treatment showing a smooth relaxed non-worried appearance across the forehead



Fig.14: Patient attentively viewing their own photos of the RFRP series on a monitor



Fig.15: An attractive patient presenting with a canted mouth & necklace lines in a relaxed view



Fig.16: Hyperfunctional unilateral Platysma involved in the unilateral downward pull of the mouth

Patients only absorb 14% of what they hear, but 86% of what they see. So stop talking and start showing! Great photography is a wonderful visual aid!

The doctor is not called (nor permitted into the consultation room!) until the patient has had ample time to review the photographs.....usually at least 10 minutes. The emotional impact of seeing one's self is amazing: let the patient have time! The time waiting in your private office or performing other tasks is rewarded through increased patient understanding & appreciation of their condition—and future referrals.

A print-out of the patient's portrait is also placed on the table beside the mouse. A team member recommends that while the patient views the RFRP, they use the highlighter provided to mark on their photograph any areas of concern and treatment requests that they would like the doctor to review with them. Once the patient has identified their areas of concern, had time for contemplation and then highlighted these areas of concern, the assistant then calls the doctor into the consult area. Introductions are made. The doctor may begin by asking "Would you please share with me your feelings about these photographs?" The reply 90% + times is "I hate them!"

The patient has already highlighted on the portrait printout what areas they wish to have treated. It is then a matter of assuring them that you understand their concerns. Review the markings on the portrait, discuss the best treatment options and ask when they would like to begin treatment.

The portrait with the markings is kept in the patient file (or scanned) and is an excellent medical legal document. When the patient returns for their 2 week post-op check, the RFRP series (taken in 3 1/2 minutes) is retaken. The patient

is excited with the results of their treatment and the improvements they can see through before & after photographs.

A print out of these before & after photographs can be given to the patient and act as a great referral source. Another NEW patient referral. ■

Disclosure:

Drs. Warren and Janet Roberts established the Pacific Training Institute for Facial Aesthetics in Vancouver British Columbia Canada (www.PTIFA.com 1-855-681-0066) where they train dentists physicians & RN's and their dental team in Botox, Dermal Fillers and Laser therapy.



Dr. Warren Roberts is the Clinical Director for the Pacific Training Institute for Facial Aesthetics (PTIFA) and is a leading Botox educator whose Vancouver clinic is the #1 administrator of Botox across North America dental practices. He is the developer of the Roberts Facial Rejuvenation Photography series, the PTIFA Cosmetic & Therapeutic Marking Templates, the PTIFA injection technique and established the first online Botox Study Club. He can be reached at drwarren@ptifa.com or 1-855-681-0066.



Dr. Jan Roberts is the Senior Clinical Instructor for PTIFA and is also a Clinical Director for the Frontier Institute. She is in the final stages of her AACD accreditation - the world's most recognized advanced credential program. Currently, she is the leading voice on how the combination of cosmetic dentistry and facial rejuvenation treatments can work together to push patient satisfaction to the next level. Through her work with PTIFA and Dr. Warren Roberts – she is creating a new understanding of how doctors can achieve better outcomes in therapeutic and cosmetic cases with the two disciplines working together. She can be reached at drjan@asmileabove.ca or 1-855-681-0066