The importance of photography in the dental practice is frequently overlooked. This article will introduce doctors and their teams to a new photographic marketing concept for aesthetic smile design and facial rejuvenation makeovers.

Today, sophisticated patients have access to unlimited information; as a result, they have increasing aesthetic demands. There is a critical tie between facial soft-tissue contours and the dental smile design. Addressing the aging soft tissue associated with smiles and 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's patient wants." In a busy practice, it is critical to organize and train an office team to achieve this goal...through photography (Figure 1).

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

My wife, Dr. Janet Roberts, is the senior Canadian member for the California Center for Advanced Dental Studies. Her photographic protocol is to take the American Academy of Cosmetic Dentistry series of extracoronal photographs as part of her series. In 2008, we 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. However, the existing photographic medical 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 bring out a patient's emotional desires in smile design and facial aesthetics. As a result, the Pacific Training Institute for Facial Aesthetics developed the Roberts Facial Rejuvenation Photography (RFRP) series (Figure 2) and now coaches office teams on how to utilize photography for internal marketing.

Photography can be utilized in subtle ways for internal marketing.

- After treatment photos (Figure 3 and 4)
- Reception area before-and-after treatment photo albums (Figure 5)
- Photographs on a consultation monitor.

The RFHP series is taken in a standardized setting with a black background for contrast and quality.

Figure 1. A digital SLR ring light camera used for intraoral photography available with the Roberts Facial Rejuvenation Photography (RFHP) series.

Read and Watch
You can see Dr. Roberts and an account of Dr. Roberts' program at www.robertsdental.com.
FACIAL REJUVENATION

The RRF series is taken in a standardized setting with a black backdrop for comparison and quality (Figure 2). The use of an adjustable swivel chair allows for easy patient repositioning for all views. 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 RRF series, the action is transferred to a computer template (Figure 3). The photographs are then displayed on the consultation computer monitor (Figure 3). The various angles are presented in relaxed, active (Figures 5 to 10), and smile modes. Figures 11 to 13 demonstrate appearance 2 weeks after BOTOX therapy. Each of the various angles is arranged into specific groups for comparison (Figures 14 and 15). Balanced active groups demonstrate the wrinkles associated with facial expression.

Relaxed/smiling groups give patients the perspective of how they would appear if their faces had more volume, and demonstrate the alignment, shape, and color 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 for advice. The RRF series allows patients 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 take the mouse to scroll through the RRFs (Figure 7). This method is more effective than explanations, pamphlets, DVDs, and informative literature. Patients also absorb 90% of what they see—a good reason to start showing great photography!

The doctor is not called (or 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 oneself is amazing for the patient and the patient may be surprised by the outcome. Time spent in your private office or performing other tasks is rewarded through understanding and appreciation of their condition—and future referrals.

A printout of the patient's portrait is also placed on the table beside the mouse. The team member recommends that while the patient views the RRF he or she uses the highlighter provided to mark on the photograph any areas of concern and note any treatment requests for the doctor to review. Once the patient has identified the areas of concern, has had time for contemplation and has highlighted these areas of concern, the assistant then calls the doctor into the consultation area. Introductions are made. The doctor may begin by asking, "Would you please share with me your feelings on these photographs?"

The reply 90% or more percent of the time is, "I hate them!"

The patient has already highlighted on the portrait printout what he or she wishes to have treated. It is then a matter of assessing the patient that you understand the concerns put forth. Review the markings on the portrait, discuss the best treatment options and ask when the patient would like to begin treatment.

The portrait with the markings is kept in the patient file (or scanned) and is an excellent medical reference. When the patient returns for the 2-week post-op check, the RRF series (at 2 weeks) is retaken. The patient is excited with the results of the treatment and the before-and-after photographs (Figures 8 to 10).

A printout of these before and after photographs is a great referral source. Another very helpful tip is for your patient to refer to them in front of a mirror.