# FACIAL REJUVENATION

## **BOTOX** and Photography



Janet Roberts. BSc, DMD



Warren Roberts, DMI

The importance of photography in the dental practice is frequently over-looked. 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 assistantic demands. There is a critical tie-in between facial softissue 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 officetively 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 (Figure 1)!

How many times have you regretted not having taken 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 mentor for the California Center for Advanced Dental Studies. Her photographic protocol is to take the American Academy of Cosmetic Dentistry series of



Figure 2. The RFRP series comprises 28 facial views



Figure 3. Vicental merketing facial photographs staged on walls statefully the style and quarty of treatment in your office.



Figure 4. Walking or sitting anywhere in the office should oreate interest in the askithetic services that you offer.



for patients seeking facial aesthetic treat ment. There was a need to create a combined dental, facial and aesthetic series to bring out a patient's emotional desires in smale design and facial aesthetics. As a result, the Pacific Training Institute for Facial Aesthetics devel oped the Roberts Facial Rejuvenation Photo graphy (RFRF) series (Figure 2) and now

in how to utilize photography for internal marketing.

Photography can be utilized in subtle ways for internal marketing

 After treatment patient portraits decorating the office walls (Figures 3 and 4).

Reception area before-and-after treatment photo albums (Figure 5).

Photographs on a consultation monitor.
 The RFRP series comprises 28 facial digital photographs, plus one intraoral (Figure 2).
 Using a digital SLR ring flish camera (Figure 3), the doctors and team members can be



Figure 6. The RPRP series is taken in a standardized setting with a black backdrop for companion and qualto.



Figure 7. Potent attentively viewing hor own photos of



Figure 1. A digital SLR ring flash camers used in intraoral photography and also with the Roberts Facial Reloveration Photographic (RFRP) series.



#### FACIAL REJUVENATION



Figure 8. A hyperfunctional upper lig elevator muscle (gurniny simile showing the graphal exposure hadow BOTON (searces).



Figure 9. Hyperfunctional frown lines before BDTOX treatment, showing the vertical functors between the eyes expressing treatment, wonly or concern.



Figure 10, Hyperfunctional foreitiesd lines before BOTOX isostment, showing the horizontal furrows



Figure 11. The previously hyperfunctional upper ap (gunnty small) after BOTON (restrict), demonstrating the upper up now sovering the ginglyst tesses.



Figure 12. After BOTOX beatment, showing the vertical females gone and an invigorated smooth appearance.



Figure 13. After BOTOX (nontiment, showing a smooth, released, nonworked appearance across the

#### BOTOX and Photography

continued from page 00

trained to complete the RFRP series in as little as 3 and a half minutes.

The RFRP series is taken in a standardined setting with a black backdrop for comparison and quality (Figure 6). 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 cilents, but not always apparent to patients themselves.

Immediately after taking the RFRP, the series is transferred to a computer template (Figure 2). The photographs are then displayed on the consultation computer monitor (Figure 2). The various angles are presented in relaxed, active (Figures 8 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 (Figures), a soft of the various angles is arranged into specific groups.

- for comparison (Figures 14 and 15).

   Relaxed active groups demonstrate the wrinkles associated with facial expression.
- Relaxed/smile 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 those phosographs, which is usually the reason they have come for advice. The RFRP series allows patients to understand specifically what they do not feel comfortable with in their facial appearance.

It is recommended that a consolitation area with a computer/monitor be created where the patient can sit in a relaxed setting and take the mouse to scroll through the RFRF (Figure 2). This method

BFRF (Figure 7). This method is more effective than explanations, pamphiets, DVDs, and informative lectures. Patients only absorb 14% of what they hear. So stop talking! However, patients' brains absorb 86% of what they see—a good reason to start showing great photography!

The doctor is not called (nor permitted into the consultation room) until the patient has had ample time to review the photographs—usually atleast to minutes. The emotional impact of seeing oneself is amazing let the patient have the time! The time waiting in your private office or performing other tasks is rewarded through understanding and approciation 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 RFRP, he or she uses the highlighter provided.



(4. An actractive properties with a consumer recipion of the control of the contr

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 shad time for consemplation 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 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 assuring the patient that you understand the concerns put forth. Review the markings on the poetrait, 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 legal document. When the patient returns for the 2-week post-op check, the RFRF series (3,5 minutes) is retaken. The patient is excited with the results of the treatment and the before and after photographs (Figures 8 to 13).

A printout of these before and after photographs is a great referral source. Another NEW patient referral!

Dr. Jamest Roberts graduated from the University of British Columbia's Faculty of Devisities and roburned there to teach for the season of the Los Vegas Size is an alumnus of the Los Vegas Institute for Adhanced Deridd Studies where the studied observatively in assemble derifishing and neuromuscular occlusion beginning in 1998. She memore the Foundations of Esthedio Devisities yield the with the American's Association of confidence of the American's Association of Commistions, a foundation devictor of the Canadian's Academy of Cosmelic Devisions, a foundation member and director of the Canadian Academy of Cosmelic Devisions, and a member of the Canadian Academy of Esthedio Devisites, She can be also the senior Canadian member-netrouctor and program discontrol with the Canadian She can be established by the Canadian Devision Control of Advanced Devision Studies She can be established the She Canadian (SOM) 681-6066.

Dr. Women Roberts practices in Vancourer. SC, Conside and graduated from the University of British Columbia's Faculty of Destirity in 1977. He has telein requirement programm including finces or the World Dental Congresses and the Lee Wages institute for Advanced Create Studies. He is a geet president of both the British Columbia's Assolvery of Dental Society He currently is members of the Vancourer and Destro Dental Society and the Canadian Academy of Colorate Dental Society. He Roser Valley Dental Society and the Canadian Academy of Colorate Dental Society. In addition, he established the BOTOS Study Cale, the first in the world, amphasizing lead anothers the intervent. Dr. Roberts had lectured internationally like can be seeded all (804) 681-6084, sin e-mail at warrenroberts @ detend.com. or at PTPA.com.

Disclosure: Drs. Janet and Warren Roberts cofounded the Pacific Training Institute for Factal Aeighetics (PTIFA.com), which traches the

### New ce Video Series

Bentistry Today will bunch the first in a multi-part clinical video series for Continuing Education crofits in June. In Part 1.

Decoration condex a value on Part.

Waren Roberts will discuss and demonstrate diagnosis and treothness protected for incerpenating facial rejuvenables techniques in the eastnetic dental practice to enhance and component aeathetic smile design treothness plans. The participant will also learn specific ligitation technique procedures with a time participation to the procedures with a time participation to the procedures with a time participation to the participation of the participation o

dental@today.com