



Deep in the Heart of Texas

by Benjamin Lund, Editor, *Dentaltown Magazine*

Welcome to the newest installment of Office Visit, where we visit a Townie's office and profile his or her equipment, design or unique practice philosophy. If you would like to participate or nominate a colleague, please e-mail tom@dentaltown.com.

This month, we visited Dr. Stephen Glass' practice in Spring, Texas. Dr. Glass is one of the more visible faces on the Dentaltown.com message boards, and in this interview he discusses the redesign of his practice, his recent experience of providing dental care in Honduras and how Dentaltown has become a part of his everyday routine.

Office Highlights

Bonding Agents

- Prime N Bond

Burs

- Brasseler

Cements

- Fuji

Implants

- Biomet 3i

Impression Materials

- 3M

Patient Financing

- CareCredit

Restoratives

- 3M

Technology

- Canon Rebel XT system
- Digidoc Intraoral Cameras
- Eaglesoft
- Flexview Systems
- Instrumentarium Ortho 2000
- Midmark Track Monitors
- Periolase
- Shick digital sensors
- Zap Lasers

Dr. Glass, why did you choose dentistry as your career path?

Glass: There is no other health field that allows you so many options in the aspects of patient care, location, practice type, practice philosophy and the ability to actually put the patient first.

What is your practice philosophy? How do you cultivate this philosophy in your practice?

Glass: My main goal is to inform patients of what they need and then give them what they want. We developed this concept from Greg Stanley. We want to create an environment where, after patients visit our office they will want to refer their friends and family.

What is the dental competition like in your area?

Glass: We are in a fairly competitive market. In the last several years we have seen many dentists relocate out from Houston and into our area. At the same time, the population and the local community has continued to grow.

What sets your practice apart from other dental practices in your area?

Glass: When I joined my partner, Thomas C. Miller, DDS, in 1999 he had already been practicing in our area since 1976, making us one of the more established practices in the area.

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Names: **Stephen D. Glass, DDS, FAGD**

Graduates from: **University of Texas Health Science Center – Dental Branch**

Year graduated: **1999**

Practice Name: **Advanced Dentistry of Spring**

Practice Location: **Spring, Texas**

Office opened: **1976**

Practice size: **2,500 square feet / nine operatories**

Staff: **15**

Web site: **www.advanceddentistryofspring.com**



Since you began your career as a dentist, what are the three biggest changes you've seen in the profession?

- Glass:**
1. The advancement of technology into our daily functions as dentists.
 2. The increasing number of challenging complex cases involving many aspects of dentistry and medicine.
 3. Dentaltown providing an international forum that connects dentists worldwide where we can share ideas without any barriers!

What piece of technology has the biggest "wow" factor for your patients?

Glass: Patients really love the Midmark Track Light Monitors. There is not a day that goes by that patients don't comment how much more enjoyable their experience has been because of this technology integration. It's a pretty easy concept when you think about it. Who wants to stare at the ceiling for the length of any procedure?

What is your biggest source of new patients? How do you market to new patients?

Glass: We currently do little to no advertising. Our main source of new patients is direct patient referrals. Other than that we primarily rely on our location, sign, and our Web site.

In your current practice situation, what is a typical day's schedule?

What kinds of cases are you doing routinely?

Glass: During a typical day in our practice it is not at all uncommon to perform the following services: orthodontics, prosthodontics, oral surgery, restorative dentistry as well as sleep dentistry. Because our office has integrated almost all aspects of dental treatment we are better able to serve the patient in one location. Patients love not being referred out of the office.

What is your favorite procedure to perform?

Glass: Orthodontics is my favorite area of our practice and the Powerprox 6 Months Braces technique has got to be my favorite orthodontic treatment.

What is the most rewarding experience you've had as a dentist?

Glass: My partner for more than 25 years has been going to Honduras providing dental care. This last year I accompanied him on a trip along with one of our hygienists. Without a



Dr. Glass and Clinical Assistant Charlene perform LANAP (Laser Assisted New Attachment Procedure) with the Periolase using the Isolite.




doubt, as Howard Farran always says, everyone must do something like this at least once in their dental career. When you find out that if a person in Honduras actually has a toothbrush, and that they probably share it with the whole family, it really puts a different perspective on things.

Who are the people on your staff and in what capacity do they function?

- Lorrie: Team Leader
- Jenny: Treatment Coordinator
- Heather: Hygiene Coordinator
- Marlene: Insurance Coordinator
- Maelene: Administrative Assistant
- Hygienists: Jackie, Carmen, Donna and Mary
- Clinical Assistants: Debi, Anita, Jenny, Charlene, Jennifer and Lisa

Tell me about your office's new design. How did you update it? What would you have done

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Stephen's Top Five	When did you start using it	Why can you not live/work without it	When do you use the item	If you could change anything about the item, what would it be
<p>Isolite</p> 	<p>Two years ago</p>	<p>Not only could I not work without it but my clinical assistants could not either! There is nothing else that provides quick comfortable isolation and improves the quality of dentistry no matter what the procedure.</p>	<p>Just about every patient.</p>	<p>I would like to see some variable sizes for patients with high palates and an additional suction port in the rear of the block to suction behind the device.</p>
<p>Periolase</p> 	<p>January 2008</p>	<p>I am able to save teeth that I could not save before which has changed the way I treatment plan cases for the better. After all that is what we as dentists are supposed to do – save teeth not extract them.</p>	<p>Any patient that has periodontal disease is a candidate. I also use it for frenectomies, exposing implants, removing tissue around orthodontic brackets, and exposing cuspids.</p>	<p>–</p>
<p>Instrumentarium Orthoceph OC 200D</p> 	<p>February 2008</p>	<p>The quality of the images are absolutely amazing. The additional cephalometric attachment gives me the ability to do the appropriate and complete orthodontic work-up right in our office. I can then instantly send the images to other doctors or in the case of the cephalometric image immediately for tracing.</p>	<p>Every new patient gets a new panoramic image. The system has a variety of special features such as the ability to take a panoramic view only on one side or segment of the face allowing more frequent checks and less exposure for observation purposes. An example of this could be checking an implant site.</p>	<p>–</p>
<p>Midmark Track Monitor System and Flexview System</p>	<p>I started using the Flexview System about four years ago and recently added six new Midmark Track Monitor Systems.</p>	<p>I am so used to having the patients watching TV it would seem strange now if they weren't. I also have the Internet integrated into the system so I can pull up the patient's Invisalign files. They really love seeing the Clincheck right in front of them during the appointment.</p>	<p>Every patient appointment and anytime I need help with patient education.</p>	<p>Easy integration of wireless headsets.</p>
<p>Digidoc Intraoral Camera</p> 	<p>I started using the older analog model about four years ago and recently added their newest model.</p>	<p>There is no better tool for instantly showing the patient what their problem is. I have this integrated into our track monitor systems and they can instantly look above and see the images.</p>	<p>Anytime I want to easily explain something to the patient or I want to document a problem. The camera is integrated into the practice management software so I can easily store images into their files. These files then can be used to send electronically to insurance as additional documentation.</p>	<p>I would like to have an auto focus and the camera sheaths do not work well.</p>

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differently? Is there anything you wish you could have done that you did not?

Glass: Over the past year we remodeled our entire office and converted from an open concept design to individual treatment rooms. We accomplished this in phases, never shutting the office down. In conjunction with the remodel we added digital radiographs, computers in the operatories, overhauled the sterilization process including converting to a cassette system, and we're presently making the conversion to a chartless office. This remodel added three additional chairs to the practice going from six to nine treatment areas. We made every square inch count in the office. There is nothing I would do differently, however I wished we always had more space. Due to the fact I was working with a limited space, there were decisions to be made including sacrificing a consultation room for an extra operatory and a larger lab/sterilization area.

If you weren't a dentist, what do you think you'd be doing right now?

Glass: I see this question asked many times and I seriously don't have an answer. There is nothing I would rather be doing when all things are considered.



Charlene (left) takes a cephalometric X-ray on an orthodontic patient using the Instrumentarium Orthoceph OC 200D.

You've been a member of Dentaltown.com since 2003 and you're pushing 10,000 message board posts. How has Dentaltown changed the way you practice?

Glass: It could literally take more than 10,000 words to answer this question completely. In short, Dentaltown is part of my dental practice. It is an everyday event that occurs just like looking at my schedule. It has become a 24/7 dental news channel for the practice. I never would have been able to do the remodel and all the changes to our practice had it not been for the support of so many Townies taking time to share their experiences and provide help along the way. The remodel was truly a Dentaltown project, in a sense, considering I had "Jawbreaker" helping me with the design, David Ahearn giving me advice, and too many others to name including all the computer geniuses such as James Russo helping me along. If there was something I needed to buy I always started my research right here on Dentaltown first. Where else can you post a question and get 10 answers in less than an hour in many cases?

Can you tell me who your favorite Townies are on Dentaltown.com, and why?

Glass: The number of friends that I have made via Dentaltown are too many to count. I have so many favorites it's hard to make a list. For implantology I really like Jerome Smith. For endodontics I love Charlie and Peter. For orthodontics there are many but Rick DePaul has been a great friend over the years. For restorative and prosthodontics I know I can ask people like Mike Melkers and get an answer usually the same day. I love reading so many posts. I must mention Howard Goldstein who has been helpful. He was instrumental in our acquisition of a Periolase and probably will be the one who ultimately makes me get a CEREC. I know I can log on and ask a question and there would be tons of Townies who would try to help. That is what makes Dentaltown so great – it really is a dental community. ■