13 Ways to Get More 5-Star Reviews... continued from page 1

1. **Organic method:** making sure your practice is listed on as many third-party sites as possible so that patients can find you if they feel like writing reviews spontaneously.

2. **Links or clickable images on your site:** something that patients who return to your site can click on to write reviews.

3. **Single-page handouts:** a sheet of instructions you can simply hand to patients, which walks them through how to post a review.

4. **Personal email:** a simple email with a polite request and a link. But for Pete's sake, personalize it: none of that "Dear Valued Patient" garbage. You can also do this with your email signature: instead of a bunch of fluff at the bottom of your emails, have a little link to where patients can dash off a quick review.

5. **Autoresponder email:** if you have your patients on an email list through a service like DemandForce or Smile Reminders, you can have an email request that goes out automatically.

6. **Snail-mail request/instructions:** people generally pay more attention to snail-mail, especially if it's personalized and from a practice they know and like. This method is more work, but you'll probably bat pretty well if you do it.

7. **Video:** a short walk-through for patients who you think would just rather watch a quick video than follow other types of easy instructions.

8. **Social media:** in particular, Facebook. What's nice is patients can write CitySearch reviews using their Facebook username, which makes it that much easier for them and you.
9. **QR code on a postcard:** hand or send your patients a little postcard that asks them to review you by scanning a QR code with their smartphones. The QR code would just contain a link to your Google Places page or a link to your InsiderPages listing, etc.

10. **QR code as a sticker or decal:** the sticker or decal could go anywhere in your office or store and patients could scan it with their smartphones to review you on the spot.

11. **Phone call:** kinda old-fashioned but effective with the right kind of patient.

12. **Part of a little gift that you send patients:** Like a free pad of paper with your logo and phone number on it, plus a request to leave you a quick review. Or a fridge magnet.

    A pen might be a little too small. The gift has to be something people will actually use, keep on their desk or kitchen table and see every day. The idea is it's a subtle but persistent reminder.

13. **Asking your reviewers to write through a variety of sites:** In other words, if you know for a fact a given patient wrote you a Yelp review, ask that person to write you an InsiderPages review, too. There are no rules against it. In fact, the review sites themselves share reviews: I've seen CitySearch reviews show up on Bing, Judysbook, Kudzu, MerchantCircle, Switchboard, Yahoo, Yellow Bot, and YP. Again, I suggest you only do this with really close, really loyal patients who don't mind helping spread the good word.

These methods are not mutually exclusive, nor do you have to pick one or even just a few. You can use as many of them as you'd like. In fact, it's best if you use a variety of them, so you get reviews on a variety of sites and so you can determine over time what works best for you and your patients.

Graig Presti is founder and CEO of Local Search For Dentists and has been recognized as one of the world's top market-leaders in the dentistry world and has led the marketing and PR campaigns that have driven more than 10,000 dental practices to record years. Graig's Google patient review attraction "cheat sheet" system has been seen in The Wall St. Journal, Newsweek, Inc. Magazine, Inc. 500, as well as in CNN, FOX, NBC, ABC, & CBS major markets across the nation. To get a free complimentary copy of the cheat sheets go to www.LocalSearchForDentists.com/eid.

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FROM THE DESK OF GEORGE S. LEE, MD, DDS:

After such a mild winter, we are looking forward to welcoming spring! As always, thank you for your continued support and trusting us to care for your patients. It is a privilege to be able to serve this community.

ONLINE REFERRALS

Thank you to everyone who has been utilizing the SecureMail and online referral system. Having the referral and current diagnostic imaging in advance of the appointment helps for a smoother visit for the patient. They certainly appreciate not having to remember to bring the paperwork to the appointment. If you are not currently set up to communicate with us via SecureMail or need a quick tutorial on the website referral system, please let Christy, our Professional Relations Coordinator, know and she will stop by to set you up!

BROCHURES

Would your patients like to know more about us prior to their appointment? We have brochures and provider biography sheets available. We are happy to drop them off at your office to share with your patients when you make a referral to us. Patients are also encouraged to visit our website and Facebook page to meet our team and tour our facility in advance; www.cumberlandsurgicalarts.com.

IMMEDIATE PROVISIONALIZATION OF DENTAL IMPLANTS PLACED IN HEALED ALVEOLAR RIDGES AND EXTRACTION SOCKETS*

This 5-year prospective multicenter study compared implant survival and success, peri-implant health and soft tissue responses, crestal bone level stability, and complication rates following immediate loading of single OsseoSpeed implants placed in anterior axillary healed ridges or extraction sockets. Individuals requiring anterior tooth replacement with single implants were treated and immediately provisionalized. Definitive all-ceramic crowns were placed at 12 weeks. Implant survival, bone levels, soft tissue levels, and periimplant health were monitored for 5 years. One hundred thirteen patients received implants in fresh sockets (55) and healed ridges (58). After 5 years, 45 and 49 patients remained for evaluation, respectively. During the first year, three implants failed in the extraction socket group (94.6% survival) and one implant failed in the healed ridge group (98.3% survival); this difference was not significant.

No further implant failures were recorded. After 5 years, the interproximal crestal bone levels were located a mean of 0.43 mm and 0.38 mm from the reference points of implants in sockets and healed ridges(not a significant difference). In both groups, papillae increased over time and peri-implant mucosal zenith positions were stable from the time of definitive crown placement in sockets and healed ridges. Compared to flap surgery for implants in healed ridges, flapless surgery resulted in increased peri-implant mucosal tissue dimension (average, 0.78 mm vs 0.19 mm). After 5 years, the bone and soft tissue parameters that characterize implant success and contribute to dental implant esthetics were similar following the immediate provisionalization of implants in sockets and healed ridges. The overall tissue responses and reported implant survival support the immediate provisionalization of dental implants in situations involving healed ridges and, under ideal circumstances, extraction sockets.

READER SUBMITTED QUESTIONS

If you have a specific topic you would like addressed in future newsletters, please submit them to Katie at klee@cumberlandsurgicalarts.com.

*Cooper LF, Reside GJ, et al.Int J Oral Maxillofac Implants. 2014 May-Jun;29(3):709-17

ISSUE 21
MARCH 2017

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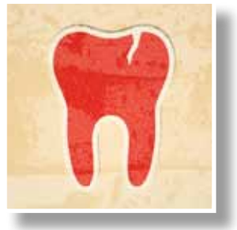
CRACKED TEETH: *Treatment & Patient Management*

by Dr. Craig Callen[3]



Is it just me or is everyone seeing more cracked teeth in their practice these days? Maybe it is that patients are retaining teeth longer, or maybe it is a commentary on the economy and the stress patients find themselves under. Some of the teeth are more obvious than others and have large fillings, while some are virgin teeth and hard to see any cracks at all.

We often need to rely on process of elimination and our diagnostic skills to make a proper diagnosis. All the while you have that angst you are dealing with because of the fear of the unknown. What will you find when you treat the tooth? Will it respond to treatment? How will the patient react to treatment that has a high incidence of failure? All of this pretty much comes down to how you educate and inform the patient of the treatment, prognosis and options. So let's look at this one step at a time:

1.) *Diagnosis:* The first thing you want is a good history on the tooth. If the tooth is sensitive to biting pressure with the pain lingering after release of pressure that is a positive sign of a cracked tooth. Next I bring out my Tooth Sleuth™, which is a plastic instrument for the patient to bite on that will isolate the cusps. I try to reproduce the pain the patient is experiencing. Sometimes I will place caries detector dye on the tooth to highlight a crack. This also comes in handy if you have prepared the tooth. Obviously I am looking with loops and an LED head light. Trans illumination will occasionally make the crack visible. An X-ray is a must, but often not much help. We may take a picture with our intra oral camera and put it up on our large monitor to look for a crack. If the crack is visible, I will stain it and take a picture for documentation. A new option is to refer it for a 3D scan to my friendly Oral surgeon which has proven at times to be a life saver and saved me the aggravation of trying to treat a hopeless tooth.

2.) *Patient Management:* Arguably the most important part of this process is how you handle the patient. They need to have a clear understanding of the treatment options, progression of treatment and the high possibility of failure. Maybe given all the options they elect to remove the tooth. You will need to have a clear policy on fees and communicate that up front and it may change from case to case. Are you going to credit them for a new crown if you place a crown and 3 months later you end up doing a root canal? What will you do if you perform a root canal and crown and the tooth fails and requires an implant and crown. Are you assuming the financial risk, the patient, or are you sharing it? Regardless of your policy, the patient should know this up front.

3.) *Treatment:* Once you have made your diagnosis and informed your patient, treatment is pretty straight forward. The first step would be to place a full temporary crown and permanently cement it. I would leave them in a temporary for 2-3 months to make sure the tooth is symptom free before I would place a permanent crown. Sometimes when preparing the tooth it becomes obvious that you need to proceed to root canal or tooth removal. Sometimes things look good and the tooth settles down. If not, then root canal is the next step. Even though the root canal may look easy, these are teeth I tend to refer out. I don't like to see my root canals fail and have that doubt in the patient's mind that I did not do something correctly. For me, this is a case of spreading the responsibility around a little bit. It never hurts to have a specialist give the patient a concurring second opinion. If the patient does not want to share in the financial risk or drawn out unpredictable treatment, then an implant or bridge becomes a viable option.

Cracked teeth, while difficult to manage, can be dealt with in a logical fashion with no hard feelings on the part of the patient if you have your management procedures in place. Your staff also needs to clearly understand the process and be able to communicate that to the patient to minimize misunderstandings.

I don't usually do this, but let's get theoretical for just a second:

Every satisfied patient of yours should bring you more patients, right? The ideal is for word-of-mouth to do all the work–for your happy patients to refer their friends and family to you, who in turn become patients.

But what if you're not quite at that stage? No internal refer system, no follow up with existing patients that gets them to pay, stay and refer. That's when the next-best thing needs to happen: every happy patient needs to influence potential patients.

More specifically, short of having your patients actually deliver more patients to your door, the best thing is for your current patients to sway potential ones by writing great reviews of your practice.

You work your tail off to do a super job. Sure, that's its own reward because you get paid and your patients get what they want. Everybody's happy. But is that the only reward you get? Or do you also get at least a little public recognition for every great job you and your staff do?

13 Ways to Get More 5-Star Reviews Without Nagging Your Patients!

by Graig Presti[1]

Without online reviews, it's harder for people to conclude that they should pick you over your competitors. Plus without reviews you're far less likely to outrank your competitors on Google.

The bottom line is you need to ask each and every happy patient for an online review. But how do you do it without being a pest?

This is where even the smartest practice owners, the ones who know how important online reviews are to potential patients - often get stuck. They're not sure how to ask patients or how to show them what to do, so the 5 star reviews simply never happen.

Fortunately, you've got options... 13 of them!

I know of 13 ways you can get reviews - reviews that patients either write directly on your Google Places page (AKA "Google reviews") or write through third-party sites (like Yelp and CitySearch).
It doesn't matter how much time you have, or how many patients you have, or how computer-savvy they are. At least some of these methods will work for you and your practice.

Here are your 13 ways to get online reviews (not ranked in any particular order):

Continued on page 2