



Nova Scotia Dental Association

Principles of Best Ethical Practice:

A guide for Nova Scotia dentists

NSDA Best Ethical Practices Working Group 2015

Dr Eric Hatfield, Chair

Dr Lynne Moyles

Dr Roger Porter

The working group wishes to thank the BCDA for allowing the NSDA to use its material and adapt it to our needs. We dedicate these Principles of Best Practice to all those dentists who, in the past, worked so hard to make dentistry a profession based on sound ethical principles.



What do we hope to accomplish with this guide?

How is this document arranged?

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What does the NSDA hope to accomplish with this guide?

Aspirational not Regulatory

Goal: Encourage each NSDA member to aspire to principled dental practice rather than a practice purely defined by rules and regulations.

Objective: Provide proven principles and actions for practice management developed by dentists, for dentists, that support sound ethics and professionalism.

Intent: Best described by James R Owen, Wall Street Banker and author of Cowboy Ethics, What Wall Street Can Learn from the Code of the West (2010) and 2014/2015 CDA President, Gary MacDonald.

“...The fundamental problem is that we have confused rules with principles. Rules can always be bent, but principles cannot. So, while bureaucratic rules may reinforce the ways we ought to behave, there is no substitute for personal principles. I believe that, where human behaviour is concerned, any true lasting change has to come from within. So, if we want to encourage better ethical practices throughout the industry, we need something that will touch the deepest part of us — something that will make us want to do better and be better than we are. In short, what we need is not more regulation but more inspiration!” James R. Owen

“We must embody a culture of respect in our relationships with the public, our patients, team members, colleagues, and respect an individual’s worth and dignity at all times... it is a reminder that all dentists must consider how our individual actions can reflect on the profession as a whole. It is a reminder that in health care, ethical conduct, trust and professionalism are the cornerstones of a strong patient - provider relationship.”

Gary MacDonald, CDA President 2014/15
CDA Essentials, Vol 2, issue 2, 2015

How is this document Arranged?

The Principles of Best Ethical Practice is organized into two distinct parts:

PART I: NSDA Core Principles of Best Ethical Practice

A quick reference summary of core principles to guide the practice of dentistry.

PART II: NSDA Principles of Best Practice & Actions

A longer and more detailed list of best practice principles in six main topic areas:

- Your Professional Reputation Matters
- Patient Communication & Treatment Planning
- Practice Advertising & Promotion
- Dentist to Staff Relationships
- Peer-to-Peer Conduct
- Dentist-to-Dental Laboratory Conduct

Each section includes a summary of recommended actions on how to adopt the principles into daily practice.

NSDA Core Principles of Best Ethical Practice

Be a trusted health care professional.

Demonstrate integrity, empathy and caring.

Respect personal boundaries.

Provide quality treatment with a gentle hand.

Listen. Consider the oral health needs while respecting the wishes of your patients. Respect the dignity of each person.

Be the doctor. Conduct an oral exam and diagnosis, not just a “check-up”. Do not delegate this.

Build trust with open, honest communication.

Educate. Impart the value of dental care as part of overall health and well-being.

Ensure all charting and documentation is clear, accurate and consistent.

Know and continue to evolve your personal scope. Practice within it.

Consult or refer when appropriate.

Be respectful and supportive in all inter-professional relationships.

Whether principal or associate, conduct all facets of your practice as an ethical health care professional who values honesty and integrity.

Be a practice leader. Create and contribute to a respectful work environment.

Have pride in your professional identity. Stay connected. Get involved. Give back to your profession.

Be the dentist you would want to treat you or your family.

Principles

1. Your Professional Reputation Matters

- Every interaction is an opportunity to make a good impression as a health professional, inside and outside the oral health care setting. Be a good dentist in the minds of your patients, staff and peers.
- Always be honest, truthful and ethical in the promotion of your practice whether you are a Principal or Associate.
- Trust is a measure of your competency and integrity. A breach in competency can be addressed through an admission of responsibility and an effort to correct the deficiency. A breach of integrity may never be resolved and integrity is the foundational component for earning trust from patients and peers.
- ‘Word-of-mouth’ is still the proven advertising strategy to attract patients and build your practice. Your patients, staff and peers can all be influential advocates of your practice.
- Define and live your own brand as a dental health professional. Do not make [or allow others to make] false, misleading or grandiose promotional claims about your practice that could erode patient trust, or professional respect in you as a health care professional.
- Ensure your online and professional identity is aligned. Be mindful of what is written in social media and in electronic mail communications.
- Stand behind your work.
- Justify your decisions based on science-based dentistry.
- Treat patients as you would want to be treated yourself.
- Equip your office to protect the information in your patient files with restricted access to files, firewalls, daily back-up of information and anti-virus software. The transfer of patient information to another dental office should be afforded the same level of protection as the information stored in your office.

Principles

2. Patient Communication & Treatment Planning

- You are the doctor. Conduct a dental exam and diagnosis, not just a “check-up”. Be the focus, not the afterthought of the recall appointment.
- Watch for systemic illnesses and signs of domestic violence.
- Explain what you are doing, and looking for, during the oral exam in friendly simple terms. Good communication during the exam, and when explaining your findings, builds rapport and trust in you as a health care provider and conveys the value of the service you are providing.
- Be clear on the difference between urgent, necessary, preventive, elective and optional care and any health consequences of having, deferring or declining care. Be confident when explaining costs. Do not delegate this important discussion.
- Provide new patients with a simple written summary of all the options discussed, including cost ranges and not just the most complex option.
- Undertake procedures within your personal scope (knowledge, training and skills). Your personal scope can be updated and increased through continuing education.
- Seek a consultation if you have a concern that treatment may be beyond your skills or comfort level. When appropriate, refer the patient.
- Address and present recommendations to treat your patient’s oral health needs. Do not treatment plan for the purpose of maximizing profits from a patient’s plan maximums — even if requested. If you agree to this approach, it conveys that you sometimes do things beyond what you know your patient needs. (Patients may request unnecessary treatment procedures be provided in order to maximize dental plan benefits.)
- As a health care professional, do not let the patient’s insurance coverage dictate your treatment recommendations. Ensure that the motivation for treatment is the overall oral health of the patient. Document and have patients sign the chart if you propose different treatment recommendations from what the patient chooses. Refuse to do treatment that isn’t in the patient’s best interest.

Principles

- Be honest and consistent in your recommendations, fees and treatment costs for all patients.
- Recognize overall health concerns of the patient (e.g., smoking, drug addiction, signs of diabetes, sleep apnea, changes in cognition, etc.). Suggest that patients consult with their physician and other health care providers to follow up on these concerns. Assist the patient to seek help, if requested (e.g., referral for smoking addiction).

Billing

- Dental offices are encouraged to assist patients in understanding their dental insurance benefits. Ensure the patient understands their responsibility for the full cost of all dental care including what portion may or may not be covered by their dental insurance. The dental plan is a contract between the patient, the insurer and their employer or benefits provider. It is not a contract with the dentist.
- Ensure that all dental insurance claims accurately reflect the work completed. Document that you have made every effort to collect the full amount of all dental fees charged including the co-payment.
- Ensure that you use the correct codes from the NSDA Suggested Fee Guide that accurately reflect the treatment you are providing.
- If you accept assignment and discount your fee for an insured patient, the amount submitted to the insurance company must reflect the overall discounted amount. Discounting only the co-pay amount is fraudulent.

Actions

for Patient Communication & Treatment Planning

- Ensure your office staff always communicates in a friendly, relaxed and respectful manner; and that new patients are not immediately greeted with a question about their dental coverage. If you make their first contact with your office about money, they will do likewise.
- A best practice is to allow enough time in your day to greet your patient by name before they start their hygiene appointment (ensure your patient knows you are the dentist). Likewise, try to see the patient after his/her hygiene appointment. If the patient is there for an exam, he/she is there to see you — don't become the afterthought of the appointment. Advise what you will be doing during this appointment, (e.g., an annual exam, starting treatment). Convey a calm, friendly demeanor as a caring health care professional. Identify each step of your exam.
- Be polite and be respectful to your staff, patients and colleagues at all times.
Before you comment on the work of another dentist, think of how you would like to be referenced in the same circumstance. When possible, discuss this with the other dentist.
- Listen to your patient's chief complaint. Explore history, symptoms, and expectations (wishes and needs). See, smell, touch, listen.
- Use appropriate aids, (e.g., radiographs and oral photography), to conduct the oral exam and to communicate your findings. Use plain language. If you're discussing a complex treatment option, use active listening skills — have your patient paraphrase what you've said to ensure you have been understood. Do not expose the patient to unnecessary radiographs.
- Communicate primarily with your patient (not your staff) during the exam for the comfort of your patient. Focusing on them and letting them know what you're doing; looking for; or seeing in simple terms and in a relaxed manner helps patients know that you are conducting a health examination; not just checking on the work of your hygienist.
- Have empathy and understanding when communicating your treatment recommendations. Present all treatment options including the option of no treatment. Cover any associated risks of having, deferring or declining treatment. Stress the health benefits of regular dental exams and care.
- Congratulate patients for their good oral health when appropriate — be encouraging, not scolding.
- Take time to ensure your diagnosis and treatment plan is clearly communicated and accurately documented in your patient's record. Include your recommended order of care, (e.g., urgent, necessary, preventive, elective and optional care) and your patient's decision regarding treatment.
- Ensure you review the estimated cost range of your treatment options (including lab fees or that there will be lab fees). Do not delegate this important discussion. Details of the patient's plan coverage and specific payment options are appropriately covered by your office staff.
- Ensure the treatment plan chosen by your patient meets the test of informed consent and that you have permission to proceed.
- An essential policy is to schedule a separate "Initial Exam" with the dentist provider. You are the director. The time allocated will allow a thorough initial examination, required radiographs and other diagnostic procedures to be completed. Office staff should indicate that it is office policy for the dentist to complete an initial exam before any treatment, including hygiene care, is initiated. Scheduling may allow this treatment to commence on the same day. "Emergency Only" patients may be exempt from an Initial Exam policy because they are seeking emergency care.

Principles

3. Practice Advertising & Promotion

- All forms of advertising and promotional activities including electronic media must be truthful, objective and verifiable.
- The information must not portray a sense of superiority, or specialty skills that are not earned and recognized by organized dentistry as a specialty.
- Promote public trust in dentists as health professionals. Advertising must be informative not self-aggrandizing.
- Be clear on the difference between urgent, necessary, preventive, elective and optional care and any health consequences of having, deferring or declining care. Be confident when explaining costs. Do not delegate this important discussion.
- Uphold the image of dentistry as a health care profession in all your promotional activities.
- Ensure your advertising does not degrade or undermine the credentials, practice philosophy or treatment protocols of your peers.
- Be mindful of promoting technology used in your practice that may not be appropriate for all patients, or supported by approved standards of care.
- Do not be influenced by marketing consultants to allow messages in your advertising or promotional strategy that contravene the Provincial Dental Board's Code of Ethics for Practice Advertising & Promotion.
- Remember that the principal dentist – not a staff member, web designer or ad salesperson – is responsible for all content in advertising and promotion.

Principles

4. Dentist to Staff Relationships

- Be a practice leader (whether Principal or Associate), rather than just a manager or the boss, by creating and supporting a professional work environment.
- Treat all members of your dental office team with fairness and respect.
- Ensure bullying or harassing behaviour is not tolerated by any staff member. Have an office strategy in place to deal with complaints.
- Abide by Nova Scotia Occupational Health and Safety requirements in the workplace. Check with the NSDA for the latest guidelines document to ensure you are in compliance.
- Ensure accuracy and honesty in record-keeping, billing procedures and collection of the co-payment.



Actions

for Dentist to Staff Relationships

- Be inclusive, demonstrate appreciation.
 - Ensure that the responsibilities for billings (direct to patient or to insurance plan) and dealing with practice finances (banking, ordering inventory, etc.) are shared among more than one staff member.
 - Communicate openly and honestly with the team.
 - Encourage regular staff meetings.
 - Have written job descriptions and office policies.
 - Invite input on administrative issues.
 - If a family member works in the office, be aware of the potential problems this can cause. Ensure everyone is clear on who is leading the team.
 - Provide for constructive feedback.
 - Hold annual written performance reviews – have employment contracts for all positions. Retain written documentation for legal reasons.
 - Encourage continuing education. Maintain appropriate and professional personal boundaries with staff.
 - Always obtain legal opinion prior to any complicated labour matters or staff dismissal.
 - Avoid discussing staff on social media, except in a professional manner. Respect their privacy.
 - Have a copy of the Nova Scotia Labour Code and refer to it for all labour matters to ensure that you act within the law.
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- Develop an office policy for patients who present under the influence of alcohol or drugs, legal or illegal, who may or may not be able to provide informed consent. This includes patients who may be sedated for dental procedures. Be prepared to be flexible and respectful. “Keep safety first” for yourself, your staff and your patient. Ensure that patients are released from your office to a designated friend or family member.
 - Develop an office policy for the recognition, discussion and reporting of domestic violence, abuse and neglect. Dentists have a legal and professional responsibility to report in Nova Scotia.
 - Have an office policy for and record of infection control breaches, (e.g., needle stick injuries). Know the procedure of informing patients of their role in the infection breach protocol.

Principles

5. Peer-to-Peer Conduct: Principal/Associate Relationships

- Your Associate is your professional colleague. Treat your Associate with respect, openness and trust.

Actions

for the Principal Dentist

- Ensure you have a valid legal employment contract or Associate Agreement for your Associate before they start working with you.
- Negotiate rather than dictate on issues such as hours of work, time off for vacation/courses, clinical practices, etc.
- Agreed remuneration should be paid on a timely basis and be transparent as to how the amount was calculated.
- Within the limits of personal scope, the Associate should be allowed freedom in clinical decisions. Respect that there could be educational or generational differences in an approach to dental care.
- Hold back periods whereby an amount of the Associate's remuneration is retained by the Principal after the Associate leaves the practice, are unacceptable unless agreed upon in the contract before the Associate starts working. Similarly, restrictive covenants need to be fair to both parties and not place undue restraint on a departing Associate. Seek legal counsel.
- Expecting improvement in efficiency over time is reasonable for new graduates. Imposing production quotas or billing targets on any Associate is completely unacceptable. Spell out the hours of practice in your legal agreement.
- Respect that Associates are accountable for their own patient charts, treatment notes and billing practices even as a contract member of your practice.
- Support your Associate in their wish to consult or refer patients as they believe is necessary to ensure the best possible care for the patient.
- If the Associate is not available or terminates the agreement, the principal dentist is responsible for the patient's continuing care. This depends, of course, upon the patient remaining with the practice.
- Have policies in the Associate's contract regarding staff relationships to the Associate and to the Principal dentist and other staff. Have a strategy in place to deal with concerns and conflicts.
- Ensure everyone understands that patient records remain with the principal dentist if the arrangement fails.

Principles

5. Peer-to-Peer Conduct: Associate/Principal Relationships

- Your Principal is your professional colleague as well as the practice owner. Treat your Principal with respect, openness and trust. Treat your Principal's patients as if they were your own long term patients.

Actions

for the Associate Dentist

- Understand that the Principal is the practice owner and therefore has a responsibility for everything that happens in the practice. While the Associate is responsible for his/her own actions, those actions should reflect positively on the Principal.
- The Principal sets the tone, focus and management style of the practice. Be mindful of the Principal's wishes within the bounds of good clinical practice.
- Be respectful of the Principal's clinical style and decision-making—especially if you are recommending new treatment to their patient of record.
- Discuss complex treatment plans and staff/office issues to ensure you are managing as a team, rather than creating a divisive environment for staff and patients.
- Disclose clinical and administrative issues early and strive for a joint solution.
- Observe patient privacy. The patients belong to the practice and, therefore, patient lists belong to the Principal. At NO TIME should patient information be removed from the practice without the Principal's consent.
- Understand records are the property of the principal dentist.



Principles

5. Peer-to-Peer Conduct: Inter-Professional Relationships - Referrals

- Be the health professional you would want to collaborate with on patient care. Privacy and security are paramount in patient record correspondence.

Actions for Referrals

- The referring dentist is the dentist of record for the patient until the patient decides otherwise.
- The referring dentist should provide in a safe, private and secure manner sufficient patient information, diagnosis, treatment plan and the specific reason(s) for the referral so that the dentist/specialist receiving the referral (receiving dentist) understands both the patient's and referring dentist's expectations. Transfer of records should not be sent digitally unless done in a secure service offering encryption of the data. Emailing sensitive patient information may not meet provincial regulatory and legal requirements. Unencrypted email is not considered secure. The use of a direct fax service is considered acceptable. Particular care must be taken to ensure it is secure.
- The receiving dentist should provide only the requested treatment to the appropriate standard of care in the best interests of the patient, and then return the patient to the referring dentist for ongoing care.
- If the receiving dentist believes the initial treatment plan needs to be modified, and/or additional consultation is required with other health care providers including dental specialists, this should first be discussed with the referring dentist at all times.
- The referring dentist should coordinate treatment for the patient by ensuring the patient is aware of, and understands the overall treatment plan, prognosis and who will be involved in their care. This may involve arranging for consultations with other health care providers including dental specialists, and helping the patient with any concerns or questions.
- If it is determined that another health care provider or specialist would be the best person to coordinate the patient's treatment, discussion with all those involved should take place to make this determination.

Remember — the success of any relationship, including inter-professional relationships, is based on good communication.
- If the patient requests that the receiving dentist refer them to a new dentist for further care, the receiving dentist should:
 - A. First encourage the patient to discuss their concerns or decision with the referring dentist and/or advise the referring dentist of the patient's request unless instructed otherwise by the patient; and
 - B. If the patient is determined to change dentists, a specific dentist should not be recommended unless they are the only one able to provide that care. It is better to encourage the patient to enquire about the names of possible dentists with their family and friends, and/or provide the names of alternative dentists (more than one) capable of providing the appropriate dental care.

Principles

5. Peer-to-Peer Conduct: Inter-Professional Relationships – Covering for Emergency Care

- All dentists are responsible for providing emergency care for their patients. If you are going away or are unavailable at any particular time, you have an obligation to inform your patients of alternative arrangements for emergency coverage that you have made. It is inappropriate to simply leave a colleague's or hospital telephone number unless you have permission to do so. By making arrangements with a colleague you know and trust, the risk of the patient transferring out of your practice is diminished. It is a courtesy to inform your colleague and to follow up with them concerning treatment provided and to express appreciation.

Actions

for Covering for Emergency care

- When providing emergency coverage for a colleague who is away, only provide emergency care and then return the patient to your colleague to complete the care.
- The patient's financial status must not influence emergency treatment options. If there is an appropriate choice between a higher and lower cost option that will each result in a good health outcome, discuss the benefits and risks of both options and ensure the patient makes an informed decision.
- It is unprofessional and inappropriate for the emergency dentist to suggest or encourage a patient to change dentists. The emergency dentist should avoid accepting his/her colleague's patient of record for continuing care without just cause.
- In the event that the patient wishes to change providers to the emergency dentist, and the emergency dentist is unable to dissuade them, and is willing to accept them as a patient, the patient should be instructed to advise the original dentist of their intention and to request their own records transfer.
- The emergency dentist is also encouraged to inform the patient's regular dentist of any treatment that has been performed, preferably in writing. In addition, any decision by the patient to transfer to the emergency dentist should be discussed by the two dentists.

Principles

5. Peer-to-Peer Conduct: Inter-Professional Relationships – When Patient Moves/Switches Dental Care Providers

- Forward copies of dental records willingly to foster efficient continuity of care with written patient consent. Patient records should be current, clear and easily understood. A copy of all information that would benefit patient care, such as radiographs, should be included. Written consent is advised. Privacy and security and confidentiality are paramount. It is suggested that a copy of the records be sent to the new provider, rather than given to the patient to deliver.

Actions

for When Patient Moves/Switches

- As dentists are encouraged to maintain original dental records, reasonable compensation by the patient to copy and transfer records is appropriate. A nominal charge to copy and mail records is acceptable.
- Limit any comments on a patient's previous care or dental work to those elements you are fully aware of and are helpful in addressing the current needs of the patient. Avoid defamatory, editorial or gratuitous comments about a previous dentist. Restrict your comments to the quality of the work you see, not the provider.



Principles

5. Intra-Professional Relationships – Communication with Other Health Care Providers

- Since the patient's health history, current medical care regime, or use of medications may preclude dental treatment until consultation with a medical or other health care professional is obtained, then document consultation with other health care providers regarding overall patient health issues that may influence your treatment plan and/or your treatment outcomes.

Actions

for Communication with Other Health Care Providers

- Verbal or written communication with a patient's physician is advisable when clarifying patient history, past treatment or other particulars such as confirming lists of prescription medications, allergy history or past surgical/anesthesia history.
- Where dental treatment may present a danger to a patient with existing medical condition(s), consultation with the patient's physician is strongly recommended.
- Make time to provide direct and detailed information to other health professionals when they enquire about dental problems or possible complications arising from your treatment of a mutual patient.
- Be respectful of other health professionals, realizing they may have limited knowledge about dental disease and treatment procedures. Educate where appropriate to assist and improve your patient's oral health care outcomes.
- Good communication is a 'two-way street', and without it your patient may suffer.

Principles

5. Peer-to-Peer Conduct: Selling a Practice

- Be fair and reasonable in all negotiations with the practice purchaser. Your intentions should be open, honest, accurate and complete in all your disclosures.

Actions

for Selling a Practice

- Consult with other professionals (i.e. banker, accountant, broker and a lawyer) who have actually transacted the sale of a dental practice in their careers.
- Prepare and document the practice for possible sale (practice evaluation) considering such as:
 - Accurate financial statements;
 - Number of patients in the practice;
 - Honest valuation of billings — including collection of the co-payment;
 - Equipment age and maintenance history;
 - Premise lease, lease assignment;
 - Lease agreements and any other formal contracts for the practice;
 - Loans, Liens;
 - Assets and liabilities of the dental practice, which are related specifically to the practice;
 - Goodwill assessment – define and understand “goodwill”;
 - Staff and Associate contracts are current and valid; and Partnership agreements — if relevant — are current and valid.
- List of items not part of the sale (works of art, personal property on the premises, etc.)
- Communicate with staff about the sale when appropriate and according to provincial legislation.
- Addressing the issue of long-term employees will require legal counsel.
- Follow privacy legislation when dealing with patient chart audit by potential purchaser. Be cautious in your negotiations: Always read the fine print. If it sounds too good to be true, it likely is!
- Maintenance of confidentiality, in the event that a deal fails, is paramount. All documentation needs to address this - both in terms of confidentiality of patient records and of personal, practice and any financial details of the buyer and the seller.
- Negotiate in good faith.

Principles

5. Peer-to-Peer Conduct: Buying a Practice

- Have honest intention, integrity, respect and good faith in your negotiations with the practice seller. Do not take advantage of the seller if they are selling under extenuating circumstances.

Actions

for Buying a Practice

- Consult with other professionals (i.e. banker, accountant, broker and a lawyer) who have actually transacted the sale of a dental practice in their careers.
- Prepare and document the practice for possible sale (practice evaluation) considering such as:
 - Accurate financial statements;
 - Number of patients in the practice;
 - Honest valuation of billings — including collection of the co-payment;
 - Equipment age and maintenance history;
 - Premise lease, lease assignment;
 - Lease agreements and any other formal contracts for the practice;
 - Loans, Liens;
 - Assets and liabilities of the dental practice, which are related specifically to the practice;
 - Goodwill assessment;
 - Staff and Associate contracts are current and valid; and
 - Partnership agreements — if relevant — are current and valid.
- List of items not part of the sale (works of art, personal property on the premises, etc.)
- Communicate with staff about the sale when appropriate and according to provincial legislation.
- Addressing the issue of long-term employees will require legal counsel.
- Chart audits by purchasers should always occur after an offer to purchase has been accepted by the parties. It is usually a specific condition of an offer - meaning that, if as a result of the chart audit, the buyer doesn't find what they are looking for, or worse yet finds something they weren't expecting, then they can legally withdraw their offer.
- Maintenance of confidentiality, in the event that a deal fails, is paramount. All documentation needs to address this - both in terms of confidentiality of patient records and of personal, practice and any financial details of the buyer and the seller.

Principles

6. Dentist to Dental Laboratory Conduct

- Recognize the lab tech cannot recover margins that do not exist. They are not magicians.
- The quality of the returned case cannot be better than the records sent out.
- Interactions with dental laboratory personnel require communication and courtesy as the basis for a good working relationship. The goal is to deliver the best product possible to the patient.
- The dentist should be the person who plans the treatment. The lab technician can assist with design and material choices, based on their working knowledge of materials and product performance.

Actions

- The dental laboratory requires a straight forward handwritten or typed script, indicating preferences and any specific considerations and expectations, including a reasonable delivery time.
- The foundation for any case is a precise model and/or impression and occlusal records. Respect the dental technician's experience and requirements if they recommend additional records. Consider infection control.
- Shade selections should be accurate. The inclusion of good quality photographs is helpful.
- Verbal lines of communication are extremely important. A telephone call between parties can remove any doubt or shed more light on a case.

As the dentist, you are ultimately responsible for the final outcome.