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COSMETIC TOOTH REPLACEMENT AND THE IMPORTANCE OF CLINICAL DENTAL TECHNICIANS: AN INTERVIEW WITH KASH QURESHI



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About Dr Aalok Y Shukla

Aalok set up a private dental practice from scratch – Alkali Dental Studios. He then created I Love Straight Teeth focused on the adult orthodontics niche which is undergoing some exciting expansions. With his wife and business partner Lucie Marchelot Shukla he is the co-founder of Click Convert Sell Ltd and Elite Virtual Team and co-host of national conference DominateCon. His mission is to help small business owners and dentists grow their revenue and work less days in their practice.

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With the advances made in design and realisation, materials and performance, dentists can now carry out more highly functional and natural looking dentures and implants. Kash Qureshi believes that by teaming up with a Clinical Dental Technicians you have the support for advanced fixed options and can unlock a highly profitable second income stream in your practice.

Kash Qureshi, the successful and experienced Clinical Dental Technician, director of both the Swisssdent and Bremadent Premier Dental Laboratory in London, talks to Aalok Y Shukla about the benefits of Swisssdent (<http://www.swisssdent.co.uk/>), the future of cosmetic dentistry and how this can grow your practice by unlocking a new revenue stream.

Discussion on key themes include:

- Modern cosmetic dentistry and denture upgrades.
- Advances in prosthetics and artificial teeth.
- The role of the clinical dental technician.
- How the clinical dental technician can help your practice grow.

Aalok Y Shukla : Thanks a lot, Kash, for doing this interview for 3 Day Practice. We're going to be talking about cosmetic tooth replacement, the changes, and how this can really help practices grow and help more patients get what they have always wanted. Can you tell me a little bit about your background, where you started and how you've seen things develop over time?

Kash Qureshi: In the laboratory we have seen a lot of changes to what we're currently dealing with now. When I first started, Full metal crowns was on high demand and porcelain crowns with metal substructures. That was the 'in-thing.' And now it's gradually moved to a metal-free solution, because patients want more aesthetically pleasing teeth. I've seen a lot more complex cases that are coming into the laboratory because there's a lot more aesthetics involved. There's a lot more artistic flair involved in the work we do and every technician is an artist of some form.

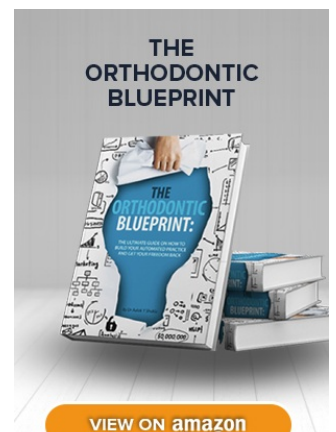
Aalok: So it's been a transition from needs-based stuff to a lifestyle choice. Have you also seen differences in dentures, in what people were asking for when you first started, versus what kind of denture people are asking for now?

Kash: It's moved more towards cosmetic rather than functional. The dentures we normally used to produce were just fit for purpose. Now we have moved more towards cosmetic approaches with dentures. Where there's a slight conditioning on the teeth, or if it's a case of adding a bit of contour around the gums, we'll slip in a natural

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look.

Aalok: When you first started, for every ten dentures, how many were you customising?

Kash: On an average you would probably be looking at about two or three a week. Demand was not as cosmetic as it is now. Considering cosmetic dentistry as a whole, everyone's taking more photos and everyone wants to look their optimal best.

Aalok: In your experience, have you always seen a huge number of complete dentures or partial dentures, which were the trend for many years?

Kash: When I started, we had a lot more complete dentures but now we seem to be getting a lot more partial dentures.

Aalok: There's a huge base of people who already are missing teeth. They have something which, as you said, is functional but is not fit for social purpose. There's a whole generation seeking upgrades and this creates new opportunities in the practice. Tell me a little bit about what you do? You also see patients directly?

Kash: That's right. I'm a Clinical Dental Technician and I basically trained under a denture system that was purely made for cosmetics and function; the Swissedent system. Swissedent utilises the Smile MakeOver concept and the Dentogenic Concept which implies anterior teeth are aesthetically positioned to complement the patient's facial characteristics, smile, age and gender by reflecting natural light to hit certain teeth as with natural teeth. The shape and mould of teeth is formed via the same features, root contour and inter-dental areas are carved convexly with stippling to prevent food traps and provide a self cleansing hygienic denture. All of that is incorporated into the dentures to make a truly functional, yet cosmetically aesthetical denture. And, from that, I've opened up a denture clinic and I have predominantly treated my patients with Swissedent dentures. It's a case of giving the patients something that can last them for many years but is still affordable, although some patients have had their Swissedent for 20 years plus and still looks as good as new.

Aalok: And this is a category that people weren't even aware of before. As you said, it takes in characteristic facial appearance, identity and essentially, personality. This is a whole new category. You're taking people from the worst option, a purely functional denture, to the best option; a completely personalised and attractive denture. People now have an option to upgrade their dentures. I'm guessing most practices don't offer this kind of solution. Would you agree?

Kash: I agree. I don't think they offer it to the extent of Swissedent because it relies heavily on the relationship between the practice and the laboratory making the dentures. A hundred technicians would all give you a different approach on what makes a denture natural. The Swissedent system was introduced to stop this from happening by creating a language that Swissedent Clinicians and Technicians both understood in terms of information. It was based on the communications to create the most natural looking dentures. We also created dentures to be self-cleansing and hygienic. There was an issue with patients having debris stuck in their dentures. The way we've designed the dentures is in the interdental areas and the gum. They are convex all the way to the peripheral, so when food goes into these areas, it slips straight back out. Then your tongue acts as a natural cleaner, so it will literally clean the dentures for you.

Aalok: Basically, not only is it more aesthetic, it's much more functional and more hygienic. I think the key thing is to make sure more and more patients who have dentures are aware of this potential. Many dentists are not aware of what is possible, so how on earth could the patient know?

Kash: I believe they should have this framework of Swissedent in all dental schools. It has revolutionised dentures since the 1950's. Dr. John Frush who invented the Swissedent Foundation in America went to Switzerland to learn about natural dentures. There have been several papers, and there's been scientific research about what Swissedent has done. Some of the popular products out today, for instance the Alma Gauge, the alimeter, they're all invented by Swissedent. In hindsight, Swissedent is the foundation of many popular systems. If you make dentists and the technicians aware at school level, at university, then it will be easier to promote to patients. It's quite bulletproof.

Aalok: Yes. What about patient education materials? What is there that can help people understand, and what can dentists have in their practice that could help the patients know more about the options?

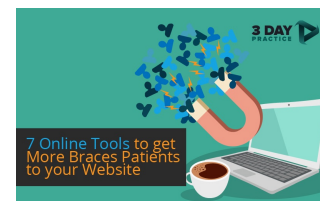
Kash: There are various materials we still have to this day. We have a lot of marketing materials. Things are now more in a technology based form to push Swissedent. There is a website available which has a lot of information on Swissedent and there's a quick list. I like things like that so whenever you have a case, you can easily educate people on what Swissedent is about and what type of dentures you can get from it. It's a case of making patients more aware by doing things the way that works best for you, run open evenings and by having talks with dentists.

Aalok: And having photos to show the aesthetic results possible and flyers. Being able to show exactly what the Swissedent denture is, speaks a million words. On average, what would a Swissedent denture cost, to the patient, in terms of ranges?

Kash: You're probably looking at anything between £1,200 to £1,800 for a Swissedent denture.

(<http://www.amazon.co.uk/THE-ORTHODONTIC-BLUEPRINT-ULTIMATE-AUTOMATED-ebook/dp/B00ZV7DQF8>)

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Aalok: Per denture or for a set?

Kash: For a set. Swissedent was made to be affordable for patients to truly enjoy a natural looking denture for many great years.

Aalok: And, in terms of context, at the top end of that scale, your prices are still less than a single implant and they get a premium product which looks just like their own teeth. In the future, if they choose to upgrade to have mini implants, for example, they have the foundation.

Kash: That's right. They are on a solid foundation because if you start off at the bottom end, you get a denture that doesn't look right and doesn't fit your mouth which can cause bone resorption and thus creating any future dentures to be difficult to be retentive. When dentures are made in a bad way, your mouth adapts to that. If you start off with the Swissedent, you can go onwards from there as it incorporates all of the anatomical landmarks, articulated balance, gum contour and intercuspation which all help with mastication, stability and retention.

Aalok: It's all about context and their first experience, isn't it?

Kash: I think having Swissedent on implants works because you've got all of the benefits of having the Swissedent, and you've got the added security and peace of mind. It's a psychological thing to have something secure in your mouth.

Aalok: And it means people can do it in two stages. They can get the teeth they want now, and upgrade later for added security. Straightaway you are building a pipeline for your practice. When you see somebody for a Swissedent set of dentures, how many appointments would you see the patient for, on average and how long, in total, would you spend with them?

Kash: I always base it on five or six appointments. It's a case of mastering the protocols in a methodological way, so you know how to do the next step. On the lab side, as well as the clinical side, a lot of the information I have pre-programmed. From there it literally goes in sync and the information gets bounced back. For example, a bite block produces a wide range of information. It produces the facial and smile characteristics. It produces the canine lines, the centre line, the high, the low lip line, the smile line, the occlusal plane, horizontal plane and tissue support. If you can get that nailed and mastered down in a fifteen minute session, and you have enough patients coming in each day for a fifteen minute slot, and you're doing premium dentures, then you are onto a winner from the start. You're providing the laboratory with the correct information to do what we need to do. You're killing two birds with one stone.

Aalok: And the beauty of the practice, based on the figures you have given, you're running at between £500 to £800 gross. You don't have to worry about nerve damage, pain, and other problems, because it's an entirely removable procedure. You're not going to have medical legal risks from this and, at the same time, you're helping patients to have something new. If a practice can add another four or five a month, they could easily be adding £10K to the practice, or a £100K per year.

Kash: Absolutely, it sells because it works and its almost a niche, it has history, science and a foundation backing it all the way in academic world, basically it's a cosmetic natural denture that is functional and aesthetical that benefits the patient, dentist, laboratory owner and technician. Currently we are the only licensed laboratory.

It benefits that patient as they are having a cosmetic natural looking denture that's functional. The dentists benefits from a premium product that is hassle free and requires less surgery time and remake factors to allow for more appointments. The laboratory owner benefits from a high quality premium product being manufactured productively and consistently and last but not least the dental technician benefits from being able to produce premium quality work with the correct information to enable them to do so.

Aalok: That gives a unique selling point for the practice, because they can be the only one, potentially, or one of the few, in their area, to offer it. Clinical Dental Technicians (CDT) can work both independently and in a practice and this could allow many practice owners to create a synergy, which they never had before, to help more patients than they ever saw before, and go from there. What are your thoughts on CDT's joining practices, and then help by doing more straight implant open days and missing teeth open days?

Kash: The role of the CDT in a practice is probably a smart move for any practice owners. You have the benefit of having a technician on site. When they're in surgery they can translate a lot of the information they know from the lab side to the clinic side. Plus, I know a lot of CDT's who work independently, so they can act as a nurse as well as do lab work at the same time. You've got three people rolled into one. And if, from a business point of view, you've got a third more skills and if you don't utilise that, it's not to your advantage.

Aalok: There are all sorts of collaborations that can happen by having another person who's motivated and driven. You could collaborate on certain types of cases. They may even want to rent space from you on certain days, or at the same time they could work as an associate, to see people that you otherwise wouldn't have the capacity, time, or skill to offer and that can easily unlock another six figures in your practice.

Kash: When I first started off doing the CDT course, I was working in a practice with my mentor, Dr Atif Saeed.



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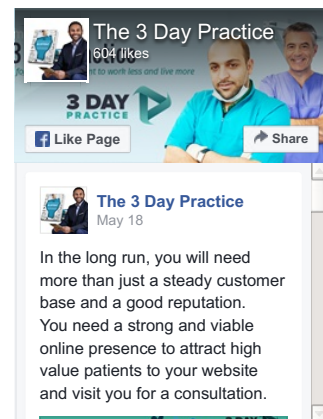


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We had two surgeries and we ran a competition in the newspaper for a free set of dentures! In the end, I had my own surgery, and he had his own surgery. I was seeing all the denture patients and Atif was seeing the crown and bridge patients and, literally, we would both be seeing up to fifteen to twenty patients each. It was really successful because I was doing the lab work, coming into the surgery the next week and treating the patients. The same with Dr Saeed He would place the implants and then I would do the denture work over the top of it. It was a good setup.

Aalok: That's amazing. You revealed one very interesting thing. Where did you run the local competition for the dentures?

Kash: It was in a local newspaper in Corby. That generated a lot of patients and got the name out there for the practice in that area and it worked really well.

Aalok: That's a genius idea. On a Swissdent denture, what's the lab fee range, would you say?

Kash: The lab fee's always the same price. Its £495 all inclusive.

Aalok: Per denture?

Kash: That for a full set. That's inclusive of the teeth. We use Vivadent PE teeth with a chromoscopic shade, so you've got a three layer composite over the top which gives a really nice pearl effect. You probably find, in the age group of most denture wearers, a pearl effect for denture teeth gives a realistic look. They are made with High Impact Acrylic. All of the jobs are anatomically articulated with all of the special trays and baseplates, Everything is all-inclusive. The Swissdent system is bulletproof. If the clinician and technician work together, there's nothing that can go wrong. We were so sure of it, and still are to this day, that we offer a five year guarantee. I have clients who still use the Swissdent service.

Aalok: That's amazing. That's a brilliant idea for many practices if they wanted to add a whole new side to their practice with no risk, no GDC threats or any kind of problems like that. You can have people coming in for these services, teaming up with a CDT, and running a competition in the local paper. It will only cost you about £500 to generate a whole new side revenue. That's a brilliant way of doing it. Moving on to the next level, which would be, for example, 'Teeth in a Day,' or 'Same Day Teeth,' or 'All on Six,' or 'All on a Four,' that have in the last two years really exploded, would you say?

Kash: To be honest with you, I think it's a brilliant idea and it's a brilliant system. And then to mix it with Swissdent, is the way forward. It works. That's the reason I think I've gone forward as far as I have, because, as a system, Swissdent was ahead of it's time. Now is a time when prosthetics are at an optimal, and Swissdent dentures just fit straight in and blend in with all of this.

Aalok: Yes, and I can imagine, if you're a dentist and you're going to be doing a 'Same Day Teeth' type case, you want to have a technician on board who knows what they're doing to take the stress out of the situation. The last thing you want to do is extract teeth, put in implants, then find the prosthetics don't fit properly. That is a complete nightmare. By teaming up with a CDT you can unlock that second revenue stream in your practice, so you've not just got the removable options, you've also got the support for advanced fixed options. Some of these cases are worth £15K or £20K. Add five of those a year, and that's another huge income. But, of course, the more of the standard removables you're doing, the more of the other ones you are going to be doing. It's a pyramid, isn't it? One layer feeds the other.

Kash: That's right. Once you get it rolling like that it works very well, but ultimately knowing that you're giving your best to the patient is a feeling you cannot put a price on.

Aalok: Approximately how many CDTs are there in England, do you think?

Kash: If I remember correctly, there are about 200- 300 CDTs in England. I am currently the youngest CDT to qualify, not sure if that's a good thing or bad.

Aalok: So where do you see the future? What do you think in two years from now, three years from now, things will be looking like in cosmetic tooth replacement?

Kash: We are moving towards more digital dentures. I think digital dentures is a good thing to get into. I think that'll be great with implant cases. In terms of CT and X-rays, if all of that is combined with the digital denture system, and you have a technician who understands prosthetics, you can show images and the information to the patients. This shows the patient what we can do, and what they are going to end up with. This is probably be the way forward, to have something in place to prepare yourself for the future which is gravitating towards CAD/CAM, technology.

Aalok: So what is a digital denture? How does that work?

Kash: It's based on the same principal as CT scan.

Aalok: You scan the mouth and the ridge instead of scanning the teeth?

Kash: That's right. You have digital impressions, rather than traditional impressions.

Aalok: With the denture itself, is it still made in the normal way or is it 3D printed? How does that work?

Kash: At the moment they're trying to find a cost effective way of doing it.

Aalok: Wow. So that's really cutting edge. If practices are getting people interested in the cosmetic aspects of tooth replacement, and keeping in touch with the CDT, they're going to be well-primed to deliver the next stage of treatment?

Kash: Yes. They're all going to be within their remit to do that type of work. My last point of view is that, in order to be able to produce this invention, there's always going to be a fee involved.

Aalok: People always pay for a premium solution, as long as you've got the right people dealing with the pain and problem.

Kash: That's right

Aalok: If people want to get in touch with you to learn more about Swissdent dentures and about offering them in their practice, what do you recommend? Do you offer training and support? How could they do that?

Kash: I usually offer Swissdent dentures courses from a clinical point of view. I'm in a prime position as I work in the clinic, as well as the laboratory. There a lot of information on the website so if you go onto the clinical guide, it has information, for instance, on taking impressions like a pro with a step-by-step guide.

Aalok: Does a practice do a course before they can offer Swissdent, or could they contact you directly to offer it?

Kash: You need to complete a course first. There are certain concepts that need to be taught in order to achieve a Swissdent denture. If it's the case that everyone can offer them, you can't control the quality of what's coming out. If you were doing the process correctly, but someone up the road was not doing it correctly, it would damage the reputation and quality of Swissdent. Everyone needs to have the approach to make a Swissdent.

Aalok: If they're using you to get the Swissdent, they could start a case with you, or go on training first ?

Kash: I would still say, from a clinical aspect, and from a practical aspect, it would be a case of having some form of communication with them and from there we have a checklist of what we need as a laboratory.

Aalok: Thank you very much, Kash. This all sounds very interesting.

To find out more information or to get in touch with Kash Qeshi please visit the Bremadent website (<http://www.bremadent.co.uk/kash.html>)

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