

# Digital Growth Program

— MEMBERSHIP —

## TCO MASTERCLASS

TOOLS & RESOURCES

# Digital Growth Program

— M E M B E R S H I P —

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SEE BACK OF BOOKLET FOR DOWNLOAD LINK

# Practice Policy in relation to Pre Clinical Scanning by GDC Registrants

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## Introduction and philosophy

We believe in the importance of record keeping at every touchpoint in the patient journey.

No touchpoint is more important in terms of capturing baseline data than at the initial presentation.

We also believe in the benefits to patient care made possible through new technologies such as intra oral scanning.

Intra oral scanning enables the capture of colour 3D data in relation to dental restorations, gingival health, recession, bruxism, occlusal scheme, tooth position. It enables remote assessment and triage by other members of the dental team.

It forms a baseline to enable comparative analysis of future scans to determine progression or improvement in recession, bruxism, gingival health and tooth position. This in turn enables better decision making and better treatment planning.

We believe in providing GDC registrants in our dental team with logged formal training pathways in intra oral scanning to facilitate this approach to patient care.

## Practice Policy

All new patients to the practice will attend a Pre Clinical Consult with a Treatment Coordinator to enable 3D colour intra oral scans to be taken by a GDC registered member of the dental team.

This will form a baseline record of their presenting condition and forms part of the patients medico-legal records.

# GDPR and Clinical Communication Channels

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In providing us with your mobile number and email address you understand that we will be using these communication channels to discuss and plan your clinical treatment.

We will not use your email or mobile to market or send newsletters.

We are a cutting edge digital dental practice committed to using visual tools to help our patients understand their problems and any proposed solutions better.

Therefore we will use your mobile number and email address to send you visuals when needed.

We may also ask you to send visuals through these channels if it helps diagnose a problem or offer advice.

In this context please sign to confirm you agree with the following statements:

I understand that the communication channels I have provided to The Courtyard will only ever be used to discuss, advise and plan my clinical treatment.

I understand that this may include imagery such as dental photography, x rays, digital designs, colour scan imagery, and photos of lab work if it assists in the discussion, advice and planning of my clinical treatment.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_



# SCANNING TRAINING LOG

Staff member:

	Patient name	Observed (O)	Scanned Under Observation (SUO)	Scanned Independently (SI)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



# PCC Script

---

## TCO

"So, Gabrielle has informed me a bit about your enquiry into composite bonding.

So, tell me a little about how you heard about the practice, has it been on Instagram, tell me what you're looking for."

## PATIENT

Occupation.

Recommendation.

Opportunity for rapport / common ground.

## TCO

"Have you seen any examples, were you thinking bright and Hollywood, or more natural?"

## TCO

"The idea of today is that I can let you know about composite bonding, what happens in the appointment, a little more about the techniques. Costings, timeframes.

I'm also going to take some scans if that's OK. Then we can have look at your teeth together on this screen, use that to guide our discussions.

I can show you some examples as well.

Is that what you were hoping for?

Take a seat then and I'll get your scans taken."

TCO

"Let's have a little look and show you your teeth!"

PATIENT

"It's weird to see them up there. Oh God, they look awful! Oh my God they look horrific."

TCO

"Had you given any thought to how many you need?"

With bonding we tend to do them in pairs, and for symmetry and uniformity we tend to advise 6 or 8.

Also it depends how much brighter you want to go, if patients want to go super white and stop at the canines then you can 'see the join' between the bonding and the natural teeth behind.

You can see a discrepancy.

The teeth are already aligned, we're not going to need to talk about Invisalign or anything like that.

You have space between the teeth, your bite is fine."

CO DISCOVERY

LET THE PATIENT GUIDE YOU.

"That's your number 4 tooth, so to match that we'd be talking about 8 which is quite common."

PATIENT

"Leanne said she had 8 done."

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TCO

"Most people show that many when they smile."

PATIENT

"If I'm going to get it done, I want to get it done right.  
I probably need 8 don't I?"

TCO

## TECHNIQUE AND PROCESS

"How bonding works is it's like a white filling material that we stick to the outside surface the teeth and also the edges. So that means we can make the tooth appear longer and fill in these spaces.

We can also add to the length and make things look more uniform.

Some people come in wanting really natural shapes, or some people have seen on instagram the squared-off shape where they're all the same length."

PATIENT

"Similar length."

TCO

"Clean edge.

We've got loads of examples, that's the most popular at the moment.

The thing with bonding, once it's done the colour doesn't change, so if you want your smile a bit brighter we advise whitening for your top and bottom first.

Usually what patients do is top and bottom whitening, we give you a period of at least 3 weeks so you can really go for it if you want to go for a really bright shade.

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On the bonding appointment you're colour matched, so when she sees you in the chair you'll pick the colour.

That means that after treatment you'll need to keep your lowers and very back top teeth the same shade as your bonding.

The whitening system we use is actually a home system. We make you some trays that look a little like retainers, and you put some gel inside and wear them for 2 hours.

It's totally up to you how bright you go.

The bonding does require a little bit of upkeep, a little bit of maintenance. It doesn't necessarily have to be here, but we do advise you see a hygienist regularly. Just to make sure your gums are super clean and super healthy.

Before we let you go here, if you have the bonding, we make sure you see our hygiene team and it's a whole separate appointment to train you in how to clean the and flossing technique.

Obviously, we'd love to look after you if that's what you choose."

## PATIENT

"I probably would come back to where I got them done."

## TCO

"We obviously see normal patients for regular check ups and cleans as well.

There's a few dos and don'ts with composite bonding. It's strong but not super super strong. We would advise against biting your nails, tearing sellotape with your teeth. Crusty bread. Fruit with a stone. To avoid chips.

If that does happen, you do have a years warranty, so within a year of that happening if the little things do chip or break, which can happen, then that's covered free of charge.

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After that year's up, obviously there are little charges to repair things. It's not like you're paying for the whole tooth again. But there is the option of extending your warranty with one of our plans.

So if something did happen then its covered by your monthly plan and not an upfront cost.

Someone will talk about that nearer the time. You don't have to join up to that straight away.

The bonding, I think you're a really good candidate. The teeth are super straight and I can see that there is good clearance in your bite.

So all that's left is to discuss the costings.

Did Gabrielle send everything over?

Bonding we charge per tooth, £350 per tooth. Let me grab my phone and do some maths. Were you looking to set up the finance?

Let's just say we're talking about 8 teeth. The whitening costs £250."

## **PATIENT**

"Is that all included in the finance plan?"

## **TCO**

"So, what you can do is bundle it all together. The bonding for 8 teeth comes to £2800. With the whitening it comes to £3050.

If you wanted to finance it, the finance is interest free up to 2 years. Over 2 years we're looking at £127 a month.

Is that what you were hoping for?

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That's with no deposit. If you wanted to lower the monthly amount then you can put a deposit towards the finance and it will bring it down.

If anything comes up from the x rays he'll inform you. If any fillings are needed then it would be up to you whether you have them here or at your dentist.

That appointment with the dentist we do ask for a £200 deposit, that again is just to secure his time, he's such a busy man. But then we can always knock it off. If you do come to your appointment and you're happy to move forward then it can be knocked off.

If you don't want to move forward, then it's yours to have back as well, it is refundable. It's just to secure your appointment."

#### **PATIENT**

"Leanne has filled me in.  
I definitely want to go ahead.  
It's covered everything."

#### **TCO**

"The next step is to see Marcos the dentist. He does his appointments here Mondays and Wednesdays."

# Digital Workflows

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## The Pre Clinical Consultation: PCC

- Introduction
- Set the agenda
- iTero scans
- Invisalign Outcome Simulation
- Aspirational Smile Image: ASI
- Discuss Treatment Options
- Discuss Costs and Finance
- Take Deposit for Definitive Treatment Planning
- Hand Business Card

## Definitive Treatment Planning: DTP: data acquisition

- Introduction
- Set the agenda
- "How did you hear about us?"
- "How can we help?"
- Clinical Examination and BWs
- Clinical Photography
- Invisalign Photo Uploader
- OPT

## Definitive Treatment Planning: DTP: case presentation

- ASI presentation
- Invisalign Recap
- Patient Specific Observations: challenges / limitations
- Confirm costs of treatment
- Describe monthly costs on 0% finance
- Describe next steps: lead times, appts and consent to follow by email
- Leave TCO to run finance



# PCC Note templates

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## 1. INTRODUCTION / STATEMENT OF CONCEPT

THIS IS A PRE CLINICAL CONSULTATION CARRIED OUT BY A TREATMENT COORDINATOR.

NO DENTAL CHART OR BPE WILL BE CARRIED OUT AT THIS VISIT. THIS VISIT IS SIMPLY TO PROVIDE INFORMATION ABOUT POTENTIAL TREATMENTS TO THE PATIENT.

DIGITAL INTRA ORAL SCANS WILL BE TAKEN AS A BASELINE FOR THIS PATIENT. THIS IS CARRIED OUT UNDER PRESCRIPTION FROM A NAMED DENTIST UNDER A PATIENT GROUP DIRECTIVE.

SHOULD ANY PATIENT EXPRESS AN INTEREST IN ANY OF THE PROPOSED TREATMENT OPTIONS, A COMPREHENSIVE CLINICAL EXAMINATION WILL BE SCHEDULED WITH A DENTIST. FROM THIS A DEFINITIVE TREATMENT PLAN WILL BE PRESENTED TO THE PATIENT.

## PRE CLINICAL CONSULTATION

SARAH MANN DCP

MEDICAL HISTORY: filled in and signed by patient online via DocuSign

CONDITIONS: NONE

MEDS: NONE

ALLERGIES: NONE

SOCIAL HISTORY:

smoker 20 weekly

weekly alcohol intake: 0 units

PREVIOUS DENTAL HISTORY: patient registered with Alia Haq who made the referral.

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**REASON FOR ATTENDING:** patient attended today seeking information about implants to replace failing and missing dentition primarily in the upper arch. Patient has missing dentition in the lower arch too – has partial denture which she struggles to tolerate and doesn't want the same thing in the upper arch. Patient aware of pre existing gum disease and tooth mobility UR1 UL1 which are crowns.

## **2. PRESCRIPTION**

### **REFERRAL FOR 3D SCANNING**

-

**REFERRING DENTIST: MARCOS WHITE BCHD**

-

**Referral to Clinical Treatment Co-Ordinator.**

-

**Please carry out full arch 3D digital scans of upper and lower dentition. These scans will be retained as virtual study models as a medico legal baseline of patients presenting dentition. They will also be also be used for definitive treatment planning any future lab work prescribed for the patient.**

-

**3.**

### **3D DIGITAL SCANNING**

-

**Images saved as study models.**

-

**SARAH MANN DCP**

-

## 4. TREATMENT OPTIONS

### TREATMENT DISCUSSED

Following a comprehensive clinical exam, the patient was invited to take a seat on the sofa so we could review the intra oral photos and digital radiographs.

-

We reviewed the presenting condition and general oral health and asked the patient to state again the main objectives they wanted addressing from today's consultation. Based on these comments we began to discuss options available to address the presenting complaint.

-

we advised how in basic terms there were 4 treatment options available:

1. NO TREATMENT

2. DENTURE

3. BRIDGE

4. IMPLANT RETAINED RESTORATIONS

-

We discussed the pros and cons of these in turn:

#### 1. NO TREATMENT.

In this situation if the pt left the site with a gap then they would risk the neighbouring and opposing teeth drifting and over erupting into this space. This may lead to future problems with these teeth and lead to an unstable bite. In addition there is a logic that states that the remaining teeth will have to work harder in function and this may cause accelerated wear of these teeth. In situations where a larger number of teeth are missing then studies have shown that this influences dietary choices and can lead to poorer nutrition and/or digestive problems as the food is not being chewed effectively. In addition the longer a space is left without a tooth or implant, the more bone will be resorbed meaning that future implant treatment may become more challenging or impossible.

-

#### 2. DENTURE

A denture is the quickest and cheapest way to replace a missing tooth. Unfortunately studies have shown that they will increase the levels of plaque around other teeth and increase the forces on other teeth and ultimately lead to the loss of additional teeth in the future.

-

### **3. BRIDGE**

A bridge is where one or both of the teeth adjacent to the gap are prepared in such a way as to allow a tooth to be hung from these teeth. Bridges of this kind have a good lifespan (12 years on average) but unfortunately require that the neighbouring teeth are drilled which may lead to symptoms developing which will need further treatment. In addition though the life span of bridges is good, studies have shown that when they fail they typically take out (by fracture or decay) one or both of the neighbouring teeth meaning that it is highly likely that you may then need to have a consultation in the future to restore a larger gap. Resin bridges are sometimes possible to avoid preparation but they have shorter life spans.

-

### **4. IMPLANT RETAINED RESTORATION**

Studies have shown that implants are the most predictable treatment option to restore missing teeth and are even the most cost effective when taken over the long term. Additionally they allow the problem to be treated in isolation (a new artificial root is placed) meaning no harm comes to any neighbouring teeth. The treatment itself is often more invasive and time consuming than the other treatment options discussed, but the outcome is the most permanent with the greatest longevity and it is for these reasons that more and more patients are choosing implants.

-

Once we had laid out the pros and cons of the available treatment options the patient confirmed that implant treatment was the treatment they were interested in and we went on to describe in greater detail the process involved.

-

### **PROCESS IN DETAIL**

-

We advised that the typical process involved removal of the broken or infected teeth followed by a 6-8 week healing period. If the tooth was at the front then a temporary denture would be provided, if the tooth was at the back then it would not. After the healing period to allow for any infection to clear and new bone to form in the socket, the implant would be placed. This would then be allowed to heal for 6-8 weeks to allow new bone to form around the implant. This time period is the same as when you break a bone as that is how long it takes bone to heal.

-

-

in the anterior region we explained that we carry out a bone graft at the time of implant placement to replace bone lost after extraction phase. this helps recreate the natural contours that are present around a natural tooth. we explained that this bone is bovine in origin and comes in little jars and that the material is very predictable.

-

Once the implant has integrated with the bone then we can take scans and begin the process of making the final tooth. I reminded the patient that we have our own lab on site and that we use digital scanning techniques to minimise impressions and increase accuracy.

-

We advised that the implant placement is tolerated well by our patients and that they should expect some swelling and bruising after the procedure for a period of at least 3 days and keep a light social calendar over this period.

-

I invited the patient to ask any questions.

-

finally we advised the patient that all our implant treatment has a 5 year warranty. we advised that to increase the longevity of any implant treatment, regular hygiene visits and assessment was required either by us, or their own dentist if they were comfortable / experienced in assessing implant health.

#### **FULL ARCH IMPLANT RETAINED FIXED BRIDGEWORK**

Fixed bridgework on implants is the nearest we can offer to replacing the feeling of teeth again in an edentulous patient. The bridge is fixed directly and permanently to the underlying implants. The gold standard number of fixtures would be 6 per arch, but the technique can be carried out on 4 per arch in appropriate patients. At our practice our pricing is all inclusive and we will always endeavour to place the most favourable number of implants in the best sites and this will not alter the case price. Studies have shown that long term maintenance is reduced and longevity is increased in fixed implant bridgework as the implants are 'splinted' together reducing the individual forces on the surrounding bone.

-

-

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-

## **IMPLANT PROCESS IN DETAIL**

-

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-

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-

We advised that the implant placement is tolerated well by our patients and that they should expect some swelling and bruising after the procedure for a period of at least 3 days and keep a light social calendar over this period.

-

We went on to show a historic case on screen which demonstrated both a placed implant on an xray and the completed restoration. We invited the patient to ask any questions.

-

## **FULL ARCH SAME-DAY TEETH APPROACH**

we advised the patient how we usually plan to carry out a fixed bridge implant technique in such a way that teeth could be removed, implants placed and screw retained temp bridge placed in 1 day. this technique requires comprehensive planning and not all individuals are eligible. however in appropriate individuals it avoids the process of wearing a denture through the surgical, healing and exposure phases which can impact on lifestyle and social calendar. same day techniques provide the patient with a fixed solution from day 1 of surgery.

-

we advised the patient that they should expect a treatment duration in the region of 10 - 12 months. we advised that it is possible to carry out a fixed implant approach in such a way that they are never without teeth.

-

finally we advised the patient that all our implant treatment has a 5 year warranty. we advised that to increase the longevity of any implant treatment, regular hygiene visits and assessment was required either by us, or their own dentist if they were comfortable / experienced in assessing implant health.

## **5. CONSULTATION OUTCOME**

Following discussions about all the treatment options available to make improvements to the smile, patient continued to express an interest in implants to restore the upper arch in the first instance, would like to consider the same approach for the lower arch as a second phase.

**PAYMENT OPTIONS DISCUSSED PRIOR TO DEFINITIVE TREATMENT PLANNING.**

**PATIENT UNDERSTANDS THAT FINAL TREATMENT COSTS HAVE NOT YET BEEN DEFINED - THIS WILL FOLLOW AT A CLINICAL EXAMINATION WITH A DENTIST.**

12 or 24 months interest free finance with a minimum deposit of 1%  
£200 payment deposit by cash, card or BACS.

Patient elected to pay a £200 deposit. DTP appointment scheduled.

SM

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# Setting the digital stage

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- DocuSign
- Practice Plan
- Your online patient finance platform
- Your online patient finance calculator
- myiTero.com
- Apple iCloud (Photos)
- Apple iCloud (Keynote)
- Apple iCloud (Numbers: for your DTP spreadsheet)
- Your membership plans web page: for Treatment

**Complete Review**



# Treatment Commence

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- ☐ Consent
- ☐ Estimates
- ☐ DocuSign
- ☐ Appointment Scheduling
- ☐ Triggering digitally guided dentistry
- ☐ Processing Invisalign prescription
- ☐ Requesting DDO
- ☐ Requesting surgical guide
- ☐ Requesting restorative guide

# CONSULTATION NOTES AND CLINICAL OBSERVATIONS

DGP

Patient name:

Date of Birth:

YES NO

Audio recording taken?

☐ ☐

Social history:

Smoke:

Alcohol:

Referral source:

Reason for attending:

BPE:

Oral health:

Perio health:

YES NO

Evidence of bruxism

☐ ☐

## ORTHO EXAM

## PATIENT SPECIFIC OBSERVATIONS

PERIAPICALS

OPT

CBCT

BWS

ITERO SCANS

**NOTES**

**TREATMENT DISCUSSED**

**TREATMENT CHOICE**

Total cost:

**FINANCIAL ARRANGEMENTS/TREATMENT DECISION OUTCOME**

**TREATMENT COMMENCE WORKFLOW**

DDO

SURGICAL GUIDE

RESTORATIVE GUIDE

Internal referral to treating clinician



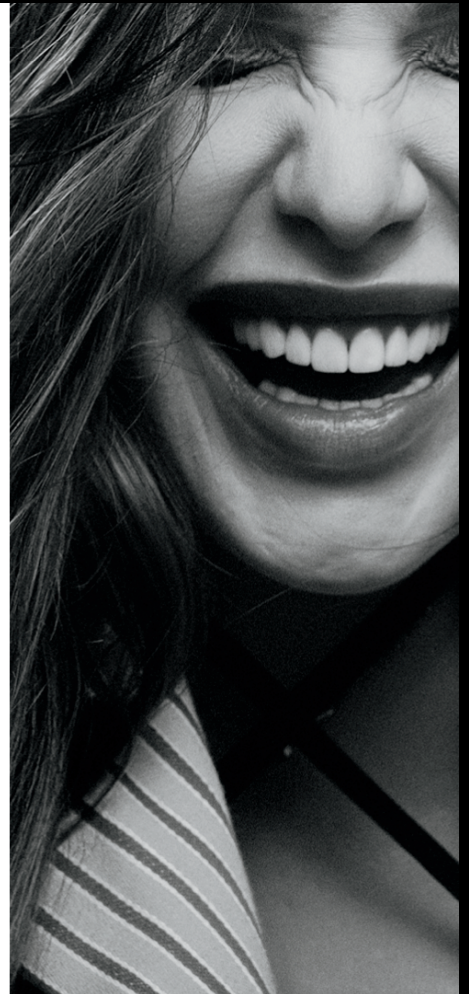
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## *Online bank payment*

If you would prefer to pay for your treatment via BACS, please find our account details below.

Account name: The Courtyard Huddersfield Ltd  
Sort code: 30-94-43  
Account number: 79711462

*Many thanks*







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tel: 01484432855  
email: [info@courtyarddental.co.uk](mailto:info@courtyarddental.co.uk)  
[www.courtyarddental.co.uk](http://www.courtyarddental.co.uk)

*Welcome to our award  
winning dental practice*







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## *Our philosophy*

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The Courtyard is the largest private practice in Huddersfield. To meet the demands of new patients looking to improve aspects of their smile and dental health we have developed a fantastic team to deliver these results.

It is our hope that you may get to meet a great number of our team throughout treatment. All our dentists have key skills in specific areas.

## *Your dental team*

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*Dr Marcos White*

**Practice Partner**

GDC 77660

Consultation, implant surgery, porcelain.



*Dr Anna Stokes*

**Practice Partner**

GDC 76230

Restorative, implant surgery, porcelain.



*Dr Saqib Saghir*

**Associate Dentist**

GDC 250975

Restorative, implant surgery, porcelain.

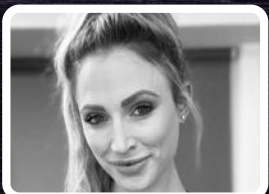


*Dr Deepa Aghir*

**Associate Dentist**

GDC 271654

Invisalign, composite bonding.



*Dr Jess Bell*

**Associate Dentist**

GDC 210417

Composite bonding.

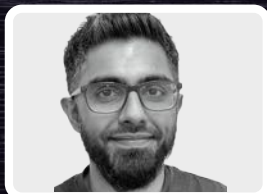


*Dr Iqra Hafeez*

**Associate Dentist**

GDC 270965

Dental health assessments, restorative.



*Dr Zig Qureshi*

**Associate Dentist**

GDC 172547

Consultation, restorative dentistry.



*Dr Matt Gahan*

**Associate Dentist**

GDC 77646

Root canal treatments.





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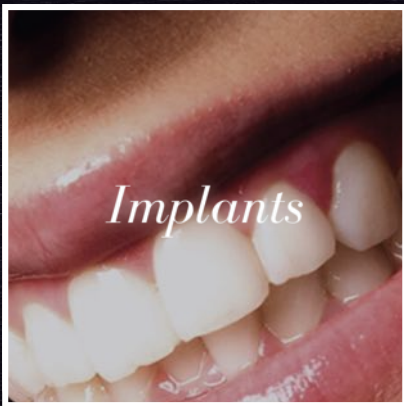
## *Treatment pathway*

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Dependent on what treatment you are looking for you may see some or all of our dentists for different parts of your treatment. This is related to their key areas of expertise.

Marcos White carries out treatment planning for all new patients following an initial consultation and 3D scans with a Treatment Coordinator. He makes use of his years of experience to give expert advice and formulate all treatment plans to best meet individual patient needs.

In most cases one of his colleagues will carry out the planned treatment. At completion, Marcos will be scheduled to review the completed treatment, sign off the case, and advise on after care options.



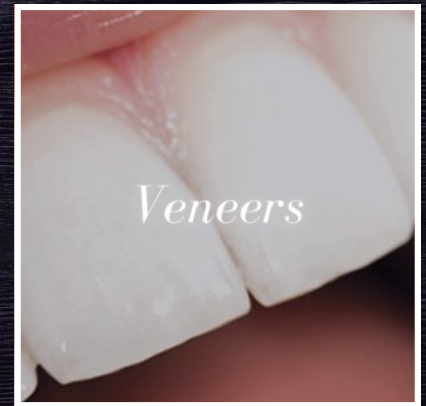
500 implants placed every year.

Postgraduate certificate in implantology.



Over 1,400 cases completed.

Yorkshire's most experienced Invisalign® provider.



Over 2000 completed veneers.

The largest on-site digital lab in Yorkshire.





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[www.courtyarddental.co.uk](http://www.courtyarddental.co.uk)

## Hygiene Therapists

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*Kirsty Coxon*  
GDC 153040



*Billie Jo Fallows*  
GDC 170981



*Daniele Hinchliffe*  
GDC 153755

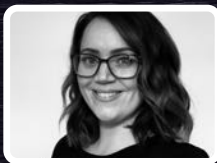
Our hygiene therapists are responsible for providing regular hygiene treatment to our 1800 registered patients. They are also trained in provision of white fillings and carry these out for the whole practice. Finally all new patients requesting implant, Invisalign, cosmetic or restorative work will see our hygiene therapists before and after their treatment to ensure oral health is optimum.

## Treatment Coordinators

---



*Sarah Mann*  
GDC 108935



*Siobhan Sutcliffe*  
GDC 248664



*Eve Wolowicz*  
GDC 250456



*Martha Fearnley*  
GDC 281157



*Carla Szlatoszlavek*  
GDC 126968

Our Treatment Coordinators are on hand from the moment a patient arranges a consultation to ensure patients can ask questions and are well informed about their chosen treatment, before during and after their care.

They are also responsible in handling the complex admin and communication that comes with planning and arranging new treatment and it's appointment schedule.





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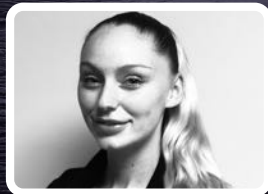
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[www.courtyarddental.co.uk](http://www.courtyarddental.co.uk)

## *Reception Team*

---



*Gabrielle Berry*



*Lorna Hughes*

Please do not hesitate to accept a tea or coffee when you arrive and make yourself at home in our relaxing lounge area.

Anything at all you need or want to ask, the girls are on hand to help.



## *Practice Management*

---



*Emily Dennis*

**Practice Manager**  
**GDC 199366**

Everything you see or experience at The Courtyard has been designed and quality assured by Marcos White, the practice founder and the team he has built. We take your patient experience very seriously.

Anything you feel that falls short of your expectations, we want the opportunity to rectify. Please know that you have permission to bring any issue to any one of our team and it will be given the highest priority.





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email: [info@courtyarddental.co.uk](mailto:info@courtyarddental.co.uk)  
[www.courtyarddental.co.uk](http://www.courtyarddental.co.uk)

## *Dental nursing team*

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Our ever growing team of dental nurses know the importance to patient care as well as assisting the dentist m. As such if you have any anxieties, please bring them to their attention, so they can do everything in their power to make you feel at ease.

## *Digital facilities*

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Marcos White and his practice partner Anna Stokes have invested heavily in the practice infrastructure. We hope you appreciate the attention to detail in our lounge and surgery design. What you may not see is the 21st century technology that powers everything we do.

Intra oral digital x-rays. A suite of 5 colour intra oral scanners. Cone beam CT to enable 3D x-ray imagery. We've even built an on site digital lab that fabricates every veneer and implant restoration we ever make. End to end control of your dental care, all under one roof.

We hope that in outlining what goes on behind the scenes for every one of our patients; whether they need a check up or our most complex treatments, you will see the value in the practice you are joining.







the courtyard  
clinical academy

tel: 01484432855  
email: [info@courtyarddental.co.uk](mailto:info@courtyarddental.co.uk)  
[www.courtyarddental.co.uk](http://www.courtyarddental.co.uk)

*We look forward to  
welcoming you to  
The Courtyard*

*The Parliamentary Review*  
A YEAR IN PERSPECTIVE

BEST PRACTICE REPRESENTATIVE

 **invisalign®**  
DIAMOND  
PROVIDER

 **Private Dentistry  
AWARDS**

# 25 to Thrive

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## ENQUIRY COORDINATION 25 TO THRIVE

- ☐ Do you have email enquiry response templates?
- ☐ Are your enquiry response templates treatment specific inclusive of costs and monthly finance figures?
- ☐ Do you have a dedicated 'enquiry coordinator'?
- ☐ Does your dedicated enquiry person have a work iPhone?
- ☐ Does your dedicated enquiry person respond to enquiries outside of normal working hours and at the weekend?
- ☐ Do you have an instagram account?
- ☐ Does your instagram account receive direct messages asking for consultations?
- ☐ Do you offer 0% finance options?
- ☐ Are your consultations free?
- ☐ Do you have treatment specific leaflets for implants?
- ☐ Do you have treatment specific leaflets for invisalign?
- ☐ Do you have treatment specific leaflets for veneers
- ☐ Do you have treatment specific leaflets for whitening?
- ☐ Do you have treatment specific leaflets for comp bonding?
- ☐ Do you have treatment specific leaflets for check ups?
- ☐ Do you have a specific page on your website for the above 6 services?
- ☐ Do you have a clear payment policy that creates positive cashflow for your business?
- ☐ Does your enquiry coordinator save the patient details on the work iPhone?
- ☐ Do you have a welcome pack?
- ☐ Does your enquiry coordinator send a welcome pack every single time?
- ☐ Do you confirm your consults with a personal call the day before?
- ☐ Is your diary zoned for Pre Clinical Consults?
- ☐ Does your enquiry coordinator leave bread crumbs as a pop up in relation to what was covered in the call and any key pieces of information?
- ☐ Does your welcome pack mention 0% finance?
- ☐ Does your enquiry coordinator mention 0% finance when booking the consult?

/25

Your score

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# PRE CLINICAL CONSULTATION 25 TO THRIVE

- ☐ Do you have a room that is not a dental surgery where you can TAKE scans and discuss treatment?
- ☐ Do you have a room that is not a dental surgery where you can VIEW scans and discuss treatment?
- ☐ Do you have a note template in your dental software that describes the process and rationale behind the PCC?
- ☐ Do you have a practice policy that defines the philosophy and rationale behind the PCC?
- ☐ Does your TCO have a work iPhone?
- ☐ Does your TCO have a work email ending in the practice name?
- ☐ Does your TCO have a business card?
- ☐ Do you have a scanner?
- ☐ Does the scanner have an orthodontic simulation?
- ☐ Does your TCO run an outcome simulation for every when appropriate?
- ☐ Does your TCO screenshot the outcome sim and WhatsApp it to the patient?
- ☐ Does your TCO have Airbrush on their work iPhone?
- ☐ Does your TCO create an Aspirational Smile Image in the PCC using Airbrush?
- ☐ Does your TCO WhatsApp the ASI to the patient?
- ☐ Does your TCO ask how they heard about the practice?
- ☐ Does your TCO ask what they are looking for?
- ☐ Does your TCO use this as an opportunity for some rapport?
- ☐ Does your TCO get an insight into the kind of smile the patient is looking for?
- ☐ Does your TCO set the agenda and outline what will happen?
- ☐ Is your TCO nicer than a dentist?
- ☐ Does your TCO emanate that the practice is experienced?
- ☐ Does your TCO exercise 'internal marketing'?
- ☐ Does your TCO discuss the pros and cons of different options?
- ☐ Does your TCO discuss costs and finance options?
- ☐ Does your TCO explain and arrange next steps?

/25

Your score

# DEFINITIVE TREATMENT PLANNING 25 TO THRIVE

- ☐ Does your consulting clinician have a work iPhone?
- ☐ Does your consulting clinician take audio recordings within the consult?
- ☐ Does your TCO assist in note writing?
- ☐ Do you have treatment specific note templates for a DTP?
- ☐ Do you have a sofa in the TCO suite?
- ☐ Do you have a big screen in the TCO suite?
- ☐ Do you have the patient scans on screen prior to the patient entering the room?
- ☐ Has the consulting clinician reviewed the scans prior to the appointment?
- ☐ Has the consulting clinician added provisional estimates ahead of the consult based on the scans?
- ☐ Has the TCO completed digital charting ahead of the appointment?
- ☐ Do you take high quality dental and facial photography following a standardised approach?
- ☐ Do you have before and afters to demonstrate successful cases?
- ☐ Do you have photo series to demonstrate treatment processes (i.e. veneers)?
- ☐ Do you take an Aspirational Smile Image?
- ☐ Do you project it onto a big screen for big impact?
- ☐ Do you WhatsApp the ASI to the patient?
- ☐ Do you believe in gold standard treatment planning?
- ☐ Do you ensure you connect with the patient and they connect with you?
- ☐ Do you decline to treat people who decline your treatment plans?
- ☐ Do you and your TCO have an amber flag system?
- ☐ Do you understand what is meant by onboarding your patients?
- ☐ Do you onboard your patients into your practice and its team?
- ☐ Do you give your patients visual digital tools to recommend you with ease?
- ☐ Is your consultation process a WOW experience?
- ☐ Do you inspire patients to work with your practice?

/25

Your score

# TREATMENT COMMENCE 25 TO THRIVE

- Does your TCO schedule all treatment appointments?
- Does your TCO arrange for consent documents to be signed?
- Does your TCO arrange for written estimates to be signed?
- Does your TCO process invisalign prescriptions?
- Does your TCO request Digital Designed Outcomes for restorative cases?
- Does your TCO provide the necessary information to your digital lab to enable this to happen (photos, intra oral scan STL)?
- Does your TCO send an Aspirational Smile Image to your digital lab as guidance?
- Does your TCO request surgical guides for your implant cases?
- Does your TCO provide the necessary information to your digital lab to enable this to happen (STL, CBCT)?
- Does your TCO have batched consent documents for all major treatment types that you provide?
- Does your TCO use DocuSign to send and receive digitally signed estimates and consent documents?
- Does your TCO have a spreadsheet to be able to track patient finances and dictate necessary follow up?
- Does your TCO have a document stating BACS details for those patients who are planning to pay in full?
- Does your TCO book TREATMENT COMPLETE REVIEW appointments at the close of an appointment series?
- Does your TCO book HYGIENE TRAINING appointments at the close of an implant or restorative appointment series?
- Does your TCO have a 'playbook' that details the appointment series needed for all major treatment types you provide?
- Does your TCO operate 'total scheduling'?
- Does your TCO produce a PCC report?
- Do you schedule a 'Digital Case Conference' on a weekly basis?
- Does your TCO have non clinical sessions built into their working week to enable note writing and follow up?
- Do you know what your average sale value is?
- Do you know what your DTP consult conversion rate is?
- Does your TCO have a TCO mentor?
- Is your TCO paid what they deserve?
- Does your TCO know how important they are to the growth of your practice?

/25

Your score

Digital Growth Program

— M E M B E R S H I P —



## marcos white

“

What first drew me to Invisalign® as a treatment was how discreet it was. The fact that a patient could straighten their smile and no one would notice they were undergoing treatment was amazing to us.

After working with Invisalign® for over 10 years we now know that the product and results are so much more than that. With over 650 cases we know how important this treatment is to our patients; in some cases it's transformative.

Whether treating simple cases in a matter of months, or more complex cases where the results are truly astonishing, we continue to see Invisalign® becoming more and more popular.”

Marcos White  
Practice Owner



## contact us

Ask your dentist to refer you for a consultation or contact us directly -

Call us on 01484 432 855, email [info@courtyarddental.co.uk](mailto:info@courtyarddental.co.uk) or visit [www.courtyarddental.co.uk](http://www.courtyarddental.co.uk)

### Opening Hours

Mon - Thurs - 8:00am to 8:00pm

Fri - 8:00am to 2:00pm



the courtyard  
clinical academy

The Courtyard, 6-8 Wormalds Yard, King Street, Huddersfield, HD1 2QR



welcome to Yorkshire's most experienced invisalign® dentist



the courtyard  
clinical academy

Marcos White is recognised as a Diamond Level Invisalign® Provider. He lectures widely for Invisalign® and is one of a handful of UK dentists to sit on their Advisory Board. He has completed over 1000 cases over the last 10 years.



## why us?

## a perfect product for the perfect smile



We do not provide fixed, metal braces. We feel that if a patient is lacking confidence in their smile, the last thing they will be looking for is a straightening technique that draws attention to their teeth.

For this reason we work solely with Invisalign®, who are the global market leaders in discreet orthodontics. Having successfully treated over 10 million Invisalign® smiles worldwide, there is no doubt as to how well the technique works.

Marcos has been working with Invisalign® for over 10 years. He has completed in the region of over 1000 cases in this time and is recognised as the most experienced Invisalign® dentist in Yorkshire.

The process is simple, we take digital scans of your teeth at your free consultation and then produce an instant 3D visual of your perfectly, straight teeth. Once treatment commences, you change your clear aligners every 7 days until your teeth are straight.

The length of treatment depends on the severity of your start point, but in over 1000 cases we have never had a patient we couldn't help.

So why don't you arrange a free consultation with us to take your first step to the smile you deserve?

## patient review

“

Dear team at Courtyard Dental, Marcos, you have changed my life! I visited in 2010, terrified of the dentist and unable to smile for fear of showing my crooked and crowded teeth. Having been told by my other dental practice that only traditional 'train track' braces would work, I had been put off the idea.

Marcos had welcomed me into his spa-like practice and discussed how we could make my smile beautiful, relatively pain free, and without the use of traditional braces. Invisalign® was the perfect option for me. Discreet, almost invisible, not a single person knew I was undergoing a smile transformation.

The treatment was relatively pain-free, except maybe a dull ache after changing an aligner. I am more than delighted with results and I now have a PERFECT smile.”

Candice Syron, 28  
Huddersfield



## prices

for both treatment options, we have finance facilities that will allow you to spread the cost! Ask us for details.

0% interest free credit available on all treatments as standard.  
0% APR representative.



Invisalign Life® provides 14 clear aligners to treat moderate cases of crowding and spacing. A typical case will take 6 months to complete.

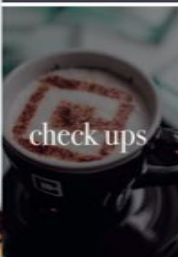
Treatment cost: £2900



Invisalign Complete® provides an unlimited number of clear aligners to treat complex cases of crowding, spacing and uneven smiles. A typical case will take 2 years to complete.

Treatment cost: £3900

## we also do



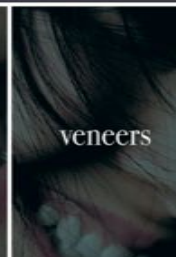
check ups



whitening



implants



veneers

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The Courtyard Huddersfield Limited acts as a credit intermediary and offer credit products provided only by Braemar Finance. Braemar Finance is a trading name of Close Brothers Limited.



# Treatment complete review

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1. Before and after photography:
2. Smiling
3. Retracted teeth in occlusion.
4. Retracted teeth slightly apart.
5. Scans.
6. Post op PAs if indicated.
7. Capture completed treatment for record keeping, and to inform any quality control.
8. State to the patient how happy you are with everything.
9. State to the patient anything you are unhappy with that you wish to rectify.
10. Invite positive feedback from the patient: "You must be delighted with the outcome".
11. Discuss ongoing care: "Have you got a registered practice or would you like us to look after you?"
12. Open your membership plan types from your website on the big screen / membership leaflet.

**Digital Growth Program**

— M E M B E R S H I P —

# Digital Growth Program

— MEMBERSHIP —

You know dentistry is  
going digital.



WE KNOW HOW TO SHOW YOU.

# Digital Growth Program

## MEMBERSHIP

The Digital Growth Program is an online educational platform to teach you how to capitalise on intra oral scanning and digital tech at all levels of dentistry.

Consultation. Invisalign. Restorative. Implants.

Membership is per practice and confers full access to every member of the dental team so your practice adopts a digital culture together.

With over 24 hours of on demand downloadable content and a new episode ready to stream every month, you can learn and implement at your pace.

Binge watch entire modules. Or stay hooked for the next exciting episode of your digital future.

It's time to join the digital generation.

**SIGN UP NOW**

[www.digitalgrowthprogram.com](http://www.digitalgrowthprogram.com)

Scan the QR code below to  
access our downloadable  
Masterclass resources



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