



Full Episode Transcript

With Your Host

Dr. Tarun Agarwal

S2Ep#2: An Interview with Dr. Jennifer Lopez Part 2

Welcome to *T-Bone Speaks* with Dr. Tarun Agarwal where our goal is to change the way you practice dentistry by helping you achieve clinical, financial, and personal balance. Now, here's your host, T-Bone.

T-Bone: Welcome back to another episode of the T-Bone Speaks Podcast. I'm your host, Dr Tarun Agarwal and today we will be continuing our interview with Dr Jennifer Lopez. In case you missed the part 1 from last week due tune in.

Today we will be focusing in on part 2. And part 2 really focuses on some advice that I was giving Jennifer. She was asking some questions and some struggles and some challenges that she's facing and how we worked through case acceptance in our practice and the conversation just kind of organically grew there. And so, we went there and so now we're ready to go ahead and talk on the part two of our interview with Dr Jennifer Lopez.

Before we get there, again, if you could do me a couple of favors, number one, if you could take an opportunity to share this podcast with friends and family or through social media, we want to grow our audience that would be unbelievably helpful. And number two, if you could take an opportunity to submit some questions and suggestions for the podcast by visiting www.tbonespeaks.com.

Thank you so much and I hope you enjoy our conversation with Dr Jennifer Lopez.

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Jennifer: So does the hygienist take your side and tell you these things before?

T-Bone: Yes and no, generally speaking I only want to know things in advance if there's something I should be prepared for like an angry patient, an upset patient something like that. But we have a hygiene worksheet that they give to. So, when I walk in I already know who the patient is, have I seen them before, when was their last visit, what they've diagnosed and what's going on and then in our office we also have we also have code words like we have what we call level one, two, three, four, five exams so that also gives me an idea how long I plan to be there. So, level one is literally a social visit. I'm coming in to say hello, I puff in anytime I want ok and level four, three, four, five I'm going to be there a little bit, the level five mean that person has a lot of work that needs to be done, be prepared to spend some time with this patient and also be prepared to invite this patient back for secondary exam.

Jennifer: And you'll know all of these before the day, the day starts?

T-Bone: No, no I'll know this before I go in for the check. They don't know these patients before they get in.

Jennifer: Because I was, I was going to be [unclear] another question of mine, you know, you were in the middle of complex root canal and your hygienist comes and grab you for routine [unclear].

T-Bone: Yes, they better tell me – they'll say to me, I have a level one exam.

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Jennifer: Ok, but if it's a level five what do you do?

T-Bone: Okay, it's a level five that means I'm going to be there ten minutes. So, I know that in advance, right? So, I know I'm going to be there ten minutes so I got to find a good [unclear] and point for me.

Jennifer: Ok because that's one thing that I struggle with.

T-Bone: But does that make sense? I got to find – so knowing because it's unfair for you to walk into an exam and it might be a two-minute exam or it might be a ten-minute exam, correct? Because you said if I had known this a ten-minute exam I would have done something else and then come over here.

Jennifer: Yes, absolutely.

T-Bone: So, that's one of the struggles we were having, correct? So I said prepare me for what kind of exam we're going to have, okay? And then – so, that way we know what we we're getting into and then the other thing that we've done is we break our hygiene visits down. We have sixty minutes hygiene visits and we break it down into twenty minutes, twenty minutes, twenty minutes. So after twenty minutes they come and get me so they don't get me at the end of the appointment, they come get me at the fifteen to twenty minute mark in other word the fifteen to twenty minutes in, they drop their little sheet of paper off and they say I'm ready for a check anytime you are between now and the end and this is what's going on, this is the type of exam we're going to have and I'll tell them then, "Okay, I'm going to be – I'm coming right now or I'm going to say, "you know what

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I'm going to be towards the end of your visit go ahead and clean the teeth".

Jennifer: Okay, got you.

T-Bone: But when they used to come at the end of the visit I would always running late.

Jennifer: Yes, that's what I call pacing.

T-Bone: Because they always came to me at the end of the visit, right?

Jennifer: And they're finally rushing to bring another patient in and if you see that's the level five you know key secure, it's like you're very pressed and you have a lot of pressure and you're like, okay.

T-Bone: I don't have, it's not the best time for me to sulk. So philosophically, I want you to think of your exams. I want you to do them when you're ready, not when they're ready ok and I want them to be prepared for you so that means in my mind you can't go in before fifteen to twenty minutes so in other words the first fifteen to twenty minutes of their hygiene visit is gathering information, doing the pre exam, any records they need to do any exams, any x-rays, looking around, getting ready for you that you may show up anywhere from the fifteen minute mark to the sixteen minute mark.

Jennifer: That's a good way. I like that, yes, because I mean I've struggled with being in the middle of a procedure and I have to rush out and then I ended up seeing it you know a case with a lot of [unclear] teeth, a lot of

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bone lost. I'm thinking like ok implants but I mean you can't take five minutes talking about that.

T-Bone: No, and see here's the other thing so that patient needs to be set up for what I called major treatment.

Jennifer: So you bring them back in for...

T-Bone: Well, yes and no. So, before I bring them back in you got to decide are they a good candidate for that? Do they want that type of treatment, okay?

So, remember I say no treatment, minor treatment, major treatment. So, this patient that you're talking about in your eyes that's major treatment, okay? In my eyes maybe that's major treatment too because there's a lot going on. Can those teeth be saved? Can they not be saved? I don't know, right?

So my goal for that patient is for my hygienist to prepare them to say let's pretend you're the patient, I would say, "Jennifer there's a lot going on here, okay, there's some questionable teeth: we want to make sure that we give you the best plan possible knowing Dr. A the way I do, he's probably going to bring you back for a dedicated time where he can sit with you one on one and go through your mouth tooth by tooth and give to you the best recommendations. Ok and then the patients would say oh I don't have time for that, but unfortunately... [crosstalk]

Jennifer: Yes, that's what I'm going to say I mean most of the time.

T-Bone: That's fine and then Miss Jennifer, unfortunately the way our practice works is before we build the house,

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before we start building the house, we like to make a good plan, we understand if it doesn't work for you.

Jennifer: And what if the patient just like it's just one of those difficult patients' just says no I want my exam now I mean do you refuse?

T-Bone: No I come in and do an exam I'm legally obligated to come in and say hello but I'm not, I want my hygienist to prepare the patient but I'm not giving them a treatment plan today. Does that make sense that their treatment plan is going to be at a second visit now here's the second part to that to make that successful, I'm not trying to make these people back and just treat extra works by spinning my wheels. I want these patients to know what I'm thinking.

You know Mrs. Jones, Jennifer we've seen lots of cases like yours, okay? Some of these cases end up involving where we take out teeth, where we replace the teeth with either something that comes in and out of your mouth and that stays in your mouth ok, something like this may end up causing several thousands of dollars. I say that or my hygienist says it. I don't care who says, somebody says ok does that make sense in that way if there's a financial objection and the patient doesn't want to move forward I have no reason to bring them back in for a complete what I call it complete exam.

Jennifer: Yes, you'll only bring back the ones that you feel like they're motivated.

T-Bone: That's what we hope ok nothing ever works, nothing in real life works that way ok but now what they do if

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they say well I'm never going to spend that kind of money, great that's wonderful to know that Jennifer. Let's focus on the most important thing to you right now, what's the most important thing for you right now Jennifer? And then you would say well oh I got this tooth that hurts me right now on the bottom left great Jennifer, let's put together now you went from being major treatment to being what?

Jennifer: Minor.

T-Bone: Minor treatment, Jennifer let's do this, since you're not ready sounds like right now going to getting everything taking care of doesn't really fit into your life right now why don't we focus on this one area that's giving you trouble and we'll put together a plan today and get that taking care of.

Jennifer: Ok, sounds fair.

T-Bone: Ok does that kind of make sense what I did there?

Jennifer: Yes, absolutely!

T-Bone: Okay, so conceptually break things down to no treatment, minor treatment, major treatment and then again from a financial perspective my job is to give people an idea what things cost. My job is to answer clinical questions. My job is to answer facing questions what the overall treatment looks like, but my job is not to walk through how they're going to pay for dentistry.

We have dedicated treatment coordinators who will then sit down with the patient in a dedicated room

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and walk thru the patients what their financial options are.

Jennifer: Got you, alright see that a good flow very organized.

T-Bone: No, it works well for us especially once we got and see when I implemented that's when we started being able to do more complex dentistry because what I find, what I see with associates or with the other people that I talked to is they're taking models and they're taking records on lots of people and very few if those people are going through with the dentistry because they're presenting treatment to people that aren't ready to hear it.

So, you got to fish out who's ready to hear certain things it's not about the money necessarily, sometimes like today I had a person it's not the money issue it's his whole thing was he – and it took me time to get this out of him was, he was worried about how much time it's going to take and then his fear of how much time it's going to take and as soon as I put that together for him, soon as I that hit me in the head he keep asking me how long does his visit and I said is it because you are busy and he didn't really want to answer the question but I said you know, I know exactly what you're asking me, you're worried about sitting in my chair for two and a half hours, he said yes I said why because you don't like sitting with dental chair do you and he said no I don't I said great news, we can look at sedation as an option and he said great I'm ready to move forward that's all I needed to hear.

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So, sometimes it's a matter of pulling out the objection of people and we in our mind are programmed to believe and we're biased to believe that their objection is money. Eighty percent of the time it's money, but it's not always money but patients will use money as their objection, they'll use I need to think about it. Think about it usually means you didn't address their objection and see one of the things I struggle with or what I want to ask my team members is to figure out what in the world like Jennifer ok you're single correct?

Jennifer: Yes.

T-Bone: Ok so if you ask a guy out and they said no to you I assume you'd ask them like why?

Jennifer: Yes,

T-Bone: You would, right?

Jennifer: I don't know to be honest, I know we're talking about something else and I would say why with a patient but with a guy I wouldn't. I don't think I would say why because I think the pride would get to me I don't know, to be honest.

T-Bone: You don't want, how about let me ask you this you don't would want to know why?

Jennifer: Yes, I wouldn't want to know why.

T-Bone: Ok great so maybe pride isn't the issue in the dental office ok so with patient I'm teaching my hygienist who just joined my practice, I said, when you ask a patient if they want to do something that's a great first

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step and they say no to you, you don't even ask them why? I said you got to take the next step and ask them why. Why are you saying no and you can't ask it that way. You can't just let them say why and say why you say no, but you can't say why you say no, you have to figure out.

Jennifer: So are you taking your staff to like take a certain course with this because these is a whole course on its own. I mean

T-Bone: It is but yes, but yes and no. The answer is no one in my team now has been through to some of these training and that is a fault of mine and in the past I have taken my team to the Paul Homoly training. And look, I like Paul, Paul is a different bird and I like him a lot and I like his training a lot and I think there's a lot of value in it and I think a lot of that training you have, a lot of any training is what you do with it when you get out of it. It's how you implement it right and I will tell you this. I would not go to his training without reading his book, without listening to his CD and then I would do that and then to me training is not always taking people somewhere, training is also sitting people down and mentoring them and coaching them. So I'll ask you this, how often do you sit down with your hygienist? Do you ever had do you ever go into a hygiene exam and it's just horrible?

Jennifer: Yes.

T-Bone: Ok so let me ask you this do you sit down with your hygienist at the end of the day and say these didn't go so well let's talk about that.

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Jennifer: No.

T-Bone: Ok so how can you expect anything different of them?

Jennifer: Yes, you're right.

T-Bone: So, have you ever gotten into it, have you ever allowed them where you go into an exam and you told them they screw things up?

I'm sure it's happened. Don't say no it hasn't happened. You just don't know, okay?

So at the same time my team I give them permission, if I walk in and I do something wrong you better damn well tell me that I made that worst or I made you uncomfortable, I said something that made you feel uncomfortable or I said something that you disagree with so let's get that fixed up, we don't want to argue about it in front of the patient but I have a relatively open door policy in my practice so when new people join my team I tell them upfront I said listen, if you want to be successful and you want to stay here it will all depend on how well you take the initiative to talk to me because if I have to go out of my way to talk to you that doesn't fit my life I got all kinds of stuff going on.

Jennifer: Yes, okay. You're probably not even thinking about the things that are there to thinking about I mean you're not...

T-Bone: Oh no, I'm thinking about it but my answer to it is I'll just get somebody else. I don't even have to deal with it and that's not fair so I've lost good people over that

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sometimes so I tried to stress with people right now is that you control your own success so you'll be, I'll coach you as much as you ask me to coach you, as much as you schedule a time with me, as much as you come to me and as much as you're willing to listen to me and me tell you what you don't want to hear sometimes, just like me telling you right now if you don't want to hear some of the things I taught.

Jennifer: So, speaking of your staff will I mean.

T-Bone: My team, staff is an infection.

Jennifer: Ok your team you kind of attach a little bit but your associates, what struggles have you had with your associate? What is it that you've look for, what is it that you don't like, what is it I mean what are your expectations from an associate?

T-Bone: My wife a Psychiatrist and my rock what I call the rocks of my practice, the people that have been with me the longest and who have a great relationship with me who just come to me and tell me like it is, tell me the things I don't want to hear and without fear. They told me I'm the problem, that I want people to get it quick, that I want people to be just like me and that I don't have and like patients with people so I would say this in my defense here's what I say, I expect people to be self-initiated, or self-motivated, I am not going out of my way to help somebody. I'm already paying you to be there so why in the world would I take time out of my life to on my own help you but I will never say no to helping you. So if you come to me and say hey I like to have this much time or I'd

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like to – can you look at this case or can you help me with this, that's fine. And then the other thing I look at for people is, is I want to see how much motivation and how much skin people put in their own career by investing in their own education and I get people have loans and all these other things but then again I don't think you need to go out to eat, I don't think you need to go out to drink, I don't think you need to go out to any other things that you need to go out to so I think people have their wrong priorities like for example, I don't know if you live at home or not but if like I will tell you that if you say to me now I will be blunt with you I will say if you say to me that you can't afford some of the CE you want to take I said go live with your parents.

I think those are the decisions we make and so I don't have a lot of tolerance for those things and maybe it's, and maybe that's my, that he had not maybe that is my challenge and so I would say that that's my biggest challenge is that and I find people to be very lazy and maybe my definition of lazy is very different because I work I believe I worked very hard so you know that's I guess those are my challenges so what I'm looking for is someone who will - who is invested in being what I call a professional and if I ask you what is a professional how would you answer that?

Jennifer: Being passionate about your work in a respectful manner.

T-Bone: Ok so I don't care about the respected part is somewhat irrelevant to me because that's a given because if you're not respectful you will never

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succeed in business ok because business is built by taking care of people, okay? So I love the fact that you said passionate because you have to be passionate that to me the professional is almost about how you prepare for the day, you walk into the office knowing your schedule, did you look at like have you look at tomorrow's schedule already? Have you look at Wednesday schedule already? Have you look at this week's schedule? You work from eight to five let's say, so from 5pm to 8am that's your time to become a better dentist. I'm not saying we are doing that everyday but you got to spend time on becoming a better dentist like basketball players or baseball players. They practice even during the season to be a better player.

A lot of people think being professional is dressing nicely and all of those things they're just like a slut you know and I get away with it and I'm not saying that's good I'm just saying that I think at the end of the day, I think **being dedicated to your craft is more important than how you dress** and to certain degree more important than how you act although at some point **your demeanor is more important how good your dentistry is.**

Jennifer: Yes, I agree, definitely. I want to ask you something that we didn't talk about.

T-Bone: I'm all yours. I'm more [unclear] so.

Jennifer: How did you get into treating a sleep apnea?

T-Bone: I'm sleep apneic myself. My wife was in a Psychiatry residency, they have a sleep program at her

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residency and she said you snore. You have all the classic signs and symptoms of this. Why don't you come get a sleep study done at our residency program?

I went there. They said you need a CPAP. I got the CPAP. I work for six months religiously and then I went on a vacation I forgot to take it and I stop worrying and then, then I said you know what my wife stops I say this openly I just said this on TV the other day I did a TV show for the local news station and I said my wife stopped sleeping in the same room with me. And so – no man really likes that, okay? So, I said I got to find a solution to this and that's when I learn about oral appliances and my first exposure to oral appliance were snore guards ok and then I went to a CE where they said you should never make a snore guard and that's when I started learning about the about sleep apnea. And then that's how it kind of started and then as a business owner, I saw the economics of sleep apnea as a practice owner and then I always look at, I always look at it this way, I want to work smarter not harder and my goal is not to crack a single tooth like I don't want to do anything that involves a single tooth again so I don't want to do a single tooth root canal. I don't want to do a single filling. I don't want to do a single crown. I don't want to do any of those things again. And the only way for me not to do those things is for me to replace my income and replace my time with things that are more profitable and more productive and more rewarding than those things.

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Jennifer: So, sleep apnea appliances and large scale treatment plans like full mouth rehabs?

T-Bone: Well, look our practice maybe does one or two full mouth rehabs a year in the traditional sense. We do more full arch implant rehabs than that, but I would say on the sense of full mouth reconstruction on natural teeth we probably do one or two a year, but we do a lot of what I call complete dentistry where we walk somebody thru quadrant by quadrant within a year and we rehabilitate people that are missing three, four teeth with various techniques, so I call that complete dentistry versus full mouth dentistry. So, we do a lot of complete dentistry in that way but again I say this, every sleep appliance I do that's another twenty fillings I don't have to do.

Jennifer: I don't know the numbers really but I have heard that they are expensive.

T-Bone: No, I don't use the word. See you by saying things like that you only propagate a myth that dentistry is expensive.

Jennifer: I think you're right.

T-Bone: They're not expensive. So, I mean, expensive is a relative term and I don't want to say this in any negative way, but really think about this, you make hopefully, you make the least amount of money you'll ever going to make in your life right now, okay? So to you right now a lot of things are expensive, okay? So there are a lot of people where, they would pay their left arm to feel better, to sleep better.

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Jennifer: No, it's more of a health thing I mean that was.
[unclear]

T-Bone: Of course, right? So, you shouldn't assume that it's expensive. You should always give your patients the option to pay, it's your ethical in my opinion, it's your ethical obligation to get patients the option to say yes to the best. You should never ever say they can't afford it or it's expensive in your mind and I think this is the biggest problem dental practices have with team members is that team members can afford the dentistry they present so they get limited by how much they can afford, so the average practice they're, they're in high level treatment plan as two to three thousand dollars, because their own team members are limited by their own belief that that's a lot of money.

Jennifer: So, what's your, what's your pitch when you're talking to a patient. I mean, do you ask your patient's, do you snore? Do you present this to everyone that come into your practice? Like, what...

T-Bone: So, in theory the answer is yes right, but I don't like the word pitch maybe that's maybe you know but I get where you're coming from.

I believe in subliminal marketing, because I think we're all horrible at asking questions where I'm uncomfortable with and we're all definitely afraid of coming across as a sales person, okay? So even though that's what we are at the end of the day.

I believe that the best way to talk about sleep is to simply have a questionnaire that asks your patient

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have they ever have sleep study? Have they ever been told they need a CPAP? Do they wear their CPAP? Do they have high blood pressure? Do they have diabetes? Do they have elevated blood pressure? [Crosstalk]

Jennifer: So, you have these questions in your medical history forms?

T-Bone: We have a separate sleep questionnaire that we ask patients and they have the [unclear] sleep test there that people lie on. So, we do something to get the conversation started and then I don't know did you guys take a walk around the office when you were here?

Jennifer: I did.

T-Bone: Ok and you see in every room we have things like about snoring in the rooms. How can we help you with snoring and so these are the little things that we do and then I bring it up in casual conversation. You know, I say, "Hey how are you sleeping at night? Do you happen to snore, do you or someone you know snore?" And they always have this look at me and you know they're like, this look like, what the hell kind of question is that and you see the reason I ask is we're learning so much about sleep in our practice and I'm learning so much about sleep myself that we're finding that we can help a lot of people that snore, don't do very well with breathing at night with the oral appliance to make them feel better.

Jennifer: Which appliance do you use?

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T-Bone: Oh, it's a number one question people ask, what if it doesn't matter, I would say it's the least important thing. And I'll answer the question of because I want to answer the question for you ok so there are two or three different appliances I use, okay?

Jennifer: And can they be milled?

T-Bone: The answer is, so that leads me into my answer I only work with digitally made appliances ok but they're not milled in the office. Okay, so in office milling of sleep appliances doesn't really exist quite yet and I don't know when it will exist, but I work with milled appliances because I think they're stronger, I believe that they're more bacteria free and more resistant to staining and bacteria and I believe in being a digital practice so we're taking digital impressions for our appliances actually as of this month almost ninety percent of our sleep appliances are digitally fabricated from impression to final appliance so our appliances are...[crosstalk]

Jennifer: Using a CEREC?

T-Bone: Yes, we take CEREC impressions so our appliances are neither the Optisleep which is made by Sirona or the Microtubes made by Microdental so one of those two appliances they are appliances of choice.

On occasion we use what's known as the Narval appliance made by ResMed. It's a digitally printed nylon-teflon type of Kevlar type appliance. So we use one of those two main appliances on occasion to [unclear] appliance but the appliance is the least important part because there's so many good

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appliances, so many good appliances. What's more important is creating awareness, creating urgency and working patients through a workflow that gets the patient to say yes.

There's so many appliances that work and there's so many factors that go into making an appliance successful [crosstalk]

Jennifer: And we can't diagnose so you refer.

T-Bone: We have a physician diagnose.

Jennifer: Ok, so after the patient ask, answered yes to a couple of question you start getting talking about patient education about it then you refer him and then bring them back?

T-Bone: Not exactly, so in the Central, North Carolina I as a dentist am allowed to prescribe and dispense a home sleep test. So, we own four home sleep test appliances in our practice so we will send our patient home with our home sleep screening and then depending on what that comes back as we will either have that read by a local physician or we will then refer that patient out to a physician for more comprehensive exam.

Jennifer: Okay, I see.

T-Bone: What else you got for me so what are some of the struggles that you're having?

Jennifer: Well really I mean the things that I've mentioned before you know the learning curve with the technology which I'm getting better at for example

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with CEREC which I still, I mean I'm getting better but I haven't – I'm not a hundred percent there yet.

T-Bone: So, what are you doing to get better at that?

Jennifer: Doing the things more to myself than leaving it to the assistants.

T-Bone: Okay, so that's eight to five. What are you doing between five pm and eight am to get better?

Jennifer: To be honest I subscribe to the CEREC doctors.

T-Bone: Great ok.

Jennifer: So I've just been like looking at videos and so I tried to read a lot and basically just Spear videos and the CEREC doctor videos. I mean that's kind of like [Crosstalk]

T-Bone: Are you downloading cases and working on sample cases?

Jennifer: No. I have not done that.

T-Bone: So take that to another level and I know some you're unbelievably well, we used to be business partners on some other things so go to the message board and people show up there trouble shooting cases right so download those cases people put up and trouble shoot them yourself see what problems they're having, see what their preps look like, see how their images look and start seeing what is good and what is not good and see instead of just watching the video also, also **do what the video says, it's one thing to watch it, it's another thing to actually do it.**

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Jennifer: That's definitely been valuable for me because I mean there's been time when I'm kind of stuck and while you know while I watch these video I start to jot some notes down into my phone and you know I experience them in the office and I'm kind of like step back go through my notes and ok yes they talk about this and that's help a little bit but.

T-Bone: So remember again you will retain so much more if you actually do what they're talking about.

Jennifer: I definitely agree because if not I mean it just go one ear and out the other, but definitely just I've been more hands on with the CEREC. Yes, the assistant can do it but I kind of just grab it from them and I'll do like the scanning myself because I suck at scanning when I first started I mean I take forever.

T-Bone: You guys have the powder, you have the powder free camera?

Jennifer: Yes.

T-Bone: Ok great, alright so get better at that own your CEREC process. I'm telling you and I say this honestly and I'm clinically biased okay, not financially biased. I'm clinically biased. If you know that machine inside and out you'll learn so much more along the way. It is it's own CE in a bit.

Jennifer: Yes, that's my goal.

T-Bone: You'll learn ortho, you'll learn implants, you'll learn complex planning, you'll learn occlusion, you'll learn so much by just knowing that machine.

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Jennifer: Yes, and I see that and that's my drive right now. I want to be good at it.

T-Bone: So, do this for me, forget about the Botox and forget about those other things, come 'on I'm being dead serious. I get it. Those are noble things ok but take your energy and your money right now and learn how to really use that machine.

Jennifer: Okay.

T-Bone: Really take, learn how to use that machine ok because I'm telling you it's the most important thing that you have, it's the most important thing that you'll learn and you learn how to use that 3D machine.

Jennifer: Yes.

T-Bone: Have you gone to the initial 3D training?

Jennifer: No, no.

T-Bone: Why not?

Jennifer: It's a good question and I'm telling you that's my next step, my next step is to do 3D imaging because I know zero of it. zero.

T-Bone: But so how are you diagnosing people, you're not even utilizing one of the best diagnostic tools that are available?

Jennifer: And that was one eye opener being at this office was the senior doc he would you know there was a he a – for example I was doing a molar root canal and I wasn't sure if I missed the canal or not so we used that the CBCT and he kind of walked me through it.

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Another thing is trying to see if there was a got maxillary sinus infection I had I did in extraction on the station and he had a dry sock in and it was just we wanted to make sure it wasn't an infection in maxillary sinus so we used that or trying to rule up pathology, ok. So, we've used it or we've used it together not just me knowing a hundred percent each of the aspects of the system. You know it's been me going after, grabbing the doctor ok can you please like see this with me, you know walk me through it I want to make sure I don't have a missed canal you know or whatever it maybe and that's one thing that was a huge eye opener that made me and led me to be like ok I need to know this in and out. Seeing him use it so much to diagnose and that opened my eyes and you know ok Jennifer you have to get the ball rolling here and get more involved with the so that's definitely my next step taking a course for that.

T-Bone: Jennifer let me ask you this you're asking me about frustrations. So, if you went to work somewhere would you be frustrated if they force you to take certain CE's?

Jennifer: No, not at all I mean I've never had such a hunger to learn more than now. I mean dental school was an animal of its own and we had just study we had the board I mean we didn't have time to like be so thrilled and like to learn what's out there because it was so systematic you know and now it's like you really see what's out there and I feel like I mean, yes, I know the basics but I actually don't know anything, there's so much more, I don't know anything.

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T-Bone: But I'll say it very refreshing for me to hear that because my biggest frustration with my associates for the last few years has been that I don't feel that they think that they know nothing I think that they believe that they already know everything they need to know and the other big frustration for me is they've been – I'm not the kind of personality that's going to force somebody to do anything because I wouldn't like it if somebody force me to do anything.

I believe in letting people do what they want to do to a certain degree or giving people a freedom to make mistakes in the sense and I think one of the biggest frustrations for me has been that my associates haven't taken advantage of the training that other people pay me thousands of dollars to come take and I know it's good training because you know we wouldn't have full classes and have a waiting list for some of our training if it wasn't good so.

Jennifer: Yes, it's people coming from all over the world but were they comfortable with CEREC before coming, joining your practice?

T-Bone: No, none of them have been exposed to it.

Jennifer: Uh! ok, yes, I guess everyone is different. I mean I feel like there's so much more I have to learn and you know I'm just at the very bottom but it's fine.

One of the oral surgeon that we work for you know I was talking to him about my frustrations and he's like listen this is the career that we're in it's a marathon, okay? It's not a sprint ok it's a marathon there's so

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much more to it and it's lifelong so just get ready and be comfortable with that because you can't just learn everything right away. And it's fine I mean I pace myself and you know like I said I think if I take a course every four to six months I think that's a good balance for now and then I'll start.

T-Bone: I don't think that's enough.

Jennifer: Yes and I don't think it's enough either right now but.

T-Bone: I don't think it's enough forever.

Jennifer: So one thing, another struggle that I'm having is everyone is instilling you know in our heads is like save money, save money so like I'm here talking to my financial adviser and he's like Jennifer you need to have X amount of money into your savings before you can think about opening up a Roth IRA or start making huge chunk loan payments.

So, I'm thinking right now so I need to have this amount of money before I can start taking CE courses, taking doing these, doing that so it's kind of like I feel like I'm limited.

T-Bone: No, no that's bad advice everybody believes their advice is the best ok so I believe my advice is the best, okay? But I think that's bad advice in the sense because that's a very one sided advice ok. So here's what I'll tell you as you take – here's a common characteristic of financially successful dentists, the vast majority of them, okay? They have a lot of CE. **So if you want to make more you have to learn more, okay?** Because you will hit the wall at about

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six month mark where all you will be able to do is fillings and crowns and if all you could do are fillings and crowns you will hit the wall on how much you can produce until you get to a speed factor and then you'll hit the wall because you can't see any more freaking human beings, ok? And then your only way to make more money at that point is going to be to learn new procedures. So, I would tell you this and I'm happy to get into it on the air if you'd like or we can talk about it privately after we get off, but I would say that I'm a firm believer in **planning for retirement from the day you start**. It's one of the biggest mistakes I made in my career is that I didn't save money for retirement in my first eight years out of school, ok. So I would tell you that right now you need to make the minimum payment you need to make on your loans to get paid just so if you don't mind me asking what's your pay off on your loan not dollar amount but years ten years, fifteen years what is it?

Jennifer: Twenty five.

T-Bone: Ok, so that's too long ok so let's call what's a reasonable number of years you don't mind paying that for, fifteen years?

Jennifer: Yes, fifteen year's not bad.

T-Bone: Ok so whatever your payment is to get the fifteen years that's what you're going to pay every month ok and then the money you have left over in my opinion at your age, at your age in terms of out of school.

Jennifer: In terms of retirement?

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T-Bone: No, one third of it goes to savings, two thirds of it goes to professional growth for the first two years and then it goes half-half.

Jennifer: Ok so let me ask you do you work with those you know a financial adviser with these things like is that something that I should be doing like right now?

T-Bone: Yes and no I didn't work with financial adviser till I had enough money to work with an adviser ok and some people don't need financial adviser. Some people are very good on their own doing this ok so but I again, I want to walk to my belief on this ok so I'm going to use fake numbers ok and you're welcome to correct my numbers however you see fit, ok?

Let's say somebody makes a hundred grand a year, ok? After taxes that becomes \$75,000 ok so let's call that six thousand dollars in indisposable income per month ok, of that six grand how are we going to spend that money? How much does it cost you to live?

Jennifer: You're asking me?

T-Bone: Yes.

Jennifer: I mean with my bills and stuff...

T-Bone: Yes, I'm asking about your roof over your head, car, all the basic expenses.

Jennifer: I'd say...

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T-Bone: Like if you never went out to eat, you never drink anything, you never gone out on a date none of that stuff what would it cost you to live?

Jennifer: Two thousand?

T-Bone: Two thousand dollars. Okay, great! The fact that but listen this is me being tough ok and by the way I can't answer this questions myself anymore but the good news is the good news financially doesn't matter for me anymore ok but the fact that you can answer that question bothers me a little bit ok. Alright, so now we left at four grand. Okay, now you have some student debt that you have to pay a minimum that you have to pay. If you don't mind me asking what's the rough number of that could be.

Jennifer: A thousand.

T-Bone: A thousand dollars, now we have three grant left' ok let's call it another thousand dollars in like I can't live like, I can't live like crap, ok, alright.

Jennifer: Ok so two thousand.

T-Bone: Now you have two grant left every month is that sound about right to you? Ok is that pretty close to being accurate?

Jennifer: It is.

T-Bone: Ok so of that two grand I believe in my opinion let's call it thirteen hundred of that should go to professional development, seven hundred of that should go to savings every month and the way I

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would set it up is I have automatically have how do you get paid twice a month or once a month?

Jennifer: Twice a month.

T-Bone: Ok I would have three hundred and fifty dollars taken out of my bank account twice a month, automatically. I would never depend on myself to do it because something will come up.

Jennifer: Got you.

T-Bone: Ok, so now and then your twelve, your thirteen hundred dollars whatever it is that needs to go into separate bank account too.

Jennifer: These are the things that I'm not doing at all.

T-Bone: I know you're not because you're being advice by I don't want to use the word impractical people, you're being advice by narrow minded people that are focus on their one area of expertise, okay?

So now let's call it twelve hundred bucks to eight hundred dollars let's just call it that making life easier ok. So now every month I want you to have in a way three bank accounts, you have your living bank account, your savings bank account, your professional development bank account. So every month you get three thousand dollars twice a month put into your bank your living bank account, twice a month you take out four hundred dollars and six hundred dollars from your living account into each of those two accounts, automatically and then what happens is you learn to live of what's in your living account ok and then next year when you start, when

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you go from six thousand dollars a month to seven thousand dollars a month, one third of that money goes into your living account, one third of that money goes into your savings account and one third of that money goes into your professional development account.

Jennifer: Who manages this for you?

T-Bone: It doesn't matter. Listen it's so little money it doesn't matter, ok? Now the professional development account should be, it should go away all the time right you should be buying something with it ok, now your savings account the easiest and best I don't want to use the word best thing to do, you could tap somebody manage it for you, you could buy an index fund with it, ok, low fee index fund.

Jennifer: What's an index fund?

T-Bone: Something that like a QQQ or spider fund or something like that, something that's basically that goes up and down with the market. I would never put that in like a like if you put that in the bank you're going to earn like two tenths of the percent there's nothing ok? So, I would put it into an index fund. But this is where that kind of stuff I'm not good at ok that's where you probably should ask somebody else ok but with at this stage with so little money I would put it into a relatively safe mutual type fund, either mutual fund or index fund and I would put the same amount in every month and I buy the same shares every month so that way you're buying at a higher price, lower price so as it goes up and down you buy higher,

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lower and it's a long term, it's a game over the long haul.

Jennifer: Got you.

T-Bone: Ok and then there's going to come a point where you're professional development will slow down, okay? And then you're going to switch to do instead of doing two third one third professional development savings it's going to be the opposite. And as you make more you'll give yourself a little bit more to upgrade your living and you put a little bit more into your career and your savings.

Jennifer: Did this take you a while for you to implement these in your...?

T-Bone: Yes, for eight years all I did was to spend the money on me. Now here's the good news for me I never save money for my first eight years of my career all I do is spend on CE and just spend it on life. So at least I was spending on CE but I'm telling you with true honesty **I would not have the practice I have, I would not have the technology I have or the money I'm making today if I did not invest in my practice and invest in my education and I invest in my education first.**

Jennifer: So if there's one thing that you would suggest for me to take now you know I've done the CEREC, my plan is to you know get really good at it.

T-Bone: You haven't done CEREC you have taken the first step of CEREC.

Jennifer: Yes, just the first step and there's a lot to learn still.

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T-Bone: Yes, it never ends, ok, because they constantly improve that and you constantly need refreshers, ok. I would tell you that in my opinion hearing you right now, I would say and I would say this generally across the board for most associates in practices like yours that your focus should be how to maximize those two 3D technologies you have, your CEREC machine and your 3D imaging and how to learn how to get patients to say yes.

I will spend the next twelve day to eighteen months just to focus on that and then maybe I would sprinkle in some Envisalign and some orthodontics along the way but I would focus on just that.

Jennifer: Alright that makes me feel a little better.

T-Bone: Stop trying to learn all these other stuff I'm just being honest with you.

Jennifer: No, it was good to hear this because I mean it's I was overwhelming myself I think for no reason when I mean it's always going to be there I'll always have the opportunity to learn it I just have to get good at this first.

T-Bone: Let me ask you this is your practice already doing Botox?

Jennifer: No.

T-Bone: Ok, so let me ask you this honestly ok, what good is it for you to learn how to do if your practice won't do it or doesn't.

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Jennifer: You have a point It was just personal, I guess personal interest for myself.

T-Bone: So but that's a luxury item so are you going to buy luxury things in your life right now?

Jennifer: Definitely not.

T-Bone: Ok so why would you buy luxury education?

Jennifer: It's true it's a good way to see it.

T-Bone: I mean, so focus on those things that produce for you that give you lifelong education that's actually applicable to most practices [crosstalk]

Jennifer: And then you can wait later.

T-Bone: Of course, Botox is not going anywhere and by the way Botox is an electric thing if you can't get people to say yes to crowns so you'll not going to get them to say yes to Botox because you're competing with plastic surgeries, dermatologist, day spas. You're competing with high end people who are trained in that level of customer service not level of sales. So, I don't think you're ready for that stuff.

Jennifer: Yes, I don't think so either.

T-Bone: So then, so then don't confuse yourself you know just focus. What else you got for me what other questions? I like – you're my best interview so far you're asking questions.

Jennifer: So there was one thing I noticed in your practice which I hadn't known and the other dentistd did they weren't familiar with it a Nutra.

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T-Bone: Yes, so we just started using this.

Jennifer: What made you get it?

T-Bone: So the people who started that and invented that are friends of mine. They live here in town so they wanted me to try it and use it so I did and one of the things that I like about it, there's some things that I don't like about it but one of the things I like about it is I can get started quicker and that's not for me that's not about seeing more patients, for me that's about not getting lost. So, one of the tendencies I have is I'll come get somebody numb and I'll just disappear and next thing you know it will be twenty minutes before I show back up to get started.

Jennifer: And you probably have to numb them again or whatever.

T-Bone: No, not even that I'll just I'll be behind I'll get started twenty minutes late so if I can, if I can have anesthetic that will kick in in ninety seconds I don't leave the room.

Jennifer: And the other major advantage because, I looked it up to be honest after I had no idea what it was is the comfort, increase comfort because you don't get that sting. Do you see a major difference?

T-Bone: Look I think needles hurt so until we can get rid of the needle I think it all hurts, ok. I think certainly it hurts a little bit less and burns and stings less but I look selfishly those I care about those things but I don't care that much about it. To me selfishly what I look at is I don't want to get lost to me the benefit of that

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type of system is I don't disappear and show back up fifteen twenty minutes later. We are already running behind.

Jennifer: Because that was one thing that I wanted talk to me the senior doc about because we don't have that in the office and it seemed interesting, so.

T-Bone: So, there's a cost to it but I pay for it. Right now I'm on a trial basis with them so it's like three, four hundred bucks for the first month for me so I don't know what the cost is ongoing so I can't answer that and I'm not one hundred percent certain that I will continue with it.

There's more involved in that decision for me. I'm a big Septocaine fan I used a lot of Septocaine I like how profound the anesthesia is with it so a Nutra does not come in Septocaine it only work with lidocaine because it's self-dispense lidocaine with sodium bicarbonate so that's one of the concerns I have for me and then there are some other concerns about reactions and things like that, that I have not experience yet but other people have experience that so.

Jennifer: Like, side effects?

T-Bone: I wouldn't use side effects, I would use some swelling that occurs with it sometimes. So I'm speaking out of less knowledge. I'm just speaking out of what I've heard you're things I've made fun of you earlier about what other people tell you, ok. So, take it with a grain of salt. Do your own research on that I think it's a good product I do not have enough use on it yet to

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give it my personal endorsement, but we're using it and trying it so what I like the most about it is that anesthesia is ninety seconds to a minute to two minutes for upper infiltration of sixty seconds to ninety seconds we're ready to rock and roll so there's a lot of benefit to me of that.

Jennifer: Definitely. Agreed.

T-Bone: So, I don't get lost.

Jennifer: Ok, good to know. Another question I have was one thing that I've been surely would [crosstalk]

T-Bone: Did you like, did you like prepare for this?

Jennifer: [Laughter] Listen, I mean, I have a young mind I have a lot of questions.

T-Bone: Awesome! Are you kidding me?

Jennifer: I struggle with selling Envisalign. I don't know.

T-Bone: Well, stop trying to sell it

Jennifer: So, what is it that you do, I mean.

T-Bone: Well, I would say that we're not as good as we need to be with Envisalign, ok. We're not the best yet, we're not nearly as good as we should be with Envisalign, ok, but go ahead ask your question.

Jennifer: No, I just want to know if there's like something in particular that really gets a patient of yours to be like "ok, yes let's go with it," because it's just that's one thing that I've really been struggling with getting a patient to say yes for Envisalign.

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T-Bone: Ok, so does your practice already do Envisalign?

Jennifer: Yes.

T-Bone: Ok is your doctor, your senior doctor getting good success and you're not?

Jennifer: Yes, and maybe I haven't brought it up you know and I will, I mean I haven't really...

T-Bone: So, I will say this I don't believe I sell Envisalign, I believe my team sells Envisalign. So I would say the first thing is **if you're the first one bringing up something that's usually a recipe for not success. You should be confirming** so again do you guys have digital cameras in your rooms?

Jennifer: We do.

T-Bone: Do you guys use them?

Jennifer: Yes, we do.

T-Bone: So ok so let me define using them, when you walk in for a hygiene exam is there a digital picture taken on every single patient?

Jennifer: Not every single.

T-Bone: Then you're not using them. By my definition you're not using them, ok. So I would figure out a way again as an associate we have limitations, ok. So, I would figure out a way for you to not walk in to do a hygiene check if a photograph isn't taken. So, in our office I don't do hygiene check if there's not a photograph.

Jennifer: I see.

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T-Bone So if you take a photograph and then you ask your patient or somebody ask your patients, is there anything you see you're unhappy with or is there anything you like to talk about then you know that's the first step, right? and then I would ask you does anybody in your office wear Envisalign?

Jennifer: No.

T-Bone: Ok so maybe you should wear Envisalign. Maybe you don't even need to have crooked teeth to wear Envisalign maybe you can just wear fake Envisalign not fake like fake brand Envisalign, I'm just saying Envisalign retainer.

Jennifer: Right that will definitely make the patient feel more comfortable and like they trust you more if they see you wearing it.

T-Bone: Yes of course, of course or somebody maybe a hygienist should wear it. Okay, so those are the things that – so one of my challenges with dentist is you're often asking patients to do, do as I tell you not what I do myself that's like me telling you to work out when I'm fat.

Jennifer: Yes, it's like it's like hypocrisy. You're being or ignorant I mean however you want to see it.

T-Bone: So if you just do those few things there's no magic words ok so if you just do those things if you and I bet money if you call your Envisalign rep and say hey I'd like to get some pair of retainer made for myself so we can do more cases or made for a couple of our hygienist, I bet money they either discount them

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significantly or they give them to you and then you have your hygienist wear them or you wear them and I bet you will see an increase in case acceptance there. And the next thing I'll ask you is whatever it is you want to do moral how are you subliminally selling that in your practice what's on the wall?

Jennifer: The wall not so much we do have like Envisalign brochures and a lot of bottles but nothing in the wall really.

T-Bone: Nobody is picking that up, nobody is looking at those brochures, nobody is reading that shit, excuse my language, nobody is reading that stuff. A thing on the wall is big enough for somebody to reading passage a brochure somebody has to go to it and pick it up and read it.

Jennifer: Yes, people are lazy they don't want I mean you have a point.

T-Bone: So, and you need to refresh those things and that's one of the areas I'm gotten [unclear] in my practice is that we have a refreshed hours in a while even if we don't refresh the message we just refresh the branding, or the colors or the looks or the locations of some of those things.

Jennifer: Yes, to change things up keep things interesting.

T-Bone: Yes, you got to and so if you did those things and if you make sure that your hygienist takes pictures, you'll be surprised how much more of those things you'll do.

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Jennifer: Thank you I really appreciate your advice I think I am definitely, I would definitely will do that.

T-Bone: Yes, what else you got for me anything else on your little sheet of questions that you prepared for us.

Jennifer: I think I'm out of questions.

T-Bone: Well, Jennifer I got to tell you it was great I really enjoyed our meeting.

Jennifer: It was a lot of fun I'm glad we did.

T-Bone: I want to do more of this with people so because in my opinion it was a good mix I talk to you and then it was really good mix of you asking me questions and that's where I really thrive is when people ask me questions and I can give them advice sometimes tough advice, sometimes not good advice. We all have, we're all bias in our own way but you know I think you have the making of someone that can be a very good person in our profession and I think that's fantastic.

I will encourage you to spend your money wisely to continue to learn at all times and just be committed to being professional and by that, I mean be passionate about what you do. Don't be too – be patient ok things come over time you know you're one year four months really four months into this journey, ok. It is a journey keep be mindful of that and don't close your mind to things so just be open to those things and I really appreciate the insight into your decision making process into associates and all of that and hopefully our listeners can glean a lot from

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that. I'd like to have you back on in six months or so to see where you're at and just see what's going on.

Jennifer: Yes of course thank you so much for having me too.

T-Bone: If somebody wants to get in touch with the real Jennifer Lopez.

Jennifer: You mean me.

T-Bone: Dr JLo, I told you that's your real name ok how can somebody get in touch with you?

Jennifer: I mean by e-mail that's probably the best way.

T-Bone: And your e-mail address is?

Jennifer: JenLopezdmd@gmail.com

T-Bone: So that's J-e-n-l-o-p-e-z-d-m-d@gmail.com so that's your e-mail address I won't ask your cellphone because that's inappropriate although I already have it.

So, Jennifer, thank you so much.

Jennifer: No, thank you. Thank you for having me. It was a pleasure.

Thanks so much for listening to *T-Bone Speaks* with Dr. Tarun Agarwal. Remember to keep striving for excellence and we'll catch you on the next episode.