



Full Episode Transcript

With Your Host

Dr. Tarun Agarwal

S2Ep #1 : An Interview with Dr. Jennifer Lopez

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: Hello and welcome back to another episode of the T-Bone Speaks podcast. We are ready to kick off season number two. Our hope is that we start getting focused in terms of our themes for this season and getting in a better crew and my goal is to have about 15 episodes per season and then we'll go through – just like with TV shows, we'll go through a period where we'll play some of our more popular episodes from previous seasons, some replays, some encore editions, and then we'll move on to a next season. We'll kind of probably have three seasons per year and go from there.

I'm excited to get in season two. My focus for season two is going to be to interview other dentists and focus on having a conversation about what's going well in their practice and what's not going well and trying to have a two-way conversation where we can learn from other dentists, instead of just learning from those who are gurus or well known in the dental community. Let's learn from those who are not so well known in the community yet have successful practices or even learn from those who are new to dentistry and see how they got there and where they're at and what they're doing, what they're struggling with and get some insight.

I think there's so much to learn from other people that I would like to start to bring in some lesser known guest, let's call it, and see what we can go from there.

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So to kick off the season, I'm going to have a interview that started off as a single episode. It is going to be turned into two episodes because it went quite a bit long.

I interviewed a relatively new graduate, Dr. Jennifer Lopez, out of Miami, Florida. Our conversation just kind of started organically and really, by the time it was done, it was an hour and 50 minutes, almost two hours.

We talked about so many different things from where she was born, how she got into dentistry, to her experience in dental school, her experience in residency, to her experiences of being an associate, and CE classes. And then we ended the conversation with her talking to me about – asking me some questions about some different things.

I really enjoyed the format and I think it's kind of where I want to take season two. So let's go ahead and get started with the first episode of Season two, our first part of the interview with Dr. Jennifer Lopez.

Alright everybody, welcome back for another episode of T-Bone speaks. Today we're going to do something a little bit different. I have met a young dentist at one of our workshops and I think I have fallen in love so I invited her on the podcast as a way to get to know her better. It's our first date. Don't tell my wife that anybody but and she's famous, it's Dr. Jennifer Lopez and given the name being a Latina woman you must imagine that she works in Miami, Florida and that's where she is, so she's a young practicing dentist in Miami, Florida and she's at one of our CEREC workshops in Raleigh recently and I thought it would be an unbelievably great idea to bring on a young dentist and just talk a little bit about some of the successes and struggles and challenges. And I want to pick her brain about what made her as a young dentist come to a workshop and then hopefully she can pick my brain on as a young dentist some questions she has.

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So, Jennifer how are you doing today?

Jennifer: Good, thank so much for having me.

T-Bone: So, what's your background, like technically, because I think all you know, I say Lopez and I think Mexican.

Jennifer: Of course, you do. Everybody does. Everybody that's outside of Florida thinks the same way. It's ok.

T-Bone: No, no that's not true, that's true anybody north of Palm Beach.

Jennifer: That's yes, north of Fort Lauderdale how about that?

T-Bone: Even, even Fort Lauderdale maybe.

Jennifer: Yes, exactly, but no I was born and raised in Miami. I'm a Cuban-Columbian decent. My dad is Cuban, my mom is Columbian.

T-Bone: So, your dad came over on a tire?

Jennifer: He did. Two tires.

T-Bone: Two tires and he had cocaine in there for to bring your mom over.

Jennifer: Exactly, exactly they made a good stuff and then they brought it over.

T-Bone: That's kind of out the way just so you know.

Jennifer: He took a little detour.

T-Bone: Yes, that's a lot of paddling you have to do there. People are going to think I'm totally racist and I'm not completely.

Jennifer: Its fine you have to have a good sense of humor.

T-Bone: Well, I'm just a stereotypical that's all.

Jennifer: Yes, it's ok.

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T-Bone: So, you are born and raised in Miami where there are more Cubans than in Cuba.

Jennifer: Yes, that is definitely true.

T-Bone: And you had to learn English?

Jennifer: I did, first language but at home we strictly speak Spanish.

T-Bone: Oh, what's the great Cuban place there, the green one Café Versailles?

Jennifer: Versailles

T-Bone: Yes, the place is great there's one in the mall, there's one in the airport.

Jennifer: Yes, there is. It's great

T-Bone: That's why I knew I went down there.

Jennifer: At the airport, but you know what I get excited when I see that at the airport or when like if I've been like in a long trip and I come back and I see it, oh my God, gosh I'm home it feels good, so.

T-Bone: But you know what sucks really this is what I'm not supposed to talk about but that's what I feel like to talk about ok, you know what really sucks is like my first introduction to Cuban food was I had a Cuban sandwich at like [crissdose] or something, ok? And it was so bad that when I – and my wife is from Fort Lauderdale, Miami. When we met she was in school in Miami and so when I went down to visit her she's like we should go eat Cuban food and I'm like I don't want no Cuban sandwich. I think it's horrible, you know, being from small town North Carolina I thought Cuban food was Cuban sandwich was crissdose and I was like I don't want that.

Jennifer: I don't even think we have grizzles here anymore I think like it was on and running for about few years and then that was it.

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T-Bone: You guys have Miami subs.

Jennifer: Yes, that's good stuff.

T-Bone: You know I do I like the Pollo Tropical and Chicken Kitchen.

Jennifer: I know. I did my residency in Chicago for a year and when I finally got back I was so happy because of the Pollo Tropical because it's just an easy you know it's kind of healthy I mean more or less but you want like some good...

T-Bone: It's actually real chicken.

Jennifer: Yes, exactly it's good like beans and rice [crosstalk's] there you go.

T-Bone: I know entirely too much. Alright, Jennifer tell us, tell us a little bit about you so our listeners probably don't know you and I want to keep it that way so I keep you to myself so tell me, tell me a little bit about you, how did you get into dentistry and all of that stuff?

Jennifer: Ok, well so you guys already know I was born and raised here. I got into dentistry because from a very young age I got exposed to the dental world because I had to get a lot of procedures done so from eight years old I had [crosstalk]

T-Bone: As a patient?

Jennifer: Exactly, and what was nice is that I really like my dentist. She was a female dentist. She was very kind, gentle and I like my orthodontists as well so I had to get braces at eight years old I believe.

I had to get some surgical procedures done like exposed [unclear] with my canine. So I was always in the office and I really liked being there, I liked the atmosphere and I liked the way the people treated me. So that's how I got exposed to it and from an early age like going into high school I started shadowing.

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T-Bone: At the same place that you went to school, where the same place you get your work done?

Jennifer: Exactly! And so I just stuck with it from high school and I planted it in my brain and I was like I want to do this and that's what I did.

T-Bone: Ok and then so you decided you want to be, you started having your love for dentistry and then you graduated high school from Miami and then what happened there?

Jennifer: So, I actually went to Florida International University for my undergrad and...

T-Bone: That's in Miami, where's that at?

Jennifer: It's a little bit north of UM, University of Miami. It's on A street 107 I don't know if you're familiar with the streets, but.

T-Bone: Ok, that's almost the hood.

Jennifer: It's kind of an everglades. You know everglades is? It's about like...

T-Bone: Yes, I dumped some bodies over there.

Jennifer: Along with the Columbians huh?

T-Bone: No, no and the value jet plane was down there.

Jennifer: So yes, so during college I was shadowing and then you know I was you know involved in the pre-dental society and yes, I applied. Actually, I took a year off before I applied to dental school I did like study abroad trip in Italy for a month. I worked at a dental office as an appointment coordinator for six months and during that time is when I applied.

T-Bone: So did you – now, can I ask you an honest question here?

Jennifer: Sure.

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T-Bone: Where you forced to take a year off because you didn't get in or did you not apply and then decided to apply?

Jennifer: The reason I took the year off is because my first set of DAT scores were not as competitive and I was like I'm not going to waste a ton of money applying to schools, me knowing myself that I'm not happy with this course I'm going to take, retake them and I'm going you know I want to be more competitive applicant so I took the year off and I work at the office and you know I'm glad I did because I don't want to feel rushed and have any regrets or feel bad that I didn't get in you know raw type A like us dentist are very type A and very competitive. You know we're very hard at ourselves so I was like you know what let me just take the year off and will go from there.

T-Bone: Ok so just give me an idea what were if you don't mind me asking what were what were DAT, look I never took the DAT so I don't quite understand this.

Jennifer: Really?

T-Bone: Yes, It's a long story but...

Jennifer: How are you a dentist?

T-Bone: I'm not really a dentist I just fake it. I just fake one in real life so no in all seriousness I went to a program where I got into dental school out of high school essentially and as long as I maintain a certain GPA I did not take the DAT so.

Jennifer: That's great!

T-Bone: No, it's awesome so your score went from what to what in the year off?

Jennifer: So, the first time around I believe I got a seventeen.

T-Bone: Ok and that's not a competitive?

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Jennifer: No, no. And, like competitive is anything above a twenty, I'd say

T-Bone: Ok. So, you went from dumb to competitive.

Jennifer: Exactly, yes and I wanted to make sure my science scores were you know competitive too so those were about twenty, twenty one, the math I didn't care because I mean I'm not to be honest in myself, I'm not a good math person.

T-Bone: We have calculators and as a dentist you don't need no Math I mean we don't need how to calculate and how to collect money.

Jennifer: Yes, exactly

T-Bone: I would say that actually, outside your scores it probably helped you a lot to actually have some experience being in the front, I'm glad you work in the front not in the back of a dental practice.

Jennifer: Yes, I always remember these, the office manager at that practice always told me while I was working and he's like Jennifer you are getting an immense amount of experience here because you know what it feels like to be in the front. As a practitioner your very good with your hand you could do it but we don't know really or we in the beginning we kind of hard to have a team of those people skills and communication and how it really work with the books so I'm really glad that I got that experience.

T-Bone: And even that just knowing what kind of complaints patient have because you know a lot of times you can cut those off in the back if you just knew what things people calling or complaining about.

Jennifer: Exactly, exactly.

T-Bone: Yes, you know it's interesting as you talk about this, I'm trying to get my intern who's taking another year off before she applies to school to get married. I'm trying to get her to move to the front in our office and she's resisting me a little bit. I'm going to have to make her listen to this. Okay, so you work in the office for a

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year, you applied to dental school obviously got in which did you go to dental school?

Jennifer: I went to Nova South Eastern

T-Bone: Ok so you went right there in plantation?

Jennifer: Exactly.

T-Bone: Ok so my wife went to a medical school, the ideal school there.

Jennifer: Nice.

T-Bone: Yes so.

Jennifer: It's a great program.

T-Bone: It's a secondary medical school, it's a [unclear] school. She's going to be so mad when she listen to this when I say that.

Jennifer: No, they really have an excellent program.

T-Bone: And they actually have very good dental school there as well.

Jennifer: They do, yes, I had a very good experience I'm glad I stayed, I was actually, I was going to University of Maryland and I was ready to go with room and board everything and you know last minute I just changed my mind because you know my family was here so I was like.

T-Bone: So Maryland was going to be free?

Jennifer: What do you mean free?

T-Bone: Like room and board was going to be free?

Jennifer: No, no like I had already reserved an apartment

T-Bone: So, you had gotten in?

Jennifer: Yes, I had gotten in and I had put my deposit down everything and last minute I just changed my mind and I stayed here

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because you know family, I'm very close to my family so and I'm glad I did, I'm glad I stayed.

T-Bone: Wow! Ok what else did you get into school at?

Jennifer: I got in to NYU

T-Bone: Oh, that place is way expensive.

Jennifer: Yes, and then just living there it's crazy.

T-Bone: My sister in law went to dental school there.

Jennifer: Really! I mean New York is awesome it's just – what I don't like about it...

T-Bone: She's lucky her parents could pay for that, you know.

Jennifer: Exactly, exactly.

T-Bone: I think she spent half a million dollars putting her to school.

Jennifer: No and their classes is there's crazy there's like three hundred or more probably.

T-Bone: That's a money-making machine. I don't know. I'm just saying that but ok so you got to NYU and Maryland.

Jennifer: And VCU, Virginia.

T-Bone: Alright, in Richmond that's good.

Jennifer: Yes.

T-Bone: But you choose Nova because it's close to home.

Jennifer: Closer to home and weather.

T-Bone: Yes, your people and your weather, ok.

Jennifer: We people yes, I mean and so I've been here my whole life, I did all my schooling so you know when I was done with dental school

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would say ok it's my time to go and like so I applied to GPR and I went to Chicago for a year.

T-Bone: Why did you apply for GPR? Did you not feel that you're ready?

Jennifer: The dentist I used to work for as when I was an appointment coordinator I pick his brain a bit when I was deciding whether or not I want to go to private practice straight out of a dental school or GPR and he told me straight out he says, Jen, if you are applying for a position as an associate in my office I would say go do a GPR I wouldn't hire you to be honest with you and you know I spoke to few dentist and they thought the same thing you know time is money they don't want to take a lot of time to mentor you so they want someone who's experienced, confident, quick, efficient. So I took their advice and that's why I did it.

T-Bone: You think your GPR made you those things?

Jennifer: I did, yes, a hundred percent.

T-Bone: That's interesting my experience has been the opposite.

Jennifer: Really?

T-Bone: Yes, so I have two associates one came from the AADG one came from the GPR and certainly I would say they work like straight out of the school experience but I would say that my experience with them is that they were more ingrained in the dental school mentality because residency is from my perspective mentally another year of dental school where you have to have everything checked, where everything is more about it's just one more year of not seeing your long term self, one more year of doing things that maybe you probably shouldn't do but having another year of somebody watching you and then maybe you take on things you shouldn't do.

Jennifer: Right, so I agree, I mean with the liability you're right but for my experience the program I went to Loyola really where our director

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he was very, very laid back so we control our schedule and if we had a question we had to grab him because he has his own schedule as well. His own patients he's own full day. So, unless we grab him or we were skeptical about what we were doing he wouldn't check anything.

T-Bone: Yes, but so that means ok anyway I don't want to...

Jennifer: But there's a bad thing to that like what if you're doing something bad and you're continuing to do it how are you going to learn?

T-Bone: Right, exactly.

Jennifer: Which is probably what you're going to say.

T-Bone: Yes, I just don't want to say it. Okay, it sounds to me like you enjoyed the time that you thought it was worthwhile.

Jennifer: Yes, definitely. I got some experience with the implants and that was nice. So really...

T-Bone: I would say you got bad experience with implants, personally.

Jennifer: What's that?

T-Bone: I would say you probably got bad experience with implants.

Jennifer: Why?

T-Bone: Because you didn't get experience with 3D technology, with modern implantology.

Jennifer: Yes, correct.

T-Bone: You got experience with your slam it in implantology where you lay flat and you just put the implant in and hope it's in the right spot and all of that stuff.

Jennifer: So I was at the VA and the way the residency work was eight months at a private TO practice affiliated with the hospital and

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the four months, the last four months for me was at the VA so there I was working hand in hand with the director of oral surgery so it was nice to work one on one so with implants it's not that I did many, I did a total of five actually. He was in there guiding me but yes with the 3D imaging I got zero experience with and I wish I would have had more experience. I was more for the oral surgery residence and now I kind of regret that I didn't get really - I mean I didn't know it was just I was just new to it.

T-Bone: Of course you don't know, right.

Jennifer: And now working that's like the next step for me. I want to learn and I want to engage more into that kind of stuff but it was very limited experience that I got with implants but it was just a start.

T-Bone: Ok now what would you say, so what would be the benefits of GPR then?

Jennifer: Just gaining more confidence especially with your speed coming out of dental school would probably a lot like two hours per crown something like that.

T-Bone: Oh, hell we spend all morning during the crown prep.

Jennifer: Exactly, and then temporizing you know that's I mean, if you go to a private office the owner's not going to like that, ok.

T-Bone: Unless you get paid on production take all damn day.

Jennifer: Exactly, so the one thing that I would say is the speed and I get really fast with a lot of procedures and I was comfortable doing them.

T-Bone: Ok so what's did you get more experience in endo?

Jennifer: I did, I did a lot more endo with molar. That was another big thing you know dental school has a lot of anteriors, pre-molars not so many molars so I got a lot more experience with that in the GPR residence as well.

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I wanted to get comfortable with surgical extractions because I did zero or if anything I got I was you know there was either supervision or I had to assist doing it but me myself I never had to do it so with the GPR while I was at the VA I got a ton of experience with surgical extraction so that was really cool.

T-Bone: What about IV sedation did you learn that and get certified on that?

Jennifer: No, no certification. We did learn anesthesia rotation for two weeks where we got to [unclear] patients and you know work with the anesthesia residence but in terms of certification, zero.

T-Bone: Ok, alright. So, I got some more question so I'm asking these questions because I'm a little anti GPR and anti AGD you know for maybe selfish reasons or whatever and so did you pay to go to these thing?

Jennifer: No, we got paid.

T-Bone: How much did you get paid?

Jennifer: About fifty. So, it was like a stipend. It was like a salary you know so it was about fifty and I mean it was very hard especially being in Chicago, it's so expensive.

T-Bone: So, you got paid fifty grand so it's like a so I guess that's just a PG1 post graduate ere one salary.

Jennifer: Exactly, yes.

T-Bone: Alright, alright so let me ask you this retrospectively ok I would probably say it's a little bit of an unfair question to you because I don't think – so anyway, let me back out for a second, you graduated what year?

Jennifer: Dental school?

T-Bone: Yes.

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Jennifer: 2015.

T-Bone: Ok, so you just finish your residency maybe six months ago or four months ago?

Jennifer: Yes, about four months ago, I assume.

T-Bone: So, you've been "**The real world**" for four months?

Jennifer: Yes.

T-Bone: Ok great, so I think this question maybe a little unfair but I want to throw this out there ok so I'm a little against AGD's, GPR's whatever these things are from a couple of perspective; 1) I think an opposite way of doing this is most people go to these programs because they want more experience and they want to get speed up, okay?

So, one way I think of looking at it maybe is that you can take a job out of school maybe in a group type practice, many people call them corporate offices. I tend to call them large group practices, ok, multi location practices and you can work on your speed there and let's call it you make a hundred twenty grand or a hundred, hundred twenty grand somewhere in that ballpark and what you can do from my perspective is you can pretend like you're making fifty grand a year and you can take that additional forty to fifty thousand dollars that you have and you can take a significant amount of CE and in today's day and age for example you can take some implant courses where maybe you can go to the Dominican and you can place thirty to forty implants, maybe you can go on two or three of those Dominican trips and then you can do some 3D education and you can do some different things and some endo education. You know I look at that as a more practical perspective of getting you speed up. What do you think about something like that?

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Jennifer: One hundred percent so in my class and that was my struggle to be honest with you it was deciding whether I wanted to go into corporate straight out of school or...[crosstalk]

T-Bone: I don't like corporate but that's ok.

Jennifer: Or group practice.

T-Bone: You can call it corporate that's fine with me.

Jennifer: Or going to do a GPR and that was my struggle and to be honest with you, about half of my class did corporate and the other half probably did either GPR ADD or specialize.

T-Bone: So you know the numbers about sixty percent of graduating dentists enter into the DSO market, the dental support organizations, "**corporate offices**" the DSO's about sixty percent of graduating dentist today enter into some DSO group.

Jennifer: Exactly, and that's pretty much how the breakdown was in my graduating class and the way I saw it was I would do my GPR residency and if someone did a corporate that would be their type of residency that's their one year of residency, but I didn't want to – I saw kind of like a pattern with some of the other colleagues that had graduated before me that started corporate and they stayed in corporate.

T-Bone: Then they never left.

Jennifer: And I didn't want that for myself, like my vision is I want to own my own practice, eventually, and I did not want to be part of corporate you know I went to their lunch and learn everything I heard it all and ...

T-Bone: Oh, you want a free lunch?

Jennifer: Exactly, and it sounded good. It sounds like a very good deal it sounds like you know no pressure you know, baggage off your shoulder it's like you're getting into it and you know what to

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expect and that's great you know it's like one, two, three and it's still delivered to you but I don't want this type corporate feel to dictate how I should practice or just dictate everything about how practice should run and I have no say.

T-Bone: Do you really think they do that?

Jennifer: Yes, I do and I do know that you need to meet a certain quota ok if not...

T-Bone: I don't think the word – that's illegal

Jennifer: Is it?

T-Bone: Of course it is.

Jennifer: Ok I'll take it back and you have to meet a certain I don't know what would you call it?

T-Bone: I think it's like at the end of the day meeting anything any type of quota, any type whatever you want to call it technically its illegal ok. You can't do that in the healthcare field but at the end of the day I think certainly they have goals for you that they want you to do to earn your pay ok so.

Jennifer: Goal is a better word.

T-Bone: Yes, I mean so certainly if you're producing five hundred dollars a day you know they don't want to keep you around I mean I get that ok but at the same time they can't force you to diagnose stuff that doesn't exists.

Jennifer: Right, and just from personal experience I kind of heard these horror stories like you it's all numbers and not so much quality and I do not invest so much money in time in dental school to provide you know work that wasn't quality. Sure anyone can do the numbers, anyone can do the work, anyone that graduated dental school can do the work, ok, but it's about the quality you know and if you care and I do, you know and I knew that that

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wasn't for me and it works for a lot of people and a lot of my best friends that I graduated with are in corporate and some of them like them, some of them like corporate and some of them hate it, so it's just I guess based on your personal experience, it's also based on like location.

T-Bone: I think it's also based on your personality so what you make of it.

Jennifer: A hundred percent yes for sure.

T-Bone: So like I came out of dental school and I work in a DSO type of environment for six months and so what I made the most of it for six months I went in with the plan of and I wouldn't recommend people to go into jobs only for six months that wasn't my intention to go just for six months but I knew my goal when I went in was not to become used to living on a lifestyle of a hundred twenty grand because at the end of the day today, I don't think that's a lot of money ok but when I got out of dental school I thought that was a boat load of money ok and so I didn't get accustomed to making the money. I live on my dental school salary which was you know like living up two grand a month or whatever it was ok so I used my first year out of school as a "**residency**" here and I went and I tried to learn and I took a lot of CE and so the money I made above and beyond what it cost me to live I used that towards paying off any student loans and I used that towards taking a lot of education so I never felt what many people called this golden handcuffs, I never felt that because I didn't allow myself to get in that position.

Jennifer: Sure, and I kind of want to backtrack. You made a very good point about taking that time in the one year instead of doing a GPR for example if you're going to corporate using that extra cash for CE because that's one thing I'm struggling with now since I was so confined with budgeting this past few you know when I was in my residency, I'm struggling now, yes, I'm getting

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paid well but I'm struggling with trying to take CE courses because I'm trying to do that and save money so.

T-Bone: And any student loan you may have.

Jennifer: Exactly, so you made a very good point because that is one thing that I never even took into account a year ago because coming out of residency yes you feel better, you know you're faster but you want to be good at everything and to be good at everything you want to learn more and by doing that you need to go take CE courses and you know I'm at the point where I want to take all these courses but it's like I don't have the funds for it right now so you made a very good point about that.

T-Bone: Why don't you have the funds for it?

Jennifer: I mean they're expensive they're very expensive and I'm trying to save and I'm trying to pay out loans so I figure I have to give myself every couple of months maybe you know every four six months take a course you know I think if I spread it out like that but I'm saying like right now there's like five different things I want to take in and that's impossible, there is no way I can do that right now maybe in the future when I'm more stable.

T-Bone: But don't even think it's impossible.

Jennifer: Oh, definitely not I know I will be able to do so in the future it's just right now I mean like It's been four months so because I've been [crosstalks]

T-Bone: I know I'm giving you a hard time. Ok so let me ask you this ok so I want to go back because I don't want to get too much corporate talking anymore so you got out of your residency, you knew you want to go back to Miami because I assume you want to be close to your family and that's what people speak Latino so you went back to Miami, do you work for your childhood dentist?

Jennifer: No.

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T-Bone: No, why not?

Jennifer: She is retired and the dentist that I worked for those six months he moved, he moved to Texas, actually.

T-Bone: Was he one of those fake dentists in Miami? I read about them all the time.

Jennifer: No, he was very well established, good location and...

T-Bone: That still doesn't mean he was a real dentist.

Jennifer: He was a very real dentist; he actually took his DAT's

T-Bone: Oh, that is good; you got me that that's awesome, that's awesome. I'm really noticing that. Ok so how did you choose where you're working?

Jennifer: I started looking for a job early on around March so I was still in my residency and I was searching for job and...[crosstalk]

T-Bone: And you knew you wanted to go back to Miami that's only place you look?

Jennifer: Yes, the only place and it was because of family. I mean the main reason is you know my family is going at a very high rate now. I have a lot of nieces and nephews and there still more coming and...

T-Bone: Are they coming legally?

Jennifer: I don't want to miss out on that I guess so, hello I'm sorry, did you try to say something?

T-Bone: I made a joke I said so are they coming legally?

Jennifer: They're very legal, yes, so I didn't want to miss out on that and so I didn't see a reason why I should be looking elsewhere so I came back.

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T-Bone: Alright, so how did you choose your place? Were there a lot of choices?

Jennifer: A lot of choices but I was specific. I knew what I wanted and I didn't want for example an HMO driven office so I didn't apply to a lot of.

T-Bone: Let me ask you this so how did you know you didn't want that?

Jennifer: I think the numbers I know it's a lot of quantity and not so much I don't want to say it's just mine what I heard.

T-Bone: Alright that's what I wanted you to say these are all perceptions that other people have made you believe.

Jennifer: Exactly, exactly.

T-Bone: So, so let me ask you this and I mean this and I want you to be honest with me ok would you believe that I personally am a good dentist?

Jennifer: Yes.

T-Bone: Yes, ok so if I told you that I have an HMO practice ten years ago how what would you say to that?

Jennifer: I would be that would be honorable.

T-Bone: So, I had HMO practice ten years ago

Jennifer: Ok and ...

T-Bone: So **not all HMO practices are bad.**

Jennifer: Ok to add to that yes and one thing a mentor of mine during dental school I was catching up with him when I moved back and he said the exact same thing to me he said, Jen I don't want you to be afraid of applying to this HMO based practices. I had an HMO practice and it was – it went great for him. I was very, very successful and it grew tons.

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T-Bone: Yes, but I'm not even talking about like I don't think money is the issue to right now in your life. I guess there's a certain amount you have to make, but I don't think money should be the driving issue and I don't qualify success in how big it is or how fast it grows or how much money it makes.

I qualify success in terms of the happiness it brings you and if you've meet your goals of what you have for yourself and I will tell you that for me my HMO practice helped me tremendously establish a general dentistry based, allowed me to make money to establish CE. I used it to do good dentistry on people. I didn't do bad dentistry I mean I just I know, I know that generally speaking to run an HMO practice you have to run people thru faster but that doesn't mean that it's a bad place to work or that doesn't mean that it's lesser dentistry than a person that is not an HMO dentist.

Jennifer: Right, I think I was biased because that first dentist that I worked for it was a fee for service practice and since that was the only thing I was exposed to at first I kind of engraved that and that's all they've talked about and he's like you have to be in fee for service you know dealing with insurance is a big headache.

T-Bone: Oh, it's a headache.

Jennifer: So, I think that even before dental school I already had that in the back of my mind so I guess I kind of stirred away from it to be honest.

T-Bone: Ok, so your pull of what you are looking for was very small.

Jennifer: Yes.

T-Bone: Ok how many practices like that are out there?

Jennifer: Very little in Miami it's very, very little I mean there's a lot of HMO practices here a lot of PPO.

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T-Bone: But you are looking for fee for service practice?

Jennifer: And PPO and fee for service, yes.

T-Bone: Ok so you're willing to settle on PPO?

Jennifer: Yes, one hundred percent yes.

T-Bone: Ok, hope for you, how noble of you. Alright so what drew you to the practice that you have now?

Jennifer: So, I did my first interview and I really liked the feel of the office and I like the office manager. She was great.

T-Bone: What do you mean by that what do you mean by the feel talk to me about that?

Jennifer: It was very busy it was very high, very lively and I like that I like the...

T-Bone: Like busy as in chaotic?

Jennifer: No, not chaotic It was a good flow it wasn't like a zoo in the waiting room and it wasn't like there was one person in the waiting room either it was a good balance.

T-Bone: Ok.

Jennifer: And you know she was very honest with me she said I want you to come back for work interview and I will not give you the job just yet and I'm like ok perfect because in the sense you know I kind of interviewing them as well. I need to know if it's a good place for myself. So I was like one hundred percent I'll do the work interview so I came back and I did I had to travel back and forth from Chicago to do this just because when I came back I wanted to have something ready to go.

T-Bone: Did they pay for you to come back and forth?

Jennifer: No. But they did pay for the work interview.

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T-Bone: Ok, no they paid you to work they didn't pay you to come there?

Jennifer: No. And so I did the work interview and it worked out. I got along with everybody just great and so that's how I got it.

T-Bone: Ok so what would you rate as the most I'm asking this selfishly ok.

Jennifer: Go ahead.

T-Bone: Because so what was important to you or more important how would you rate these things? **How important was the team members, how important was the management of the office and how important was the dentist that you will be working with?**

Jennifer: I think the management would be the most important thing I was looking for. How they dealt with the patients. I asked about their philosophy on who treatment coordinates for example who talks about pricing just like the overall management would be the most important thing.

T-Bone: The patient work flow.

Jennifer: Exactly, exactly.

T-Bone: Ok, alright what about the team?

Jennifer: So it was very hard in the beginning to see you know especially in the front desk because I didn't really get to talk to them so much you know since I was in the work for example I was just doing my patients and dealing with the assistants so really I was only able to rate the assistants and they were great I saw that they were very hard workers, they help you a lot, they didn't have attitude and so that' stood out a lot to me. The front desk since I didn't really get to interact with them much I just I didn't know that they had been there for many years so and that say a lot.

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T-Bone: Did the doctor so they were there did that mean something to you?

Jennifer: It did, it did.

T-Bone: Ok so did the doctor have the team take you out to lunch?

Jennifer: No, no I mean the way I see it and this is another thing I appreciate in our practice because I think it's something that I would instill in my practice in the future is we don't really have lunch break I mean we have thirty minute lunch break but to me that's kind of luxury when you're working as an assistant yes or the hygienist they should definitely be entitled for their lunch break but for me I mean I'm not even thinking about it I'm just you know I snack here and there so no, no lunch break we didn't do anything for that.

T-Bone: Ok, alright and so what was that did you interview a place that you didn't like?

Jennifer: I did.

T-Bone: And what made you not like those places?

Jennifer: The way they talk to the patients, the [crosstalk]

T-Bone: Be more specific with me.

Jennifer: All the assistants for example, there was one assistant that kind of had attitude with the patient and I didn't like that at all. I kind of overheard I was sitting in the office...

T-Bone: What was that a unique or was that generally accepted in the practice?

Jennifer: I have no idea. I mean I would love to know that but that was my first time there I kind of overheard it while I was sitting in the doctor's office and I was like, what is this I mean I was completely turned off and it's just the vibe, the vibe that I got from the office

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it wasn't very welcoming. Something has little in the waiting room. There wasn't a lot of pictures or anything about patient education. To me that's a lot and I was turned off I was [unclear] see turned off.

T-Bone: Did you choose the job that paid you the most?

Jennifer: No, they all offer the same compensation.

T-Bone: So, from a money perspective they were all equal, they're all relatively equal.

Jennifer: They were all equal.

T-Bone: Ok, alright did you apply anywhere that you like that turns you down?

Jennifer: No.

T-Bone: No, it's hard for me to even say that, I'm just asking.

Jennifer: Oh no, there were few places that I applied to, there were few times where I was you know I had a headache I wasn't sure what to do but I end up making the right choice.

T-Bone: Alright so tell me so you are happy where you're at?

Jennifer: I am very happy.

T-Bone: So, getting you to move in North Carolina is not an option for you?

Jennifer: No not at this time.

T-Bone: Ok alright I'm just saying you thought a marriage proposal for you I'm just saying, I'm just saying you can come work and learn and just you know.

Jennifer: I would definitely be willing to go and learn I definitely would that's what I did a few months ago.

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T-Bone: So now let me ask you so **now you're happy where you at, what makes you happy?**

Jennifer: Patient satisfaction.

T-Bone: Ok be more specific with me, what does that mean like patients like you?

Jennifer: So no, if a patient comes in you know hot tooth in pain you know and once you get them out of pain from doing whatever it is that you have to do [unclear] IMD, whatever it is that you know immediate gratification of saying, "oh my God doc, thank you so much." You know that thank you means the world to me.

T-Bone: So the patients are appreciative.

Jennifer: Yes, yes.

T-Bone: Ok so are you happy with your and I'm not trying to put you doc on the spot or anything like that I'm just I'm trying to understand. See to me I love doing this with you specifically because selfishly, I'm trying to get the mind of your generation because I'm struggling in my office with attracting and maintaining and finding the exact right fit and or really connecting and cultivating the right fit with somebody and so.

Jennifer: Are you talking about an associate?

T-Bone: Yes, or somebody to work with me as an associate yes, so we've had good people we have some not so good people and a lot of times it's just personality fit sometimes but so what about your procedure mix are you happy with what you're doing or are there times where you wish you could do more or do you know your limitations or do you have limitations...?

Jennifer: I do.

T-Bone: On yourself I'm not talking about the practice that may limit you too.

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Jennifer: Yes, I do I definitely do and these are things that I have talked to the senior doc about because like I said before when I got out of residency I wanted to be good at everything I got exposed just a little tiny bit you know with implants and boom I want to do more, but with that I mean fortunately the senior doc he has the 3D imaging and I don't know how to use it. I don't know how to read it. I don't know how to plan things. Yes, I took, I did a few implants in my residency but I want to do more.

So these are the things that I shared with him and he's been willing to mentor me and if he has an implant case he will sit down. We talked about him sitting down with me and going over the planning part of it but that's one major limitations I have, the other limitation I have in the beginning was with CEREC. At Nova we got exposed to it but I was very limited I didn't do any CEREC cases on any live patients at all and coming into this practice he is – he uses CEREC for everything and I was a little intimidated at first because I don't remember how to use CEREC. I didn't use CEREC during my residency so I was like gosh like I have to go take a course now because although the assistants are very, very comfortable doing a lot of things with CEREC I felt like as a doctor it was my duty to know everything from A to Z.

T-Bone: What! you have to know everything before you can expect your assistant oh my God that's amazing, no and I say that sarcastically because that's what I believed. So let me ask you this on that end, when you started was it an option for you to send the things to the lab traditionally or did you have to use CEREC right away?

Jennifer: We definitely have an option, there's definitely an option to use an outside lab but obviously, it's preferable to do you know do an in house and use CEREC and I agree with that I would prefer to do CEREC instead of sending something out to the lab.

T-Bone: Ok so how long?

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Jennifer: I don't like using PPS I mean no one likes taking final impressions I think there are a lot – it's a convenient thing so I for myself I wanted to learn CEREC and become good at it and although I was intimidated at first you know I got a hang of it and he showed me a lot of things and that's how we got to talking about taking your course.

T-Bone: Ok so let me ask you this, now let's talk about the mentoring side of so going back out for second so you don't have to use CEREC but you felt that you should use it?

Jennifer: Yes. I was like wow this is an amazing opportunity that I have that he has CEREC you know and a milling machine at the office because not many dentist do and I was exposed to it a little about I was exposed to it a little bit now this is a perfect opportunity for me to get really good at it.

T-Bone: Ok, and ok so now let's talk about the mentoring side of things. **How much did he work with you on learning these things and how much of it was you going to learn?**

Jennifer: It was more of me because you know he and I'm sure like with any dentist that has an associate you guys have your full schedule, you guys are busy, he is very, very busy, he is non-stop so you know that was one of the other reasons why I said ok I need to get a course because I know he's not going to have that much time to sit down with me every time I have a question about something.

I mentioned before time is money and it's true. He is great about answering questions and be willing to mentor me, but it's finding the time for it so it's more so like me going up to him or me you know picking the brain of the assistants like you know asking questions because I would see the assistant planning the restorations, designing and I'm like ok what are you doing, what's this shortcut like what's that to me I feel like I was asking a lot of

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stupid questions because they were so quick at it and I didn't like that feeling, I didn't like the feeling of being incompetent with CEREC. That's like the future and I was like there was no other way I have to take a course.

T-Bone: So you took your own so he didn't, he or she, he didn't walk you through. Certainly he did a little bit but he didn't like, like say you don't need training, I can teach you everything.

Jennifer: He said you should go take this course.

T-Bone: Ok perfect and you said, you said blindly you said yes?

Jennifer: Yes, as I said yes one hundred percent because there's a steep learning curve it's like it's through cases that you learn it's not ok let's sit down for that he would have to cancel a morning and afternoon and sit down with me while I'm doing a case on a patient.

T-Bone: That's the best way to learn yes.

Jennifer: Yes, it's not like ok after hours no one is there let's sit down in front of a CEREC machine and go step by step that's not the way to do it so I asked my colleague are there any courses that you would suggest for me to take because I feel like I don't want to rely on the assistant one hundred percent I need to learn and he said ok well you know and he started talking about 3D dentist, you guys.

T-Bone: Ok so you took this classes but you took this class, is that the first CE class you've ever taken outside of school?

Jennifer: I took Envisalign during my residency.

T-Bone: That doesn't count. Not that it's no good it's not that it just it doesn't count because that's a certification class.

Jennifer: Exactly, it was a few hours yes so yes your course is the first one I took.

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T-Bone: Ok so alright so what else is on your list? So what else you want to take?

Jennifer: So, other than we talk about implant and CBCT I want to learn more about I know this may sound kind of stupid and you may make fun of me but BOTOX and fillers.

T-Bone: Ok but there's actually some good training down there for a lot of it in Miami for that.

Jennifer: Really?

T-Bone: Yes, I think Arun Garg or there's a dental spa seminars that does that.

Jennifer: Ok, yes Arun Garg that's one guy that's one dentist on my mind like you know he obviously [unclear] all you know with all the Dominican.

T-Bone: I'll set you up with him. I call and introduce you guys

Jennifer: Oh, that would be great.

T-Bone: I know him pretty well; I'm not going to give you a deal or anything but at least I can introduce you to him and you guys can meet or something.

Jennifer: Sure! That would be wonderful he's very like involved with the implants and implant training

T-Bone: Yes, he's fantastic.

Jennifer: That's another thing that you know the senior doc and I talk about it all the time what implant course should I take and that's one name always comes up.

T-Bone: Ok and he is down the streets from you guys.

Jennifer: Yes, yes and Spear, Frank Spear, I've always been wanted to take his courses and maybe someday we would use such a laser

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because I haven't implemented lasers at all and the doctors at the office uses them and I don't know how to use it so.

T-Bone: Ok so let me ask you this ok so now I'm going to be tough one a little bit ok so but I'm not trying to be tough on you but I'm just trying to understand ok so here's what I heard, I heard unbelievably good things from you, ok? So I hear all the great hallmarks of somebody that's going to be great ok. You came out of school, you knew you had a good idea of what you wanted to do, you're a little biased which is not so great but a little bit biased ok but you knew what you want to do it sounds like you made choices and where you want to work. You have great drive in the sense that you recognized that you don't know everything which is one of the challenges that I have had with my associates in the last two years has been that their desire to take education has been lackluster at the best, frustratingly enough they haven't even taken the CE that's free to them which is my own CE.

Jennifer: That's actually a question I have for you. You're what [unclear] you have with your associates?

T-Bone: Let's come back to that but I want you to ask that ok because I'd like to talk about that ok so I see lots of good things and then the CE that you're talking about generally speaking are all very good CE's but the other thing I'm hearing from you is that there are a lot of things in your practice that you don't know how to do so that to a certain degree holds you back from being more successful within your practice.

Jennifer: Yes and that's definitely a topic that we always talk about as well because just last week, you know I told them listen you have a surgical microscope, you have the lasers, you have the pips which is a laser active irrigation for endo. I feel like I'm very – I said this exact same thing I said I feel very limited right now because you know anyone can drill and fill anyone can do crown

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but you know you have all these cool gadgets and systems that I feel so limited and I want to learn how to use them.

T-Bone: Why learn everything, why not just why not focus one thing at a time.

Jennifer: That's a good way to see it, I mean yes, I mean someone...

T-Bone: How are you going to be good at everything?

Jennifer: I know and someone did tell me that.

T-Bone: No offense here, you're four months out of residency, let's call four months out of school, how can you learn all these different things?

Jennifer: I know. I'm just hard on myself I don't know what it is and one dental colleague told me I mean he's been practicing for four years he's like because I told him the same thing I want to learn how to use these things and he is like ok I suggest that you become very good at one thing ok become really good at crown and bridge first, become really ...

T-Bone: Master your CEREC machine first.

Jennifer: Exactly right.

T-Bone: And here's why I said that selfishly ok because let's say you open your own practice, so let's say you go somewhere else that place you go may not have a laser it may not have a microscope, it may not have PIPS and all of those things no matter what you do you'll always do enlist on these crowns and all these things. So that skill that you learn, that skill that you master now will serve you for the rest of your career and then here's my other advice to you that I didn't hear from you that other things you want to learn, what about communication and patient education and how to talk to people and how to understand where people stand and how to take people from, "hey I don't want to do anything but my

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insurance covers,” helping them see need or want and things they need and to me that’s what’s really stayed my practice and my mind stand out as initially HMO practice to PPO practice that does more complex dental care is that we take patients that are HMO, we don’t have HMO’s anymore but we take patient’s that are PPO’s and we convert them into patient’s that do complex dental care.

Jennifer: Right see that’s one thing that I kind of experience during my residency we would have these mentors come in and talk to us about how to deal with patient’s objection and how to communicate effectively and they will come once a month just and it was solely just talking about patient’s communications skills but coming into this practice I really haven’t had that opportunity to do so much about just because I kind of you know diagnose and then that’s it I’m out of the door. Yes, I’ll do some patient’s education obviously but it’s...

T-Bone: But that’s different that’s answering a patient’s, “hey I got a cracked tooth I need a crown,” that’s education, to me it’s hey I mean to me there’s more tooth right, there’s so much more tooth.

Jennifer: I completely agree with you and yes that is that’s one thing that I guess I’m lacking in that I should work...

T-Bone: So let me ask you this, can you spend thirty bucks on something?

Jennifer: Do I spend thirty bucks on something, yes.

T-Bone: Can you spend thirty bucks on something alright, I want you to go on Amazon and I want you to buy a book from Paul Homoly *Isn’t It Great When Patient Say Yes*, I think the book is like twenty five bucks or something and then I want you to go to his website PaulHomoly.com and for ten dollars you can download his – it’s like four hours or five hour lecture MP3 of his lecture.

Jennifer: Isn’t It Great When Patients Say Yes?

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T-Bone: Yes, that's the name of it.

Jennifer: Alright, I'll definitely look into that.

T-Bone: Don't look into it no, no don't look into it

Jennifer: No, I will do it I will buy it tonight.

T-Bone: Very good. I'm just saying. It's like it's called Making it *Easy for Patients to Say Yes* the book is twenty dollars you can buy it on his website PaulHomoly.com and then the other one is Making Easy for Patients to Say yes the MP3 download and it is ten dollars on his website ok. So for thirty dollars I bought these I mean and the stuff is fifteen years old ok but I bought it ten to fifteen years ago and I still listen to it every year throughout the year.

Jennifer: Wow nice.

T-Bone: Ok so to me the problem with to me the most important thing so again I go back to one of the most important lessons my dad gave me and I got a lot of lessons from my dad, but one of the most important lessons he gave me was I was taking so much CE my first year out of school that he said to me once he said you're learning how to do all these clinical skills but not once have you gotten the patient to say yes to.

Jennifer: And that's the most important part of the entire process.

T-Bone: It doesn't matter how much you learn how to do. So here's the truth most people take CE ninety percent will never do some of the advance things they learned how to do because they don't know how to get patients to say yes or they don't set up their practice workflow for patients to say yes to those things.

Jennifer: So let me ask you a question who presents, do you present the treatment to your patients?

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T-Bone: Yes and no, I mean, so basically here's how I kind of work so I walk into a room and I classify, I teach me and my team to break people into three categories; **1) no treatment somebody that needs no treatment** in other words we just need to schedule them for a recall visit; **2) Minor treatment** in other words **somebody that we can put together a treatment plan that day** and minor treatment for everybody will vary from like if I said to you, you need something five to eight thousand dollars for dentistry that may sound like a major treatment plan to you correct ok, but to me that's a minor treatment plan, like I can do that with my eyes close planning that out, ok, but ten years ago it might have been two thousand dollars or three thousand dollars ok now today for me it might be up to ten thousand dollars. That's a minor treatment plan and then I have **major treatment plans**. Ok so **major treatment plans are things that I got to think about, things that require coordination of care maybe with facing a treatment, maybe with specialist, maybe with internal specialist** like where I act as specialist like when I do implants, when I do ortho, when I do some perio work or things like that so inter disciplinary dentistry.

So, we try to categorize people on that way so when I – with no treatment I just I call them social visits. I walk in and I'm planting seeds and I'm saying hello to patients and talking about just I'm creating a relationship with them ok and I plant the seed and I may ask them you know like today I have a lot of social visits with patients, and I plant seed I asked them you know are you sleeping well, you know are you snoring, does your bed partner snore, things like that and because I'm planting seeds because they have nothing left to do ok and we schedule them for their four, five, six months whatever we're doing with them ok.

So no treatment is that minor treatment, I walk in and you know I'll say these are the things we recommend you hopefully I'm just agreeing with one of my team members who is what I call I'd like

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to call them my wingman, ok? So, like a wingman kind of makes easy for you to go ask the girl out or the boy out or whatever it is right, they kind of set the stage for you ok so hopefully my hygienist, my assistant whoever set the stage that these are the things we want to do and in our office our rule is we don't recommend any treatment without a photograph of what we're recommending. So, if we're recommending that you have grafting done I better see a picture of the recession that you have ok.

Jennifer: No because it's more of a chance for the patient to say yes with pictures.

T-Bone: Well it was also it's a way to make sure that your patient doesn't question that you're making this up ok so if we're recommending we replace the older filling because it starts to break down I want to see a picture of that, ok. So we want to be able to show our patient that and then I'll walk in and my whole goal is to say I agree with so and so this needs to be taken care of here are the reasons then I point to the photograph do you have any clinical questions for me?

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.