

**An All-American Dental Lab
Howard Speaks Podcast 057
Shaun Keating
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Shaun's profile on the Dentaltown.com forums: [keats](#)

Websites, Emails, Phone Numbers and Products Mentioned:

- <http://www.keatingdentalarts.com>
- 3M Impregum - http://solutions.3m.co.za/wps/portal/3M/en_ZA/3M_ESPE/Dental-Manufacturers/Products/Dental-Indirect-Restorative/Polyether-Impression-Material/Impregum-Penta/
- 3M Permadyne - <http://www.3m.com/product/information/ESPE-Permadyne-Penta-H-Impression-Material.html>
- iTero digital scanning - <http://www.itero.com/>
- Ivoclar E.Max - <http://www.ivoclarvivadent.us/emaxchangeseverything/>
- 3M Unicem - http://www.3m.com/3M/en_US/Dental/Products/Catalog/~/RelyX-Unicem-Self-Adhesive-Universal-Resin-Cement?N=5145460+3294768486&rt=rud

Howard Farran: This is going to be so fun for me, interviewing who I consider seriously a long time personal friend and Townie. Shaun I love you to death. My story with Shaun goes back to the very early days of Dentaltown. I know you have 5000 posts, do you remember the year you even started?

Shaun Keating: I think it was 2003. The end of 2002, 2003 right around then.

Howard Farran: And that was really the beginning because even though Dentaltown started in '99, in '99 not even 1% of the dentists had an email or an internet connection. I would go lecture and there would be 100 dentists in the room. Every weekend I would say how many have email, and one guy would raise his hand and then I walk up to him and say what's your email address? He says oh I don't know, it's written down somewhere at my work.

So it was about 2002 when people actually started getting internet connections. What I loved about you so much and I couldn't believe you do it is these guys would be posting their cases and they would be complaining about the lab and you were the only one with the guts and the balls to get on there and say dude, look at that impression!

Stevie Wonder could do it better. You still have the cotton roll in the impression overlaying the margin! You just had the guts and the balls to stand up to these dentists and say you can do it better, you can send a better impression and man you are always there, day in and day out, helping and dentist on Dentaltown how to do better crown and bridge. You can't do great crowns and bridge lab work with Shaun if you're sending him crap and you shared so many helpful tips for so many years.

Shaun I think it's guys like you that actually built Dentaltown, I mean that from the bottom of my heart.

Shaun Keating: I think it's vice versa, you helped build my lab. It's a trip how you can reach so many people through the internet. I mean back then, I didn't even get a computer until I think like '97 and I'm kind of an old dinosaur but when I got on Dentaltown it was such a different world because it's all dentists, and here I'm a dental technician and I kind of just eased my way in talking. You never try to sell anything, I just wanted to fit in a little bit and I got a little confidence and some of the stuff was like basics and I'd been doing it so long even at that time, I was like no well you can do this, this and this and it will work. There's a lot of ways to skin a cat but it was kind of neat that I was able to be accepted being a lowly dental technician that these dentists were all smart dudes, and you're a doctor. It was kind of neat that after the first few times of being able to interact with dentists, then you'd go home and it's like- I mean the first few years of Dentaltown, I was like obsessed. It was like dude, my wife's like what's wrong with you? It's six o'clock at night at the dinner table and my mind is just going a million places. Yeah well this one doctor I was talking to he gave me crap about this and then I got on this guy about this- but it's kind of camaraderie but yet it's kind of helping guys get better and just do things differently sometimes and it was really neat to be able to interact with the guys online and then be able to have them send me some work and see what they're doing and work with them and stuff like that.

It really blew my lab up. There's labs that have been out 20, 25 years marketing like crazy and they're only like this big or whatever, and I got on Dentaltown, I worked at a lab for years and it was off limits, don't get on, don't talk to them, we don't want to address this situation and when I started my own company and my own lab, I made sure to get on there and say defend yourself. I got beat up on Dentaltown too through the years on sending a bad crown or whatever and you've got to own up to it, we're silly little humans but it was really a neat thing back in the day when it first was starting off on Dentaltown where the Sameer Puri's, all these guys were nobody back then and now you see 10 years, 12 years later everyone in different companies, they've evolved from the start of Dentaltown back in the day. It's kind of a neat thing.

Howard Farran: I want to say why you're successful in my opinion, is you said when you got on Dentaltown that you were just a lowly lab tech amongst these dentists and Harvard Business Review has been doing a series of articles saying when they study successful CEO's like you, I mean you've built a million dollar business, the humility is usually one of the top two or three traits that you can identify with the CEO because they're humble so it makes them listen, it's humble that makes them listen to their customers, their employees. Shaun is the type of guy that if some guy came to you with a new machine or impression material or optical scanning, Shaun said well school me, educate me whereas dentists, and I like to remind dentists, they think they're all that but they're only all that because they got A's in maths, applied maths and physics, applied physics, chemistry, applied chemistry and biology.

So just because you're an A student in calculus, physics, chemistry and biology doesn't mean you know shit about anything else and too many dentists and physicians and lawyers and government officials are arrogant and it's the humble guys like you, and fun I might add too, you brought more fun to Dentaltown than anyone I know.

So Shaun I want to frame this, I've only got you for an hour and you're a legend on Dentaltown. I think if you ask anybody o Dentaltown, who do you think of when you think of a crown and bridge laboratory it will be Shaun Keating and they'd smile from ear to ear but Shaun, I want to first go to the basics because we have 5000 dental graduates come out of school every year and they've got so many questions on their plate, so my first question is right out of the gate- I just want to tell you where I'm going to go with this.

Polyether versus polyvinyl, are they all the same because there's a deference in cost or some polyethers or polyvinyls better than others?

Number two, I've got \$300 000 in student loans, I just bought a practice for \$400 000. This CAD/CAM machine, this CEREC machine is \$100 000. These optical scanning machines are huge. Some of them they want \$50 000. Some of them will put them in my office for free and I've got to pay them money per scan so cover the impression, polyether, polyvinyl, optical scanning- take it away.

I know it's a lot on your plate but I know you- how many incoming impressions have you seen versus a single guy sending you an Impregum. I mean you see it all coming in. What matters on quality?

Shaun Keating: You know, it's a tough question. I'm a big polyether guy. You've got hydrophobic, hydrophilic, I mean what's in all the dental schools? It's polyether, there's truly only one polyether and it's Impregum. They spent billions of dollars to develop it, why has no one else really developed a true polyether like 3M's and there's a reason because there's nothing better out there in my book, more consistent.

I know a lot of guys love the polyvinyl and I think all polyvinyls in the world are probably made by two or three companies that just color code it and send it off to different distributors, blah, blah, blah. Impregum is going to cost you more per impression, taste is not that good, it's got a little zing to it, it's improved over the years but you know what I can pour and Impregum up three times and get with 20 microns each pour, where I can pour a polyvinyl twice and it's night and day in some of them and just the mixing and matching of guys using this. Everyone is kind of going the cheap route, like on the polyvinyls like I just don't get that part, it's like dude, you're spending all this time cutting these beautiful preps and then you're going in and trying to save three bucks on an impression because you can get this polyvinyls because you got a coupon from your rep- buy an Impregum, it's just there's nothing better.

It does pull out perio involved teeth here and there, there's a few things, it's just something for consistency.

Howard Farran: Shaun, by the way that's what I use, I use Impregum, but by the way on that, the Impregum which is just one phase but they've also got a light body and a heavy body two step, what do you think of that?

Shaun Keating: The Permadyne. I think it's great but I've got a lot of dudes that will backload the heavy body or the medium body and syringe that around the prep and just use one for the whole thing but you know you do have your different viscosities of the

Permadyne and the pinks and- it all works, maybe on lower anteriors where it's hard to get into the sulcus there but I'm still an old school, I'm still an old double cord dude, get a double zero in there, keep it there, get a number two, and it takes time but guys are jus trying to find the faster way and it's like at the end of the day, I hate to sit there- I have no patience and I've seen plenty of dentists that sit there and they want to pass it off to the assistant and that's all good but get in there- I've got guys that custom make it and they get it to where they've got it dialed in to be able to pack that cord and it's been around for a long time and they've got all that new stuff out, the Expasyl and all this stuff, even Hornbrook here like's that kind of stuff and he uses his laser and I don't know.

I've been doing this for 30 years and I've seen a lot of crown and bridge and the guys that are the most consistent and the guys that do two to three million dollars a year that send me \$20 000+ lab bills every month that are consistently having restorations go in are my Impregum guys.

Howard Farran: So I have to agree there, I think we're the same age. I'm 52?

Shaun Keating: I'm 52, I'm August 18th I think you're the 15th?

Howard Farran: You're August 18th?

Shaun Keating: Yeah.

Howard Farran: I'm the 29th. So how come you look so much better than me? Is it just that week? Did I just have a hard week?

So Shaun, we all agree, you and I agree, polyether and Impregum that's what I use. You said Permadyne, we're both not polyvinyl fans. Okay but my whole deal with Dentaltown, I just wanted a place where you don't have to practice solo again. They've got too many decisions and I wanted a safe house they can go to and talk about these decisions and now a big decision, when I look at the search results, like what do these dentists, there's about 50 000 searches a month on Dentaltown, I look at the data it mostly correlated to dollars spent, like if I have to upgrade my pano to a CBCT 3D, that's \$100 000 decision.

If I buy an E4D CAD/CAM of a CEREC Sirona, that's \$100 000 decision. These optical scanners, will you talk about optical scanners? Are you receiving optical scanning impressions? Do you like them? Do you not like them? Are they higher quality? Would you just talk about that and is this a good investment or is this just a fad?

Shaun Keating: You know, I think it's awesome. We do a lot of digital formatted, we're big with iTero, probably the biggest system that we use with dentists. iTero, it's just a really good program. They have new ownership and stuff.

Howard Farran: Where are they out of?

Shaun Keating: I have no idea. I couldn't tell you.

Howard Farran: Oh you said new ownership.

Shaun Keating: Yeah I think whoever, I remember iTero five or six years ago came into my lab, gave me a system and they just didn't have the backing for the dentist and they've improved upon the camera I guess and it's kind of user friendly but I tell you some of my best doctors are doing the CEREC or they're doing the 3D, 4D or whatever but they just get it because they see everything magnifying so much and basically I still think that stuff is single tooth dentistry.

I know guys are going to say oh I can do bridges, this and that, but you know what dude? You go four years college, four more years, you're eight years in and another couple of years, you're ten years in, then you want to be a little lab technician in the backroom cutting three crowns a day? I mean or say you do four crowns a day, okay, wow and say it's \$1000 a crown, you're doing \$4000 a day in dentistry. I've got guys that can do a 10 unit impression in their first hour of the day and set it off to the lab, and it's not that it's money that's important it's productivity but I think it's a great thing for certain little towns.

Howard Farran: What's a great thing? Are you talking about optical impressions or are you talking about CAD/CAM?

Shaun Keating: I'm talking about CAD/CAM chairside but the optical impressions, I think it's great too, for me. I've got one less way to ship it but I'm getting it and I'm doing it virtual too a lot of the stuff and there's a couple of labs out there that's probably got most to all that business and I'm just starting to get into where I'm getting more of the digital impressions and I love that stuff. It's 22nd century.

Howard Farran: I'm going to stop you. What gets me excited being a dentist about the optical scanning or even CAD/CAM dentistry is you only know what you know and you don't know what you don't know and when you first start wearing loupes at just 2.5, you're dentistry doubles in quality and now I'm up to 4.5 and when I started scanning my first impression, you're seeing it on the computer screen at 40x, and I remember seeing it at 40x and I just thought oh my God, did Stevie Wonder cut that prep, and my assistant is like no it looks more like Ray Charles cut it.

So whenever you have the opportunity to see anything 40x larger, you're going to be a lot better and then you learn things like DiTolla taught this to me, that when you're cutting a prep and you see like a white squiggly line, well when you see that 40x, it's going to look like Grand Canyon ridge. So you start to see, now I can see at 4x that, oh if I see that at 4x I know what that's going to look like at 40x, that's going to be ugly.

So the quality goes up, but Shaun can I ask personal numbers, I mean incoming optical scanning impressions, has that gone from zero to 1%, or is it 2% and what kind of dentists do you see sending that in? Is that more high quality dentists, is it just all over the place? Is it young kids? Who's doing that?

Shaun Keating: I think it's more- see most of my dentists I've had a lot of guys been with me 20, 30 years and their all in their 50's and 60's and kind of winding down and it's kind of hard for them to take this new technology and run with it so I'm seeing more of the younger guys really embrace this technology and they're very techy kind of

because it's not easy. You look at some of the stuff online, the Sameer's and these guys that are teaching over at Scottsdale and that's the top 1% of those guys. It's kind of like when you're looking in a dog magazine and you see this breeder, that's the one dog out of a 1000 of them and it's the same thing in dentistry with this dude that does a gazillion teeth back of the mouth, okay, but he does one and it's not everyday reality when it comes to it. It takes really good hands and you can't just buy a machine and think you're going to be a better dentist.

It's going to take months and months and muscle memory and fast switch muscles, how athletes do it, it's the same thing in dentistry. How you're going to embrace this technology. It's not going to make you a better dentist, it's going to make you work harder to become a better dentist.

Like you're saying with the magnification, I look under just 5x, 10x for just alloy. When you cast an alloy and you look under it and you're working under microscopes, we have what's called ocular micrometers where it tells you, 20 microns, 40 microns of space, this and that and so you're looking at margins and you look at this margin and it's like this wide, you think it's all crisp but it isn't when you get under magnification.

Same thing with casting. You're casting and you get an alloy that is porosity and inside your cast it looks like the Appalachian mountains or the surface of Mars and you don't see that until you get magnification and it's the same thing in dentistry. You start doing preps where you're doing the machine with the picture and it's not going to let you go to the next level unless this thing is smooth and there's certain ways you can bypass it by pushing control, alt 7 X 4, and you've kind of got to be a total dweeb and learn that stuff but when you get that down and you know- just like I was never a gamer. My boys- I have two boys like you have four, my boys are 30 years old and 28 now, and those little bastards when they were young they would play these Mario's and all that stuff and they were so good and I couldn't get it, it's like this guy pops out over here, if you push this button, I'm just like kind of dyslexic, I was never good and there's a lot of dentist who will be like, not like me but it's hard to do this dentistry when you're working with these computers and these systems and it's going to take a little bit more than just cutting a prep and doing an impression. It's kind of like analog and digital.

Howard Farran: Okay so let me finish up hard on the optical scanning. Do you recommend, would Shaun rather have a polyether Impregum or an optical scan coming in? What would be your preference?

Shaun Keating: I like the optical scans and I like the way it comes on the computer and my people, it's neat.

Howard Farran: And what percent of your incoming impressions are optical scans?

Shaun Keating: Very low. I'm only doing-

Howard Farran: Is it 1%, 5%, 10%?

Shaun Keating: Less than 1% probably.

Howard Farran: So is that just by math, would you say that's bleeding edge then, not really leading edge when less than 1% of your incoming impressions are optical scans? Can you make an argument that's just bleeding edge then?

Shaun Keating: No I just think my dentists, I've got 300/400 dentists that send me work each month, not like 30 000/40 000 and I'm only doing 10/15 scans a week so 10/15 units, I do like 3000 teeth a week usually. I do 500/600 teeth a day and I'm only getting two or three by a couple of dudes, I get a couple of CEREC connect, I get a couple of iTero guys, I've got Cletus, I think he has the 3D.

Howard Farran: Cletus, the slack job from- what do you call it- Slow Mo? It's the hardest city in California to name.

Shaun Keating: San Luis Obispo.

Howard Farran: Who named is San Luis Obispo, they call is Slo right? Great guy. So it's kind of too early to tell really?

Shaun Keating: No I think it's there and I think there's doctors doing a lot of it out there. They're just, I'm not getting it. I'm not marketing for it right or I'm just kind of in an infant stage with that. I would love to do more. I think our whole lab is shifting more digitally lately and my sons like I said, they're in charge out there on the floor doing the CAD/CAM and doing all the digital stuff and I'm very proud to see that and it's just a whole paradigm shift for my lab.

We're old school, I still do a ton of PFM's.

Howard Farran: By the way, every time I go to your lab, when I see your two boys working there and your wife, I see the sparkle in your eye. You're a proud, papa, family man. There's nothing that gets Shaun more excited than when he sees his beautiful wife and his two boys in his company. It's the all-American family business dream.

So now let's switch to CAD/CAM. First, two things. In the 30 years you've been doing this, it's really gone from all PFM to now all monolithic right? Is your PFM business going down and E/Max going up?

Shaun Keating: It really is and I can't believe how fast it's gone.

Howard Farran: Tell me what percent of your PFM business has gone away and is being replaced with something monolithic like an E.Max?

Shaun Keating: I used to always be about 80% PFM, 20% with my E.Max, monolithic and my layered zirconias and now we're at about 50/50 and it's going down even more.

Howard Farran: What about porcelain to gold or porcelain to semi-precious or porcelain to non precious?

Shaun Keating: I still do a lot but it's down 50%. It's down 50% but everything else is up like 150%. It's crazy how they've shifted over.

Howard Farran: Did that happen for all the right reasons or did it happen because of marketing and advertising? Someone like you who has been doing this for 30 years, is this a good thing, bad thing, crazy thing? What are your thoughts on all of that?

Shaun Keating: I think at first no one likes change really, when you think you know everything about your field and I'm really, really good at it and then I get kind of kicked in the gonads like, whoa, we've got to do this on computer for this kind of material, monolithic and monolithic kind of- well the first few years of it, it's not very aesthetic and I didn't like it.

Howard Farran: E.Max?

Shaun Keating: No, just the full my kiddies eat Bruxzir, the full monolithic zirconia. E.Max I've always loved but I went through Empress Two, got my ass kicked there a little bit, on the breakage and stuff starting off with my lab in 2002, but the E.Max is really calm and it's a homerun and I've been with Ivoclar from day one and they've been really good in training me, from Bob Ganley, they've really embraced my lab and they really work with me and try to help me from education and everything and I really like Ivoclar and really loyal to that company because they were there when I was nothing and I think the E.Max is beautiful.

Howard Farran: Okay Shaun, I'm going to stop you because within the United States we have people that just- I look at the viewers, a lot of third year and fourth year is listening to this and on my podcast on iTunes it will be downloaded in every single country on earth, so I want to stop you at first for specifics.

Ivoclar, Empress, E.Max- what's the difference between Empress and E.Max and do they need to prep the preps differently or cement them differently? Will you just explain to our viewers the major differences from a lab end between Empress and E.Max?

Shaun Keating: You know Empress is a good, single tooth anterior type restoration. I love E.Max, E.Max should be bonded obviously they say but you've got a lot of guys like Kois, I think he uses Unicem or something I'm not sure, he uses 3M, the Unicem but other guys use-

Howard Farran: Which is a cement?

Shaun Keating: Yeah.

Howard Farran: Ivoclar say E.Max and Empress should both be bonded and cannot be cemented?

Shaun Keating: No, I think they pretty much say you should be bonding it.

Howard Farran: So Kois is using Unicem, is that 3M?

Shaun Keating: Yeah.

Howard Farran: So that's a cement but a kind of bonding cement?

Shaun Keating: Yeah I mean it gets kind of, modules of elasticity, there's a lot of science to it and I'm not a real big, I don't have the patience, even when I see guys bonding or doing the tack and wave, it takes a long time and I like old school glue it in. You can't really do that for longevity. If you want the best of the product you probably should be doing what the manufacturers say and bond it in, but you know Veriolink is a great product from Ivoclar too, and that's with color control and the Multilink. You should go by the book and if you do an E.Max, you should bond it. Kois is a genius and we do a lot of stuff for Kois, Bob my general manager is just finishing up all his courses and he's just a great guy.

Howard Farran: He's up in Seattle right?

Shaun Keating: Yeah and he's just- I've had you at my lab, I've had a lot of different dentists at my lab and I love it whenever, I literally piss myself when I'm seeing you and there's no other dentist like that because most dentists are kind of introverted and a little quiet and whatever, you're a freak and I think that's why we've always got so close from the beginning. I remember at the first meeting and I'm there with you and we're just going crazy me and you and I thought this dude's the owner of Dentaltown, I'm all nervous. What do I do? And you're going Shaun, just get on there and do what you do and I'm like, ever since, this dude's like a brother from another mother and I just really love it, and I think you had it where I did a keynote speech a couple of years ago at the CoLab in Chicago and the next year I think you were the dude, and I remember listening to you there and I've always listened to you lecture in front of dentists and I'm a business guy, I was a good earner when I was eight years old and I borrowed my neighbor's lawnmower, borrowed my other neighbor's bike and I pulled that lawnmower around and had a gas can that I had to go steal money out of my mom's purse, like 50c and I'd go and do lawns and I always had that mindset. You're the same way.

You're a real smart business dude and you just don't really even think you're a dentist, you're more of a business guy but you are a dentist, but I love the way you are. You look at the economies and you look at dentistry as a business and if you do it, I mean I still talk to dentists all the time about, you know what, when there was tough times in '08 and '09 and I'm setting records, and there's a recession and I'm hearing you talk and you're talking about, I think it was a 4 895 deal, and that's for like 10 teeth and we're giving an extra four teeth but I've got a guy that charges 1 000 or 1 200 a tooth and they get one patient a month, where you have two patients a day, the chair is always filled and you know what? If the lab bill is an extra 300 or 400 bucks for those extra four teeth, but you know what you're still making \$4000 on every patient, or \$3500 and you have your chair full and some guys don't get that.

Well I charge \$1500 and that's it. Sometimes you've got to do what you've got to do and it's just a real good business sense and a lot of guys don't get that. I won't do that, sometimes you've got to- business is business at the end of the day and people are going to talk to other people and they're going to tell 10 people and then they're going to tell 10 people and that's how you grow and dentists don't get that a lot of times these days. They think like back in the day patients would just come in, they're going to have to work on it from here on out. It's not the gravy days of the old days where patients are just coming in.

You have dentists on every corner and they're doing all sorts of stuff because they've got all this overhead and they've got to do more and more. You've got to market more, you have to have a web presence, you have to have a staff that's treating people good or you're going to get flamed and beat up online, you can't have dictator front desk girls.

You need those kind of people but you've got to be people-centric in this day and age because the movie industry, the rock and roll industry, they're trying to find people to buy their products nowadays and there's no magic question anymore.

It's a hard thing to gauge what is going to work in marketing, what is going to work for any field and any business but at the end of the day it's all right here and it's all how you treat people and it's what mama and dad have taught you growing up. You take care of people how you want to be treated, and your business will thrive and I just think that's what a lot of these new dentists, I think it's important- don't get yourself too much more in debt, I mean you've already got a lot of debt from school, don't get all the new tricks and ponies.

Get in there and get in the trenches and cut teeth man and learn from a mentor. That's why I've got Dr. Hornbrook here on as my clinical director and it's not for me to get new accounts and this and that, it's more so to help my existing doctors and my younger doctors that- if I could invest in these dentists and help them with a technique here and there, they're going to remember that. If I can help- I can't tell you how many guys on Dentaltown that I had that I booted back in the day, because maybe they didn't pay a payment on time and that's back when I did the payroll and all the stuff and I probably got rid of some guys that I really wish I had back, but it's kind of hard for me to go hey- can I have your work back now?

But back then it's like listen to it, it's just like you really got to take care of the doctors that know what they're doing like some guys had the biggest practices in the world but they couldn't take an impression for the life of them, and they'd send us all the stuff and we're always doing like dude, we need better impressions and if I can fly that guy out or fly David in to work with this guy for a day or two, I don't care if it costs me five or ten grand, investing of my money, that dude is going to come back in spades to me.

Let me invest 10 or 15 grand into whatever to help this guy in a certain area that he might be lacking and if I can do that, they're going to kind of be loyal to me because no dentist has a contract with any lab and there's no new dentists except the new ones coming in that you've got to invest time, money and blood and sweat to get these guys in the part and then for them to stay with you, it's going to be about relationship so it's something with your dentist, you can invest what you should invest in them because a lot of dentists say that, three or four labs.

A lot of my dentists, my top dentists, they send me everything. Dentures, partials, veneers, but the other guys out there: oh I like this lab for veneer and I like this guy over in Alabama for my gold work, and that's okay but I want guys that want to invest in me, I want to invest in them and I want to get all their work.

Some of these guys bounce lab to lab, this year I'm year, this year- every time you get a new doctors, it's like I get 20 new doctors a month on average, and I'm thinking dude, where are these guys coming from? There's a lab out there that's going to miss Dr. Jones's work that I'm getting now, and what's the reason? Especially if it looks good. Does this guy have an issue paying some bills? Is he bouncing from here to here? Is he having an issue with some lab work? What is the pure reason because that's all labs do, stealing other labs- not stealing, but there's not a lot of loyalty with a lot of doctors out there when they're starting off and some of them will just get pissed so there's doctors out there that I'm not going to get for three years from now but I keep marketing and advertising and hoping someday when that lab does screw up, I'm going to get a shot and I'm going to get a shot to try my best, to make that crown and it's hard to do a couple of single crowns here and there to win a doctor over. I want a doctor to send me something nasty, something big and send me some gold work, send me some implant work, send me some hybrid bar removable cases, send me some tough four to thirteen veneer cases and do something that you need in two or three days.

Three, four, five weeks, I hate that. Teeth are moving every which way, you want someone back in a week or two and that's where a lot of labs don't get it and a lot of doctors don't get it, they're thinking I'm going to send it over here for \$99 and I'm saving \$19 a unit on this, but then you go to the chair, if someone's in that chair or not, if you're really doing your numbers and seeing what it costs to run that chair, it's probably 300-500 dollars an hour if somebody is in it or not, and then you got chairside when you're dicking with this and that, and at the end of the day you know what, I do ten crowns a month, I'm saving \$200, \$2 400 a year but if you looked at the end of the year- I tell guys all the time, when they send me like eight crowns, wow you're \$119, I can get these for \$99, do these for me all year and you know what, I'll pay you the difference, at the end of the year I'll give you \$2000 if you don't think these are much better looking and go in quicker and they're just trying to save pennies to lose dollars in so many situations and so it's just- I could go on forever about it, but it's just find someone, a lab that's good for you, embrace them, try to work with them and worry about all the other stuff. The lab should be the least of your worries. That's 7-10% of your whole bill, how you run your company. You should be working on your staff, getting them trained better, you should be working on your protocols, follow ups with patients get those dentists calling every patient they work on. Call them at nighttime when you get home before you have your Manhattan, give them a call.

Say Mr. Smith, how's that tooth doing? How are you feeling? My dentist does that. Dude, what are you calling here for? When I had a crown. Oh I just call everyone and I just think that goes far. I do that for all my dentists, for all the new doctors I'll- you see the case at the end, call them, try to meet them and say hey! Is there a problem? No I'm Mr. Shaun Keating, I'm just calling to say hi and thank you for trying me and I hope we can work together and feel free to call me, they get blown away by that but that's just basic customer service and I think it's important with dentists, especially young guys, to get that work ethic, to get that heart with your patients and you'll be fine.

Howard Farran: Shaun help me out here with a very specific question. There's a lot of dentists, they just opened up their own practice, their five years out of school, they've

got \$300 000 in student loans, they put \$400 000 into a practice and now they're thinking, do they need to get a CAD/CAM? It's a \$150 000? It's half their student loan debt. To be a high tech modern dentist do I need to buy a \$150 000 CAD/CAM machine?

Shaun Keating: I would not. I mean it's something that if you're- I think you should learn dentistry first by doing dentistry and if you're going to come out of school and go straight into that, you're always going to be doing single tooth dentistry. It's like connecting the dots, you can do bridges with it in the future, but I just don't think that's a great investment myself. I truly think to get in and learn how to run an office, and what dentists are going to mentor you? You can't come in and just open up your practice, some guys can, super special guys but myself, I wouldn't. If I was a dentist I would not- if I was a dentist I would come in and I would personally learn how to do the crown and bridge but I'd probably go into specializing something like endodontics. My oldest brother is an endodontist.

Howard Farran: Your oldest brother is an endodontist?

Shaun Keating: Yeah. He's in Greensborough, North Carolina and he was going to dental school when I was back in eight grade. I'm the youngest of four boys and Kevin said, from seventh grade on, in youth football, he'd always make the mouthpieces so he was working for DentalSoft so he knew, because I wasn't always, I loved sports and I wasn't into school so much, and he- I knew from 12 or 13 years old I was going to be a dental technician because I was going to work for my brother Kevin because he was going to be a dentist so come to find out, he finishes up at USC, he's the president of his class the senior year and I just started dental technology school and I'm telling the teacher, I'm going to be a crown and bridge owner at my own lab and I'm going to work for my brother Kevin and at the end of that course I wasn't real good and the instructor goes, you know what Shaun, he brings me in and he goes, I really think maybe you should go into dentures because you're not really that good.

And I said my brother Kevin is a dentist and I'm going to be working for him, and he's like I don't know, I remember his name to this day, Kurt, and he was a dental technician. That's kind of funny. So then my brother tells me a couple of years later well Shaun you know what dude, I'm specializing in endodontics, I'm never going to do crown and bridge. I'm going to practice limited endodontics. I'm like huh? Can I make posts for you? He goes nah, I'm like what the hell? What am I going to do?

He's like, you're on your own. Now, to this day I tell him, remember you said, and now he looks at where I'm at and he goes damn, Shaun, and he admires me because a dentist only makes money when they're there working and so you know what, he has a partner that he bought into 20 something years ago so when he goes on vacation there's no money being made but he goes you! You go on vacation all the time and you have like 100 or something people working for you doing all your work! It worked out.

Howard Farran: What do the other two brothers do?

Shaun Keating: They work for the city. They're just like city workers. Not in dental though.

Howard Farran: That's neat, so you're my Zac. I'm going to start calling you Zac because he's my youngest of four. But back to the decision, Shaun I always look at the search data and on Dentaltown if it's a \$10 decision it doesn't get searched much but a CAD/CAM is a \$150 000 decision. A CBCT is \$150 000 decision. Some of these lasers are \$50 000. So go more into detail Shaun, because my old motto is that you don't have to be alone. These guys are overwhelmed and stressed. Do I need to fork out \$150 000 for a CAD/CAM? Talk more about that.

Shaun Keating: I wouldn't and even, I think we're giving away this laser, I think it's \$3000 now for whatever the thing is, AMD, Hornbrook loves it.

Howard Farran: Do you know the founder of that company, Alan Miller?

Shaun Keating: Yeah. That's him. He's a cool dude just up the street from us.

Howard Farran: He's a fun guy. Not as fun as you, but he's right up there with you. I'd say he's 90% as fun and wild as you.

Shaun Keating: But back to that is dude, you're not going to get rich off that. Especially starting off, it's not about the money really but I think if you're a young guy coming out, try to watch your cost and try to get into dentistry to learn it inside and out with conventional crown and bridge, with some ortho stuff, the six month stuff, maybe learn a little endo, try to be a little MacGyver and learn what you can instead of trying to go in, because again I do four crowns a day on the CAD/CAM machine and chairside, say that's a grand each, so that's four grand that's what, 20 grand a week, you know 80 grand, that's almost a million dollar- I just don't think that's for you. I think you've got to find yourself some good education where, get yourself- if I was a dentist starting off, you know what I would do?

I would go pay the 60 or 70 grand, invest in Kois or Spear or one of those guys.

Howard Farran: They used to be married right? I'm so old, the two greatest prosthodontist, Kois and Spear practiced together in Seattle. Now they're separate and then the two greatest endodontists, it was Cliff Ruddle and Steve Buchanan, they were together, now separate, but yeah.

Shaun Keating: And they separate but you know what-

Howard Farran: They've been legends for a quarter of a century.

Shaun Keating: And that's what you want to do. You want to have it to where, I want to be one of the best dentists. I don't want to be the guy, there's too many guys with the fluff and magic that marketing, they've got all this shit. I've got so many guys that, you have the greatest marketing but they've got no hands, and you know what, I took up drumming a couple of years ago and what did I say? I wanted to find the best teacher out there. I paid a dude to come to my house, I paid him 100 bucks an hour because I

couldn't really, you know you go online and YouTube, you can see technique, you can watch guys do it and all that.

Howard Farran: You say drumming? Music drums?

Shaun Keating: Yeah like you know, drumming.

Howard Farran: Right on.

Shaun Keating: So anyways, same thing in dentistry. Find yourself a mentor, invest in that guy, go to his course, learn proper dentistry, and then after five or ten years, then you do the bells and whistles. You'll probably save on all the different upcharges and all the new Windows six, seven, eight, ten- I mean you don't need to jump into that. I would go and invest money into someone, and like I was saying with the drummer, I love it because it's monkey see, monkey do and that's the same thing with some of these mentors that you go to see Kois, you watch him do stuff. You go to the Spear Institute or whatever it's called and you watch people do it over the shoulder and you learn it and that's what we're doing here with my operator, we just blew it up to a second room so we have this double room and I want guys to come in and see, like I had 15 dentists in from all over the United States, all different states come in a couple of weeks ago and here's David Hornbrook sitting there, to these guys: dentists, get off of your, come around, sit down here.

Howard Farran: Hey Shaun, sometime when you do that, I should fly down there and take some pictures of that and write that up, that would be a fun story.

Shaun Keating: Dude we'll podcast it live. I'll fly you up. We'll do- I mean I just love the whole education part of what we're doing now and for dentists to learn, don't get all the little gimmicks, not that these are gimmicks but don't jump into it, learn some good dentistry from some great guys.

Howard Farran: Shaun maybe for our viewers, maybe you should try to digitize some of that. What is it a two full day course?

Shaun Keating: We do a Friday, Saturday usually and it's Friday we work on the patient, temporize it and David likes his little chalkboards and we have TV's all over.

Howard Farran: I think a lot of people would think well if I digitize that then they're not going to come to the over the shoulder. I think the reverse is true. I think when you digitize that and say it's a 16 hour, say you get it down to eight hours or four hours or two hours or even one hour, then they see that and then they're like wow I've just learnt a lot of things and now I really want to go see it. I have so many people that lecture in dentistry and say well I don't want to put an hour online course on Dentaltown because then they won't come to see me speak. Then I've got 25 years of data saying really?

Like Joachim Bray put up an online endo course and he booked 76 invitationals after that because people saw an hour of him then said oh come to our study club, I want to see you speak.

So I think I would love to see a digitized greatest hits of that program, put that on Dentaltown, online CE and I bet that will explode the interest in what you're doing there.

Shaun Keating: Absolutely. You know what I think too is, I think it's great to do all these big veneer cases and all that but I want daily bread and butter, single onesie, twosie type dentistry so we're going to be doing podcasts just live where you can come on, we can do it through Dentaltown, we can do a little from my website, but I've got 120 employees out here with 80 of them that need single tooth here and there and it's not about whole roundhouses every time. It's about isolation of a molar, number 30, and what product are we going to use but you can do short and sweet, two minute prep, five minutes here and then out to the lab and we can just condense it all and do some neat dentistry, do some implant placement, do some different things on day to day stuff. It doesn't have to be- I need a full rehab, full veneers, tack and wave, all this stuff and- because my attention span, I lose it real quickly but dentists, they're the same way a lot of them.

You've got to grab them and a lot of these guys that are older, they think it's above them but there's always stuff you can learn, a little thing here and there on technique, on what you can bring back and shape and especially for the younger kids that really don't have the structure in set ways of doing proper dentistry, they can learn over the shoulder online with a podcast and stuff like that. That's what excites me.

Howard Farran: I've never met anyone, ever, that didn't love you and David Hornbrook. I mean that's two lovable, teddy bear guys because you're so down to earth, and David- some of those teachers make you feel bad and they talk down to you and make you feel bad and you and Dave are just nothing but positive karma, chemistry love and all that stuff.

I can't believe this is three quarters done, I've only got you for another 15 minutes but it's a solo dentist sending you their work. You get to see incoming work from 500 people. What is the low hanging fruit you could be telling this individual dentist about, we talked about impressions but what about preps? What are good quality practices of successful dentists, fastly inserting crowns on their prep design because a lot individual dentists say shoulder, and then you say not a bevel, but if you do a shoulder with a bevel, isn't it just a bevel? Will you talk about preps? Is occlusal reduction still a big problem from your end or is that really not a problem anymore? Talk about the low hanging fruit an individual dentist in Parsons, Kansas sending you his preps wondering, I wonder how mine looks like compared to everyone else's?

Shaun Keating: Yeah you know, I still get old timers doing a slice prep, you know the knife edge and that's kind of tough getting a proper emergence profile. When you have that sliced prep, it's like I've got to bring a material down, even if it's an alloy then I've got to bring an opaque down and then I've got to bring a porcelain down and then I've got to have that flat, where it's a flat or negative emerged profile. On a knife edge it's tough. We can do it, but I'd like a sloping chamfer. Half a millimeter in depth, I don't need a 90 degree millimeter depth shoulder anymore. Half the time they go ahead and turn the middle of the prep into a lightbulb and it's just over reduction, you don't need that.

A sloping chamfer, circumferentially, you can do any kind of restoration on that because I can get a flat and negative emerged profile, because that's what it's all about. You want something kind of growing out of the tissue, even if it's just a little bit sub, you want it- especially if it's supra- you just want it kind of growing out of there.

I like a sloping chamfer. I still get some guys that are doing these beautiful shoulder preps and they polish them and I think it's so important for the dentist just to remember, take off all your sharp angles at the end of it all. Do it, I can have preps every which way and adjust them myself but if I don't have isolation on that prep where I can see the margin, it's killer because the first thing is fit. Then we work function then we work aesthetics and you know what if I can't get fit, we're screwed on all of it.

Howard Farran: What were the three of those, it was fit first and then?

Shaun Keating: Function and then aesthetics. It's just important that you get all three of those but fit is foremost. I've still got a lot of shoulder bevel guys and these bevels, they never finish the end of the bevel. It's like well that the bevel as long as you can. At the end of that shoulder and that bevel, you should have a finish line there at that bevel and you know for truly, it's kind of like that bevel is like a knife edge again. A bevel should be- the size of the bevel should be a metal margin. It should be a metal margin and everything has a bevel because that's where you have to finish it and you can't get a flat profile with a shoulder bevel, and you're trying to bring porcelain and it's just so bulky, it's just- but I've got this guy in New Jersey.

Frosty, Lee Frost- I love my bevels Shaun, and he won't change it, but that's okay. We do it and they could be a little flatter sometimes and they should be flat emerged profiles and everything, because otherwise you start blanching tissue, especially if you're sub a little bit and it's just not good. I'm a sloping, just a light chamfer.

Howard Farran: It seems like when people want to have a case and they want to post on Dentaltown or put it in a Dentaltown magazine or something, some of these guys look like they're spending a lot of time just polishing the prep and is that for photo delivery, like putting a parsley and an orange sliver next to your steak or does that really help with fit, form and function?

Shaun Keating: I think it's for cosmetics for pictures. If you have a nice prep that's porous and not all polished up, I kind of think you're closing up tubules, I don't know. I think there's guys that are great photographers and they just take their time on these preps and they polish them. There is one dude from another country, Boğaziçi, that dude does great dentistry and I'm just looking at him and he just has this little pumice thing that he polished it, I wish my dentists did half the effort and time.

I think it looks good, I think it probably does help a little bit, I don't think it helps with adhesion but I think anything you do, you can have a prep and there's guys that you've got burn cuts and everything else and you don't want any sharp angles and what I do, I go in and do 20-40 microns of dysplasia and I try to alleviate all those sharp edges where a good dentist should at the end of it all go through and take all those sharp angles and polish them up a little bit or round them off at least.

I think it's just the other doctors that are truly really good at photography, that really know how to get that flash and all that but that's rare.

Howard Farran: By the way, that dentist you mentioned, I'm lecturing for him next month in Albania.

Shaun Keating: Albania! That's right.

Howard Farran: Albania. Yeah I've got to go to Albania and Romania next.

Shaun Keating: Is that by Kazakhstan? No.

Howard Farran: So Shaun, we're down to eight minutes. You see so much incoming work. Another big question they're always asking me, probably the most common crown on a human in America is the first molar. What are your thoughts about a quadrant tray versus full arch? What are your thoughts about the plastic which could be the form versus a metal quadrant tray? Will you talk about that?

Shaun Keating: I do a ton of triple trays and I love them. It's almost like, you've got to get like a side less tray and it's just important that you've got a side less tray, get a good material like your Impregum, but you know what, I always tell the guys too, say you're working on 30, as soon as that patient hits the chair before you get them numb or anything so they're not all trying to give you a bite, you sit there and get them to give me a good centric, get a little bit registration. Get it on 27, 28 area all the way back to 31 or as far as that, get that bite registration, throw it in the box. Then do your triple tray, and you know what triple trays are great. I mean I get the impression of a prep, I get the opposing and I get the bit, but you know what that bite when you're sitting there biting, sometimes it can be off and then the lab's trying to do it by hand but if you've got that extra bite, little blue mousse bite that you did beforehand, triple trays are great. They're so good.

Howard Farran: Okay Shaun, first of all that's just amazing. I'm 52, been doing dentistry 28 years, I've never thought of taking the bite before I get them numb.

Shaun Keating: Just do it because it will be more accurate.

Howard Farran: That's so smart. That was worth the whole podcast. Number two, if a little is good a lot is better. Do you like a thin layer for a bite with blue mousse or do you like a big glob?

Shaun Keating: I like a little thin layer that it just comes and looks like it's a smashed waffle. Even too, I'm going to cut it in half too once I get it so I can really get the intercusp spacing to really look at it. Big old thick, just a little bit light you know and even tooth, it's just from the central groove to the buckle incline, so you can just really get it on the facials but just run it over the occlusal table.

Howard Farran: And then I've got to tell those kids out there, the two most profound things from my crown and bridge. One was magnification getting loupes and I know a lot of the kids look at me and say well you're an old guy, you're an old fat bald guy, your

eyes don't work. I'm young and 25, my eyes work. No dude. A telescope looking at Pluto is as helpful for a 25 year old as a 65 year old.

Number two Shaun, what really helped me in my crown and bridge journey was I used to always take the impression and then leave the room and have the assistant make the temporary. I thought that was the business thing, delegating out. I could be doing another filling or a crown in another room but now- but then I realized after a decade that was crazy. When I make the temporary first but before the impression, me and my assistant can make it in just a couple of minutes but a lot of times when I'm doing that temporary, I'm trimming the temporary margin and then I can't find the margin and then I look back at my prep and think well yeah, you didn't do it right.

Then I throw that temporary away and I go fix up my margin better, then I'm making the temporary and I've got my margin nailed and if I can nail it in my temporary I can always nail it in the impression, and then when I'm adjusting the occlusion I can't tell you how many times I'm adjusting the temporary occlusion and I'm adjusting through the temporary and I realize I don't have enough occlusal reduction and then I throw that one away and I do more reduction or maybe a plunger cusp from the opposing and I learn more about my prep making a temporary and I just think making a temporary- when I see someone get a reduction coping back, my only thought is operational logistics. Dude you took the final impression before you made the temporary. You're doing it ass backwards and what you just taught me is I should be taking the bite before I get them all numb because obviously when they're numb they lose a lot of their feeling in their face and they bite funny.

Shaun Keating: Even everything else with a full arch and all that, they're not really engaged in it properly, it's not relaxed and it's not true, and when you're sitting there normal without being numb or anything and you can go through their bite a few times really quick, then you can just do a quick bite registration and it takes all the guesswork out.

Howard Farran: Sitting up or laying back? Does it matter?

Shaun Keating: No it doesn't matter.

Howard Farran: They can lay down and do this?

Shaun Keating: Lay down and talk to God, whatever it doesn't matter. Just tell them to relax, they're not numb, they're not tense, they're not worried about the shot or anything and you've got a little blue mousse. Don't take impressions with it.

Howard Farran: Now blue mousse is polyether too right?

Shaun Keating: Yeah.

Howard Farran: Okay.

Shaun Keating: And it's something- use it for a bite registration. I know guys who are using it for impression materials, get away from that but it really works good and

temporization, back to that. It's so important that you keep that tooth an occlusion and you know what, the contacts interproximally are broad and full because those teeth are moving more than you think and that opposing tooth, if you take that think out of occlusion and have that temporary where it's not totally locked in, you're going to have that thing drifting down by the time that patient is out of the chair, let alone a week or two later. It's coming down so what's in the mouth and what's on my model is two different things.

You keep those temporaries, you keep a high occlusion. I want a little lightning rod when they're biting on there, oh no it's a little high. It's fine, chew over here or whatever. Not too high but I just want it locked up in there because teeth like to move more than we think man and if you ever take them out and- assistant, red tape, bite, bite, bite and they're seeing marks and there's nothing, it's going to drift and you wonder well it got adjusted for 45 minutes, well dude- if you're putting in a crown and it takes longer than two or three minutes to do your interproximal contacts on occlusion, there is an issue. There's an issue. That's why we did the five minute seats.

Well it's not the five minute seats- I said I know that but it's not for cementation and the whole thing, it's to seat a crown there should be little to no adjustments and it's just all with the temporization but that dentist has got to know that shit really good on how to make that temp, how to make it properly and then teach your people. I've got guys who are trying to skip on their assistants and chairside assistants and I'm giving them only 12 bucks- they should be making 30, 40 bucks an hour and they're going to be with you for 20 years and they're going to make your life easier because they're going to do it exactly the way you taught it and every time it's going to be the same way and every other dentist that I know well we're having issues- well you've got a different assistant this time. I've had the same people with me for 25 years. It's like a football team.

You get good after a while, and the same thing with dental offices. Take care of your staff. You can't afford to pay them extra money- you can't afford NOT to pay them because you're going to be dicking around with all these different assistants and all these people are here, you take your time just like your investing going to see Kois and Spear for yourself and learning by monkey see, monkey do chairside, you do the same thing for your assistants. You send them to staff, to different programs, different treatments planning for patients, different techniques and how to do the best temps and if your state allows it you let them do that and they do it perfect every time. It's the same one, two three steps. They don't deviate. They do that over and over, and you have successful, consistent restorations and too many guys are trying to save on their assistants.

You're only as good as your people, I don't care if you're a plumber, a painter, whatever business, you're only as good as your people and if you don't take care of your people, pay them good and education on what they should be doing the proper way, you do that and you'll be successful in your life. You'll go home at five o'clock every day or three o'clock and work your two, three days and you'll be so successful and so much peace of mind because you're doing good dentistry and you have staff that wants to work for you.

I get online and I see these guys talking about bonuses at the year end and how much they're paying or how they don't want to pay, you know what that's the guys that are never going to be anything. They'll always have what they've always had because they'll always do what they've always done. I say that and it's like take care of your people and empower them and educate them, you'll be so surprised at how much you grow and how much better you feel and how much better your patients can tell that your staff really loves working for you.

I mean it's what I do and I have a lot of dental offices do it the same way and they take care of the people and they don't nickel and dime, oh I can't send these guys- they don't care about the money on it and prices are very fair and yet they know that we're going to give them 110% every time and we might screw up on a case here and there, I mean we're working with silly humans here, we're going to mess up but they know that we're going to do everything we can to get it right and we care and it does affect us when things don't go right because everyone of our people here know that behind these models there's a patient and there's someone there counting on us and it's important that you have that mind set.

Especially in this kind of industry.

Howard Farran: I think you nailed some important things, just to make sure that the viewer got it: I still have my first assistant Jan. She's been there 28 years. She always jokes that if I fire her she gets half the practice, it would be a full divorce and if I had to name one common ingredient in every office I ever walked into where the dentist is just crushing it, million dollar's production, taking home \$400 000, when they walk in the room it's just all human to human, it's that how are you doing Shaun, how are you doing, how's those two boys, what's going on and the patients, they're just on and then there's the 80% where they walk in the room and go how are you? I see you've got hepatitis and you're on this cholesterol medication and- I mean it's just all personality and it's all caring and back to involving your staff I mean I- ask David Hornbrook next time he's there.

I flew my assistant Jan down to his office 20 years ago to spend the day there and I lost that production and spent money and flew her down there because I wanted Jan to experience another amazing office and I think David's dental assistants fired her up as much as he fired them up and it's just that whole human deal and I can vouch for Shaun as a customer of his work, as a human, you're just the all-American boy. I love you to death, I seriously love Shaun and I do want you to digitize that Hornbrook thing. That's my last question, you're taking drumming lessons, who's your favorite drummer and why- and let me guess who it is: Rush, the drummer of Rush?

Shaun Keating: No. John Henry Bonham. Led Zeppelin.

Howard Farran: Oh my God, Led Zeppelin.

Shaun Keating: I've got the same kit, it's a classic maple green sparkle, 26 inch four base and he's just a great drummer he left us way too early in life. Very simple set, very

simple beats when he was a jazz drummer to start and he just, he played in between times and there's no one better in my mind, I think he's the greatest drummer of all time.

Howard Farran: To our younger viewers, the band broke up because he died in an airplane wreck? Was that it?

Shaun Keating: He did like 40 shots of Vodka and I think a little heroine and he died at 40 years old. Way too young.

Howard Farran: Oh it was a drug overdose? I don't know why I thought Led Zeppelin was a plane crash. Drugs had definitely hurt my music collection over the years. Too many bands checked out early. Shaun, thank you for all that you do for dentistry and thank you so much for all that you do for Dentaltown. Love you like a brother.

Shaun Keating: Thank you Howard. Much love baby.

Howard Farran: Alright I'll see you in California?

Shaun Keating: Right on dude, thanks man.

Howard Farran: Bye-bye.