

**Give Your Practice a Facelift:  
LANAP, Botox and Dermal Fillers  
Howard Speaks Podcast 039**

**Dr. David Kimmel**

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**Websites, Emails, Phone Numbers and Products Mentioned:**

- Nd:YAG <http://www.lanap.com/periolase.php>
- LANAP protocol <http://www.lanap.com/periolase.php>
- AMD Diode laser <http://www.amdlasers.com>
- T4 Dental LightWalker <http://www.lightwalkerlaser.com/en/>
- BOTOX <http://www.botoxcosmetic.com/>
- Pankey Institute <http://www.pankey.org/>
- AAFE <http://www.facialesthetics.org/>
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- Planmeca E4D <http://e4d.com/>
- ARESTIN <http://www.arestin.com/>
- PerioChip <http://periochip.com/>

**Howard Farran:** It is an honor today to be interviewing one of the original Townie's who went to the first Dentaltownie Meeting, God Dave you've been on Dentaltown forever, you've got thousands of posts. You have a very interesting background. You started out with a bachelors degree in microbiology and anybody knows in dentistry we spend our entire life fighting two gram-negative anaerobes; streptococcus mutans and p. gingivalis and you probably know about that- know more about those bugs than anybody I've ever met and then you decided to go to dental school and then when lasers came out you took laser technology after these two micro-biological bugs, or mostly p. gingivalis and you were on the forefront of lasers in perio. Tell us about that.

First of all I want to take this in a totally different direction. Start off with this: we fight two gram-negative anaerobes and I had four boys and they got all these vaccinations for

measles, mumps and all these different diseases. Why isn't there a vaccination for p. gingivalis or streptococcus mutans? What are your thoughts on that and do you think you'll ever live long enough to see your grandchildren or your great-grandchildren get vaccinated for these bugs?

**David Kimmel:** Yeah I don't think that's going to happen because it's just such a multi-factorial disease and the fact that, I think as we're learning now, there's more of an issue with biofilms. It's just not the one bug by itself that's causing the issue and the environment has to be just right and the patient just has to be predisposed to the issue, particularly with periodontal disease and I actually think the same with caries as well.

So I don't think we're going to see a magic vaccine come up anytime soon.

**Howard Farran:** Will you elaborate a little more? I mean you answered that in about 30 seconds where a lot of dentists are profoundly perplexed by this. I mean why measles, mumps and rubella and pertussis and whooping cough and all these and not p. gingivalis?

**David Kimmel:** Well when we first look at disease per se, particularly these viral diseases, it's one organism that can cause the disease itself, not necessarily the patient has to be predisposed to it, but with periodontal disease we have almost like an autoimmune factor where the patient is predisposed for the periodontal disease to begin with.

So the host is acceptable.

**Howard Farran:** Okay but talking about that; what does predisposed mean? Their genetic makeup?

**David Kimmel:** Yeah their genetic makeup. So there are some genetic tests, which off the top of my head I'm forgetting at this moment, but there are some people that are just predisposed. They're going to get it, they try to do things in their lifestyle and how they live and how they eat and how healthy they are and their stress levels, and that can help them get around getting periodontal disease but more than likely they're going to get it.

So they're predisposed to it and then you introduce the bacteria, the p.gingivalis which is part of your normal flora, it's there and then what happens is you get this environment that gets set up where this p.gingivalis can essentially go crazy, it can really grow real well.

Who is it- Dr. Jachna used to refer to it as a neighborhood that's just gone downhill and the gang moves in- it's the same thing. You have an area where somebody is not maintaining it, their cortisone levels are up because their stress levels are up, all these

things add to an environment to which these p.gingivitis can go crazy. So cortisone levels, they like that. They like low oxygen tension which is usually what you find in the bottom of the sulcus; it's a deep pocket, there's no oxygen there. P.gingivitis just moves into the neighborhood, pushes all the good bacteria out and then we have this exploding periodontal disease.

**Howard Farran:** What year or what technology made you think that you could start going in after that with a laser?

**David Kimmel:** You know, actually it was the first- there was a lot of reason for going to the laser. The laser wasn't initially for doing perio for me. Actually, it was the first Dentaltown meeting that had me going off on lasers and then after I started using them I kept thinking that, yeah, you know what? I can use this for periodontal disease. And I tried different modalities. I tried the erbium laser, I tried the diode laser, I tried adding something called the perio-scope along with it and I never really could get the results that were predictable that I want and that's what led me to the Nd:YAG or Millennium's LANAP protocol and that's been really pretty predictable in it's results that I can get.

**Howard Farran:** So you were a LANAP instructor, or you still are?

**David Kimmel:** Yeah I am.

**Howard Farran:** So explain to someone who doesn't understand lasers and all we remember from physics is light amplification, stimulation, emission or radiation, why would an Nd:YAG be different than say the AMD \$3000 diode laser?

**David Kimmel:** Yeah.

**Howard Farran:** And also back in the day carbon dioxide lasers were big in perio.

**David Kimmel:** Right, so it all goes back to wavelength of a particular laser and what you want, is you want a laser that has a good depth of penetration into the tissue, because the bugs just aren't in the sulcus, they're actually in the tissue. So you want a good depth of penetration into the tissue so you can affect the bacteria and typically we think of p.gingivitis as being a pigmented bacteria. So you not only want the laser energy to go into the tissue, you want it to be absorbed specifically by the p.gingivitis, so the CO2 and the erbiums and the diodes aren't really good at being absorbed into the p.gingivitis or penetrating deep into the tissue without causing the tissue to be affected, or basically burnt or coagulated and the Nd:YAG does that.

It penetrates the tissue without affecting the tissue, getting a deep penetration with a lot of high energy and it absorbed into the p.gingivitis.

**Howard Farran:** And how many companies sell a Nd:YAG laser?

**David Kimmel:** There are several companies that sell Nd:YAGs right now. Millennium is the one that sells it that's set up specifically for the LANAP protocol and T4 dental: the LightWalker is also a combination, but it's a combination Erbium / Nd:YAG.

**Howard Farran:** And are those both good or do you prefer the Millennium?

**David Kimmel:** For doing the LANAP because of the specific protocol that's there, you have to have very specific settings on the laser and because of that the Millennium laser is the only one that you can do LANAP with at this time.

**Howard Farran:** Okay so talk to a dentist who's never heard of LANAP and, is this something that he should get into? Can you go into that, do you want to go into that?

**David Kimmel:** Yeah we can talk about that a little bit. The reality is that everybody has patients with periodontal disease in a practice and it's varying degrees, it's very severe to moderate to just beginning and this is a great way to treat periodontal disease to stop it in it's tracks and not only that, to regenerate bone in areas where they've lost bone.

It is a surgical procedure but there's no real cutting per se, so you're not taking out a scalpel, you're not putting in sutures at all and the post-op discomfort is minimal. As a matter of fact we tell our patients to take Ibuprofen after the procedure and at night when we call then we have to remind them to take it because they're not feeling anything at all.

So it's a great way to take care of your patients and keep it all in house essentially.

**Howard Farran:** And how does a dentist go about learning more about LANAP?

**David Kimmel:** Actually you can go to Dentaltown and just go through the laser sections on Dentaltown and look up LANAP and you'll see plenty of postings, some cases and stuff, and that's probably about the easiest, greatest way to find out about it.

**Howard Farran:** And by the way, you have two very amazing and popular courses on Dentaltown; one is laser basics and a lot of dentists that are my age associate you with just- I can't think of a bigger brand name in lasers in dentistry than you, I mean I just- first thing that comes to my mind when I think if lasers in dentistry is you. But now you're also doing a lot of BOTOX. How did you get into that?

**David Kimmel:** Well you know, it's kind of like the same reason I got into doing lasers. It's all about niche markets and for me lasers was a niche market that helped me hold onto my practice back in the day and as things have changed in the economy for me, BOTOX and dermal fillers allow me to do the same thing, so it's an added service that I can do into my practice that keeps things afloat.

**Howard Farran:** Well, so go into more detail. How does someone learn BOTOX and fillers, I assume it's all women or are you doing this on men too?

**David Kimmel:** No, we jokingly call it BOTOX, so we have men as well as women and it's not all foo-foo, I mean the reality is in today's market we have guys who are our age and now they're out there competing with guys that are 25 and 30 and we know when we get to 50 and 60 we get that kind of tired appearance; we look tired but we're pretty smart, we're very energetic but we look like we're run down and tired.

What the BOTOX and dermal fillers do is they actually give us that more relaxed look and we look a little bit more energetic. I could really help you out there with those 11's and forehead lines, help you out a little there.

**Howard Farran:** I went to a cosmetic surgeon in Scottsdale and he recommended that I go to a vet and be put down. He said you just need to be put down dude, there's no help for you.

So explain that; are you going to put an online course on that on Dentaltown someday or could you?

**David Kimmel:** There happens to be a BOTOX course online on Dentaltown now and I'm-

**Howard Farran:** You do? You have another course? You do have the BOTOX course on there, I'm sorry.

**David Kimmel:** I'm working on one for- Howard Goldstein will like it when I get it done, but we're working on fillers as well. Because the fillers and the BOTOX go together really well.

**Howard Farran:** Explain all that. First of all, BOTOX has a very bad name reputation because isn't it a bad organism, a bad bug I mean botulism or?

**David Kimmel:** Yeah you know because of my background in micro-biology I thought it was crazy that people are using BOTOX for facial aesthetic reasons-

**Howard Farran:** Is BOTOX just a short way of saying botulism?

**David Kimmel:** Well it's the toxin itself, and I don't even try to refer to it as toxin anymore. If you think of it more as a neuromodulator, because that's really all its doing. It's a neuromodulator. It's preventing the release of acetylcholine so you're just stopping the nerve from causing the muscle to be reactive and in three months that motor end plate that's stopping the acetylcholine from being released- it actually regenerates and comes back. So it's really, it's a nice neuromodulator, it works well and it's reversible.

**Howard Farran:** So it works for about three months?

**David Kimmel:** It works for about three months.

**Howard Farran:** And then you've got a nice little recall system of people who come in four times a year for their more BOTOX?

**David Kimmel:** Right so since I have a lot of perio patients who are all on three month recalls, so they all come in for the three months and it takes me maybe five minutes to give them their BOTOX and it adds at least \$150 – 200 net to their appointment.

**Howard Farran:** Wow and how many patients do you have that come in regularly for BOTOX? Is it 50, 100, 200?

**David Kimmel:** I would say- to give you an idea, at this point in my practice, about 25% of my practice is BOTOX and fillers and aesthetics from that standpoint.

**Howard Farran:** Is that right?

**David Kimmel:** It's a big percentage. Yeah.

**Howard Farran:** That would have to be at least 95% women, wouldn't it?

**David Kimmel:** No, actually probably, if you break it down between men and women, it's about 80 / 20.

**Howard Farran:** 80 / 20? Really? 20% are men, and they're mostly older men like us?

**David Kimmel:** Yeah they're mostly guys like us. Some of them don't- they like coming to us because they don't want anybody to know they're getting BOTOX done or fillers done and some of them even have separate credit cards so their wives don't even know they're getting BOTOX and fillers. It's pretty funny.

**Howard Farran:** Maybe I should go because when I do online dating on blind sites, I still can't get any hits. Blind women won't date me.

**David Kimmel:** We can do a study where we do half of your face and then we put you sideways and see if it helps.

**Howard Farran:** So what's the difference between a BOTOX and a filler? I assume, when you're talking about a tired look, you're talking about a wrinkle? I know the women in my friends, who are about 50, they started complaining about crow's feet around their eyes, is it mostly crow's feet around the eyes? And some women, you would think they were heavy smoker's, they've got all these lines on their lips, they say I've never had a cigarette in my life and look at all these lines- so tell me the areas you're going after and what's the difference between a BOTOX and a filler?

**David Kimmel:** Alright so think of it as we age, we sink, we sag and we wrinkle. With BOTOX we're going after muscle activity; things that cause dynamic wrinkles, so like on the forehead, so when you act surprised, your forehead wrinkles up, when you squeeze your eyes down or blink, you get the crow's feet and when you pucker up your lips you get those little- those wrinkles around the lips instead of from smoking, and those are the lines that we go after with BOTOX and what we're doing is- we're not inactivating the muscle, we're just decreasing it's intensity. The same way with masseters; if you have a clench or grinder, when somebody clinches or grinds a lot, when they close, they snap shut so a lot of the time we'll just give them BOTOX in their mouth so when they close, they close with less intensity. Same thing is happening in the forehead. The forehead goes up, but it's not as fast and it gives the tissue time to recover.

Plus we have some others things in the office to help them turn over their skin as well. The difference is fillers is fillers takes care of that sagging part, so if somebody has that tired look around their eyes where they're sunken in underneath their eyes or they start to get that little baggy appearance under the eye, we can go with the filler and bring back up that mid-face, or bring back the cheek because as we know, we lose bony support there, as well as losing fat pads in that area. So we re-suspend the tissue by just adding filler underneath and these fillers are things like calcium hydroxyapatite, which to dentists should sound familiar, and the other is hyaluronic acid.

**Howard Farran:** So you're just using Dycal?

**David Kimmel:** Yeah pretty much.

**Howard Farran:** I told my dental assistant that she put her eyebrows on too high and she looked surprised.

**David Kimmel:** Oh yeah, you know that's one of the hardest things to tell. You should me trying to tell grandma that her eyebrows are just all wrong. It's just tough.

**Howard Farran:** I always think it's funny how you lean women back in the chair and by the time you're 60, they've plucked their eyebrows so many times they haven't even got an eyebrow and they're drawing it back in with a pencil and I just can't imagine what society did to a person to make them hold up a mirror and pluck out their whole damn eyebrow for 60 years until it's gone.

**David Kimmel:** Until it's gone. It's crazy.

**Howard Farran:** So BOTOX is a neuromodulator going after muscle activity and a filler is, you said calcium hydroxide?

**David Kimmel:** Calcium hydroxyapatite.

**Howard Farran:** Calcium hydroxyapatite and you're just trying to fill in a depressed area?

**David Kimmel:** Yeah so it fills in the depressed area but it also stimulated collagen production, so the body builds it's own collagen in that area as well, so it's kind of a reparative thing.

**Howard Farran:** And you grow a moustache so that you don't have to do it?

**David Kimmel:** I grew a moustache because I have a big scar on my upper lip.

**Howard Farran:** A big scar on your upper lip? Did you get that from longboarding?

**David Kimmel:** No, those- we won't go where those are.

**Howard Farran:** By the way, when I turned 50 I started to realize- come on dude you're 50 years old, you're out of shape and I signed up for the Ironman bike-swim-run and you've been a huge inspiration for me because you picked a- what I consider dangerous, I'd rather be on a bicycle than a longboard and man you're up there tearing it up on a longboard. How often do you longboard?

**David Kimmel:** I try to go out every day.

**Howard Farran:** For how long?

**David Kimmel:** I usually try to get in about 13 miles a day and on weekends I'll try to do, I'm building up for another race so I try to get at least 20 to 40 miles in on a day on a weekend.

**Howard Farran:** You're a machine.

**David Kimmel:** It's fun.

**Howard Farran:** So you wear a helmet with that, or pads, or?

**David Kimmel:** Yeah I look like a little bubble boy, so helmet, pads the whole bid.

**Howard Farran:** How often do you wipe out?

**David Kimmel:** A little more than I like to admit.

**Howard Farran:** But how often would that be?

**David Kimmel:** I fall a lot. I broke my wrist this summer on a race and I kind of splattered a couple of times, so about once a month I end up falling.



**Howard Farran:** Our common buddy Sameer Puri, he fell off his bike, broke his collar bone.

**David Kimmel:** They're dangerous. I don't go there.

**Howard Farran:** Yeah. So what did you want to talk about more? I got you for an hour and I've only got one third down. What do you want to talk about, do you want to talk more LANAP, more BOTOX filler, what did you want to- because the reason I want to get you on there is- let me ask you a question this way: we've been doing this for a long time, 30 - 40 years and there's a lot of kids out there that just walked out of dental school, 5000 a year just walked out, they're \$300 000 in debt, that last recession we had was a knockout in 2008, much of the country even though it's 2014 now, it's been six years, much of the country the dentists will tell me- my city is just flat. It's just kind of apathy. There's- my city is not growing, it's not collapsed, it's just kind of flat.

What advise, Dave, for someone who's- you've seen a lot of fads in dentistry, you've seen a lot of ups and downs, you've seen stock market booms and busts, real estate booms and busts; what would you tell these young kids that are 25 – 30 that are looking at our profession and saying: God Dave, should I have been a dentist? Was this a good idea? What should they be focusing on?

**David Kimmel:** You know things never change. When I graduated they were saying the same thing. Dentistry has had its golden years and its all bust in this point in time and I would not listen to those naysayers, I would just put my nose to the grindstone and have a plan that's what I'm going to do and for me it's just looking for niche markets, whatever that is. If it's going someplace and getting your systems worked out so you can produce a product at a really good price and bring people in and do quality dentistry and do it efficiently and profitably; that's great.

If it's bringing technology in to attract those patients that don't want to go to a clinic type setting, bring the technology in. That's pretty much how I started doing the things that I do with lasers and BOTOX. When I first came down to Florida I got in with that Pankey-Spear-Dawson group, comprehensive dentistry which all sounds fine and dandy doing all those big cases all the time but it comes down to bread and butter dentistry when the market dumps and you have to be able to be nimble and change, you have to be able to look at your numbers and decide if you need to change your strategy and that's what I've continually done.

I started off doing all comprehensive dentistry, sticking with that, finding that the guys who do really well in comprehensive dentistry they're either in really big cities with high dollar patients or they teach a lot. So for me it wasn't working and I still liked doing it so laser came along, and it was like, you know what, I can add that niche into my practice. Integrate it, bring in some of those patients that are fearful, still do my comprehensive

dentistry, the things I wanted to do and work it. And then the economy takes again, so that's why I brought in the BOTOX and fillers. Bring in a totally different kind of patient into the practice, kind of stimulate it, bring in the patients, bring in another producer because I actually also have an esthetician at my practice, so not only do I have the hygienist and my assistants, I have an esthetician that- I can use her to market for these esthetic patients and then cross them over into dentistry as I need to.

What I tell these new guys is really just kind of don't just think you're going to just do that bread and butter dentistry all day long, or comprehensive dentistry all day long. Keep an open mind, look at your numbers and decide where you need to go with your practice. Don't get in a rut.

**Howard Farran:** Henry Ford said if your product just serve the richer, upper classes you'll be so poor you'll eat with the masses, but if you serve the masses you'll be so rich you'll be living with the masses. And I think that's funny how you said if you follow the comprehensive dentistry program, most of those guys make their big money from teaching, not out there. And I grew up in Wichita, Kansas and now I'm in Phoenix and I look at dentistry as being a fireman- I just put water on disease.

I'm across the street from the Guadeloupean Indian Reservation so 25% of my practice doesn't even speak English and those homes over there; most of them are dirt floors with one lightbulb hanging up and I love those people the most. They're just so nice and sweet and humble and they work hard and pay in cash, so I just love- I look at dentistry as like public health. If you come in, I can pull a tooth, I can do a root canal but I haven't added this BOTOX filler- Gosh I was wondering, do you go into offices to set those systems up? If I was going to start doing this Dave, what would you recommend for my office here in Phoenix? Do you go in and teach staffs, do you do lectures around or the Dentaltown course, do it online or?

**David Kimmel:** The Dentaltown course is a good course to take just to see if it's something you're interested in so you can get an idea that it's not this terrible toxin that's going to poison somebody. That's a really great way to start. One of the things I also do is, I'm teaching with Louis Malcmacher, the AAFE, so that's a good course.

**Howard Farran:** AFE?

**David Kimmel:** AAFE, the American Academy of Facial Esthetics.

**Howard Farran:** AAFE, is that Louis's group?

**David Kimmel:** That's Louis's group.

**Howard Farran:** He started that?

**David Kimmel:** He started that about five years ago.

**Howard Farran:** He's got a hard last name to pronounce, Malcmacher?

**David Kimmel:** Yeah I'm not even going to try again. I just splurged it out there.

**Howard Farran:** Yeah Louis Malcmacher, Louis, he's a good buddy of mine.

**David Kimmel:** Yeah so he's very progressive, he's finally moved the courses to have an online component, so you can sit at home and take all the didactic online and then what you do is you come for one day and in the morning you'll start learning how to do the BOTOX on live patients, so you bring your patients and we do over the shoulder and help you inject and then in the afternoon we'll do the filler in the afternoon, again over the shoulder, guiding you, helping you and there's a good series of fore courses that you can take. You can also have somebody come into your office as well and that works out pretty good too because your patients are your patients, they're in your practice, it's your setting, so it's a lot easier in that respect.

**Howard Farran:** I would just be worried that all the patients would be upset because when I was done with them they'd say well how come I don't look as good as you? You think I'd get that complaint a lot?

**David Kimmel:** I think this will be a slam dunk for you.

**Howard Farran:** So you recommend starting with the online course, BOTOX on Dentaltown to learn all the didactics. Another site is Louis's group, it's that [www.AAFE.com](http://www.AAFE.com), or .org or what is it?

**David Kimmel:** .com. That'll get them right there.

**Howard Farran:** AAFE.com?

**David Kimmel:** Yup.

**Howard Farran:** And that's American Association?

**David Kimmel:** American Academy-

**Howard Farran:** American Academy.

**David Kimmel:** of Facial Esthetics.

**Howard Farran:** Academy of Facial Esthetics. Okay. And Louis is in Baltimore, is he?

**David Kimmel:** Louis is in Cleveland.

**Howard Farran:** Louis is in Cleveland. He used to be in Baltimore?

**David Kimmel:** He may have a long time ago.

**Howard Farran:** But he's in Cleveland?

**David Kimmel:** He's in Cleveland.

**Howard Farran:** And you're in?

**David Kimmel:** I'm in Bayonet Point, Florida.

**Howard Farran:** Bayonet Point, Florida?

**David Kimmel:** Bayonet Point, Florida, yes.

**Howard Farran:** Is it a suburb or something?

**David Kimmel:** No, it's just a hole in the wall.

**Howard Farran:** How big is your town?

**David Kimmel:** It's probably 20 000 at max.

**Howard Farran:** And what's the closest big city that everybody would recognize?

**David Kimmel:** Tampa.

**Howard Farran:** And how far away is Tampa?

**David Kimmel:** Tampa's 45 minutes away.

**Howard Farran:** Okay so that's close to- is that close to NASA?

**David Kimmel:** No, NASA's on the East coast, so we're on the West coast. Clearwater, St Pete, Tampa-

**Howard Farran:** So you're on the gulf then?

**David Kimmel:** I'm on the gulf.

**Howard Farran:** Are you actually on the gulf or are you inland?

**David Kimmel:** About a half a mile from the gulf, so I'm really pretty close.

**Howard Farran:** So let's say I get in this BOTOX and fillers. You call them fillers or dermal fillers?

**David Kimmel:** Dermal fillers.

**Howard Farran:** So I take these courses, I get into BOTOX, dermal fillers- how did you let a town of 20 000 people know, and by the way is this a rich, affluent, retirement area or is this middle class, working America?

**David Kimmel:** This is middle class, working America I mean our biggest employer in this area is the school systems and the public grocery store and beyond that it used to be real estate, but the real estate market is tank and still not doing well here. The same goes for construction so this is just grandma and grandpa, regular working guy.

**Howard Farran:** How did you let your town- say it again- Bannet?

**David Kimmel:** Bayonet, like a Bayonet on a gun?

**Howard Farran:** B A N N E T T?

**David Kimmel:** Yup.

**Howard Farran:** How did you let 20 000 people in Bayonet, Florida know that you're doing this cosmetic stuff?

**David Kimmel:** It was one of those things where what I did was I first learned how to do it well and just sort of integrate it into the practice slowly until I feel comfortable with it. So word of mouth started that way and then I was hesitant because in the beginning Florida was a little wishy-washy about whether or not we could do BOTOX and fillers. At one point they said that we couldn't do BOTOX and then they said we could do BOTOX so I tried to stay below the radar and I used things like smile reminders, I would use them for newsletters to send out to my patients letting them know that I was doing BOTOX and fillers and I would just put brochures around the office.

Probably the best thing I did was I took before and after pictures of my staff members and when a patient would see a brochure they would ask about it and they would pull out the before and after pictures and show them something that they have done to themselves and that worked out real well.

**Howard Farran:** I used to do a lot of modelling just for the before pictures. You know it's funny how you said the dentists- at first it was wishy-washy with the Florida State Board of Dental Examiners whether you could do it or not and how you felt like you've got to stay below the radar. I mean dentists are so frustrated because I think they have an identity crisis, they can't decide if they want to be a doctor or not. I mean they get mad when people say oh, you're not a doctor, you're a dentist, but then their state boards don't want them to get into BOTOX or this, I can't give you a flu vaccine but the pharmacist at Walgreens can. I see patients dying of oropharyngeal cancer from HPV but I'm not allowed to give you a HPV vaccine- I mean come on, am I a doctor or am I a molar mechanic?

**David Kimmel:** Yeah, it's crazy. I mean in some places in Texas an esthetician takes like three to six months of courses and can inject BOTOX. Does that make sense? No.

**Howard Farran:** And then a dentist can't?

**David Kimmel:** And then a dentist can't. So it's crazy.

**Howard Farran:** And dentists move here that were educated in India, Russia, Brazil and you would think they could just do a test and be a hygienist, and they say oh, no you can't be a hygienist. Like this guy is a dentist from New Delhi and you're saying he can't be a hygienist in Phoenix, Arizona? When some of these small rural towns can't even find a hygienist?

**David Kimmel:** It doesn't make sense.

**Howard Farran:** So I'm wary of saying to someone- Hey David, have you ever considered fixing those wrinkles with BOTOX and dermal fillers, and him looking at me and saying dude, have you ever considered losing 30 pounds, getting a tan and wearing a wig? How do you tell someone that they could benefit from this?

**David Kimmel:** Yeah you know the old thing with the magic wand, if there's anything they can do that we say about our smile, we just say it about their face and generally you don't even have to bring it up, I mean when they see the brochures and stuff, usually what happens is they start thinking about it and most of them ask my staff first. Is there anything you can do about these deep wrinkles in my fore head? I really hate them. I really hate how I'm sagging down here and I've got jowls, or I always have- particularly women- I've got the angry look, and is there anything you can do to help with that? So it really just starts on its own it's amazing.

**Howard Farran:** Yeah in my 27 years the most Ortho Invisalign starts I ever did was because half the staff was wearing Invisalign trays or banded up and they were saying; do you think that Invisalign works, and the staff takes it right out in front of them, yeah, you know- and another thing I did was I went around to the cosmetologist and I told them that I would do any of their before and after bleaching if they put the before and after picture on the wall and they all lined up for it and a couple of them said oh, I wish I could get the veneers, and I said I'll do the veneers if you put the 8 x 10 photos before and after right in your chair and they absolutely did it and that was a goldmine for veneer. Especially from this one cosmetologist for about 10 years, she was probably a third of my referrals for veneers.

**David Kimmel:** We do the same thing with hairdressers and staff, I'll essentially do their BOTOX and dermal fillers for the cost of the product, they do the before and after pictures in, they talk about it, we take their magazines, any of the magazines in the

hairdressers that has ads for BOTOX and dermal fillers, we put our stamp on it and if they have any questions, call or go to our website and that helps a lot as well.

**Howard Farran:** So you're just going in there and stamping their existing ads?

**David Kimmel:** Oh yeah.

**Howard Farran:** Oh my God I've never thought of that before. Why didn't I think of that?

**David Kimmel:** Yeah it's a great way. I mean it's perfect.

**Howard Farran:** That is awesome. So now there is a lot of product cost to this and that stuff is not cheap and it's also not packaged for individual patients, isn't it like when you use it on a patient, there's a lot of leftover or waste, or?

**David Kimmel:** Yes and no. So BOTOX, the way the company sells it and what's FDA approved is you use non-preserve saline and it's only good for 24 hours and it's 100 units of BOTOX which is enough to treat about an average of two, maybe three patients. So when you first start out, people are kind of worried about that because it's about \$545 for the vial.

**Howard Farran:** \$545 for a vial of BOTOX?

**David Kimmel:** Yeah.

**Howard Farran:** And cocaine is what, \$100 a gram according to Miami Vice? So it's- wow that's an expensive drug.

**David Kimmel:** It's an expensive drug, but you know, that's about \$5.45 a unit and we sell it for \$15 a unit, so it's a \$10 mark up per unit. The key to it though is that one; that you use preserve saline, and now it's good for four weeks with 98% potency, so-

**Howard Farran:** So now you're saying there is preserve saline?

**David Kimmel:** Preserve saline, and it's the standard, everybody uses preserve saline, so now it's good for four weeks and if you can't use 100 units in four weeks, there's something wrong with you. There's no way it's going to go to waste.

The other thing that you do is you have to have your systems down to where you can do this in a matter of moments. I mean if you think about how much wasted time that's in our practice, even if you're really good about your time and your not on Dentaltown all day long, or Facebook- I mean I set up schedule up on 10 minute units of time and I still have wasted time during the day, so I can easily go into a hygiene appointment, and like doing a doctor check, I can go in and spend five minutes and get that BOTOX into that patient.

But that means that my hygienist has to have all the setup there, ready to go, the patient's been taken care of, she knows what she's getting. I just have to determine that the dose is the same as the last time, she draws up the product and I'm just going boom, boom, boom, boom and I'm out of there in five minutes. Five minutes, couple of hundred dollars: that's profitable. But if I've got a patient coming in and I'm spending 30 minutes with them doing BOTOX and I'm shooting like shit and the whole bid, I'm going to lose money. I might as well let somebody else do it. That's why you've got to have your systems down.

So for me, like fillers; a filler case that I'm doing, a full face- what we call a liquid face lift, that's typically about a \$6000 case, it costs me about \$3000 for the product and it takes me about 30 minutes to do, of my time. Now my staff time is probably about another 20-30 minutes depending on how much time the patient needs to talk about it. And talk about it is they sit down with one of my staff members that knows what's going on, find out what they want, they take their before pictures, get the releases, I come in and confirm and make sure this is what they want, and then we do it.

A lot of the times these cases we can just work into the day, and I gladly work somebody in on that kind of numbers.

**Howard Farran:** So how long will a \$6000 liquid facelift last?

**David Kimmel:** The way the products are now, the companies are saying about two years but in reality it's about a year and a half and the nice thing about these products is, since they stimulate collagen production, the next time you go in you don't need to use so much product. So if the patient stays with it every year and a half, it doesn't take quite as much product.

**Howard Farran:** So are there any health concerns, what kind of a legal thing are they signing before they get BOTOX and dermal fillers and even if it's only one out of a thousand or one out of ten thousand, what can go wrong with this?

**David Kimmel:** When you look at the release it probably doesn't look any worse than what we'd sign for endodontics, I mean it's- you know how those releases are, but as far as with dermal fillers; I mean there are some concerns because you could get vascular occlusion. I've had a couple of cases where patients have gotten blinded, but when you start looking at- start reading those case reports, the guys were idiots that were doing this. They were in places where they shouldn't have been unless they've had a lot of training and they ignored some of the symptoms the patients were giving them at the same time, or they just totally mishandled the case.

So if you get good training it's just like doing third molar extractions. If you've got the training, you know what you're doing, you're paying attention- the risk levels are very



low. The same way with BOTOX. I mean BOTOX there are some patients that have neuromuscular diseases that like myasthenia gravis, ALS, you just don't treat those patients.

The other is, it's just like regular cosmetic dentistry. You get those patients that are crazy, you don't want to treat those either.

**Howard Farran:** Yeah. What per cent of people who want a smile makeover do you think are crazy?

**David Kimmel:** What per cent do I think are crazy? You know I see a totally different kind of animal in my practice because they're older. I mean my average patient is in their 70's, you know, my kids are 50's. So these aren't typically crazy people.

**Howard Farran:** Your kids are 50?

**David Kimmel:** Yeah the kids in my practice.

**Howard Farran:** Oh the kids in your practice.

**David Kimmel:** No, my kids aren't- I did drive to Kentucky so it is possible.

**Howard Farran:** I spent a summer in Kentucky. You went to Louisville for your degree. My dad put a Sonic Drive-In in Louisville when I was in high school which would have been '76 to '80, I think it was '78. I spent an entire summer working at a Sonic Drive-In in Louisville.

**David Kimmel:** I ate there.

**Howard Farran:** What's that?

**David Kimmel:** I said I probably ate there.

**Howard Farran:** That was a fun time. So what else do you want to talk about? Let's go back to this advice to these young kids who are going out there and starting. What other things would you recommend they start on besides BOTOX and fillers, or LANAP for perio? I've been out of school five years, I'm in a small town in Texas. What more advice would you give them, what else should they be learning?

**David Kimmel:** I think one thing that I want to get across, even jokingly talking about longboarding and you with the Ironman, I think that when I look back at my career one of the mistakes that I made was not taking care of myself at the time. We talked about that balance thing, I wish that I started doing more physical activity stuff and taking care of my body back when I first started and taking the time. Because when you first start up your practice you're just 100% committed to the practice. I can wait, I can do what I

need to do to take care of myself later and that later never gets there, and even today I have to force myself to put things aside so that I can go out and do my longboarding thing. You probably see the same thing with your Ironman, there are times when you have to tell everybody no, I've got to go do this for me, I've got to do it.

**Howard Farran:** How old were you when you made the switch to physical exercise?

**David Kimmel:** Solid physical exercise was about three years ago.

**Howard Farran:** So how old were you then?

**David Kimmel:** 58.

**Howard Farran:** So three years, so you were 55?

**David Kimmel:** No 58 when I decided to finally get some exercise. 58 or 57.

**Howard Farran:** Yeah and you know what, it's kind of interesting; when you talk about- I've lectured a long time on practice management. I've got a MBA from ASU, I'm talking about practice management, and it didn't take long to figure out that one in five dentists will go to inpatient treatment for substance abuse, about 80% of the time that's alcohol, 15% of the time it will be prescription pain meds like Vicodin and 5% will be for cocaine. You see a high suicide rate. I've never practiced in Phoenix for a year without someone killing themselves in this town and Jen Butler and I- Jen Butler talks about stress management, she's up the street, we know all these dentists that have done it and yeah, if you don't take care of your instrument- I was 50 when I said, I looked at my dental practice, my hours were seven to seven Monday through Saturday for a decade. Crazy. I don't even know what I was thinking and when I turned 50 I said no.

So what I do, I do it every morning at five because if I do it after work I have the whole day for something to come up, you know I've got four boys, employees, something comes up- a toothache, an emergency- I need to go exercise but they're swollen, they've got, you know, so I do it at five. I work out every morning five AM because no one's going to interrupt you, everyone's asleep and plus out there on the streets there's no cars. I can literally jog, run, bike through any red light intersection at five AM I mean there's not a car in my neighborhood. They don't even start coming out of their driveways until maybe 6:15 and by the time I get home is when they're all waking up but yeah. If you don't take care of your instrument, if you don't take care of your tool.

**David Kimmel:** But don't you feel better? Don't you feel mentally sharper?

**Howard Farran:** Oh hell yeah. Oh yeah.

**David Kimmel:** It makes a huge difference.

**Howard Farran:** I mean those people that hit their snooze alarm and wake up to coffee and come rolling into their office- I mean when I hit my office I feel like I'm the Kool-Aid man who just crashed through the wall. Remember those commercials with the big- I mean I just come in jacked, pumped, oh my God just ready for anything.

**David Kimmel:** When you're like that, the staff feed off of that. I mean they do and they get excited and they get energetic and the whole day just really rolls instead of dragging.

**Howard Farran:** And you have a lot more energy to get your patients excited about treatment.

**David Kimmel:** Yeah because your patients pick up on that. They feel it.

**Howard Farran:** Absolutely. Going in the room pumped up and feeling like a million dollars, they're far more likely to say yeah, I want to fight my gum disease and yeah I want to save my teeth and yeah, I'm going to do this, You're right.

**David Kimmel:** That's probably the biggest thing I would tell the new guys.

**Howard Farran:** Take care of their body?

**David Kimmel:** Take care of their body and then get educated. I mean what you learnt in dental school is just, not even the tip of the iceberg. Just really hunker down, find what you really like and explore it and just pick those things that are out in the market right now that people are doing so if you're into doing implants- learn how to do implants, learn how to do endo, because you didn't learn those things in school. Learn how to do extractions, don't feel uncomfortable about doing them. Learn how to do some perio surgery or do LANAP but just expand. Don't just go to these, like the ADA meeting and go listen to some promo lecture. It's really tough, and I think that's one of the hardest things for these guys when they come out is they come out and they owe a lot of money and these courses that we used to take that were \$500 for a really good two day, weekend course are now \$2500 and \$3000- that's a big chunk of money to spend for a guy coming out of school. That's why I think those courses that you're putting online are really great, Dentaltown, so that's a great resource for somebody coming out of school.

Just go through all those courses there and then follow the person that put up the course on the forums and you can rip learn a lot of information about that. I mean I wish I had that when I just got out of school; that would've been a great resource and post cases. You know when you have something that's going wrong or something you don't know about, you see that all the time and you get- it's like having a whole group of advisors coming in.

Some of the information is not so great but some if it is really outstanding.

**Howard Farran:** You know success is so counter-intuitive because most people when they have a problem, they want to hide it in a closet and I've always said that the one word, one trait of every successful dentist I know that made it to the top like you is humble, humility. So most people if they screw up a root canal don't want anybody to know about it, and then the humble guys go post it on Dentaltown and say what did I do wrong? And most people just want to put up a picture of the deer they got with 15 000 antlers, and it's the humble guy that said what's wrong with this case and then all of these people are pointing out and saying you should do this, it's counter-intuitive.

Another thing I wanted to say about this last recession is; 87 dental offices went under in Phoenix from 2008, 2009, 2010 and most of them were cosmetic dentists and I knew some of these guys. Some of them were in my front room crying and the thing is, they were just doing full mouth, taking out all the amalgams and crowns and doing all impress and veneers and stuff and they lost the ability to pull a tooth, do a denture, do a root canal, treat a child and I just say; your dental school, if they'd known that you were going to come in and just treat this little part of the population, they wouldn't even have accepted you.

I mean we're public health people and how do you lose the ability to treat a two year old who needs a pulpotomy, or a grandma who needs a denture, or a poor person that just needs his tooth extracted, or a middle class that wants to save it with a root canal, and when dentists tell me they don't want to do extractions because they don't like blood, I'm like well dude, why did you become a doctor? Why didn't you become an engineer and work at Intel? Why didn't you become a programmer? I mean how do you become a doctor on a human body and not like blood?

**David Kimmel:** It's crazy.

**Howard Farran:** It's just the wrong attitude which they could turn off in one second.

**David Kimmel:** You get sucked into it. I mean if you think about what we do on a day to day basis, if you don't stay excited about it and just keep revitalizing yourself, it can be a real drag. I mean you can get really to the point where this is not a lot of fun and if you don't watch your numbers it could be unprofitable and you're miserable. And then you see these courses out there with the cosmetic dentistry and you can work on all these great patients, you can make a ton of money per hour, you get sort of sucked into that mode and if you don't stay viable and read what's going on in the market and don't change you just- you flop.

**Howard Farran:** For me it was easiest because all I have to do is go to a family reunion. When you go to a family reunion in Kansas, I mean hey if half your cousins

couldn't afford this, you know then- I mean when I went to the Pankey Institute my main thought is if all this is true- I mean like find the right patients. What are you saying, my family reunion is all wrong? I need to be adopted by a new family? I mean my right patients would be all my cousins and uncles and aunts and all that and they're all- I wouldn't call them trailer trash because they actually live underneath a trailer, they never got up into the trailer, but you know what I mean there.

Do David when I study the search data on Dentaltown- I mean there's about 2500 searches a day on Dentaltown, I notice a big correlation between the amount of money they have to spend, versus the searches.

Like if you're trying to decide between two bonding agents and one's \$100 and one's \$110, you're probably more going after the bond strengths and all of that, but when these guys are looking at people saying buy a CEREC and it's 100 grand, buy a Biolase it's 40 grand, buy a CBCT it's 100 grand, they're stressed. I mean if you bought a CBCT and a CEREC and- what is Biolase about 40 000 or?

**David Kimmel:** I think it's about 60.

**Howard Farran:** 60 000 and how much?

**David Kimmel:** PerioLase is 120.

**Howard Farran:** PerioLase is that the Nd:YAG for Millennium?

**David Kimmel:** Yeah.

**Howard Farran:** So it's 120?

**David Kimmel:** Yeah.

**Howard Farran:** And how much is the fully equipped, omni-cam CEREC?

**David Kimmel:** God I haven't looked at that in a while, I think it's like 150? Somewhere around there.

**Howard Farran:** Okay 150 and what would- I don't even know. I bought a Carestream CBCT, what was that?

**David Kimmel:** That scared me away, I don't even remember.

**Howard Farran:** So if these guys are walking out of school, \$300 000 in student loans, if I bought a LANAP, a CEREC and a CBCT I just doubled my student loan debt. How many years have you been a dentist now, 30?

**David Kimmel:** More like 25.

**Howard Farran:** Okay so a quarter of a century, give them some father-son, father-daughter advice on these six figure purchases. One by one, go through them, go through LANAP, CBCT, CEREC. Start with CEREC. I'm 30 years old, I've been out five years and I've got \$300 000 in student loans- David, should I buy \$150 000 CEREC from Sirona? Or the E4D from- I guess Planmeca just bought a big portion of it.

**David Kimmel:** Yeah you know before I even go there I'm going to ask them what their overhead is. What is their fixed overhead at this point, so how much money do they have available to make a payment. I don't mind somebody making a payment for something that's going to generate cash. If somebody doesn't have the cash flow now it would be crazy to go out and buy a CEREC because the reality is there's not any patient that you really can't talk into waiting a couple or weeks to get a crown back from the lab. If that's going to throw you into a cash flow deficit it doesn't make sense to but that unit.

But if you've got a really good cash flow at this time and you have a really high, you know your lab bills are pretty high- about 15-20%, then it makes sense and if you're doing a lot of single units or you like playing with computers and you can image things and design things relatively quickly, or you don't mind delegating that to a trained individual, then it makes sense and I would say jump on it.

**Howard Farran:** Did you buy a CEREC?

**David Kimmel:** Yeah I have a CEREC. I've had one for about five years.

**Howard Farran:** And what are your thoughts on that decision and how has that impacted your practice?

**David Kimmel:** It was probably one of the hardest pieces of technology that I ever brought into my office. I had it originally, it was a Red Cam and it was just driving me nuts and part of why it was driving me nuts is I have a really good ceramist in my area that was trained in Poland and he makes really beautiful crowns and he layers them and I look at his stuff and I look at my stuff and I go: you know, I don't really feel comfortable with this. So I had to learn more. Red Cam I just couldn't do it and as a matter of fact the Blue Cam came out and I decided- because one of the biggest mistakes people make in technology and I see that in lasers is when something new comes out, they wait too long before upgrading to the new technology and then what happens is you end up with this unit that's worth \$5000 or \$6000 that's worth nothing.

So it's better to just spend the money and go ahead and upgrade. I went ahead and upgraded to the Blue Unit thinking that I was going to turn around and sell this thing, get my money out of it. The technology changed so much in the Blue Cam that I held onto it and its integrated well with my office. I primarily use it for single units. I don't do the

interior with it because again I have a really good ceramist that I feel comfortable doing it and a lot of because my patients are older, I do a lot of multiple units, so for me it's easier to just let the lab guy do those and a lot of times I have a lot of stuff that goes along with partials because of the patients I have so it's easier for me to let the lab do it.

But I use it every day, it's a great thing to have but you've got to look at what your cash outflow is. What your discretionary dollar is that you have.

**Howard Farran:** Did you get it on a five year lease, or a six year lease? How long is the lease?

**David Kimmel:** On mine what I did at that time, I just bought mine outright.

**Howard Farran:** You bought yours outright?

**David Kimmel:** Yeah.

**Howard Farran:** I'm just trying to get a point of if it was a payment, did you make that payment savings in a reduced lab bill, did it increase your cash flow is where I'm going with that?

**David Kimmel:** Yeah so it would, because it did drop my lab bill by about 9% at that particular time.

**Howard Farran:** 9%?

**David Kimmel:** Yeah.

**Howard Farran:** Only 9%? So you still had 91% of your previous lab bill?

**David Kimmel:** Yeah when I first got it, but you've got to remember, I wasn't that happy with it, I can't tell you right off hand what it is now compared to what it was before I had it, so that's something I need to look at but it does drop your lab bill depending on how well you integrate it and bring it in. So you can offset the cost of the unit by your lab fees. Definitely.

**Howard Farran:** I'm chuckling that you were frustrated with the early Red Cam because I was so crazy, I actually bought the CEREC 1 in like '90 and that was horrible. My temporaries were better than that.

**David Kimmel:** So what did you do with it?

**Howard Farran:** And then five years later I was so gung ho I tried the CEREC 2. It went from just horrible to are you kidding me, and I just stuck with it all those years but it wasn't really until the CEREC 3- Red Cam or Omni Cam?

**David Kimmel:** Omni Cam is the last one. Mine's the Blue Cam so I'm still- I have to make that leap.

**Howard Farran:** It was a huge buy, a CEREC 3 Omni Cam, but I did CEREC 1. In fact it's funny because all these CEREC teachers, mine's was Simeera, he's probably the biggest CEREC teacher in the world, it was like dude, I had CEREC 1 when you were in grammar school.

Okay so did you go with the CBCT?

**David Kimmel:** No I didn't.

**Howard Farran:** What are your thoughts there?

**David Kimmel:** My thought on that is I have somebody that has a unit and I can just refer to him. As long as that relationship stays I'm perfectly happy.

**Howard Farran:** Is that a specialist, a periodontist or oral surgeon?

**David Kimmel:** It's actually just a endodontist.

**Howard Farran:** You can send your patients there and he takes it for you?

**David Kimmel:** Yeah.

**Howard Farran:** And does he bill out the CBCT?

**David Kimmel:** Yeah he bills all that out and he actually arranges for somebody else to read them as well if I want.

**Howard Farran:** That's another thing I want to talk about, not only are you a humble guy, I mean you're a humble, down to earth guy but you know, there are street smart people and there are just book smart people and book smart dentist- to learn a little bit of information they have to fly across the country, stay in a resort, pay \$5000 for a weekend course and they humble, street smart guys will take a \$18 one hour course on Dentaltown and then if they have any questions go to the comments afterwards and say I don't understand, and the other street smart dentists like you instead of buying \$100 000 CBCT, your buddy endodontist who I'm sure you refer molars to right?

**David Kimmel:** Right.

**Howard Farran:** I think the best CE that I ever got in my life was free. I would just go knock on the doors of the oral surgeon up the street, the endodontist Brad Gettleman, I mean most of those guys don't say no to anyone and you can go pull up a chair next to your oral surgeon and endodontist and most of those guys all want a friend and want an acquaintance and from business obviously they know if you're going to be my buddy,



that if you ever do refer endo or perio obviously you're going to give it to them so yeah, you can get your CBCT- I don't think you could have a hands-on lecture course better than go sitting in the dental assistant stool next to Brad Gettleman all day watching him just do a perfect molar every hour, all day long.

**David Kimmel:** That's perfect. They have this old thing that when you first set up your practice, the specialists all call and they want to take you to lunch and you know what, I decided long ago probably one of the best things I could do is call them up, the guys that I researched and found that are good, call them up, take them to lunch and just talk to them, pump them for information. The first thing you do, by taking them for lunch, they like, it's totally a different atmosphere right off the bat and they're very open. I've had guys like- there's a periodontist in my area by the name of Danny Melker. He actually came to my office on my patients and sat in the assistants chair and showed me how to do periodontal surgery. I mean you can't get that, no matter how much money you pay, going to a course. So these guys are very open to it.

**Howard Farran:** Yeah Danny Melker he's a periodontist right?

**David Kimmel:** He's a character periodontist, he is.

**Howard Farran:** He's a character. I love the guy to death, I absolutely do.

**David Kimmel:** He's great but all specialists are that way. If you approach them appropriately and you start talking to them about things, they're going to help you. Even the endodontists I use, I use a guy in Clearwater by the name of Ron M, he sits down there and goes through cases. If I've had a case I've done that's not working he'll go through it with me, we'll talk about what I did wrong, what I could've done different and when he sees the patient, he doesn't blast me as being the GP that did this stupid endo.

**Howard Farran:** Let me tell you a story about ortho, there's a friend of mine and he decided he was into ortho and about half the orthodontists, their feathers are ruffled and they're actually badmouthing everyone and whatever, gets an ortho- he has a very big practice- only one orthodontist would help, would ever talk to him and help him and didn't care and call leads and that sort of stuff and about a year and a half into this and starting 100 cases he realized he hated it and didn't want to do it and the orthodontist said I'll take them all over for you, no big deal, I'll just finished them for you.

Well he's gotten 100% of his ortho business for 25 years now and that's probably a million dollars. So most of those guys are functional, healthy, friendly and that's the best CE you can take. It's all street smart, it's all low cost, it's just amazing stuff.

So I only got you for two more minutes. So we talked about the \$150 000 CEREC, we talked about CBCT, I'm five years out of school, I'm \$300 000 in debt, Dave should I buy \$120 000 Nd:YAG PerioLase for LANAP?

**David Kimmel:** You know Millennium that I teach for would have me tell you yeah, you've probably got to go ahead and buy that, but I'll tell you that when you first set up, probably not. What I would do is just work on my systems and find a good periodontist or another GP in that area that does LANAP and just network with him until you get your cash flow to where it's not going to strap you.

When I first started my practice the thing that killed me was that my fixed overhead because of the equipment and stuff I bought and buying the practice had me so strapped that I was working my butt off. My hygienists were making more money than I was my first couple of years and these guys come out of school with so much debt, don't really go into debt unless you can generate the income from that piece of equipment initially.

**Howard Farran:** My closing question, I've got you for 60 seconds more, you hear a lot of hygienists and dentists- we're talking about using a laser to kill periodontal disease, Erbium- I mean a Nd:YAG, PerioLase to do LANAP, we see things that you can put into periodontal sockets. What were the big brand names?

**David Kimmel:** ARESTIN?

**Howard Farran:** ARESTIN, you have a degree in microbiology, also some people- they give them antibiotics even. Do you use PerioChips, ARESTIN, antibiotics, anything for periodontal disease?

**David Kimmel:** I'll use antibiotics as the odd- LANAP but just to get the bacteria numbers down but-

**Howard Farran:** And what antibiotic would that be?

**David Kimmel:** Usually Amoxicillin, just to start. You've got to realize too that with the laser we're just going in and doing full mouth treatment on these patients and the laser itself gets the number of bacteria down as well.

**Howard Farran:** So if I didn't have LANAP, if I didn't a Nd:YAG laser would you ever use ARESTIN or PerioChips?

**David Kimmel:** My experience with those products- it really hasn't been that effective long term. It's a short term fix and it's very expensive for the patient. I'd rather you have them do something more defensive than spend that money on those products.

**Howard Farran:** Okay and also since you're a laser genius, you are Dave, I mean there's more views on your laser course on Dentaltown than anyone else on there. What do you think of the very low cost AMD laser- what do you think of that?

**David Kimmel:** I think that little diode- Miller who owns AMD or just got it back from Dentsply-

**Howard Farran:** Alan Miller.

**David Kimmel:** Alan Miller yeah he shook up the market and brought the prices- because those used to be, my first diode was \$25 000 and I think he's going to really shake up the market again and come out with a low price under \$20 000 erbium laser which will be pretty amazing. It's a game changer.

**Howard Farran:** And what will the erbium be that's different from the diode and the Nd:YAG?

**David Kimmel:** It will be more for hard tissue.

**Howard Farran:** Really?

**David Kimmel:** So this is comparing to like \$60 000 units or some of the CO2 hard tissue lasers that are \$100 000.

**Howard Farran:** Will this just be for occlusals and preventative resin restorations or?

**David Kimmel:** This will be for basically MOD's, facial composites, the whole bet.

**Howard Farran:** You think I'll be using an erbium laser in a few years cutting an MOD?

**David Kimmel:** I think, yeah, you know what, you want me to come to your office and we can do that?

**Howard Farran:** I love Alan Miller, I don't think there's a smarter business man in the laser industry that ever lived.

**David Kimmel:** But I think that you're going to see that come out so it's going to be a game changer because there's two things that really held lasers back. It's been the cost, because I can do it cheaper with a hand piece, and the other is that the training. It's a little different. It's just like when you first picked up that hand piece to do that MOD, it took a while before you got proficient. It's going to take a little while before you're proficient with a laser.

**Howard Farran:** Do you think Alan will ever go after the Nd:YAG and bring that from 120 000 to 20 000?

**David Kimmel:** It's possible.

**Howard Farran:** I mean if he's the manufacturer of lasers, a laser is a laser is a laser right, I mean it really wouldn't matter, the wavelength, right?

**David Kimmel:** Difference is the patent. Millennium has a patent on the LANAP protocol and depending on when the patent runs out or, it's hard to say.

**Howard Farran:** But if money is the issue, a good starter laser, you can go to RadioShack and get a laser pointer. That's a helium laser and they're usually under 20 bucks.

**David Kimmel:** Right. Great for cold sores.

**Howard Farran:** Thank you so much David. I know you're a busy man and I hope I didn't hold you up from longboarding and thank you so much for sparing an hour for me. Thank you for putting up two courses on Dentaltown and I pre-thank you for your third course that will be coming up, you're going to finish that by Monday morning 8 o'clock and thank you for your thousands of posts, for your friendship over the years and just for all that you do for dentistry and Dentaltown.

**David Kimmel:** Pleasure and thank you for having Dentaltown it's changed my life and you know what- what is it, in three more weeks you do the Ironman event?

**Howard Farran:** Two weeks. Sixteen days.

**David Kimmel:** Good luck. Have fun.

**Howard Farran:** Thanks buddy. This old fat boy is going to need it. Alright buddy, take care.

**David Kimmel:** Be good.

