Howard Farran: It is an extreme honor to be with one of my rock star mentors, idols, Bruce Baird. You graduated from dental school in 1980. You have been crushing it, this is 2014, so what is that? 34 years you have been crushing it?

Bruce Baird: That is what it feels like.

Howard Farran: And you are in a small town. What is your town?

Bruce Baird: I am, I am in Granbury, Texas, which is a big, large metropolis of about 7,000 people, so out in the Dallas/Fort Worth area.

Howard Farran: Yeah, and let me tell you why I love you so much. It is because so many businesses that evolved in the 117 largest towns in America that have half of the Americans really weren't consumer friendly. And if you look at the greatest companies, most of them were developed in the other half of America in 19,022 small towns. It is like Sam Walton and Wal-Mart. He is the one who pioneered, "Yeah, we will take it back, because we sold you something that is crappy." But they didn't have to do that at Sears, Gibsons, TG&Y in Dallas, because they can piss people off for their whole life. And I am from Kansas and you are just a good 'ole boy, townhome Texan in a small town and you are crushing it. And so I am so excited to interview you. I just want to start off with this. I want to start off with, you know I have seen many recessions. I remember, you know, when I got out of high school, I was from Kansas and we had 21% interest rates, we had 10% unemployment. It was 10% inflation, 10% unemployment and 21% interest rates. Some of my friends whose dads and moms were in third and fourth generation farms lost the farm and the dad went in the barn and blew his head off. But those recessions seemed short. They seem like a bouncing ball. They hit bad and then bounce out. And then I have got out of school in '87 and we had that October Black Monday where the stock market lost a quarter. But it was short. It was like down and out. But this last one, this layman's day, August 15, 2008, my God this is 2014 and from '08 to '14 it has just been flat, lousy, anemic. And what I want to throw you, the first question is, what do you say to these dentists? They have been out ten years. Their economy is not moving. They are in a small town. Their production and collection hasn't moved since 2008. You have been there, you have done that. You are crushing it. Take it away.

Bruce Baird: Well, I mean Howard, there are a lot of things that you look at. First of all, you have to realize that patients spend their money with you based upon relationships. It is not really two-for-one happy hour at our office. I mean, we get one patient telling another patient about our office and come see us. So it is building that individual personalized relationship. I know that in 2008 I started seeing things differently, you know, because some of the bigger cases I was doing, they started, you know, not being able to do it. And so it became even more important. And one thing I like to tell docs is if I look at the week and if I look back at last week and I think to myself, "Do I remember all the new patients I saw? Do I remember their name? Do I remember who they were? Do I remember the stories about them?" And if I don't remember those things, then I am just going through the motions. I am not really saying what I am telling people to do. And so I have to reattach myself to my patients a lot. When things get going really good, the tendency is to kind of step back and go, "Hey, it is going good. I am going to just wing it and go in there." But you know, I like working on my friends. And so every single patient to me

is a potential friend and somebody who is going to be in our practice for the next 20 years. And I enjoy dentistry, even after 34 years. I love going to the office, I love working and I love delivering the kind of things that we are able to deliver now days. So I think it really starts out building a great relationship with the patients. And when you do that, patients just, you know, you have to go through that build the relationship, they start to trust you and pretty soon you are on a first name basis. You know everything about each other. And all I do is become kind of a consultant with them. I just tell them, "You know, this is what I would do if it was me. There are other options that we have and we may have to do those if money or time comes into play here. But overall, let's really look at this as this is what I would do." And patients respond wonderfully to that. And even sometimes they can't do the work because maybe it is too much cost wise. They still refer other people. And it is very interesting. So that is the one thing I could say that has probably been the most important thing at any time, but especially now in this recession.

Howard Farran: You know, I have been in too many offices to count in the last 25, 27 years or whatever. But I have noticed one thing that sticks out amazing. You are known for not only amazing clinical skills, but doing the procedures productively, fast, I mean you are just so organized. But what I have noticed with the greats is you go into so many dental offices and an emergency patient will come in and the assistant will go in there and take a P and a bite wing and the person hasn't even met the doctor. So number one, that is not even legal, because she just made a diagnosis to take radiographs and that is not even legal. And then the doctor will walk in there and look at the radiographs on the view box on the digital computer and then start leaning the patient back. I am just like, wow. And I did something fun for me. When I became an empty-nester there was this evening comedy school class. And I always thought, "I love comedy. I love cracking jokes throughout my life." Sure, I just wanted to go. And the biggest take away from that is a comedian, when they walk onstage, they have got about 30 seconds to win over the audience. And if your first joke is making fun of them, you just lost half the audience or if you are a man and you make a joke about a woman or if you are white and make a joke about Mexicans or whatever, you can't start. You have got to turn inward. But you have only got, like, 30 seconds to win them over. And it is just amazing how guys like you, in my own backyard there are some great ones like Omer Reed, and how they just walk in there and the dental is not even on the horizon. And they shake their hand and how are you doing and they start the relationship. Now you said first name basis. Do you introduce yourself as Dr. Baird?

Bruce Baird: Yeah, I say, "My name is Dr. Baird, but you can call me Bruce." And that is the way I introduce myself with everyone. So I don't do that maybe if it is a teenager or something like that, I am just Dr. Baird. But, you know, if it is somebody a little older then I just introduce myself as Bruce, sit down and ask them how long they have lived in Granbury or Weatherford or whatever town they came from.

Howard Farran: Exactly. In Phoenix, nobody was born here. I mean, I think I have met three people that were born here. So you just have some standard questions like, "So, how long have you lived in Phoenix," and, "Oh, where were you born?" and then you just start a relationship. And you are known as the productive dentist, I think the most productive part of dentistry is that first five minutes of human-to-human dialogue, shaking their hand, talking. I always give them my card. Jenna, will you give

me my card? I have got one around here somewhere. But I am on the only dentist I know that gives my card with my cell phone number and my email. And last week, it was so hilarious. I was sitting there talking and my phone started to vibrate and I was talking to this new patient. But I just wanted to check and make sure it wasn't an emergency from one of my four boys and I looked at it and it was a 480 number, so it should be in my backyard. So I said, "Excuse me," and I took the call. It was her in the chair. She goes, "I just wanted to know if that was really your cell phone." I cracked up laughing.

Bruce Baird: That is great. That is great. Yeah, there is no question. That is awesome.

Howard Farran: So what advice would you give dentists about how, because most dentists are part scientist and engineer and all that. So what tips would you give them to be, I mean, you don't have to be an extrovert. You can play one at the office. What advice would you give them to be stronger relationship building?

Bruce Baird: You know, first of all what I had to do is, it is kind of an interesting thing. I am in a situation where I was in Granbury, Texas and we had a lot of new patients because we had a nuclear power plant right down the road. And so we had a lot of these engineers coming by. And I don't look at myself, I tell people that I lecture to, I said that there are only two types of people in the world, engineers and non-engineers. And most dentists are engineers. We think like engineers, we put things together. So I had all of these engineers coming in and I would tell them, "Hey, you need a crown," and "Just trust me." And they go, "What kind of metal has it got?" You know, it is good metal. It is just not something that I look at. They need all of that information. They need every detail before they can make a decision. The flip coin is you have got all of these dentists that are engineers and their patients are non-engineers. And what they really need, so learning, studying, reading every book you can get your hands on about how to communicate and how to connect with people. I had to do that. So I had to turn into a really good engineer dentist. The same thing goes for pilots. The same things go for people that check, check, check, check. And so my way of doing it was, I had to kind of reverse rolls. I use an analogy that I can introduce myself and if I had one minute with 100 doctors, so it would take a little while, I could pretty much tell you the top 20 producing dentists in the room. They are the ones who can shake your hand and talk and visit back and forth. Now, you may have somebody on your team that can do that and that can help you, but still you need to be able to open up those lines of communication.

Howard Farran: You know, I can tell the top dentists. I have lectured 1,500 times. Do you know how I can tell? Twenty-five years I have been telling this. So the average lecture is what, 200 to 300 people? And one side is just a few doctors and they brought all of their staff. And the other staff is just all individual dentists who came by themselves to save money. And the dentists who brought all of their staff make twice as much money as the ones who didn't bring their staff and the dentists who just sent their staff but didn't go, they make four times as much money. It is just a running joke, like, where is your dentist? "Oh, he is golfing. He never goes to these things. He just sends all of us." And their team is just crushing it. I know you are big with Vicky, now she is a hygienist.

Bruce Baird: She is.

Howard Farran: Yeah, and I would rather have an over-developed hygienist assistant and receptionist. I mean, you could almost delegate out the personality if you totally have the long-term educated staff.

Bruce Baird: You really can, and it is just the way you present it and the way you talk to patients about it. It really does make a huge difference when you can communicate well. And I think that above all, we always say it is education, education, education. I love, Paul Homoly and I are good friends and Paul taught me a lot. He is a mentor of mine.

Howard Farran: And mine, too.

Bruce Baird: Yeah, and he said there are certain people that you want to educate and there are other people you just want to tell them what they need to have done and you need to know the difference. So that is some of the things that I look at. But you can read, there is so much good information out there. There are so many good courses out there. Productivity is one of those things that people think it is working fast or doing things quickly. In dentistry, it really isn't. Because in dentistry we can do an enormous amount of dentistry and it doesn't take that long. There are the numbers now days, they get up there pretty good. You know, if you have somebody and you are giving comprehensive treatment plans, I mean it is not unusual to have a case that may be $5,000 or $6,000 or $8,000 even , or even more if you are doing implants and other types of stuff. So it doesn't take that long to do that procedure. Most people are low-producing in the country. Most of the dentists are doing the average of $400 an hour. Well, $400 an hour, if you think about it, that is about three crowns a day. Well, I think you would probably be out riding your bike by about 10 in the morning and still have run your business during that time frame. So those are the things that I look at. It is not really about how fast we do things, it is about how do I communicate to this patient of what they need and they say, "I want to do it all and I want to do it now because I realize I do have this problem." And we get. And so that really makes a huge difference for us.

Howard Farran: There was an idol/mentor of mine out here, Omer Reed, was one of the most controversial dentists ever when he came out with what he called the 90 second crown prep. And everybody said, "Oh my God, he is a horrible dentist. He only spends 90 seconds on crown prep." And that is not what he said. He said, when I stand there with a stop watch, you are just drilling, stop, drilling, rinse, dry, drilling. And the assistant is leaving the room three times. You ask for a different bur. She has got to get up and leave the room. There was another guy, the most controversial piece we ever ran in DentalTown was the 15 Minute Root Canal, do you remember that guy? He was a Texan.

Bruce Baird: Scott. Scott Perkins.

Howard Farran: Scott Perkins from Houston. And everybody is like, "Oh my God, if you do a root canal in 15 minutes, you are the worst dentist ever." So about six or seven of us Townies, Jerome Smith, a bunch of us, we went down and watched him. And what it was is that, you know, you would load a file and then you go in and out and then you take the slow speed out and you change the file. He had three of them set up. He had two assistants. He did the same thing all the other Townies did, but he was so organized. Every time he moved is hand, you know, the trays were set up, the tubs were set up, the

procedures were set up. And the guy was just amazing. It was like watching Mozart play the piano. It was just a master engineering piece.

Bruce Baird: Right.

Howard Farran: And that is what you have been, now you actually have dentists come to you and do over-the-shoulders on Productive Dentist Academy.

Bruce Baird: We do, we have dentists that come in and just spend a couple of days. And what they realize is I don't run around like a chicken with my head cut off in the office. I used to. There was the first 15 years in private practice, yeah, I was running late. As a matter of fact, the way I introduced myself to people is, "Hey, I am so sorry I am running behind." That is the way I would introduce myself.

Howard Farran: Yeah.

Bruce Baird: Today that doesn't happen. I mean, I am on time for lunch and I get home. Usually I am home by 5 or 5:15. And so it is really what they get to see is how focused we are on our procedures. It is not about literally how fast we are doing it. In some procedures, we actually recommend, at Productive Dentists, we recommend scheduling based on productivity, not scheduling based on time, which is really counter intuitive for most people. What that means is if they have a goal of 500 an hour and you are running two chairs and your goal is to reach your goal, whatever that is, then if you had two crowns to do, and let's just say they were $2,000 with the buildups or whatever the price and your goal is 500 an hour, we actually schedule that chair for four hours. Now people say, "That is crazy Bruce, why would you do that?" I said, "Well, because I can and because I reach my goal." For that four hours I am on goal for the day. What you find is you have got plenty of time to go check your hygiene. My hygienists don't wait for me. When I go over and do some other procedures, when I go see an emergency patient, I end up producing about 30% more each day than what I have on the schedule, because I have time to do it. The worst thing is when you get behind, then what you do is you go in and you start taking away work. You have two crowns on one side and one of the other, restorations, and you say, "Well, why don't we do these next time?" Because you know you are behind and you are going to be further behind if you do all three. So we end up with this counterproductive way of scheduling, whereas if a guy wants to do 700 an hour, well you book $700 an hour procedures and you run 700 an hour and that is the way you do it. So it is not really how fast we do it, it literally, I can take as much time as I want as long as I am within my production goals, which I run production goals in the mid-2,000s, so 2,500 an hour. So, you know, I have to be more efficient in order to get those numbers, but at 500 an hour, the average dentist at 400, you don't have to work very fast. You don't need to go learn how to do things faster. You need to learn how to get people to say yes to the dentistry, because you are sitting around doing three crowns all day or doing then fillings and the rest of the time is just piddling.

Howard Farran: So let's talk logistics. Are you a solo practice or do you have a partner?

Bruce Baird: I am not, there are three of us in our office.

Howard Farran: There are three? So is that 2,500 for three dentists or just Bruce?

Bruce Baird: That is just me. That is me.

Howard Farran: So you run 2,500 an hour and you work an eight hour day, Monday through Thursday?

Bruce Baird: I have worked Monday and Tuesdays for the last ten years. And so I just work two days a week, which allows me to be very focused. I love going in, but I mean, my average production is probably 140 to 150 a month, something in that neighborhood.

Howard Farran: Just your production, not the hygienists?

Bruce Baird: Not the hygienists, not the other docs.

Howard Farran: So Bruce does 140 a month and that is 2,500 an hour times an eight hour day. So that is 10,000 a day.

Bruce Baird: About 20 grand a day.

Howard Farran: Oh, 20 grand a day. How did I not get that right? Oh, 2,500. Okay. So you do 20 grand on Monday, 20 grand on Tuesday and basically eight days a month and knock out 140.

Bruce Baird: Yeah, and I will usually work seven days, because I am going somewhere one of the eight days. But in seven days I have kind of committed to my team that I am going to produce this much dentistry, and so that is what we do.

Howard Farran: And how many operatories do you use to do 2,500 an hour?

Bruce Baird: I use three ops.

Howard Farran: You use three operatories, okay.

Bruce Baird: I have one that is what I call a nonproductive operatory and I have two that I call productive operatories. Although they are all productive, the two are the main ones that I am using for scheduling larger procedures.

Howard Farran: And I want to make a point real quick that when we look at the cost of a dental office, you know, just look at the ADA numbers that says the average dental office has 2/3 overhead, 65% overhead. So 1/3 of that collection is doctor's labor. The next highest item is going to be staff labor and that is going to be 20% rural, 25% urban. So you are looking at 55% labor. And then next would be lab 10%, supplies 6%. Equipment is only 4%, but almost 100% of offices I have been in to, probably 99%, you always see this 55% cost doctor and staff standing around waiting for a chair.

Bruce Baird: That is right.

Howard Farran: And it is like, do you even know your costs? I mean, what percent of dental offices need an extra operatory today, that would be what you call the nonproductive, the overflow, whatever.

Bruce Baird: 99%.

Howard Farran: 99%. I just talked to a dentist the other day whining because he lost, you know, massive production because a chair went down for two days. And he was all mad at his supply rep because it took two days to get it back up and I am like, "You are mad at the supply rep? You don't have an extra operatory?" And I also want to tell you that every hospital has an emergency room, because emergency rooms are huge money. And dentists have this cult in their mind that Mrs. Wimpleton who comes in every three months to get her cleaning and brushing and flossing is a grade A patient, and that pig who walks in, hasn't been to the dentist in ten years with a toothache is disgusting varmint and you are ruining my schedule and you didn't have an appointment and you are a walk-in. Why don't you just call them a leper and a sinner and throw a Bible at them? And those are fun. Emergency room, blood and guts dentistry and big money. What percent of your 140 a month is just an emergency?

Bruce Baird: Same-day dentistry probably that comes in, I am probably 20% of what we do.

Howard Farran: Yeah, and you have already paid your bills, so that job is right to the bottom line.

Bruce Baird: It drops right to the bottom line and what I love is the fact that because of the way we schedule, I have time to see him. My team will come back in our morning meeting and they will say, "When would you like to have emergency patients?" and I can pick that these are the times that I would like them when they call. So I don't even let anybody not come in. I mean, if they are having a problem, I have time to see them. I don't care what is going on.

Howard Farran: And doesn't it just feel much more fun? I mean, the choice is to go in and do an MOD posterior composite or go in a room with someone who didn't sleep last night and is in severe pain. Which one gets your adrenalin going?

Bruce Baird: Yeah, there is no question.

Howard Farran: I would rather work the emergency room than be a dermatologist popping a pimple all day long. I mean, I love the pain.

Bruce Baird: Oh yeah, well that is one of the things you made a good point about is having extra chairs. I think especially now days when we have the CAD Cam technology, the CEREC technology, 4-D where you can do it all. You don't want to just let somebody just sit in a chair that is a productive chair when something is milling. That is taking 20 or 30 or 40 minutes. But having that extra chair allows you to do things at a much higher productivity per hour. And so I love having that extra chair. And if I need one, I have got an extra chair. I mean, I use the three, but I have got a surgery suite and I can use that and I have got usually one of the hygienists, we have five hygienists, I can use one of their rooms if they are not there that day. So I am liable to use, I would get a lawn chair and put it out there if I had to. So whatever it takes.

Howard Farran: So talk about, you know, you have been taking dentists off the street, running them through your Productive Dentists Academy. It is two and a half days, right? So tell them everything they

need to know that you teach in that academy on this podcast in the next 40 minutes so they don't even have to go.

Bruce Baird: Well, I will just slam it all in there.

Howard Farran: Just slam it in in 40 minutes.

Bruce Baird: Yeah, it really does start with the relationship and that is what we talk about dead seriously. It is the first thing we talk about, because until you get that part down, you know, it really makes it difficult. And the next thing we talk about is risk factors. And John _____ **22:51** was the first one I heard start talking about risk factors back in the mid-90s and the neat thing about that was it took the pressure off of me. Because what I realized is, and I knew it, but I never really held people accountable. Meaning you know they are a grinder or you know they have high decay risk or you know they have high perio risk, but you wouldn't hold these people accountable. What I mean by that is they don't show up for their three month recall and they need to be on three month, they have got perio. And then all of a sudden you look down the road and you say, "They missed their appointment," and your hygienist says, "Well, things are looking pretty good. I mean, I think your teeth are looking pretty good." Well, once you tell somebody that their teeth are looking pretty good and they are a high perio risk, that means I am immediately, if I am a patient, I am on five month recall, six month, eight month or whatever. So what I tell people is we treat people with a periolase laser. We use it a lot. And I go in and treat perio.

Howard Farran: Now is that the LANAP procedure?

Bruce Baird: It is, the LANAP procedure. I have been doing that for 11 years.

Howard Farran: Okay, explain that to all of our viewers around the world who have no idea what LANAP means.

Bruce Baird: LANAP is a laser assisted new attachment procedure, which it is doing osseous surgery without laying flaps, without doing apically repositioned flaps and it is a phenomenal procedure. I have gotten a chance to do several thousand quadrants of surgery with this and it works very, very well. But you have patients, there is no cure for periodontal disease. And you use this laser and patients think it is a cure. Well what I would tell them is it is kind of like you have leukemia. You know, you are in remission right now. So there is an opportunity for you to be in remission for as long as you are following the rules and we can keep track of you, then we have an excellent chance of you keeping your teeth the rest of your life. Same thing with decay risk, you know all of the dry mouth syndromes and everything we have got now. And I tell them, I say, "Look, we use CariFree." CariFree that Kim Kutsch, you know our buddy up in Oregon developed. I mean, we use it religiously with our patients that have high risk for decay.

Howard Farran: So when you say use religiously, that means Christmas and Easter?

Bruce Baird: Christmas, Easter and all of those other holidays, too. So constantly telling our patients if they have a lot of restorations, if they have any active decay, they are using CariFree. And what we tell

them is how long are you going to be using this, it is going to cost you a buck a day. It is cheaper than anything I can do for you as far as dentistry is concerned and you are going to have the opportunity to be able to prevent a lot of these problems. You also have to quit drinking the Dr. Pepper and the Mountain Dew. And I visit with them about this before I ever even look at the teeth, I am talking about these risk factors.

Howard Farran: And the CDC just released something yesterday, I was reading last night that smoking plays a bigger role in it than they ever thought before and they are putting almost more weight on smoking than they are on the pathogens now and they are all trying to look at the mechanisms of how the carbon monoxide, I don't even think they think it is the nicotine.

Bruce Baird: Right, deplete the oxygen uptake in the cells and there are so many different things to look at. But when my hygienist sees that patient, we keep track of it. Every morning, are they using their CariFree? If they are using it, then they need more at that point.

Howard Farran: So tell them about Kim Kutsch, CariFree in a nutshell.

Bruce Baird: Kim is a, I call him a dentist, but he is also an inventor and he thinks outside of the box. And what he did was come up with basically a base rinse. And this base rinse neutralizes acid in the mouth and it is the first time anybody has come out with anything like that. And for me it is the first time in 34 years, and I have been using his product since he came out with it, that I feel like we have something that can literally stop decay. If you have a basic environment in the mouth or a more neutral environment, you can't get active decay. And so I explain this to patients. So my education is educating them about what they have to do, not what I am going to do for them. And that is a big difference. And so we hold them accountable every time they come in and this, you know, with Kim's products he has the toothpaste, he has all of the stuff. So it is something that we use ongoing. Another fine example is when we look at their functional risk. You know, we give them an occlusal guard. You ask them at hygiene visits, "So, how is the occlusal guard working?" And they go, "Uhhh, pretty good." You know, or you say, "Hey, are you wearing it?" "Well, yeah sometimes," which that means they are never wearing it. They don't even know where it is. Their dog ate it two months ago. So we look at them and we say, "You know, you have got to wear this every night. We know that we have done this work. You broke down what God gave you and you did it in a short period of time and now we are expecting our work to last. And it won't last unless you do this, unless you wear the occlusal guard, unless you use the CariFree, unless you come in for your regular recare." And it took the pressure off of me, because you know, I realized it is not my problem anymore. It is not my problem. I used to replace crowns, I did more free dentistry. And the reason I was doing free dentistry is I wasn't holding them accountable for things I told them. I told them, "You have got to do this, you have got to do this," and they weren't even doing it. And then I felt bad, because the work didn't work when what God put in there didn't work either. And so I don't do that anymore. If they stay accountable and they do the things that we ask them, by golly, first of all they love us and they are going to keep coming back and they wonder why no one else has ever told them these things. But the other thing is, if they have something break, it is full fee. And I sit down and I enjoy working on them. It is not my fault, it is yours and you take responsibility

for it. But we have talked about it, it is not a threat. It is just, "Hey, you know, I know those things are hard to wear. I wear one. Oh yeah, I know about that. Oh gosh. I use the CariFree."

Howard Farran: I want to take a little detour on that. There is a big problem, you know they used to always say dentists had the highest suicide rate. But there is not a lot of data to really say that. But now our soldiers have an astronomically high suicide rate. Nobody comes close to the poor boys that had to go to Afghanistan and Iraq and they just kept sending them back and back. So now dentistry is not even in that league. But I always see so many dentists so stressed and they are so stressed, I think a lot of it is because that engineer mind, they are trying to do a perfect crown on a person who showed up with a Mountain Dew, hasn't flossed, gets their teeth cleaned every three or four years and they are throwing instruments around and nearly having a heart attack and hating their job because that margin wasn't just perfect on a person who is going to leave and go get a Slurpee. And dentistry is so frustrating because the whole thing starts with a newborn baby that doesn't even have Streptococcus mutans or P. gingivalis and then mom and dad and grandma and everybody starts kissing it on the mouth and totally infecting it. So it is just so, sometimes it is just overwhelming when you look at dentistry at 30,000 **_____ 29:57**. It is like, if we didn't kiss our babies there wouldn't even be dentistry. They wouldn't even have P. gingivalis, Streptococcus mutans. Now we have the crazy thing when you and I got out of school, oral cancer was literally related to packs of cigarettes per decade smoked and now we see an explosion of young girls who aren't smokers or drinkers getting it because they are getting HPV. Again, dentistry is an infectious disease. Everybody knows that after AIDS that below the belt STDs, the whole planet understands that. But the whole planet hasn't even begun a conversation about talking above the belt. You can go to a bar and kiss someone and get HPV and oral cancer. You know, how many times have you seen it where the girl comes in every six months her whole life. She is fine. Then she goes to college and comes back with gingivitis and four cavities. And you are like, "Karen, you are kissing a boy at ASU who has cavities and gum disease." So it is very, very frustrating. So summarize your risk factors. You talked about relationships then you went into risk factors. Lay out the risk factors.

Bruce Baird: I mean, really you go in and the first thing we look at, we lean the patient back, I am always looking first at their periodontal risk. We then go in and look at decay risk or cavity risk. Are they on medications, what are their habits, what do they drink?

Howard Farran: Who they are kissing.

Bruce Baird: Yeah, we haven't gotten into that part of it yet.

Howard Farran: Well you have to.

Bruce Baird: I think that is smart.

Howard Farran: If the dad doesn't go to the dentist, I mean, I am in Phoenix. A lot of people ask me, "Are you in Scottsdale or Paradise Valley?" No, I am in Phoenix. I am across the street from the Guadalupe Indian Reservation. And if your husband hasn't gone to the dentist in ten years and has four teeth rotted off to the gum line and you are in there brushing and flossing but you are kissing him every morning and kissing him every night, that is the highest risk factor there is.

Bruce Baird: You had better believe it. You had better believe it. So we just kind of go through those where they have the periodontal risk, their decay risk, their functional risk. Does this person have giant masters? Have they already broke their teeth? So this guides me in my decision making on what type of treatment they need and finally I look at aesthetic risk. Does this person smile and show their nasal septum? Are they just crazy as far as how much gums they show? Well, you know, that requires a little bit different attention to detail than somebody who smiles like you, you know, where I can't see your gums.

Howard Farran: You can't even see my teeth, can you? I mean, when I talk or smile, you don't even see my teeth, do you?

Bruce Baird: Not much.

Howard Farran: That is one of the advantages of obesity.

Bruce Baird: Yeah, and as we get older, things head south. So we are okay. So yeah, those are the risk factors that I look at. I go through these risk factors with the patient. They get onboard with what we want to do. And usually at the time, I haven't even looked at the teeth yet honestly. I have looked at their x-rays with them. I have looked at their risk factors and I always tell them the same thing. I say, "You know Bob, we are going to lean you back." I always look at the same four things on everybody. And I just go through it. I say, "You know your gums, even though you haven't been in in two years, to be honest with you, your gums and your oral hygiene and your bone levels look really good."

Howard Farran: Okay, that is number one. That is one of four.

Bruce Baird: You bet, that is one of four. Well, I actually have two more, physiologic and psycho risk.

Howard Farran: Okay, go by number then. So it is six? So go through numerically. And this will all be in the notes. We transcribe all of our podcasts so the viewer doesn't have to stop and write this down. So number one…

Bruce Baird: Number one is periodontal risk. Always look at the foundation first. And what we are doing is we are just trying to find out where are they at. Do they have periodontal disease, do they have deep pockets? All of those things we are looking at. Or are they in pretty good shape? The next thing I look at is decay risk. If they have got active decay or tons of dentistry done, what I want to do is start looking at what are you drinking? What are you drinking, what meds are you on? And those are things that I look at because they don't know it. Even though they are sitting there with a Dr. Pepper, they probably know it down somewhere deep, but it has never really been a conscious thought process. And so I just go, "So you are drinking those every day. Well, do you realize that that is what is causing all of your problems?" They go, "No. Well, maybe." So they didn't even realize it. Now you just say, "Well, if you keep drinking that then you are going to keep spending money. Whether it is dentures or whatever, you are headed, we have come to a Y in the road. You go this way, you can change habits. You go this way, this is what you are going to end up with." And I am not condescending to them or anything.

Howard Farran: Right.

Bruce Baird: I am just telling them the truth and they really appreciate it. So that is the second thing, is we look at decay risk.

Howard Farran: Can I interrupt on that one thing? My boys have always warned me for the last 20 years that I may get the crap beat out of my someday because I am out here in Phoenix and it is 115 outside and we will be driving around the corner and you will be seeing the construction workers, most of them are Hispanic, most of them are born in Mexico or Hispanic. And they will be taking their break under a tree and they all have their 2 liter bottles of Dew. And I will just stop and I will walk out there and I will just tell them, "You know, if you guys drink this 2 liter bottle of Dew, you will have no teeth when you are 30. If you don't have dental insurance, here is my card. You don't even need dental insurance, because your problem is you need to drink water. You can't be drinking this stuff." And my boys are just like, "Dad, someday they are just going to get up and beat the crap out of you." And they love it! They love it because someone actually cares. And they take my card. I mean, I have had a huge Guadalupe Indian/Hispanic practice just stopping and giving the workers and just pointing to their Mountain Dew, because it is all diet. So much of it is diet.

Bruce Baird: It is, it is diet and what I am seeing now days is the medications they are on, because those meds dry.

Howard Farran: Now is that mostly elderly you are talking about? Would you say the young is the soda and the older is the medication?

Bruce Baird: It is, but the combination is the killer. You know, either one by itself, but a lot of these, I would say 50 and older where they are getting on blood pressure meds, cholesterol meds. I mean, that is the way to solve every problem is give them a pill. So they are getting these medications which dry their mouth out. So now you have got saliva, which is a natural cavity protector, being gone and they are still putting in sugar. Because I tell them, "You have been eating the same things you have been eating for the last 40 years, but now you are noticing the decay start." That is when you start seeing that reduction in saliva. Bingo, they go back into high risk. The third thing I look at is bite risk, functional risk, how strong is their bite. And that basically means, you know, do they have TMJ issues, musculoskeletal problems around the head and neck? Are we going to make them an occlusal guard or some type of an appliance?

Howard Farran: Can I interject one thing in there? The big debate on DentalTown, how much of temporomandibular disorder, disease, joint problems do you think comes from stress in the brain versus mechanical engineering forces? How do you wrap your thoughts around that?

Bruce Baird: You know, I am thinking it is a much more, you know, skeletal muscle related. But the stress, you know the average stress in America for the average person, it really does put an enormous amount. Because there are times when I tell people, you go through this cyclical natural of grinding and clenching and it also can be very related to one of the other risk factors, which is physiologic risk, which are sleep apnea and snoring and clenching and grinding.

Howard Farran: Do you know what has taken me from putting downward pressures on stress and more upward on biomechanical natures is getting my CBCT and having a board certified, Dale Miles, oral maxillofacial surgeon showing me these routine scans and pieces of cartilage in the joint space and the used ligaments, like wow.

Bruce Baird: Sure, yeah there is definitely, it is multi-factorial, no question about that. But we have so many other things. For instance, some people don't really grind and clench that much until they go on vacation with their five kids, then they grind and clench the whole time that they are gone. So stress in different ways affects people differently, but yes skeletomuscular and just how the brain works. And you have got to give your dentistry some protection, because if they tore up, again I always use that, if they tore up what God gave them then what makes us think that if we do perfect margins that it is going to work? And it is not. And I learned that lesson from doing full mouth rehabs on patients after the fact, you know, I say, "Oh yeah, let's do a full mouth," after they had already had another full mouth rehab done before and saying, "Well my work is going to be much better. Look at these crowns." And mine failed four years later too, because the patient dipped and chewed tobacco with sugar in it and they just destroyed everything.

Howard Farran: And like you said, the original God manufactured tooth failed. Like yours is going to be better than that?

Bruce Baird: Yeah, it is not going to happen. So the next thing I look at is I look at the aesthetic risk. Do they have a big, giant, high smile? Is it going to require a special ceramist? You know, I send stuff to a certain ceramist when I want a certain type of result. Obviously, all of it we want it to be great work, but there is certain stuff you need the extra little touch that is going to cost a lot more. But I just charge the patient a little additional and I tell them.

Howard Farran: Okay, let's say it was your wife or daughter and it is high aesthetic needs anterior. Are you doing porcelain to metal? Are you doing all porcelain? Are you doing Empress? What are you doing?

Bruce Baird: Well, actually now days I am doing E-Max in the anterior, doing it myself with CADCAM using Cerec. I have gotten very good at staining and you know if we need to do something different we call Eddie Corrales from down in San Diego. We have Eddie come in. He is a ceramist and he can help us in office to do full-mouth smiles. So we do same-day smiles where we will do, oh gosh, I just had mine done. Eddie did mine six or eight weeks ago. We had it all done in one day. It was a long day, but we got it all done start to finish.

Howard Farran: Now he is a lab man out of, is he Florida?

Bruce Baird: San Diego.

Howard Farran: San Diego, okay. Yeah, he is amazing.

Bruce Baird: Yeah, he is.

Howard Farran: He is amazing. I asked him to do my anteriors and he said I was so damn ugly I should go to a vet and be put down. So he wouldn't do it.

Bruce Baird: I can work on your behalf if you need me to. And yeah, it is all good.

Howard Farran: I went to the vet to be put down but he didn't take my insurance. So that is why I am here today.

Bruce Baird: I understand, I understand. So we have got the fifth risk factor, which is physiologic risk and that is where I look at a patient and say they have got a 17 and ½ inch neck. They have got erosion on their teeth. And what that is, I look at sleep apnea and I have got sleep apnea pretty severe and I realize how it affects me medically. And so, you know, if you have got a 17 and ½ inch neck and you are a male and you snore, you have a 95% chance of having sleep apnea.

Howard Farran: So look at my neck on the podcast. What do you think?

Bruce Baird: If you are a snorer, you have got a 95%.

Howard Farran: Do you think that I have got a 17 and ½ inch neck?

Bruce Baird: I think you do.

Howard Farran: Yeah, and I scheduled my sleep deal, it is coming up in a couple of weeks. I will be 52 this month so I thought, "I have got a fat neck and because of that…"

Bruce Baird: Let me tell you, it is a huge difference.

Howard Farran: Are you sleep apnea? Are you on CPAP?

Bruce Baird: I have severe sleep apnea and didn't know it until I had a dentist come in and train our team and I took home a home recorder and found out not only did I have it, I was very severe. So I tried eight different oral appliances, I have surgery, a genioglossal advancement. I had a bunch of stuff done. Bottom line is none of that helped me. It does help, sometimes it helps others. Certainly oral appliance therapy can help the mouth in a moderate case. But mine was so severe, I wear a CPAP every night. If I forget it, I am in trouble, because I just…

Howard Farran: So how long have you been on CPAP?

Bruce Baird: Probably five or six years, but I have known I have sleep apnea for…

Howard Farran: So take every one of us back. So tell us, like, before CPAP, after CPAP. How long did it take? Did you feel a difference? Did you feel more refreshed in the morning? Did you have higher energy? Tell us what happened to you personally.

Bruce Baird: All of those things you said. I mean, I was tired. I would fall asleep at Sonic Drive-Ins ordering. I mean, it takes them one minute to bring your drink out. I was drinking probably six to eight liters of Diet Coke, which is so good for you, which I haven't had caffeine in two and a half years now. I

wake up refreshed. My body is producing human growth hormone at night. I feel like working out now. I feel getting on the treadmill. I feel like getting on the elliptical. So I am in the best shape now than I have been in in my whole life because I didn't realize how it was affecting me. It just made me tired all of the time. And I am pretty high energy.

Howard Farran: Nah, you?

Bruce Baird: During the day I am fine, but as soon as I sit down, you give me a little golf on TV or anything, which that still makes me go to sleep. And I love golf. But I can sit and go to sleep. Now days, you know, my brain is thinking better. I function better. It is just amazing how that works. So the last risk factor I look at is the psycho risk.

Howard Farran: That is number five?

Bruce Baird: That is number six.

Howard Farran: What was five?

Bruce Baird: Five was physiologic risk. Four is aesthetic risk. So then it goes physiologic, then it goes psychological risk, meaning I want to try the best I can to figure out if this patient is nuts before I work on them. And some people just are on that deal where it is like, I think Dick Barnes used to call that the heart muscle and stomach lining fee where he would just immediately when they start griping and bitching about their previous dentist and their previous spouse and their kids and every negative word turns into $250 additional fee on my treatment plan. The problem with that is, and the largest I have ever done was $13,750, and we call that what Dick used to call it was a reconstruction fee and I tell them straight up, "Because your case held it so tough, you are going to see a fee that is called a reconstruction fee. And insurance doesn't cover that, but that is because of how difficult your case is." And the patients, I am trying basically to get them to go somewhere else, but it is amazing. A lot of them go, "Okay, I am ready to do it. Let's do it." So at least if I am going to be working on somebody, I am going to be getting reimbursed at the highest level and I am much more patient. But there are some folks that you just don't need to work on. Just say no. Just say no.

Howard Farran: Yeah, so you and I were both Barnesified. That is what we used to call it back in the 80s. We would go to his seminar and get Barnesified.

Bruce Baird: That is right. Get your five slides, show the before and after and you can do 100% case exceptions.

Howard Farran: And again, another classic example of just Mister Personality, he is tall, dark and handsome. He runs five miles every morning and he puts his rice in a steam cooker. But he has just got that million dollar personality, just walks in there and he makes everybody feel warm and fuzzy and whatever he tells them they need, they just buy it. Same with Omer Reed. The greatest do that relation. They just nail the relationship.

Bruce Baird: And that is super, super important. And the thing that got frustrating in 2008 after the recession is the same things I was doing, I was doing the relationship stuff and then I would step into going through the risk factors, and everything was going great and then I would tell them the cost. And that is when we started seeing a real difference. A lot of the big cosmetic guys in the country saw big drops in cosmetic cases. The plastic surgeons saw 50% of their surgeries drop. So there has been a lot of change in what people feel like they want to do for themselves that maybe insurance doesn't cover, whether it be implants, cosmetic dentistry and those types of things. So we saw a lot of those cases go away.

Howard Farran: So you are in a small town of 7,000. I am out here in the Phoenix metro, 4.5 million. Since that 2008 recession, in 2009, 88 dental offices did a bankruptcy and they were two groups. And half of them were the cosmetic dentists who their whole life had been doing these big cosmetic cases where people just come in and take out everything, all of the metal and all of the gold and redo it all in Empress beauty and they lost all other skills. They couldn't do root canals, extractions, fillings, wisdom teeth, whatever – crazy. And then the other half was I am just going to go into a strip center and build a 5 operatory op and do a bunch of direct mail advertising and it will all work. And basically in 2008, 2009, 2010, 2011, 2012 marketing just didn't work. I don't care what the marketing gurus told you. I mean, I had been marketing for 25 years and the return on marketing just fell to the floor. It just didn't work.

Bruce Baird: Right.

Howard Farran: So you are known for financing. I mean, so I have only got you for another 13 minutes. Tell them your financing insights.

Bruce Baird: Well, the thing that happened was we think that, you know, if a conventional third party financing, say a Care Credit or a Springstone, doesn't approve somebody for financing, then why should I approve them? Because the old deal of in-house financing, I have been telling doctors don't do that. Let the bank be the bank, you be a dentist. I was wrong. I was so wrong. I have 180 degrees a different way of thinking now. And it makes a big difference when you get on the correct side of interest. Because all of a sudden I began looking at these cases that Care Credit wasn't approving. So you have this third-party financing, but what about the 60% of these folks or 50% that they say no to? Then what are our options? So people, I would be talking to them and I said, "What are your options if they say no?" And everybody had the same look. It is this blank stare. It is like, well they prepay, they do third, a third, a third. And Gordon Christensen just about three months ago said that nine out of ten crowns now that are done in the U.S. are done one crown at a time. And that is where we have gone. It has gone from seven to nine in just 2008. I don't want to do one crown at a time. I would rather do four, because the patient needs four. They need four crowns, but how do I allow them to be able to do it? They didn't get approved by Care Credit, they didn't get approved by these people. Well, what I figured out and what we found out, the reasons we have never done it ourselves is because we have been told not to. Number two, we don't know how. We don't know how to charge interest legally, you know? There are dentists out there that have their own plans and they are so out of, I mean, they are not following the rules and regulations that have to be followed, because it has gotten to be a big deal. And number three is the biggest one, it is what if they don't pay me? And if they don't pay me, then I did all

of this work. Well, here is the way to look at that. First of all, if Granbury Dental Center, my office, decided to do our own financing, every time we would call somebody when they were late for a payment they would see on their phone Granbury Dental Center. They know they are late. They are not going to answer. The average collection rate in the U.S. in dental offices is like 93%, 92.7. So you are leaving 8% on the table with your own collection on people that you are not doing financing on. So my thought process, and I was talking to my partner Jeff and he said, "Well, do you think we could finance ortho?" Well, ortho has been being financed by dentists for years, because you can take their braces off if they don't pay. Well, bottom line is, I said, "Well, how much do we have in it?" He says, "Well, if we can get 2,000 down, could we finance them?" And I said, "How much do we have in it?" And he said, "$400, $450." And I said, "And what are we charging?" He goes, "5,500." I went, "We are doing 450 and we charge 5,500, then why are we not financing that? I mean, it seems like a very small amount that we are putting into something. Why aren't we doing it?" Those reasons I said a minute ago. But what about like a Cerec block? What about a, you know, it is a $30 block. We have got a crown that we are doing for whether it is 800, 900, 1,000, whatever it is and it is going to cost me a certain amount of time to do it and the average dentist is producing 400 an hour. Well, what if instead of doing one, I was able to do four or five at a time? Well, now I am producing $3,500, $4,000. Am I at risk of not getting paid? Yeah, I am at risk. Until you realize what interest does. And now when I have five people that are doing four crowns at an average interest rate of somewhere between 9.9 and 17.9, 9.9 is actually for what I call the A patients, 17.9 is the E patients. You would think you don't want an E patient, but to be honest with you, 13% of the E patients default and guess what? That means you have 87 paying you full fee at a higher production per hour and you are receiving 17.9% interest. So you can literally have of E patients you could have one out of four not even make a single payment. We also recommend that you take 20% to 30% down and that is you get 20% to 30% down, that covers your hard cost. So my actual cost of the lab cost, the supply cost, those things I am getting covered with the down payment. But now I am able to help people have more dentistry. Because when you tell somebody they need $7,000 worth of work, people say, "Oh, well they don't need to do that much dentistry." No, because you are just doing one crown at a time. If I told you that you needed five crowns or if I needed five crowns, I want it all done today. If I believe I need them and I am able to get patients to accept my treatment, I don't want to have ten appointments for five teeth. I want to have one appointment or two and that is the way every single patient is. I get people to raise their hand in the audience, I never have anybody say I want to do it in ten visits. But the reason we do it one at a time is because we think that insurance is the only way that they are going to be able to do it, which is not true. As a matter of fact, I have people all of the time now, I say to them, "If your insurance is $1,500, let that be your down payment. No money down. Let's get all of your work done." But we think, "Oh, let's wait every year and do one at a time." You know as well as I do from a business standpoint, that is not the most profitable way of doing things. So that is what we did. We started a company called Comprehensive Finance. And that company really is the third party. Dentists know us as Comprehensive Finance, but patients know us as Compassionate Finance. So it is a different name. So when they get phone calls, they are not getting it from your office. They get the phone calls from Compassionate Finance. It is all done with ACH checking. So patients work out a little deal and say, "Man, this is great." I can't tell you how many times that patients just can't believe they are going to get to have their work done finally. Because the commoditization of dentistry is happening. We all see it. And the reason it is happening is because

patients are given no other opportunity to do anything else. So they have to go down to the, I call it the Cheapo Depo. They have to go down there and have $300 crowns. In L.A., there is a billboard out there that says Free Implants. So is it going to get any lower, I mean, than free? I mean, you know there is a scam there somehow. So you are not going to be able to compete on price. You are just not going to be able to. I love the fact that I do everything. I do implants, I do cosmetics, I do crowns, I do fillings. I just like doing dentistry and I don't want to be just known as one person or another. But it allows me to be able to do all of that patient's dentistry.

Howard Farran: So how does a dental office evaluate and see if they want to do Comprehensive Finance?

Bruce Baird: Really they could go to comprehensivefinance.com and you talk to Charles Brown on there and Charles can walk you through exactly what it is, how it works. And we have, well right now we have over 35 million dollars now that is out with dentists that have done their own financing, over 18,000 patients with a total default rate of a little over 5%.

Howard Farran: Say those numbers again.

Bruce Baird: We have 35 million in self-financed or office-financed dentistry, over 18,000 patients and a default rate of 5.1%.

Howard Farran: But how many dentists is that?

Bruce Baird: That is about 1,000 dentists.

Howard Farran: So you have 1,000 dentists doing that right now.

Bruce Baird: Right now.

Howard Farran: And to our international viewers, is that only in America? Do you have any Canadians or other countries?

Bruce Baird: Right now it is just in America, but we do have some inroads in Ireland, New Zealand, Canada. We really are wanting to get the word out, because we are not in competition really with third-party financing. These are people that aren't getting financed.

Howard Farran: Is there a thread on DentalTown talking about this Comprehensive Finance?

Bruce Baird: There is, there are several different threads. People talk about it and ask questions about it. So they could go on DentalTown and put in Comprehensive Finance. You will to see the threads and all of the comments that have been put on there. It is not as long as the Productive Dentists thread. We have only been around for three and a half years, whereas Productive Dentists has been around ten years.

Howard Farran: Well I wish Charles would talk to my office manager Sandy.

Bruce Baird: Well, let me tell you, I would love to. I am going to be out your way anyway. We will get together and I will talk to her.

Howard Farran: When are you going to be out?

Bruce Baird: Probably in the next two weeks.

Howard Farran: Really? What have you got going on?

Bruce Baird: Well, I am going to be out in L.A. and then I am going to be out, I have got a buddy of mine that lives out in Scottsdale. So I am going to go by and see him. But I am going to be in your area, I think it is two weeks.

Howard Farran: So you are going to L.A. What is going on in Lower Arkansas?

Bruce Baird: Well, Lower Arkansas, I am actually going out to take the pinhole course that Dr. Chao teaches out there. I am just as interested in, you know, I do some connective tissue grafting and stuff and it is just tedious, tedious work. And his technique seems like it is a really neat new way of looking at things. So then I can pass that on to my Productive Dentist members that have gotten approved.

Howard Farran: And I want to say this. Watching dentists, or just watching humans, I still think if I had to pick one ingredient to predict if a kid coming out of high school will be successful or not, it is always the kid who is naturally curious. It is not their GPA, it is not their SAT scores. And guys like you and me, I mean I am 52 years old. Here you are 34 years doing dentistry and you are flying out to L.A. because you are curious about a new way of looking, the pin hole technique. And it is just that natural curiosity.

Bruce Baird: Well, I am curious. If there is an easier way of doing it, I want to figure it out. And it sure looks promising. I have got a couple of other things going on out there, but it is just I am looking forward to that course.

Howard Farran: Okay, so I have only got you for two and a half minutes. I want you to do a close and I want the close to be tell them why they should do your two and a half day Productive Dentistry Academy and should they bring their own team, should they come alone. Is it 100 people in a lecture room? Is it small? Do the big close for the Productive Dentistry Academy.

Bruce Baird: We have been doing the course for ten years and I started out with eight dentist friends of mine who said, “Bruce, you are productive. Why don’t you teach a course on it?” And I said, “Alright. Let’s do it.” And so we did a course in Dallas. We have been doing them ever since. Now we will end up with, oh, 30 or 35 offices in the room, 35 dentists, sometimes 35 to 40. And we will end up with maybe 120 staff. So if I had to tell people what are you going to learn there, although we have consultants, we have a marketing company, we have all of those things, what we do is we teach productivity. We teach you how to become more productive per hour. It is not, you know, our goal is not to teach you how to answer the phone. Our goal is not to teach you how to run a collections system. Those aren’t our goals. You have a great program for that type of stuff. But my goal is, I want to teach you how to think differently about when you talk to a patient and when you schedule that patient so that instead of being

a dentist that is doing $375 or $400 an hour, we have a lot of our dentists that are doing $1,000, $1,200, $1,400 an hour. You know, it changes your life because now you have options. You can continue to make more money. You are helping more people, by the way, which is very good. It is doing good while doing good. You are helping more people, you are getting to do more dentistry and, you know, you have got choice. You can be like me, you can say, "Hey, I just want to work two days a week." Why? Because I have got five grandkids with three on the way, five daughters. I am one of those, just the opposite of you, but I have got all of these girls having babies now so it is crazy. So I want to be able to spend time at home. I also like playing golf. So I want to have a life plus I am going to be 60 next year. I like to do stuff. I enjoy traveling, I enjoy doing all of that. But I have the options now to work two days a week. I have the options to travel whenever I want to. And so those are the things that dentistry has the freedom to be able to do and it is not about massive numbers of new patients. It is literally about taking care of the people that you see. Because if you can find ways to get them to say yes and find ways for them to do the dentistry, you will have all of the work you ever needed. We are not in competition.

Howard Farran: And last but not least, you are a legend. You are a household name. I have never met any dentist that doesn't know you. But tell them why they should listen to your partner, a friend of yours Wendy who has got another podcast. They might be looking at this name Wendy, a hygienist.

Bruce Baird: Do you mean Vicky?

Howard Farran: I'm sorry. My personal trainer's name is Wendy and I just got done swimming with her. But yeah, why should they listen to Vicky's hour?

Bruce Baird: Well, Vicky was one of my coaches before I started Productive Dentists Academy. And so she just has an insight, not only as a hygienist, she also owns a few practices. So she has a unique insight and an ability to be able to communicate in ways on the business side that I don't communicate that well. And so she, you know, when people get to hear her, they just want to hear more and more.

Howard Farran: I agree.

Bruce Baird: So that is huge. And she has a very, very good insight from the team perspective, how it all fits. She, you know, she works with all of our coaches. And it is a pleasure to watch her work and a pleasure to be her partner, too.

Howard Farran: Well hey, please look me up when you get to Phoenix. I would love to see you. I would love for you to come by the dental office and talk to my staff about Comprehensive Finance/Compassionate Finance. I would love that. And seriously, I got out of high school in 1980 when you got out of dental school and I have been following you, chasing you. You are a legend and thank you so much for taking an hour out of your day to share with all of our viewers. And thank you for all that you do for dentistry.

Bruce Baird: Thank you Howard, I enjoyed it.

Howard Farran: Alright buddy, bye.

Bruce Baird: Alright, bye.