

SUPPORTING EVERY STEP ON YOUR PRACTICE DEVELOPMENT JOURNEY

# PRIVATE

APRIL 2026

# DENTISTRY



## PHILIPS



No.1 Dental Professional recommended sonic toothbrush brand worldwide

### Transform patient outcomes with our most advanced professional portfolio.

Sign up for exclusive clinical content and product advancements.



# VOYAGER III PLUS

Discover how we've made a **30 year**  
best-seller **even better**

 **Belmont**

Perfecting the art of dentistry

[belmontdental.co.uk](http://belmontdental.co.uk)

SUPPORTING EVERY STEP ON YOUR PRACTICE DEVELOPMENT JOURNEY

# PRIVATE

April 2026

# DENTISTRY

Patient  
anxiety

Could tackling  
patient anxiety  
build stronger  
partnerships?

## *The power of collaboration*

Yogesh Wadher and Neil Woodhouse  
on the development of Neyo Dental Specialists



# What does the future hold for private dentistry?

With huge conflicts happening around the world, what impact will this have on private dentistry, **Seb Evans** asks

**F**or a moment, it felt like we had finally caught our breath. After years of post-pandemic recovery and fluctuating inflation, the new normal seemed to be settling in.

But as we look at the headlines today, that sense of stability is being replaced by a familiar, nagging anxiety.

With global conflicts intensifying – most notably the current war with Iran – the economic ripples are beginning to hit our shores, and we need to talk about what this means for private dentistry.

We may well be entering a second cost of living wave. For the average practice owner, this isn't just a political talking point; it's a direct threat to their businesses.

## WHY IT HITS THE SURGERY

When conflict breaks out in the Middle East, the first concern is obviously the human impact. Both in terms of those living in the war zones, those connected to people living there, or even the connection we feel with those going through the conflict.

But closer to home, the way we often experience war is through the price of energy.

For a dental practice, which relies on high-tech equipment, constant sterilisation and climate-controlled environments, a spike in utility bills is a heavy blow.

Then there's the supply chain. Much of the high-end tech and material used relies on global shipping routes that are now under threat.

When freight costs go up and insurance premiums for shipping vessels skyrocket, the price of your composite or your ceramic blocks goes up too.

We are looking at a 12-month window where overhead creep could quietly eat your profits.

## THE PATIENT'S PERSPECTIVE

The bigger challenge, however, is consumer confidence.

Private dentistry, particularly the cosmetic side, often sits in the discretionary spending bucket.

When patients see the price of petrol and mortgages rising due to global instability, they start to hesitate.

That £10,000 smile makeover or the elective Invisalign case might suddenly be pushed back until things calm down.

Over the next year, we may see a shift in patient behaviour: a move away from big ticket aesthetic spends toward private-essential care.

Patients will still value their health, but they will be more cautious about how they pay for it.

## SURVIVAL OF THE SAVVY

So, how do you protect your businesses?

The next 12 months shouldn't be about panic; but instead the focus could shift towards precision.

Audit your overheads. Don't wait for your accountant to tell you that your margins have shrunk. Review your suppliers and energy contracts today.

Lean into patient finance. If a patient is nervous about a lump sum payment, give them a bridge.

Robust, 0% or low-interest finance options are the difference between a 'yes' and a 'not right now'.

Refine the value proposition. We need to move the conversation towards 'long-term health and confidence'. In uncertain times, people invest in things that last.

The Iranian war and wider global turmoil are reminders practices do not exist in a vacuum.

We are tied to the world economy.

However, ignoring for a second the huge human impact this will have, as an industry, dentistry has always proven resilient.

People will always need high-quality care, and as long as the private dental sector remains adaptable, transparent and business-focused, it can weather this second storm just as it has previous storms.





# The Ultimate Dental Compliance Guide

A practical compliance self-check  
for dental practices



Download free guide



Includes  
decon room  
and COSHH  
checklists

# Contents

## 02

### *Lead editorial*

With huge conflicts happening around the world, what impact will this have on private dentistry, Seb Evans asks

## 10

### *Headlines*

Explore the latest news from the private dentistry industry.

## 14

### *Chris Barrow*

Chris Barrow runs through some of the challenges many practices are facing at the moment and the best ways to overcome these

## 18

### *The power of collaboration*

Yogesh Wadher and Neil Woodhouse explain the development of Neyo Dental Specialists



18

## 22

### *The value of a Plandemo visit*

Planmeca explains how a Plandemo visit can allow dental practices to experience a fully immersive demonstration

## 26

### *David Nelkin*

If you're still focusing on the 'number one' position on Google, you're focusing on the wrong thing

## 29

### *Christian Darnell*

Clinical excellence is only part of the equation and long-term success requires a financial structure that supports growth and protects stability

## 30

### *Beware the tax implications*

Locum dentists across the UK are seeing higher day rates, but this could come with a nasty surprise

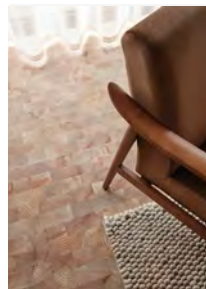
## Regulars

2 Lead editorial

14 Chris Barrow

18 How I Did It

## Front cover



### **THE POWER OF COLLABORATION**

Yogesh Wadher and Neil Woodhouse explain the development of Neyo Dental Specialists and why a coordinated, dual-specialist approach is the future of complex adult care.

# 32

## *Building rapport*

Lia Melconian shares her top tips for building rapport with patients and explains how this can help increase case acceptance rates

# 36

## *Rana Al-Falaki*

Why human due diligence is the missing link in practice growth

# 43

## *Manrina Rhode*

The evolution of patient relationships

# 35

## *Sarika Shah*

How tackling patient anxiety builds stronger partnerships

# 40

## *Suki Singh*

Harnessing technology to help retain the human touch

# 44

## *Adarsh Thanki*

Ads Thanki shares advice for practice owners considering entering into a partnership with a dental service organisation



# PRIVATE

## DENTISTRY

### MISSION STATEMENT

*Private Dentistry* is an essential reference for dental practice development in the 21st century, focused on helping practices evolve sustainably, operate innovatively, and thrive.

### EDITOR

Seb Evans

seb.evans@fmc.co.uk | 01923 851777

### HEAD OF COMMERCIAL CONTENT

Siobhan Hiscott

siobhan.hiscott@fmc.co.uk | 01923 851758

### CHIEF COMMERCIAL OFFICER

Tim Molony

tim.molony@fmc.co.uk | 07595 282680

### MEDIA PARTNERSHIPS MANAGER

Ivana Perkins

ivana.perkins@fmc.co.uk | 07760 887016

### DESIGN AND PRODUCTION

Glenn Baxter, Nick Russell, Laurent Cabache

### CONTENT DIRECTOR

Guy Hiscott

### CONTENT

Rowan Thomas

Copyright Finlayson Media Communications Ltd 2026

All rights reserved.

Printed by Buxton Press

ISSN: 1742-1896

*Private Dentistry* is a membership-only journal. Call 01923 851771 for membership.

Print membership (12 issues a year)

Three years (36 issues) £310

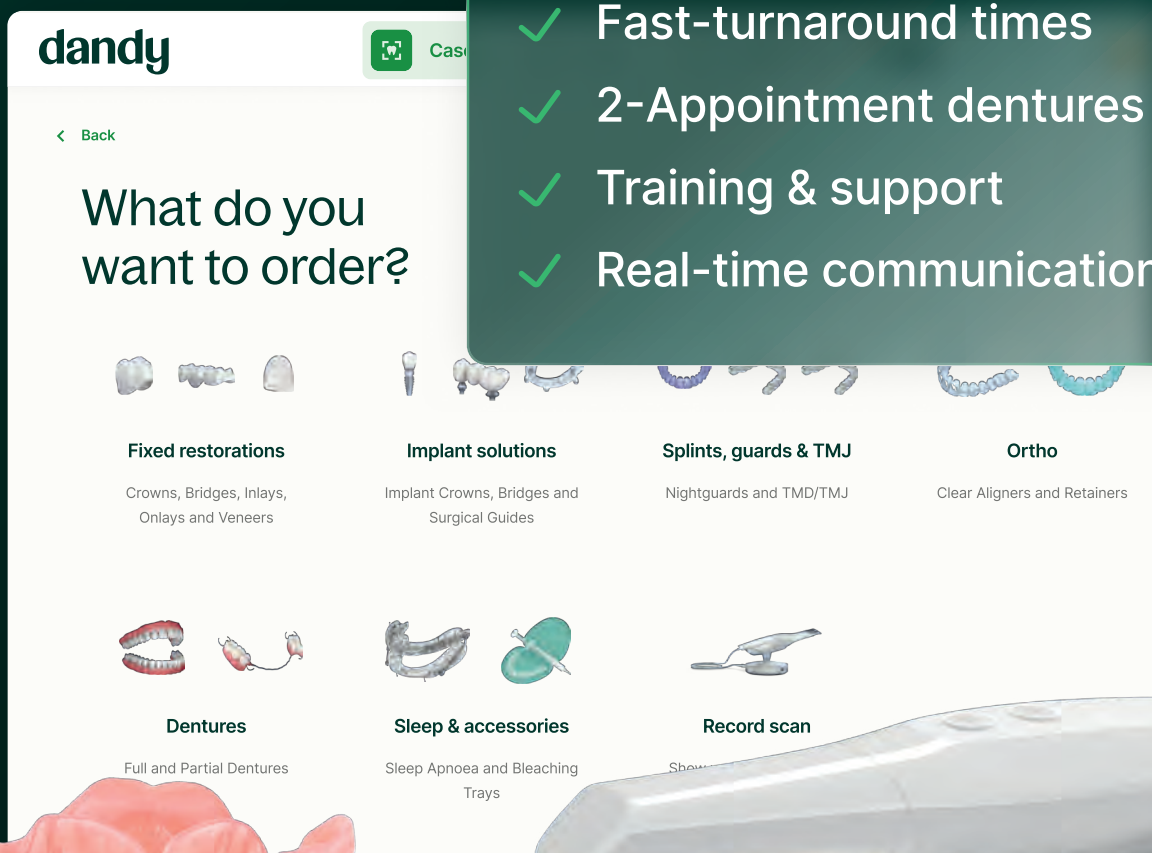
One year (12 issues) £115

The publisher's written consent must be obtained before any part of this publication may be reproduced in any form whatsoever, including photocopies and information retrieval systems.

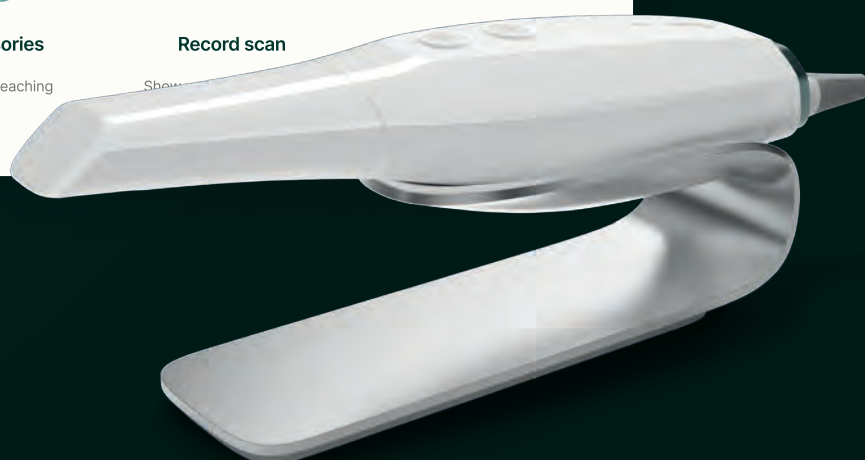
While every care has been taken in the preparation of this journal, the publisher cannot be held responsible for the accuracy of the information printed herein, or any consequence arising from it. The views expressed herein are those of the author(s) and not necessarily the opinion of either *Private Dentistry* or the publisher.

# The future of dentistry is Dandy

Your one stop digital dental lab



- ✓ Fast-turnaround times
- ✓ 2-Appointment dentures
- ✓ Training & support
- ✓ Real-time communication



# PRIVATE DENTISTRY

## EDITORIAL BOARD



### EDITORIAL BOARD CHAIR RAHUL DOSHI

BDS LDSRCS (Eng), is the clinical director and founder of The Perfect Smile Studios and Advanced Training Institute in Hertford. He is on the council of the BACD.



### VINNIE ATTARIANI

BDS, owns an award-winning practice in Leamington Spa. She has developed her career in general dentistry, while also specialising in cosmetic dentistry with a particular interest in facial aesthetics. She is a member of the BACD.



### SUBIR BANERJI

BDS MClintDent (Prosthodontics) PhD MFGDP (UK) FICOI FICD, has been in private practice in London for more than 30 years and is the programme director for the MSc in Aesthetic Dentistry at King's College London Dental Institute.



### COLIN CAMPBELL

BDS FDS RCS Ed, is a specialist in oral surgery. He is clinical director of The Campbell Clinic and director of The Campbell Academy.



### ANDREW CHANDRAPAL

BDS MFGDP(UK) DPDS (Bris), is practice principal at Bourne End Dental and UK programme director for the Californian Centre for Advanced Dental Studies.



### SIMON CHARD

BDS, co-owns Rothley Lodge Dental with his wife Dr Meghan Chard. He is a past president of the BACD, lectures nationally and is a co-founder of Pärila toothpaste tabs.



### RACHEL DERBY

BDS MS, is an award-winning dentist and a partner and founder of Chapel Dental in Buckinghamshire. Rachel is a past president of the BAPD.



### MERVYN DRUIIAN

BDS (Rand) DGDPRCS (Lon), is one of the pioneers of cosmetic dentistry. He is one of very few UK dentists to be on the distinguished AACD President's Honour Role.



### ELAINE HALLEY

BDS (Edin) MFGDP (UK), is principal of Cherrybank Dental Spa Ltd.



### SUNIL HIRANI

BSc BDS FDSRCS FDS(Orth) RCs Eng MOrth MSc, is a specialist in orthodontics and practice principal of Smileluxe, a dedicated orthodontic practice in Milton Keynes.



### MARTINA HODGSON

BChD MJDF, is owner and principal dentist at The Dental Studio in Wakefield and is also known as the Dental Architect. She has an interest in orthodontics, Invisalign and facial aesthetics.



### NEEL JAISWAL

BDS, runs a multidisciplinary practice at Neel Dentistry. He founded PDI-Professional Dental Indemnity Ltd. He is a judge on the Private Dentistry Awards. He founded the British Academy of Microscope Dentistry and is a founder of the BAPD.



### SAM JETHWA

BDS, is the founder of Bespoke Smile Clinic & Academy, which trains dentists on occlusion, porcelain veneers, and rehabilitations. Sam is on the board of directors at the BACD, and has been a judge for the Private Dentistry Awards.



### ANGELA LY

BDS, is an award-winning dentist who has featured on *BBC Breakfast*, *ITV's Save Money Good Health* and *Channel 5's Gadget Show*.



### HANNA MIRAFTAB

BDS, is owner of Kiln Lane Dental practice and an actress in *Real Housewives of Cheshire*. She has completed a master's degree in prosthodontics and has qualifications in non-surgical treatments such as anti-ageing injectables.



### ASHISH B PARMAR

BDS, is a cosmetic dentist offering smile design, comprehensive dental care, laser dentistry and implants. He is a national and international lecturer.



### KISH PATEL

BDS MSc, is a director at Smile Clinic Group and director of Smile Dental Academy. Having successfully completed training in Invisalign in 2011, he offers a range of clear and cosmetic orthodontic treatments.



### KREENA PATEL

BDS, is a specialist in endodontics. She taught on the specialist endodontics programme at Guy's. She works at Brigstock Dental Practice and Oaktree Dental Practice. Kreena runs an online endo course, The Endo Course.



### MANRINA RHODE

BDS, is principal of DRMR Clinic in Knightsbridge. She also runs DRMR Academy with a mentorship programme, online course and in-person course on porcelain veneers. She has completed more than 14,000 porcelain veneers over 22 years.



### JASON SMITHSON

BDS (Lond) DipRestDent RCS (Eng), qualified at the Royal London Hospital in 1995, achieving a number of awards.



### KOMAL SURI

BChD, owns Smile Design Dental Practice. The focus of her work is aesthetic and restorative dentistry.



### PROFESSOR PAUL TIPTON

BDS MSc DGDGP UK, is a specialist in prosthodontics, president of the British Academy of Restorative Dentistry and an internationally renowned dental lecturer.



### ANDREA UBHI

BChD, is principal of the referral practice, Andrea Ubhi Dentistry, in York. She is also chair of the charity Asha Nepal, supporting survivors of trafficking.



### SIR NAIRN WILSON

CBE DSc (hc) FDS FFGDP (UK) FFD FKC, is emeritus professor of dentistry at King's College London. He was previously dean and head of King's College Dental School (2001-2010), dean of the Faculty of Dentistry RCS Edinburgh (1995-1998), and president of the GDC (1999-2003).

# Dominic Hassall Training Institute

Certificate • Diploma • Masters  
Restorative & Aesthetic Dentistry  
Bioclear • Occlusion • Implant



**MASTER NEW TECHNIQUES.  
MAXIMISE YOUR RETURNS.**

Claim Your Educational Toolkit - [DHTI.co.uk](https://DHTI.co.uk)



## Career Pathway

### STEP 1

PG Cert in Contemporary  
Restorative & Aesthetic Dentistry

### STEP 2

PG Cert in Advanced Contemporary  
Restorative & Aesthetic Dentistry

### STEP 3

PG Dip (Restorative  
Aesthetic Dentistry)

### STEP 4 MSC





## Review of private dentistry announced to ‘make sure it is working well for UK consumers’

A review of the private dentistry sector has been launched by the Competition and Markets Authority (CMA).

In November, chancellor Rachel Reeves ordered an investigation into the costs and practices of private dentistry in the UK.

Reeves said ‘hidden costs, lack of transparency and overtreatment’ had impacted families in need, and that she wanted to see ‘urgent action’ to reduce prices.

The CMA is now seeking feedback from both dental professionals and consumers on subjects ranging from finding a dentist and understanding prices to knowing where to go if something goes wrong.

The scope of the study will include:

- Access to private dentistry
- Consumer choice and experience
- Treatment prices
- Business tactics and behaviour
- Competition between private dentists
- Complaint and redress mechanisms
- Sector regulation.

Depending on the responses received, possible outcomes of the investigation could include recommendations to governments to change regulation of the sector,

direct action from the CMA, or new guidance to ensure businesses understand their obligations.

### ‘UTTERLY PERVERSE’

CMA chief executive Sarah Cardell said: ‘Going to the dentist is an important part of health and wellbeing.

‘Yet we’re concerned many may be uncertain about costs, availability, treatment options and what they’re entitled to.

‘For some, turning to private dentistry is a choice – but for many, it’s a necessity.

‘People need clear, accessible information at the right time so they can make the right decisions for themselves and their families.

‘We want to hear directly from people across the UK about their experiences – good or bad – to help us build a clear picture of how this market is working in practice.’

The CMA said it ‘recognises the dedication and professionalism of dental professionals’ and that the investigation ‘is not a criticism of clinicians or the care they provide’.

However, British Dental Association (BDA) chair Eddie Crouch described the inquiry as ‘utterly perverse’, as ‘profits from private care are all that are keeping NHS dentistry afloat’.

## ORE overhaul could deliver ‘five-fold’ rise in overseas dentist registrations

The General Dental Council (GDC) has announced a major revamp of the Overseas Registration Examination (ORE).

The move could see the number of internationally qualified dentists joining the UK register skyrocket by 2026.

Currently, around 350 dentists a year enter the UK workforce via this route. However, under a new long-term contract with UCL Consultants, the GDC expects capacity to hit 1,500 candidates annually once the system is fully operational.

### A ‘CONSISTENT AND PREDICTABLE’ FRAMEWORK

According to the regulator, the changes will provide a ‘more consistent and predictable framework’ for clinicians planning to join the UK dental registers via the ORE.

Tom Whiting, chief executive and registrar at the GDC, said: ‘Our top priority has been to increase the capacity of the ORE.

‘I’m pleased that we can offer greater certainty and scale through this new contract.

‘More ORE places, along with more students at dental schools, and the increase in capacity for the LDS, is great news for the dental workforce and, in turn, patients and the public.

‘Sustainable change requires a long-term plan, and working with others, we are committed to playing our part, to support any workforce strategy, including building a comprehensive framework to support international recruitment.’



“It’s not Bupa  
Dental Care. It’s

# Bupa family.

I know it’s a bit cliché  
but I feel more at  
home than ever.”

Ellie - Therapist

This is feeling at ease with  
your career in dentistry.



[jobs.bupadentalcare.co.uk](https://jobs.bupadentalcare.co.uk)

**This is health**



# Dentists' Provident, always by your side.

None of us know what the future holds.

Having to take time off work because of an illness or injury can have a serious effect on your finances. This is where we come in - our income protection plans can help take away the worry by replacing the income you lose, until life gets back to normal.

For over a hundred years, our members have trusted us to give them peace of mind when they need it most. Isn't it time you did the same?

**To get a quote for an income protection plan please visit [www.dentistsprovident.co.uk](http://www.dentistsprovident.co.uk)**

**To discuss a new plan just for you or review your current plan please contact our member services consultants on 020 7400 5710 or [memberservices@dentistsprovident.co.uk](mailto:memberservices@dentistsprovident.co.uk)**

## **Protecting your lifestyle. Securing your future.**

Dentists' Provident is the trading name of Dentists' Provident Society Limited which is incorporated in the United Kingdom under the Friendly Societies Act 1992 (Registration Number 407F). Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom (Firm Reference Number 110015) and regulated in the Republic of Ireland by the Central Bank of Ireland for conduct of business rules (Firm Reference Number C33946). Calls are recorded for our mutual security, training and monitoring purposes.

**Dentists'  
Provident**

**Protecting your lifestyle. Securing your future.**

## Seven in 10 elite athletes have periodontal disease

Elite athletes have significantly worse dental health than their peers, a study has found – with 70% presenting with periodontal disease and 46% with active caries.

Despite continuous access to dental and medical support, researchers have found that elite athletes have significantly worse oral health than expected.

Study authors Fernando Mata and Cristina López de la Torre discovered a very high prevalence of dental caries, dental erosion, and periodontal disease in athletes compared to the general population.

### WHY IS THE ORAL HEALTH OF ATHLETES WORSE?

The researchers suggested that one contributing factor could be the athletes' diets.



Excessive consumption of sports drinks, gels and supplements could contribute to a diet high in sugars and acids. This would worsen oral health through repeated exposure of the tooth enamel.

Meanwhile, frequent training and competition may lead to dehydration and oxidative stress. Dehydration is known to reduce salivary flow and diminish the protective capacity of saliva.

Frequent use of dental devices such as mouthguards may also negatively impact the oral microbiome if not properly cleaned.

Finally, the authors suggest that the time commitment required for elite sport could lead to insufficient or irregular oral hygiene habits. Though dental care might be more accessible for professional athletes, dental attendance may also be affected by a lack of spare time.

Highly recommended if you are planning to open a dental practice.

Visit our new start funding hub [here >>>](#)





## Funding Your Success

*Let's talk*

## new start dental squats!

**WATCH NOW**



Everything you need to know about opening a practice and funding.

[<<< Scan the QR code to watch the interview.](#)

**Call Performance Finance: 01536 52 96 96**  
dentistry@perfin.co.uk | www.performancefinance.co.uk



**WINNERS**

**Frank Taylor & Associates**

With guest host  
Andy Acton -  
Frank Taylor & Associates

# What's it like to be a practice owner or manager at the moment?

**Chris Barrow** runs through some of the challenges many practices are facing at the moment and the best ways to overcome these



If you spend any time listening to the conversations of dental practice owners and managers in 2026, a clear pattern begins to emerge.

On the surface, most practices are busy. Diaries are reasonably full, patients are still seeking care and the industry continues to move steadily toward private and mixed models.

But underneath that activity there is a different reality.

Running a dental business at the moment requires a curious combination of resilience, emotional intelligence and commercial discipline.

## WHAT ARE THE CHALLENGES?

One of the recurring themes is leadership.

Many owners are discovering that the hardest part of the job is not clinical dentistry but managing people and managing themselves.

Difficult conversations with staff, underperformance in the team, recruitment challenges and the emotional complexity of letting someone go are appearing frequently in coaching discussions.

The advice in those situations tends to be calm and consistent.

Address issues early, stay anchored in the facts and avoid allowing problems to drift because they feel uncomfortable.

The best practices are not the ones where nothing goes wrong. They are the ones where leaders deal with issues quickly and professionally

before they become larger.

Another common pressure point is productivity.

Many practices are busy but not always efficient. Hygienist and therapist diaries contain hidden gaps. Treatment plans are issued but not always followed up. White space appears in clinical schedules that nobody quite owns.

The coaching response here is usually quite practical.

Measure the right numbers every week. Treatment plans issued, treatment started, average daily production and surgery utilisation.

Once the numbers are visible, operational problems tend to reveal themselves very quickly.

A related challenge is capacity. Some practices are struggling to recruit dentists or practice managers. Others are trying to balance NHS commitments while building private services.

Many owners are realising that recruitment is no longer a passive activity. It requires deliberate effort, clear messaging about the culture of the practice and patience.

Technology and systems are also playing their part.

Practices are installing scanners, 3D printers, new software platforms and AI tools. These developments are exciting, but they also create temporary disruption.

The consistent coaching advice is to introduce change steadily and ensure the team understands why the new system exists.

Technology only improves a business when it is accompanied by disciplined processes.

## TAKE TIME FOR YOURSELF

Perhaps the most striking theme emerging from recent conversations is personal wellbeing.

Owners are talking openly about stress, family pressures and the emotional weight of running a business.

Some are dealing with financial worries, others with the loneliness that can accompany leadership.

The advice here is simple but important.

Protect your energy. Focus on a small number of priorities each week. Allow your team to take responsibility rather than carrying every decision yourself.

And occasionally, remember to step outside the practice and go for a bike ride on the fells, sing in a choir, spend time with grandchildren, or simply sit quietly and think.

Running a dental practice has never been easy.

But it remains a rewarding endeavour for those who approach with clarity, courage and a sense of humour.

After all, dentistry may be a serious business, but that doesn't mean we always have to take ourselves quite so seriously.

# Not 'Just' A Compressor

It stops, you stop. All compressors are not the same



As all Durr Dental compressors are registered medical devices class IIa, and have been since 2015, their air quality is in accordance with ISO 22052



ULPA U16/ISO 65 U virus-bacterial filter included



No service requirement, just an annual filter change



Up to 5-year warranty



Remote monitoring possible via VistaSoft Monitor app

**Medical Device status for 10yrs**



Scan for more information

# OUR TOXIN YOUR CHOICE

## REASONS TO CHOOSE BOCOUTURE

- Results seen as early as 7 days, lasting up to 4 months in upper facial lines<sup>1</sup>
- A well characterised safety profile<sup>1</sup>
- Convenient – no refrigeration needed prior to reconstitution<sup>1</sup>



Scan the QR code to access  
BOCOUTURE UK and Ireland  
Prescribing Information

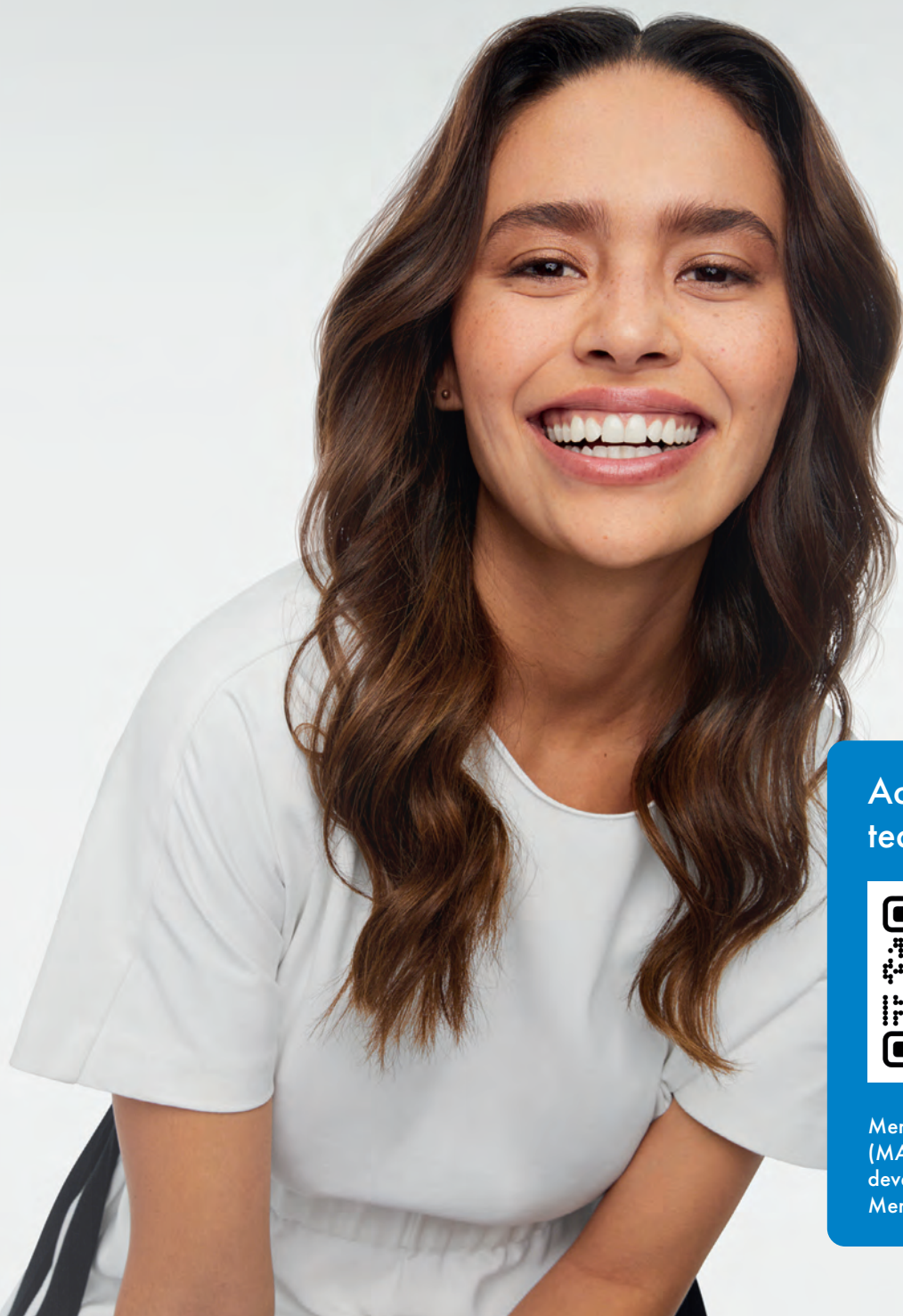
1. BOCOUTURE Summary of Product Characteristics. Merz Pharmaceuticals GmbH:  
<https://www.medicines.org.uk/emc/product/600/smpc> (Last accessed January 2026).

M-BOC-UKI-0761 Date of Preparation: January 2026

# BOCOUTURE®

(Botulinum toxin type A)

Free from complexing proteins



Access injection  
technique videos now



Merz Aesthetics Exchange  
(MAX) is a promotional website  
developed and funded by  
Merz Aesthetics UK & Ireland.

Adverse events should be reported. Reporting forms and information for United Kingdom can be found at <https://yellowcard.mhra.gov.uk/>. Reporting forms and information for Republic of Ireland can be found at <https://www.hpra.ie/homepage/about-us/report-an-issue>. Adverse events should also be reported to Merz Aesthetics UK Ltd by emailing [UKdrugssafety@merz.com](mailto:UKdrugssafety@merz.com) or calling +44 (0) 333 200 4143.

MERZ AESTHETICS®

# The power of collaboration

**Yogesh Wadher** and **Neil Woodhouse** explain the development of Neyo Dental Specialists and why a coordinated, dual-specialist approach is the future of complex adult care

**I**n our experience, if you were to ask most dentists to name the two disciplines that rarely share the same physical space, they would probably say periodontics and orthodontics.

These specialties are usually delivered separately. One focuses on gum health and the supporting structures, while the other focuses on alignment and occlusion.

They overlap clinically, but rarely organisationally.

At Neyo Dental Specialists, we decided to approach this differently.

We co-own a specialist referral practice in Sussex that was built from the ground up with a single aim. We wanted to treat patients who require both periodontal and orthodontic expertise in a coordinated and confident manner.

We wanted a setting where the two disciplines were equal and complementary. That was the starting point of the practice we run today.

## THE NEED FOR A SHARED ENVIRONMENT

We both had extensive experience working within traditional referral pathways.

We regularly encountered cases where a patient was passed between specialists or where the referring dentist was unsure which sequence of treatment was ideal. We recognised the two disciplines frequently influence each other more than many realise.

The periodontist must determine stability and suitability for movement, while the orthodontist must manage forces that will not compromise the soft tissues.

When communication is disjointed, we saw risks for the patient increase.

There came a point when we realised that if we wanted to solve this consistently, we needed a shared environment. The practice had to be designed to support collaboration.

We did not see a model like this locally or nationally, and that gave us the confidence to build one.



## STRATEGIC LOCATION

Mid Sussex was not a random choice.

We considered how patients travel, where referring dentists practise and what would be realistically accessible.

Burgess Hill serves as a central point for a wider catchment that includes Haywards Heath, Brighton and Hove, Worthing, Horsham, Crawley and the surrounding areas.

Parking, public transport links, ease of arrival and clarity of directions were non-negotiable requirements.

Many of our patients are adults seeking complex care, and they should not feel anxious before they reach the front door.

## DESIGNING AROUND WORKFLOW

Designing a squat practice is one of the most rewarding and demanding processes a dental professional can undertake.





Our aim was not simply to fit out rooms, which is often the direction dental designers encourage.

We designed the practice around workflow. We created consultation spaces that allow both specialists to be present when needed.

We designed treatment rooms that can support an adult receiving periodontal surgery one day and a child having their braces adjusted the next.

The environment had to reflect both disciplines, with no sense that one was superior to the other.

We worked with architects and interior designers to develop a space that felt calm from the moment a patient entered.



**Yogesh Wadher**

Dr Yogesh Wadher is a specialist periodontist

## WE WANTED TO TREAT PATIENTS WHO REQUIRE BOTH PERIODONTAL AND ORTHODONTIC EXPERTISE IN A COORDINATED AND CONFIDENT MANNER

We chose warm textures, natural materials and neutral colours, creating a space that is calm, understated and confident.

The waiting area is uncluttered and quiet, and every effort was made to ensure patients are not constantly reminded that they are in a dental practice.

### A MODERN BRAND IDENTITY

We did not want the practice to feel chaotic or transactional. We wanted it to feel safe.

The colours are muted and the visual language is modern.

Many of our periodontal patients are anxious or embarrassed about their oral condition. Many of our orthodontic patients are adults seeking improvement rather than perfection.

The brand had to welcome both.

Branding was key and it was not an afterthought. We wanted a name that stood apart from both of us.

Neyo is not simply a combination of Neil and Yogesh. It is an entity with its own identity.



**Neil Woodhouse**

Dr Neil Woodhouse is a specialist orthodontist.



The brand is patient facing, but it also speaks to referring clinicians. It communicates that we work together rather than alongside one another.

#### **TEAM AND COMMUNICATION PROTOCOLS**

Although the practice is built on specialist services, the right team is equally essential. From nurses to reception colleagues, we look for people who understand empathy and discretion.

A specialist environment often involves patients who are frustrated with previous care or who have complex histories. Our entire team is trained to act as a support network.

We developed internal communication protocols so that every team member understands what stage a patient is in.

If someone attends for periodontal review while also undergoing orthodontic treatment, they should not feel like two separate cases.

We treat each patient as one individual on a single journey. Unified digital records were prioritised where both clinicians can access and review periodontal charting and orthodontic planning within a single environment.

This prevents duplicated files, missed communication or outdated scans.

#### **THE CLINICAL INTERFACE**

The relationship between periodontics and orthodontics is most evident in the adult population.

We see patients with gum recession following orthodontic treatment elsewhere. We see periodontal patients with drifting and spacing who have never been offered orthodontic solutions. We manage both scenarios regularly.

This was one of the driving forces behind creating the practice.

When a patient attends, we assess periodontal stability before orthodontic movement.

If periodontal risk exists, we treat and monitor accordingly. Only when stability is confirmed does orthodontic treatment begin.



In cases where alignment is necessary to improve oral health, such as reversing the effects of long term drifting, we collaborate from the first appointment. The patient remains at the centre while we create one unified plan.

We also involve the referring dentist early in the process. We share treatment goals and maintenance requirements.

Instead of being asked to choose between separate referrals, the referring dentist can be confident that their patient is receiving coordinated and safe care.

### COMMITMENT TO EDUCATION

An extension of this collaborative philosophy is education.

On Friday 2 October 2026 in Brighton, we will be delivering a perio-ortho course designed for clinicians who want greater confidence when treating periodontally susceptible patients undergoing orthodontic care.

Rather than approaching these disciplines in isolation, the day will focus on the interface between them – from risk assessment and treatment sequencing to biomechanics in reduced periodontal support and long-term stability.

The aim is to move beyond theory and explore the real clinical dilemmas we all face. When should movement be delayed? When is grafting indicated? How light is light force in compromised bone? When should treatment stop?

These are the questions we encounter daily in practice, and they rarely feature together in a single educational forum.

### A MODERN MODEL OF SPECIALIST PRACTICE

We believe this integrated, dual specialist perspective is

uncommon in the United Kingdom.

Our hope is that delegates leave not only with updated evidence, but with a practical framework they can immediately apply to complex adult cases in their own surgeries.

Our ambition is not to become a corporatised model, but to promote the opposite.

We strive for excellence in clinical care with the patient at the centre. We believe more specialist clinics will adopt integrated models in the future.

Patients benefit from clarity and coordination, referring dentists value a simplified pathway and specialists enjoy genuine collaboration.

We are proud that Neyo Dental Specialists reflects a modern model of specialist practice, where collaboration is not an afterthought but the foundation on which better outcomes are built.



# The value of a Plandemo visit

**Planmeca** explains how a Plandemo visit can allow dental practices to experience a fully immersive demonstration of the latest technology on their doorstep

**F**or busy dental practices, finding the time to explore new technology while managing a full patient schedule can be a real challenge. That's exactly where Planmeca's mobile showroom makes a difference – bringing the latest digital dentistry solutions right to your door.

As the team at Beeston Dental Practice in Nottingham recently found, the concept sparks curiosity. Dentist Michael Sillandy explains: 'You see it from the outside and you just think, what's going to be in here? Is it just going to be a couple of brochures and a couple of seats?'

But stepping inside quickly changes and exceeds all expectations. Instead of static displays, Plandemo delivers a fully immersive, hands-on experience. 'You come inside and you're met with this,' he explains.

## 'THE LATEST DIGITAL AI SOLUTIONS'

Principal dentist Chris Navarro continues: 'It's a great way to get hands on with the equipment and learn about the latest digital AI

solutions.'

Equipped with a fully working dental chair and a fully operational CBCT machine, everything is live and functional – allowing clinicians to see, touch, and truly understand how the technology works and integrates into a typical patient visit. From positioning and scanning to reviewing detailed 3D images.

The level of interaction is invaluable when making major investment decisions. Brochures and online research only go so far.

'You can look in brochures, but it just doesn't give you what you need to know whether you're going to spend your money,' he explains. Being able to try the equipment firsthand, see it in action and even watch a live patient scan removes uncertainty and builds genuine confidence.

## 'THE BIGGEST ADVANTAGE IS CONVENIENCE'

Perhaps the biggest advantage is convenience. 'We're a busy practice,



so being able to just step outside and get on board Plandemo to experience the latest solutions is so advantageous for us when looking at new equipment,' they say. There's no travel, no disruption – just an opportunity to have a real insight at a time that suits, and for a busy practice, time is precious.

The verdict is clear. 'We'd highly recommend a visit from Plandemo. It's a no-brainer. Absolutely go for it,' Michael concludes. 'Take a few minutes out of your day and see everything that we've seen today. Do it.'

For any practice looking to make an informed, confident decision about their next technology investment, a Plandemo visit isn't just helpful – it's

*To book your visit, go to [www.planmeca.com/plandemo](http://www.planmeca.com/plandemo) or call 02476 994160 and Planmeca will take care of the rest!*



# The Beauty of Efficiency.



## VITA ENAMIC<sup>®</sup> multiColor

**Mill it. Insert it. Simply beautiful.**

- Faster processing without any compromises in quality
- No post-firing required, no staining
- Highly esthetic restorations with an integrated natural shade gradient



**Find out more!**

**For more information, call us!**

Michelle Afonso | +44 (0) 730 586 75 28

**CORSODYL**

# THINK ALL CHLORHEXIDINE FORMULATIONS ARE THE SAME?

## **Corsodyl Treatment Mouthwash**

has been specifically engineered to leave out additives that might impact the efficacy of its active ingredient, chlorhexidine.<sup>1,2</sup> Additives such as sodium fluoride, sodium citrate, sorbitol and CPC, which are used in some mouthwashes, deactivate or limit the efficacy of chlorhexidine.<sup>3</sup>



**NO.1**

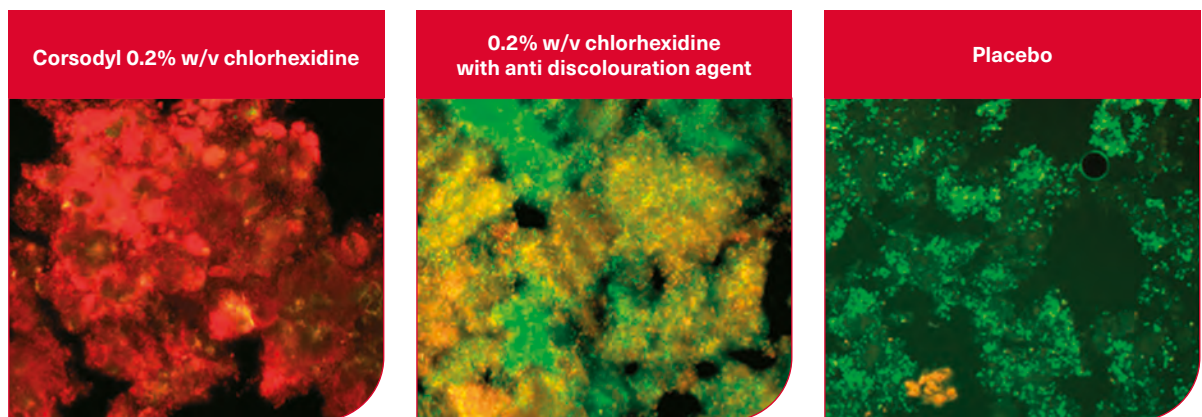
dentist recommended  
treatment mouthwash  
brand for gingivitis<sup>4</sup>

Chlorhexidine  
diguconate

## THINK AGAIN

**Corsodyl 0.2% chlorhexidine mouthwash** was compared with a 0.2% chlorhexidine mouthwash containing an anti-discoloration agent. Based on twice daily use and measured after 4 days, the **Corsodyl 0.2% mouthwash** demonstrated **superior efficacy** in reducing biofilm vitality vs comparator:<sup>5</sup>

**78% reduction in biofilm vitality with Corsodyl 0.2% Mouthwash vs 26% with comparator\***



Images show the vitality of the plaque biofilm after 4 days of treatment determined using an image analysis program to discriminate green (vital) bacteria, yellow (vital and dead) bacteria and red (dead) bacteria.

**For unbeatable strength  
against gingivitis\*\***



\* Mean values and statistical comparison between placebo and two chlorhexidine solutions in terms of plaque index, plaque area and biofilm vitality

\*\*Chlorhexidine digluconate 0.2% w/v, highest strength available OTC.

**References:** 1. Poppolo Deus F & Ouanounou A. International Dental Journal. 2022; 72: 269-277. 2. Denton G. Chlorhexidine. Chapter 15. pp. 321-336. 3. Guerra F, *et al.* Int J Dent Hyg. 2019 Aug;17(3):229-236. 4. Haleon Data On File. 5. Arweiler NB *et al.* J Clin Periodontol 2006; 33: 334-339.

**Product Information: Corsodyl 0.2% Mouthwash (Alcohol Free) Active Ingredient:** Chlorhexidine digluconate. **Indications:** Plaque inhibition; gingivitis; maintenance of oral hygiene; post periodontal surgery or treatment; aphthous ulceration; oral candida. **Legal category:** GSL. **Licence Holder:** Haleon UK Trading Limited, Weybridge, KT13 0NY, U.K. Information about this product, including adverse reactions, precautions, contra-indications and method of use can be found at: <https://www.medicines.org.uk/emc/medicine/23034>

# The death of ranking number one

If you're still focusing on the 'number one' position on Google, you're focusing on the wrong thing, **David Nelkin** argues

**F**or years, ranking number one on Google has been the holy grail of dental practice marketing.

Practice owners ask about it more than almost anything else – 'are we number one?', 'why have we dropped?', 'our competitor is above us, what do we do?'

I understand why. But I want to make the case that obsessing over it is not only unhelpful in 2026 – it's a distraction.

And more than that, the concept itself is becoming increasingly difficult to define, let alone chase.

## WHAT DOES 'NUMBER ONE' MEAN ANYMORE?

Open Google and search for a dental treatment in your area. What do you actually see?

An AI-generated overview at the top. A map pack showing local practices with reviews and ratings. A featured snippet. A video carousel. 'People also ask.' And then – somewhere further down – the traditional organic results that everyone used to fight over.

So, when someone asks if they're 'number one on Google', the honest answer is: which part of the page are you talking about?

There are now multiple distinct areas, each pulling from different sources.

Ranking position one in traditional organic results is one small piece of a much bigger puzzle – and it's a piece that an increasing number of searchers never even scroll down to see.

## THE ZERO-CLICK REALITY

In 2024, around 60% of Google searches ended without a single click to any website.

A potential patient searching for an Invisalign provider might see your name, your rating, your address and a summary of what you offer – and then pick up the phone.

They never visited your website. Your ranking position was completely irrelevant to their decision.

This isn't a reason to panic. It's a reason to redirect your energy.

## WHAT REPLACES IT?

Think about visibility, trust and presence across the full search landscape rather than a single position on a single result.

That means your Google Business Profile being genuinely well-managed and regularly updated.

It means a consistent flow of fresh reviews across multiple platforms. Reviews are now a live signal that influences



everything from your map pack position to whether an AI tool recommends you.

It means short-form video on Youtube, Instagram and Tiktok. Google now has a dedicated short videos tab in search results, and visual content accounts for 30% of mobile search results, up from just 2% in 2016.

And it means your website content written conversationally and structured to answer real patient questions.

The question to ask is no longer 'are we number one?' It's 'are we showing up where our patients are looking, and when they find us, does what they see make them want to choose us?'

## THE METRIC SHIFT THAT MATTERS

If you're judging your SEO by ranking reports alone, you're measuring the wrong thing.

The numbers that tell you whether your online presence is working are enquiries, consultation bookings, treatment starts and review momentum – not a position on a page.

The practices that will grow most strongly are not necessarily the ones who rank number one. They're the ones who show up consistently in the right places, build genuine trust and convert the patients who find them.

At Xcelerator Dental, our whole approach is built around simplifying this.

If you'd like to talk through what this looks like for your practice, I'd love to have that conversation.



**David Nelkin**

CEO and founder of Xcelerator Dental

Xcelerator Dental has won every available best website award across all three major dental industry awards ceremonies. For more information visit [www.xceleratorodental.com](http://www.xceleratorodental.com).



# Interdental Cleaning

Interdental cleaning is essential for maintaining optimal oral health, as traditional brushing alone cannot reach the spaces between teeth where plaque and bacteria accumulate. Discover TePe's comprehensive range of interdental cleaning solutions designed to meet the diverse needs of patients.

## TePe® Interdental Brush Original

Available in nine sizes, Interdental brushes are the most effective way to remove plaque between the teeth.



## TePe® Interdental Brush Extra Soft

Extra soft filaments for a gentle and safe cleaning around natural teeth and implants.

## TePe Angle™

The long handle and angled head allows easier access to the back teeth from the inside and the outside.



## TePe EasyPick™

EasyPicks come in three conical sizes to suit all interdental spaces.



Scan the QR code to view  
TePe's products suitable for  
interdental cleaning.



# ONE-SIZE-FITS-ALL ADVICE DOESN'T FIT DENTAL PRACTICES

Generic financial advice is a square peg  
in the round hole of practice ownership.

Wesleyan Financial Services doesn't just dabble in dentistry – we're specialists, on hand to future-proof your practice and help it flourish.



Book an initial conversation with a dental Specialist Financial Adviser at no cost to you.\*  
visit [www.wesleyan.co.uk/dpp](http://www.wesleyan.co.uk/dpp) or call **0800 009 3676**

Financial Advice: Retirement Planning • Investing • Funding • Insurance

\*Charges apply only after you agree the services you require and the associated costs.  
Advice is provided by Wesleyan Financial Services Ltd.  
Wesleyan Financial Services Ltd (Registered in England and Wales No. 1651212) is authorised and regulated by the Financial Conduct Authority. Registered Office: Colmore Circus, Birmingham B4 6AR. Telephone: 0345 351 2352. Calls may be recorded to help us provide, monitor and improve our services to you.  
VAT number 487282114.

**WESLEYAN**  
*we are all about you*

# Three financial truths every practice owner learns

Clinical excellence is only part of the equation and long-term success requires a financial structure that supports growth and protects stability, explains **Christian Darnell**



**W**hen it comes to owning a practice, clinical excellence is only part of the equation. It also requires a financial structure that supports growth, protects stability and allows long-term plans to become a reality.

However, the financial journey of a practice owner is rarely straightforward. Here, we delve into some of the overlooked realities of running a dental business.

## 1. GROWTH IS RARELY A STRAIGHT LINE

Whether you are buying your first practice or refurbishing existing premises, accessing the right funding solutions can feel tricky to navigate.

Dentistry does not fit neatly into traditional lending models.

Practice valuations, NHS contracts, associate income structures, lease agreements and goodwill all create complexities that many lenders simply do not understand.

This can lead to good opportunities being delayed (or lost completely) – not because the business case is weak, but because the finance

structure is not properly understood.

Progress is not always linear; it can sometimes feel like two steps forward and one step back.

Practices that continue to grow are those supported by specialist advisers and lenders who understand the specific nuances of dental financing.

## 2. ONE LOOSE LEGAL THREAD CAN UNRAVEL EVERYTHING

Many practices operate as partnerships or limited companies.

On paper, this creates shared responsibility; in reality, it also creates shared risk.

Partnership and shareholder agreements are often treated as administrative formalities – documents that are signed, filed away and forgotten. But these agreements quietly underpin the stability of the entire business, including what happens in the event of illness, valuation methods, funding obligations and exit routes.

When these documents are outdated, vague or missing altogether, uncertainty fills the gap.

One unresolved clause can quickly turn into a fault line that pulls apart years of hard work.

Strong partnerships are built on clarity, planning and structure – the legal framework matters just as much as the clinical one.

## 3. SOMETIMES IT ONLY TAKES ONE DOMINO TO FALL

Within a dental practice, it is not just principal staff who drive success. It is the whole dental team.

Each role carries different levels of responsibility and replaceability.

When one key person is suddenly absent due to illness (or worse), the impact can be immediate and severe.

Income drops, systems falter and financial strain often follows.

Resilience is not about assuming nothing will go wrong; it is about recognising that disruption is inevitable and building structures that soften the impact.

Financial protection, income continuity planning and role-based risk assessment all play a part in preventing one event from becoming a crisis.

## *Ready to build a stronger financial future for your practice?*

At Wesleyan Financial Services, our specialist financial advisers understand the unique challenges of dentistry. For expert guidance, book a conversation with a dental specialist financial adviser. You can visit our website at [wesleyan.co.uk/dental](http://wesleyan.co.uk/dental) or call 0808 149 9416.



**Christian Darnell**

Christian Darnell is a dental specialist financial adviser at Wesleyan Financial Services, supporting dentists, their families and their practices with financial planning to secure their financial future.

# Locum dentist pay is rising – but beware the tax implications

Locum dentists across the UK are seeing higher day rates compared to previous years, says **Lee Murphy**, but this could come with a nasty surprise in the form of tax bills



**B**oth the NHS and private practices continue to rely very heavily on flexible clinical staffing. But rising income is also leading to rising tax bills, with many locum dentists underestimating how much they need to set aside.

The issue is being worsened by payments on account, which can cause first-time locum dentists to owe significantly more than expected.

## HOW DO LOCUM DENTISTS END UP PAYING MORE?

One of the most common issues that we see with locum dentists is that they focus on the headline day rate, without actually realising how quickly additional earnings can change their tax position, potentially putting them in a new band.

For example, a dentist taking on some bank shifts at a private dentist, may move into a higher tax bracket sooner than expected.

They may not even realise that they're doing so, until the time comes next year when they need to submit their self-assessment tax form.



**Lee Murphy**  
Managing director at The Accountancy Partnership

It's only then that they realise they're well over the band they thought they were in.

This is catching a lot of dentists and other clinicians off guard, so it's good to get the warning out there now to avoid any unexpected tax costs next year.

## THE PROBLEM WITH PAYMENTS ON ACCOUNT

One of the biggest causes of unexpected tax bills is the UK's self assessment system for making payments on account.

Particularly for those who've recently started locum work or shifted from permanent roles to locum and self-employed roles.

Under the payments on account rules, locums not only pay the tax that is owed for the previous tax year, but many will also be required to make advanced payments towards the following year's tax bill.

Payments on account are the part that really stings, and not everyone that goes into self-employment and locuming knows that this is something they have to do.

You think you're just paying what you owe HMRC, but then you're suddenly told that you also need to pay an estimated chunk towards the year ahead.

It can create a false sense of security, where cash flow might look stronger month-to-month, but you've actually set the wrong budget aside.

## HOW CAN YOU PREPARE YOURSELF?

The Accountancy Partnership urges self-employed locums to ensure that they have enough set-aside to not fall short when they submit their 2025-26 tax return, and to put aside a consistent percentage of income each month for tax.

The firm also recommends tracking earnings across multiple sources rather than estimating this based on just one contract, as well as reviewing your position before the end of each tax year rather than after.

The best time to plan is before the tax bill arrives. A simple review mid-year can stop a nasty surprise in January. It's also worth remembering that you can submit your tax return for 2025-26 once the year ends in April 2026.

Sending your tax return well before the deadline doesn't mean you'll need to pay the bill straight away, so you'll have a much better idea of what you need to pay off..

# Not in the Cloud?

## You're falling behind.



At **EXACT**, we know what drives successful dental practices. The industry has already moved to the cloud, and if you haven't then the gap between you and your competitors is widening.

It's time to switch to **Dentally**, Henry Schein One's cloud-based practice management software that keeps your practice competitive, efficient, and ready for what's next.

### Work anywhere, anytime

Full access to your practice from any device, at any time.

### Faster, simpler workflows

Speed up bookings, treatment planning, and daily tasks.

### Serious security

The highest levels of protection with real-time encrypted backups.

### Smarter with AI

Dentally Vision AI\* and Clinical AI notes deliver faster diagnostics and smarter clinical tools, with more on the way.

### Seamless switch

Our expert team makes moving fast, easy, and fully supported.

\*Dentally Vision AI is powered by Second Opinion AI



Your competitors have already made the move.  
Let 2026 be the year you make yours.

EXACT

HENRY SCHEIN ONE

Learn more about Dentally today!  
Scan the QR code to get started.



# Building rapport to drive case acceptance

**Lia Melconian** shares her top tips for building rapport with patients and explains how this

**T**hroughout my training, I naively thought the 'best' dentists were the ones with the most knowledge about teeth.

Looking back on my career to date, first as an associate dentist and now as a young practice owner, I've realised it isn't theory alone that makes a dentist (or practice) successful.

You need a minimum level of understanding.

But what sets the most successful dentists apart is their ability to build rapport.

Patients don't remember the occlusal reduction you did on UL6.

They remember how you made them feel.

## RAPPORT STARTS BEFORE YOU EVEN SIT IN THE CHAIR

Building rapport in dentistry isn't all that different from connecting with people anywhere else.

But the setting is more intense, because for a lot of patients the dentist is a scary place.

So I start building from the moment I go to collect them from reception.

I greet the patient with a big smile.

If the patient has come with their child, partner or friend, I always acknowledge them too.

It instantly changes the energy in the room.

I never rush patients. Sometimes a couple of minutes are spent in the waiting room with small talk until they're ready to go to my surgery.

That might sound like 'wasting

time', and I know associates in particular can feel pressure from practice owners or managers to keep appointments moving quickly.

But those two or three extra minutes are an investment, not a cost.

They stop the appointment feeling like a conveyor belt, and they reduce the defensive energy that anxious patients often come in with.

## SETTING THE SCENE

Once we're in the surgery, I always show the patient where they can hang their coat up and put their bags down. Little things, but they matter.

Then I sit opposite them, facing the patient, ideally at an even height. Eye level, not looking down at them.

I always have a calming scene playing on the TV, usually something like a warm lodge house with a fire going. Children love this and get very excited by the fireplace.

There's always relaxing music playing softly, too.

## THE SIMPLE 'RAPPORT FORMULA' I USE

Once I'm sitting opposite the patient, I usually start by asking them how their day has been and we chat about the weather.

It's low-stakes common ground, and



there's something about it that helps relax us Brits.

Then, of course, I also ask the relevant dental questions.

But here's the part that makes the biggest difference: while talking to the patient, actively listen and repeat back what they're saying.

If a patient says they're getting married, first, congratulate them.

Then ask when the date is.

## TREAT PATIENTS LIKE PEOPLE FIRST

I like to treat patients as if they were my friends or family.

I always check in on how they're doing first, and then talk about teeth.

That approach has shaped my career far more than anything I memorised for finals.

## Tips for building rapport

1. Greet the patient (acknowledge whoever they're with)
2. Ask follow-up questions, not just opening ones. That's what shows you're actually listening
3. Actively listen, and reflect back what they've told you
4. Prepare a calm surgery space where possible
5. Remember personal details and use them at the next check-up
6. Give anxious patients control: pace, pauses, and a simple stop signal built specifically for dentistry.

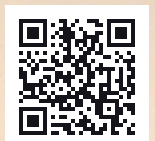


**Dr Lia Melconian**  
Principal dentist and owner  
of Pearly Whites in Fulham



You didn't get in to dentistry to deal with HR headaches, endless admin and payroll stress. *We did.*

Visit [dentistry.co.uk/HR](https://dentistry.co.uk/HR)  
or call 01923 851 774



# ESTELITE

## Aesthetics with a system – composites from TOKUYAMA

Specialists & all-round performers:  
The ESTELITE family is a unique system  
for modern restorative dentistry based  
on spherical fillers.



**Individual application options**  
thanks to the wide range of viscosities



**Excellent polishability & handling**  
repeatedly honoured by The Dental Advisor



**High load-bearing capacity**  
thanks to optimally engineered spherical fillers



**Rapid depth curing**  
thanks to controlled refractive indices  
and RAP technology



SAMPLES  
& MORE



For the ideal workflow:

Our  
**ESTEPOLISHER**

 **Tokuyama**

[tokuyama-dental.eu](http://tokuyama-dental.eu)

# How tackling patient anxiety builds stronger partnerships

**Sarika Shah** examines how navigating patient anxiety transforms the clinical experience and allows the clinician-patient relationship to flourish over the long term

**P**atient anxiety is one of the biggest barriers to building effective partnerships in dentistry.

It affects everything – communication, decision making, compliance, trust and the emotional tone of the appointment.

Yet, despite how common anxiety is, many clinicians still feel underprepared to manage it.

Especially in a structured, reassuring way.

But here is what I know after more than two decades in practice.

When you can confidently navigate a patient's anxiety, you transform the entire experience – for them and for you.

In this article, we're exploring how anxiety shows up, how to break it down, and how to make patients feel truly at ease so that the clinician-patient relationship can flourish, over the long term.

## WHY ANXIETY IS SO PREVALENT TODAY

We are living in a time where patients are more emotionally charged than ever.

Anxiety comes from many places:

- Past dental trauma
- Fear of judgement about oral



**Dr Sarika Shah**

Dr Sarika Shah is a dentist, practice principal, mindset and performance coach, and the founder of Flourish as a Female.



health

- Worry about pain or sensitivity
- Concerns around cost and financial pressure
- Overwhelm from too much information (or misinformation) online
- A sense of loss of control
- Embarrassment or shame
- Negative childhood memories.

And then there is the everyday anxiety people carry into the chair – life stress, time pressure, family challenges, work overload. Dentistry can magnify all of that.

The modern patient isn't just anxious about treatment.

They're anxious about the experience.

They're anxious about how they will feel.

This is why managing anxiety isn't just an obligation, it's now a normal part of clinical success.

## UNDERSTANDING HOW ANXIETY AFFECTS DECISION MAKING

An anxious brain doesn't process information well. It doesn't absorb options and it doesn't reason efficiently.

In psychological terms, anxiety shuts down the prefrontal cortex – the part responsible for logic, planning, and decision making.

That's why anxious patients:

- Struggle to understand treatment plans
- Fixate on details that don't matter
- Reject solutions that would help them
- Ask the same question repeatedly
- Delay decisions
- Say yes and then cancel later.

When anxiety is high, partnership becomes almost impossible.

So, the real skill is not just explaining dentistry – it's calming the nervous system enough to receive the explanation and for patients to understand it.

# Why human due diligence is the missing link in practice growth

**Rana Al-Falaki** explores why practice expansion often leads to exhaustion rather than success and how ‘human due diligence’ can transform leadership energy

**I**n private dentistry, growth is often measured in turnover and expansion, be that another surgery, a new associate or hygienist, or investment in yet another new piece of technology that promises ease and efficiency.

How often does ‘expansion’ leave the principal and the whole team feeling more stretched, not less? How often does the software meant to ‘save time’ sit underused, quietly generating frustration? How often does the team comply outwardly, but disengage internally?

While the intention is progress, more often than not, the real experience is even more pressure.

Practices do not struggle because of a lack of product. They struggle because of a lack of human energy – the type that cannot be replaced with technology.

System, financial and clinical audits are the norm in dentistry. We review compliance, overheads and key performance indicators (KPIs), but very few practice owners pause to examine the level of consciousness from which they are leading.

This is what I call human due diligence.

## MEASURING WHAT IS USUALLY INVISIBLE

When we met Dr ML, a private practice owner, they were overwhelmed.

They had built a thriving clinic but previous attempts at expansion had flopped.

He had invested heavily in software, brought in another team member to assist the practice manager, and hired

a new hygienist and associate. Yet, he was witnessing frustration rather than financial growth.

I explained to Dr ML that no amount of technology or new hires were going to resolve the issue.

What he needed was a targeted strategy designed to increase his internal leadership energy by revealing leadership blind spots.

Using the NAIL-IT Leadership assessment, we examined how Dr ML interpreted stress and challenge across seven distinct levels of energy.

It measures how you show up – the lens through which you respond.

## WHAT THE ENERGY LEVELS LOOK LIKE

In dentistry, particularly under regulatory and financial pressure, many high-achieving principals fluctuate between levels one and three. It looks like efficiency and feels like control, but in reality, it erodes culture.

- Level one – helplessness: overwhelm and procrastination. ‘There is nothing I can do’
- Level two – conflict: frustration, blame and force. ‘Why can’t they get it right?’
- Level three – coping: pushing through and tolerating. ‘It will have to do’
- Level four – responsibility: ownership and supporting others. ‘What can I change here?’
- Level five – opportunity: curiosity, collaboration and growth. ‘How can this make us better?’
- Level six – vision: inspiring leadership and strategic clarity. ‘Let’s do this!’
- Level seven – peace: calm authority and detachment from ego.

Higher average energy levels correlate with improvements across communication, leadership effectiveness, health and financial outcomes.

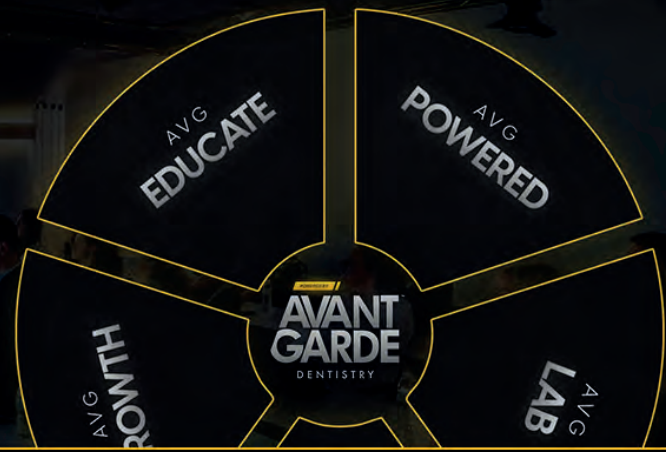
Energy is not a soft metric; it is commercially relevant.

**PRACTICES DO NOT STRUGGLE BECAUSE OF A LACK OF PRODUCT; THEY STRUGGLE BECAUSE OF A LACK OF HUMAN ENERGY - THE TYPE THAT CANNOT BE REPLACED WITH TECHNOLOGY**



**Rana Al-Falaki**

Rana Al-Falaki is a multi-award-winning executive and leadership coach, best-selling author and specialist periodontist.



# Prep & Place

THE PREMIER GUIDED DIGITAL VENEER & FULL-MOUTH REHABILITATION PROGRAMME

**Live Veneer Preparations using the First Fit system performed under expert guidance.**

- Digital Planning & Smile Architecture using real, high-value aesthetic cases.
- Ceramic Restoration Mastery — lithium disilicate, feldspathic, hybrid ceramics, zirconia, and how to communicate perfectly with the lab.
- Premium Try-In & Cementation Protocols for flawless bonding and aesthetic longevity.
- High-End Clinical Photography & Patient Communication that helps you present and sell aesthetic transformations effortlessly.
- Troubleshooting & Quality Assurance to deliver consistent, predictable, premium outcomes.



**BOOK NOW!**

**Limited Spaces Remaining**



**Dental Excellence, Liverpool**

Saturday 18th April



### WHAT IT REVEALED FOR DR ML

Dr ML's energy level averaged at 2.9, which was associated with destructive energy and high risk of burnout.

Team behaviours were filtered through a lens of suspicion, and the team mirrored this - associates felt scrutinised and nurses felt micromanaged.

Through the NAIL-IT Platinum training programme, we worked systematically across six pillars to create a stronger foundation for expansion:

1. Needs: re-establishing wellbeing and boundaries
2. Attitude: shifting self-talk to building resilience
3. Integrity: aligning values to purpose
4. Limitless: expanding identity from 'clinician' to 'strategic leader'
5. Intuition: developing awareness of team emotional shifts
6. Tangibility: embedding systems to support flow without overwhelm.

### THE MEASURABLE ENERGY SHIFT

Within months, the shift was visible. Meetings changed tone and feedback became collaborative.

When you focus on the growth of people, the growth of revenue becomes a by-product. Revenue rose not through expansion, but through engagement.

Performance improved without increasing overheads and the planned additional surgery became a welcome addition rather than a dreaded obligation. This is the difference between scaling product and scaling leadership.

### A STRATEGIC REFLECTION

Private dentistry is under increasing pressure.

In that environment, adding more without elevating leadership energy is risky. Would you build a house on unstable foundations?

Level two growth becomes toxic scale; level five growth becomes sustainable expansion.

Human due diligence is not an optional extra. Before investing in new equipment, ask a deeper question: at what level of energy am I leading?

The future of private dentistry belongs to those with the most aligned, energised and conscious leadership.



# Redefining dental **marketing.**

We blend **innovative AI**  
with human expertise.

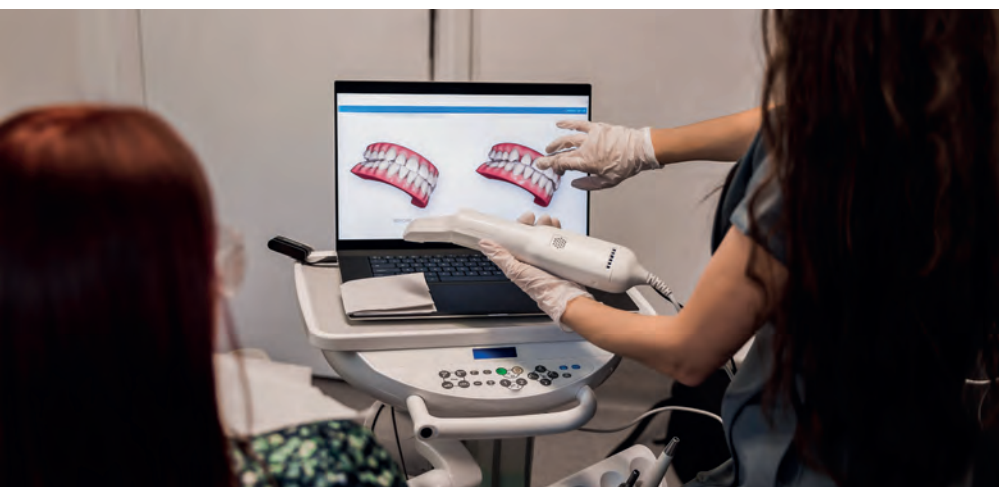


Book a discovery call today



# Harnessing technology to help retain the human touch

**Suki Singh** highlights the technology he's coming across in dental practices that increase efficiency and afford dental teams more time to spend on making their patients feel valued



**A**s practice costs rise and recruitment challenges persist, the mantra of 'working smarter, not harder' has never been more relevant. However, there are some digital tools currently transforming dental practices – increasing efficiency and giving teams back the one thing money can't buy – time to spend with patients.

## 1. A STREAMLINED EXPERIENCE

The heart of any successful practice is the patient relationship.

Nurturing loyalty starts with a smooth journey, and digital tools remove the friction points.

- 24/7 booking: an online booking system allows patients to schedule appointments whenever it suits them. This doesn't just offer convenience; it significantly reduces the pressure on front-of-house staff and prevents potential patients

- Reducing FTAs: appointments booked months in advance can easily be forgotten. Automated SMS and email reminders act as a gentle 'nudge', drastically reducing failures to attend (FTAs) and ensuring clinicians' time is used effectively
- Faster check-ins: sending medical history and consent forms digitally before the appointment allows patients to complete them on their own devices. This speeds up the arrival process and slashes admin time for the team.

## 2. CLINICAL ACCURACY AND PREDICTABILITY

Digital tools like intraoral scanners and digital X-rays have revolutionised diagnostic accuracy.

Digital X-rays offer sharper imagery at lower radiation doses.

This facilitates faster diagnosis and clearer communication with patients.

Intraoral scanners are perhaps the biggest 'win' for patient comfort,

removing the need for traditional, messy impressions.

Beyond comfort, they are significantly more accurate for restorative, orthodontic and implant work.

## 3. SEAMLESS COMMUNICATION

In a busy practice, communication is the glue that holds everything together.

Cloud-based practice management software enables the entire team to access accurate, real-time patient data from any workstation.

When every team member is looking at the same live information, the risk of error drops and the speed of service increases.

## THE BOTTOM LINE

Embracing a digital focus isn't just about having the latest 'toys'.

It's about creating a predictable, efficient environment where the technology handles the heavy lifting of administration and logistics.

This allows the dental team to focus on their raison d'être – providing exceptional, high-value care to patients.

## *Interested?*

If you are interested in finding out more about how we help practices to become more profitable and you're coming to Dentistry Show Birmingham on 15 and 16 May, why not visit us at stand G50 for a chat? You'll be in safe hands. Otherwise, call **01691 684165** or visit **switch.practiceplan.co.uk**.



**Suki Singh**  
Practice Plan area manager



[www.practiceplan.co.uk](http://www.practiceplan.co.uk)

# Be part of it...

# Be Practice Plan.

Scan the QR Code below to find out what being part of the family could mean for you.



The leading provider of  
practice-branded plans

**Practiceplan**  
The business of dentistry

Join us on  
**Stand G50**  
at Dentistry Show  
Birmingham

# DDU



You put their  
smiles first.

We put you first.

- 24/7 expert dento-legal advice - 99% of calls answered by a dentist within 20 seconds
- In-house defence that works - 85% of GDC cases resolved without a formal hearing
- Exclusive verifiable CPD from Red Whale, tailored for busy dentists

Let us put you first. Get a quote today.



† The Dental Defence Union (DDU) is the specialist dental division of The Medical Defence Union Limited (MDU) and references to the DDU and DDU membership mean the MDU and membership of the MDU. MDU Services Limited, registered in England 3957086. Registered Office: One Canada Square, London E14 5GS. © 2026 ADS217-I--2604

[theddu.com](https://theddu.com)

# The evolution of patient relationships

**Manrina Rhode** discusses how the dentist-patient relationship has changed as private dentistry has grown

**O**ver the last three decades, private dentistry in the UK has undergone a quiet revolution – one shaped not just by clinical innovation, but by a profound shift in the expectations, awareness and behaviours of patients.

Today's private dental patient is more informed, more engaged and more discerning than ever before.

And this evolution has reshaped the modern dentist-patient relationship.

## CHANGING EXPECTATIONS

When I started as a dentist 23 years ago, patients largely accepted their dentist's guidance without question.

Clinical knowledge was held almost exclusively within the profession, and dental decisions were led by trust rather than information.

Google had just come around but wasn't widely used.

In contrast, today's patients arrive having researched treatment options extensively online through search engines like Google and now using AI like ChatGPT.

Often patients are armed with screenshots, social media inspiration and highly specific aesthetic goals.

Expectations have risen dramatically: patients want results that are not only functional and healthy, but beautiful, supernatural and aligned with their personal identity.

Private dentistry, therefore, has had to adapt by elevating communication and shared decision making to the same importance as clinical skill.



**Manrina Rhode**  
Practice Principal at DRMR in Knightsbridge.

## THE ROLE OF SOCIAL MEDIA

The impact of social media has been transformative.

Platforms like Instagram, Youtube and Tiktok have democratised access to aesthetic dentistry, giving the public unprecedented visibility over treatments that were once considered niche.

Before-and-after photography, patient journeys and practitioner-led education have allowed patients to compare clinicians not only by qualifications, but by style, ethos and the aesthetic 'signature' of their work.

This has raised the standard across the profession – dentists must now be exceptional communicators, clear educators, and consistent in delivering predictable, ethical, high-quality outcomes.

At its best, social media has empowered patients. At its worst, it can distort expectations – making careful, honest guidance more critical than ever.

## THE IMPACT OF NATIONAL MEDIA

National media has also played a role in reshaping public perception.

Dentistry has shifted from being seen as a reactive, necessary service to a proactive, lifestyle-influencing profession.

Coverage of smile makeovers, facial aesthetics and technological advances has reframed the dentist's role from problem-solver to architect of confidence and wellbeing.

This broadening of public understanding has strengthened the value placed on private dentistry.

Especially where time, continuity and personalisation are central to care.



## RELATIONSHIP-DRIVEN PARTNERSHIP

As private dentistry has grown, the relationship between dentist and patient has become more collaborative and human-centred.

Patients expect more time, more explanation and a more personalised experience.

They want a clinician who understands their psychology as much as their physiology – someone who can interpret their concerns, guide decisions, and co-create outcomes that feel uniquely theirs.

The most successful modern private practices combine clinical excellence with emotional intelligence, hospitality and brand experience.

Ultimately, the last 30 years have transformed private dentistry from a transactional service into a relationship-driven partnership.

And as expectations continue to rise, practices that thrive will be those that place connection and consistency at the heart of every patient journey.

# DSO partnerships explained

**Ads Thanki** shares advice for practice owners considering entering into a partnership with a dental service organisation

Over the past decade, the UK dental landscape has seen a rise in dental service organisation (DSO) partnerships, with many practice owners exploring these arrangements as a route to reduce administrative burden, access capital, and secure a more stable long-term future.

While the promises of operational support and retained equity can sound appealing, the reality doesn't always live up to the marketing – and some dentists have found themselves tied into agreements that underdeliver on both financial and clinical fronts.

## WHEN REALITY DOESN'T MATCH THE PITCH

Although DSOs and dental groups often present attractive offers, practice owners need to scrutinise the short- and long-term implications.

Here are a few anonymised examples of issues encountered by UK dentists entering DSO partnerships.

### Stagnant equity value

A group of principal dentists retained a percentage of equity in their practice following a majority sale to a dental group.

While the equity was marketed as a future 'upside' opportunity, limited reinvestment and weak local decision-making left the practice underperforming.

Years later, the retained equity held little or no real value.

### Recapitalisation missed the mark

Another practice joined a DSO with the promise that a future recapitalisation

(when the group sells to a larger investor) would significantly boost their retained shares.

In practice, however, the valuation uplift was minimal.

Their ownership percentage had been diluted, and the final payout fell well below expectations.

### Generic growth strategies

One dentist was promised strategic marketing support to drive private patient numbers.

The campaigns were cookie-cutter in nature and failed to resonate with the local demographic.

Growth never materialised – nor did the expected increase in practice value.

These experiences highlight a common theme: when the financial assumptions behind a DSO partnership are too optimistic, the results can damage both your income and your clinical autonomy.

For many dentists, the sale of their practice is a cornerstone of their retirement planning.

If the deal doesn't deliver, the long-term impact can be significant.

### PROTECT YOUR POSITION

The key to a successful DSO deal in the UK is thorough preparation and independent advice.

Partnering with an experienced adviser ensures you're not simply relying on the DSO's projections – but instead basing decisions on realistic market data, sound legal protections, and your personal financial goals.

Consider the following to add value:

- Market-based valuation analysis
- Negotiating clear and fair terms



- Conducting thorough due diligence
- Customising your exit

Consider choosing an adviser with specific experience in dental practice sales and acquisitions in the UK.

They should offer comprehensive support covering financial modelling, legal review, cultural alignment, and transition planning – not just headline valuation figures.

A DSO partnership can be an excellent opportunity, but only when approached with clarity and care.

Equity-based offers and long-term projections should be stress-tested, not simply accepted.

With the right support in place, you can structure a deal that provides



**Adarsh Thanki**

Dr Ads, is principal dental surgeon and clinical director of Ace Dental

# Implant dentistry isn't getting simpler. **Your system should.**

Every implant case comes with variables you can't control:  
anatomy, biology, healing, patient expectations.

**UNLEASH  
YOUR  
POWER**

What you **can** control is the system you use.  
Not fewer options.  
Smarter ones.

iEXCEL. A modular approach to  
modern implant dentistry.

Learn more at [Straumann.com](http://Straumann.com)



# Regulating facial aesthetics across the UK

**Jo-Anne Taylor** discusses the professional, ethical and legal obligations dental registrants must observe when providing facial aesthetic interventions

**N**on-surgical cosmetic interventions are increasingly sought by patients.

While procedures such as injectable dermal fillers and neurotoxins were once mainly used to rejuvenate the maturing face, such interventions are now also in demand by younger clients seeking to modify their appearance to conform to a popular aesthetic norm.

Sadly, it is quite common to find unregulated providers offering such services, along with a range of other cosmetic interventions such as lasers and light therapies, microneedling and chemical peels.

With that in mind, here are some factors that need to be considered when offering facial aesthetic treatments to patients.

## ENSURING PATIENT SAFETY

Any procedure which pierces the skin poses a potential infection risk.

Depending on the procedure, a range of other adverse reactions can occur, including bruising, haematoma, allergic reaction, anaphylactic shock, vascular occlusion, necrosis and blindness.

With patient safety in mind, the General Dental Council (GDC) expects dental professionals to be appropriately trained and competent before providing any form of treatment.

Registrants must also ensure that the GDC's ethical and professional standards are upheld in the usual way.

GDC Standard 7.2.1 states: 'You must

be sure that you have undertaken training which is appropriate for you and equips you with the appropriate knowledge and skills to perform a task safely.'

This includes obtaining appropriate consent, explaining the cost and ensuring patients are able to make a

## IT IS UP TO THE INDIVIDUAL TO CHOOSE AN APPROPRIATE TRAINING SCHEME TO ENSURE THEY'VE HAD THE NECESSARY TRAINING TO MEET THEIR PROFESSIONAL NEEDS

complaint. Failure to do so could invite a fitness to practise investigation.

Reputable training providers will set out clear anticipated learning outcomes, use suitably qualified trainers and have established systems of quality control.

The Joint Council for Cosmetic Practitioners (JCCP) self-regulates the non-surgical aesthetic industry and maintains a voluntary register of practitioners.

The JCCP has a memorandum of understanding with the GDC to share information if a patient safety concern arises.

Furthermore, detailed records must be kept; you must be registered as a data controller with the Information Commissioner's Office (ICO) and

comply with GDPR and the Data Protection Act 2018.

## PRESCRIBING FACIAL AESTHETIC MEDICINES

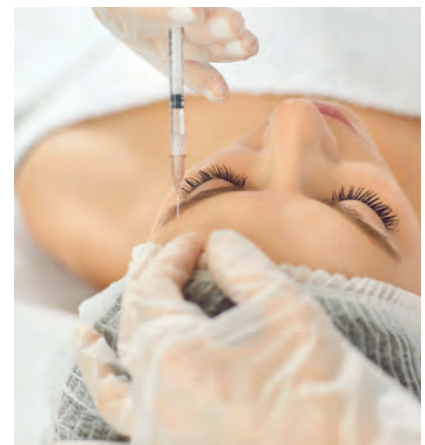
Dentists are the only members of the dental team who have prescribing rights.

In its guidance on prescribing medicines, the GDC states: 'You must only prescribe medicines to meet the identified dental needs of your patients.'

Botulinum toxin is a prescription-only medicine (although dermal fillers are not).

As a prescriber, the dentist would need to make a full assessment of the patient to determine the appropriateness of any prescription made and accept responsibility for the decision-making.

The GDC states that dentists 'must not remotely prescribe (for example via telephone, email, or a website) for non-surgical cosmetic procedures'.



*To read further guidance and advice from the DDU visit: [theddu.com/guidance](http://theddu.com/guidance).*



**Jo-Anne Taylor**

Jo-Anne Taylor, dentolegal adviser at the Dental Defence Union (DDU)

# LATEST SPECIAL OFFERS

Limited stock on special offers!

# SALE

£750+VAT

**RRP £1,534.21+VAT**

VDW.Silver RECIPROC  
Motor with 6:1 Contra Angle



SCAN ME TO FIND  
OUT MORE ABOUT  
VDW.Silver RECIPROC



# SALE

£1,650+VAT

**RRP £2,408.47+VAT**

X-SMART® PRO+  
ENDO MOTOR  
with intergrated  
Apex Locator



SCAN ME TO FIND  
OUT MORE ABOUT  
X-SMART® PRO+



ORDER ONLINE  
[www.qedendo.com](http://www.qedendo.com)  
or CALL 01733 404 999

## NAIL-IT Leadership

Dr Rana Al-Falaki



*NAIL-IT Leadership: Your Blueprint to Optimal Performance* by specialist periodontist, Dr Rana Al-Falaki is now on the shelves and already attracting national attention, having been featured in The Bookseller's recommended non-fiction preview for upcoming releases.

The feature recognises the book's unique ability to bridge science, mindset and practical leadership strategy – positioning it as essential reading for professionals seeking sustained success without sacrificing wellbeing.

The book was launched last week at an invitation only event at an exclusive private members' club in the heart of London's West End.

Attended by a carefully curated group of leaders, professionals and change makers, it certainly wasn't a typical book launch.

The evening was high-energy and had a celebratory quality – the setting allowed connection, conversation and a great atmosphere – in true Rana Al-Falaki style! There were signed copies and all book proceeds from the evening were donated to Bridge2aid.

Michael Levin, New York Times Bestselling author, describes the book: '*NAIL-IT Leadership* is a must-read. Dr Rana Al-Falaki delivers a timely and essential blueprint that fuses wellbeing with leadership.'

Years in the making, *NAIL-IT Leadership: Your Blueprint to Optimal Performance* brings together the complete NAIL-IT system in one powerful, practical guide.

It challenges the outdated belief that high achievement must come at the expense of energy, balance or fulfilment. Instead, it presents a blueprint for sustainable excellence.

[www.naillitleadership.com](http://www.naillitleadership.com)

## Greater safety in wound care

Hager Werken

Caring for wounds and sutures after dental procedures can present challenges for dental practices.

Moist or bleeding areas must be reliably protected while ensuring patient comfort and ease of use, as well as cost-effective handling.

This is where Reso-Pac (Hager & Werken) comes in – an odontological wound protection dressing in the form of an adhesive, cellulose-based wound protection paste that acts like a 'sticky plaster in the mouth'.

It adheres securely to mucous membranes, wounds and sutures, even on moist or bleeding surfaces, protecting the treated tissue throughout the entire healing phase.

Reso-Pac remains soft, is tasteless and odourless, effectively keeps bacteria at bay and supports the healing process.

Thanks to these properties, Reso-Pac is extremely versatile and can be used in implantology, periodontology, after extractions and in orthodontics and prosthetics.

[www.hagerwerken.de](http://www.hagerwerken.de)

## W&H unveils the next chapter in its evolution

W&H



After more than 135 years of engineering excellence, W&H is entering a new phase focused on innovation, design and connected digital workflows.

The company's latest development, the Seethrough imaging portfolio, reflects a commitment to supporting modern dentistry with intuitive technology and integrated clinical solutions.

Designed as a connected imaging ecosystem, Seethrough brings together extraoral and intraoral imaging within a single digital environment.

The range includes Seethrough Flex, a compact high-performance imaging system suited to contemporary practices, and Seethrough Max, which offers the same advanced capabilities with a larger field of view.

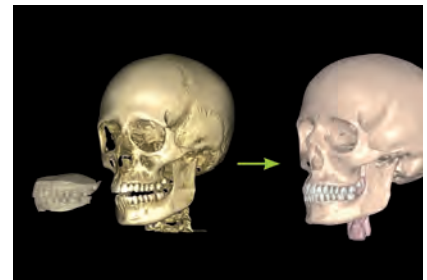
Integrated with Implantmed Plus II through W&H's cloud-based Iodent platform, the system enables seamless data flow across diagnostics, planning and treatment.

Jon Bryant, managing director of W&H UK, said the launch represents a 'confident and connected' future for the brand, combining clarity, usability and design to support clinicians and enhance patient care in an increasingly digital dental landscape.

[www.wh.com](http://www.wh.com)

## Bone Doctor – new software module for precise surgical planning

Zirkonzahn



With Bone Doctor, Zirkonzahn has developed a new software module that significantly simplifies the digital analysis of the bone situation.

By importing the patient's DICOM data, the module allows users to analyse the different cranial bones and generate the corresponding 3D files.

The software is capable of autonomously segmenting the desired anatomical structures, saving the user a lot of time.

The segmentation can include any part of the skull, such as the lower jaw, mandibular nerves, individual teeth, maxillary sinuses and other anatomical parts.

The generated 3D objects can be used in Zirkonzahn modifier, Zirkonzahn.implant-planner as well as in third-party designing and implant-planning software.

The extracted maxilla can be combined with the patient's 'real movement' data to analyse the condylar movements.

Extracted teeth can also be used to perform orthodontic movements based on their actual root and crown morphology.

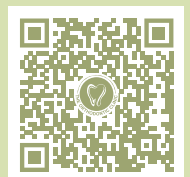
[www.zirkonzahn.com](http://www.zirkonzahn.com)



The Orthodontic Clinic



Winner  
Advertisement of the Year  
Dental Industry Awards 2024 & 2025



**THE ORTHODONTIC CLINIC**

21 Golden Square, Aberdeen AB10 1RE • 01224 611633 • [www.theorthodonticclinic.co.uk](http://www.theorthodonticclinic.co.uk)

GDC No. 72073 & 242628

**THANK YOU FOR YOUR CONTINUED SUPPORT. LET'S CREATE BETTER SMILES TOGETHER!**

# EXCELLENCE DEALS

Take advantage of the  
**KaVo Excellence Deals:**  
01<sup>th</sup> to 31<sup>th</sup> of March 2026.



Check out all current Excellence Deals!  
Find out more: [www.kavo.com/en/deals26](http://www.kavo.com/en/deals26)



save  
up to  
**60%\***



**MASTERmatic M25 L**  
**high speed contra-angle**  
now for **£775.00 each**



**MASTERtorque M9000 L**  
**turbine**  
now for **£715.00 each**



**PROPHYflex 4**  
**air polishing device**  
now for **£825.00 each**

\* Promo prices apply exclusively for the instruments as mentioned above and cannot be combined with other promotions. The promo prices quoted do not include VAT. Discounts refer to the list prices of KaVo Dental to dealer partners. List prices for the partner remain unaffected. Partners are free to decide whether and in what form they participate in the promo. Shank and head are considered one instrument and cannot be bought separately.