

# Getting the most out of your dental lab

**A PRACTICAL GUIDE TO TRANSFORMING YOUR LAB RELATIONSHIPS FROM FRUSTRATING TO PREDICTABLE**



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# the lab challenge nobody talks about...

Modern dentists face three major challenges:

1. Simplifying comprehensive treatment planning
2. Making patients value your efforts
3. Getting what you want from your lab

That third one? It's the source of countless frustrations, remakes, try-in surprises, and sleepless nights. Yet most dentists accept it as 'just part of the job.'

It doesn't have to be.

This guide gives you the practical checklists and frameworks to transform your lab relationships.

Not through complicated systems or expensive technology, but through understanding how modern lab collaboration actually works and what you can do today to get better results.

I hope you find it useful!

*Christian*

Christian Coachman, Founder of Digital Smile Design

# The 4 Collaboration Moments

Most dentists think of lab work as two things: designing restorations and manufacturing them. But this oversimplification is exactly what causes problems.

Modern lab collaboration actually happens across four distinct moments; and understanding them changes everything about how you choose partners, communicate, and get results.

Moment	EXPLORATION	PROCEDURE PLANNING	DEVICE PLANNING	MANUFACTURING
<b>What happens</b>	Pre-case acceptance: <ul style="list-style-type: none"> <li>• Diagnose</li> <li>• Simulate</li> <li>• Plan</li> <li>• Present</li> </ul>	Post-case acceptance: Specific procedure details eg, ortho, surgery, restorative	CAD design for: <ul style="list-style-type: none"> <li>• Restorations</li> <li>• Guides</li> <li>• Aligners, etc</li> </ul>	CAM production: <ul style="list-style-type: none"> <li>• Milling</li> <li>• Printing</li> </ul>
<b>What you need</b>	Interdisciplinary treatment planners  Facially-driven simulation tools	Procedure-specific experts in ortho, surgery and restorative fields	High-end technicians with esthetic and functional expertise	Volume, precision, machine expertise, consistency

**Key insight: Very few labs excel at all four moments. The modern dentist builds smart partnerships across different labs – choosing the right partner for each moment based on their specific expertise.**

You might use one partner for exploration and treatment planning, another for procedure-specific planning, a boutique lab for high-end design work, and a large manufacturing center for precision milling. Digital workflows make this possible because your case travels as files, not physical impressions.

# Identifying Your Gaps

Before you can improve your lab relationships, you need to know where you stand. Use this quick assessment to identify your gaps.

## Rate Your Current Situation

For each statement, mark: ✓ if true, ✗ if false, or ? if unsure

STATEMENT	✓ / ✗ / ?	MOMENT
I have a lab partner who helps me with big-picture treatment planning before case acceptance		1
My lab provides visuals that help me present and sell cases to patients		1
I have procedure-specific experts for ortho, surgical, and restorative planning		2
I work with high-end technicians who understand facial esthetics and functional occlusion		3
My manufacturing partner has volume, precision machines, and consistency		4
I use visual, asynchronous communication with my lab (not phone calls)		ALL
My try-in appointments are predictable — rarely any surprises		ALL
My lab is comfortable giving me honest feedback about my work		ALL

Scoring: Count your ✓ marks. 6-8 = Strong foundation. 3-5 = Room for improvement. 0-2 = Significant gaps to address.

# The TOP 5% Goal

Here's something labs don't usually tell you: every technician has a priority list in their mind, conscious or unconscious, of the dentists they like working with most.

About 95% of dentists fall into the 'I'll do my job' category. The top 5%? They get the extra effort, that final 1-10% of care and attention that transforms a good restoration into an amazing one. Here's how to become one of them.

## Behaviors That Put You in the Top 5%

### 1. Make your lab comfortable telling you everything.

Be non-defensive. Accept feedback positively. Don't make excuses. When your lab feels safe giving you honest feedback, they'll invest more in your cases.

### 2. Care about details and show it.

Good facial photos at the right angle (two-thirds aren't). Proper provisionals. Conditioned soft tissue. Visible margins. Technicians who care about details love working with dentists who care about details.

### 3. Give feedback promptly; especially positive feedback.

Your technician sends a case and waits. Days pass. Weeks. They're having nightmares wondering if it worked. One message; "Great result, patient loved it" changes everything.

### 4. Use visual communication, not phone calls.

Phone calls with labs are a disaster. Draw on images. Use colors. Record quick videos explaining challenges. Share through visual communication platforms.

### 5. Share the nuances, not just the basics.

'A1 veneers from molar to molar' tells your technician nothing. What are the specific challenges of this case? What details will make the difference? Stop for a few minutes and think.

### 6. Invest in the relationship.

A big part of your success, comfort, income, and ability to sleep happily at night comes from your lab. Why wouldn't you invest the extra mile?

# The New Non-Negotiables

With today's digital tools, certain mistakes are simply unacceptable. Here's what you should stop tolerating from your lab and what your lab should stop tolerating from you.

## **FIVE things dentists should no longer accept from labs**

### **1. Canted midlines.**

If you're sending facial photos and scans, there's no excuse for a rehabilitation with a canted midline.

### **2. Canted occlusal planes.**

Your lab has the face in the software; the occlusal plane should be in harmony.

### **3. Designs that ignore the face.**

If the incisal edge isn't in harmony with the lips, and you've provided facial information, that's unacceptable.

### **4. Not copy-pasting your approved provisional.**

You approved a prototype. You scanned it. Your lab should copy-paste the parts you approved exactly.

### **5. Not respecting your prototype's occlusion.**

You spent sessions adjusting occlusion on your prototype until the patient was comfortable. Copy-paste that. Exactly.

# The New Non-Negotiables

## THREE things labs should no longer accept from dentists

### 1. Preps without adequate space.

Your scanner shows clearance chair-side with colors and measurements. There's no reason to send a file without space.

### 2. Prep margins that aren't visible.

If you can't see the finishing line chair-side, your lab won't see it either. Don't send it.

### 3. Path of insertion problems.

You can see undercuts and path issues chair-side. Fix them before sending.



The bottom line: These mistakes were 'normal' in the analog days because we couldn't prevent them. They became part of the process; endless try-ins, adjustments, compromises.

That's no longer acceptable if you're working digitally.



# The Details Checklist

Your technician won't tell you this directly, but these are the details that separate the top 5% from everyone else. Before sending your next case, run through this checklist:

## **BEFORE YOU SEND THE CASE**

**1. Facial photos at the right angle.**

Two-thirds of facial photos labs receive aren't good enough. Check yours.

**2. Quality provisionals/prototypes.**

Most dentists don't care enough about their provisionals. This is your blueprint; make it count.

**3. Properly conditioned soft tissue.**

Nice soft tissues = nice visibility on finishing lines = better impressions and scans.

**4. Visible, scannable margins.**

Use your scanner to verify chair-side before sending.

**5. Adequate spare verified.**

Check clearance with your scanner's measurement tools.

**6. Clear path of insertion.**

No undercuts that will compromise the restoration.



# The Details Checklist

## COMMUNICATION DETAILS

- **Specific nuances documented**  
Not just 'A1 veneers' - list what are the specific challenges and details that matter.
- **Visual annotations added**  
Draw on images with colours. Highlight problem areas. Show, don't just tell.
- **Specify what to copy-paste.**  
Which parts of the provisional should be copied exactly? Which can be improved?
- **Occlusion details noted.**  
Document the occlusal relationships you've established.
- **Quick video recorded.**  
Sometimes 30 seconds of talking to camera explains more than 10 messages.



# Visual Communication Protocol

Digital workflows enable something that was previously impossible: asynchronous visual communication. Your patient becomes a digital avatar. Your smartphone becomes your technician's third eye. Here's how to make it work:

## The asynchronous workflow

### 1. Digitalize your patient.

Scans, photos and videos transform your patient into a digital avatar that your lab can work with.

### 2. Lab designs on their timeline.

They have your complete digital patient. They design when they're at their best.

### 3. Review link arrives on your phone.

You can be anywhere; between patients, at home, on vacation. One click to view.

### 4. Visual feedback, not verbal.

Annotate, draw, request changes; all visually. One click back to lab.

### 5. Approve before manufacturing.

See exactly what you're getting before anything is made.

### 6. Final device photos before shipping.

Your last chance to catch issues before the device is in the box.

## Key Validation Points

These are the moments that used to require an in-house lab. Now you can validate them from anywhere:

- Diagnostic design approval (facially-driven)
- Prep margin demarcation (are you and your lab seeing the same thing?)
- Restoration/device design approval
- Manufactured device approval (before shipping)

**The result: Approve a design → copy-paste → that's exactly what you get. No more try-in surprises.**

**This is the predictability that digital workflows deliver.**

# Your Quick Action Guide

Based on everything in this guide, here are the immediate actions you can take:

## This Week

- Audit your current lab relationships using the self-assessment
- Identify your biggest gap (which 'moment' is weakest?)
- Send positive feedback to your lab on your last successful case

## This Month

- Implement the details checklist on every case
- Switch from phone calls to visual communication
- Have an honest conversation with your lab about mutual expectations

## This Year

- Evaluate whether you need different lab partners for different 'moments'
- Explore digital workflows if you haven't fully adopted them
- Consider whether you need a partner for Moment 1 (exploration/interdisciplinary planning)

**DSD** | L A B

## **Send a case to DSD Lab**

**Experience the workflows, communication protocols, affordable sophistication and the exceptional esthetics of DSD Natural Restorations for yourself.**



**Schedule a call  
to get started**

