



Peter Wagon describes his IT journey, from his need 10 years ago to ascertain the highest peak in the Andes to today's communication with dentists via the internet and email, complete with patient and technical photographs

We knew we had to get one. Everyone was saying that all businesses needed one – there were even tax breaks on them, so about 10 years ago we found ourselves in PC World handing over £1,000 for a laptop computer.

Once we were connected to the internet it became an invaluable tool. Search engine Google could settle disputes before they developed into fistfights on such knotty questions as the highest peak in the Andes (Aconcagua) or Spurs' scorers in the 1982 Cup final (Villa and Crooks... everyone forgets Garth Crooks), but we couldn't really find a dental related use for it apart from a home on the screen for Post-it notes.

It was when we bought the Labtrac system in 1999 that the computer really started to earn its corn. No longer did we have to fill in work details laboriously by hand into a

diary: no, now we could laboriously type those details into our computer! It didn't really save us any time, but now we had a database of all the cases in progress or completed by the laboratory available at the click of a mouse and it did make our compliance with the Medical Devices Directive possible.


In 2003 we made our largest investment in IT technology when we bought the CEREC CAD/CAM system, which has probably been the biggest advance in laboratory techniques in my 30 or so years in the trade. At first we used the machine to make copings similar to the In-Ceram copings we had been making by hand for over a decade, which although stronger were hardly revolutionary and we were only scratching the surface of what the machine was capable of doing.

Over the past four years CEREC has produced new software and Ivoclar Vivadent has developed a range of products that allows us to make ceramic copings and bridge frameworks, plastic bridge frameworks for try-ins, and full contour ceramic crowns, inlays and veneers in 24 hours. The next few years should see many exciting advances, with dentists getting scanners in the surgery and then working online with the technician to approve the aesthetics of the restoration before it is finished and returned to the surgery.

We've had a website for a number of years but we've never really been that happy with it. This spring we are upgrading it so that it will hopefully become a resource for our clients and other dentists, with more technical information and links and 'before' and 'after' pictures of

cosmetic cases using different techniques, as well as providing a forum for dentists to network with their colleagues and pass on tips and advice.

Email is really starting to take off for us as a communication tool and if your surgery doesn't have an internet connection you are missing out on a major source of communication and promotion. We have clients whom we rarely speak to on the phone now; we email a query, often with photographs, and they can then respond when it's convenient.

In little more than a decade our computer has gone from a blinking know-all, unloved in the corner of the lab, to a vital tool. We now have two desktop PCs and a couple of laptops for technicians to view photos at their bench as they work on cases, and I can only see a bigger and bigger role for them in the lab in the future. 

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