

# *Dental Photography— An Achievable Art*

*Up Close with Dr. Miguel A. Ortiz*

Miguel A. Ortiz, DMD, is a dual-trained dental technician and prosthodontist who practices in Boston, Massachusetts. He is also a dental photographer and recently published a book titled *LIT: The Simple Protocol for Dental Photography in the Age of Social Media*.

Dr. Ortiz will be presenting two different topics at AACD 2020 Orlando. They include presentations on photography and CAD/CAM chairside materials. His versatile and high-powered discussions will provide you with insights you can implement as soon as you get back to work on Monday.

Coordinated by the *jCD* editorial review board, this *jCD* interview captures Dr. Ortiz's viewpoint on how to take dental photography's "great shots."

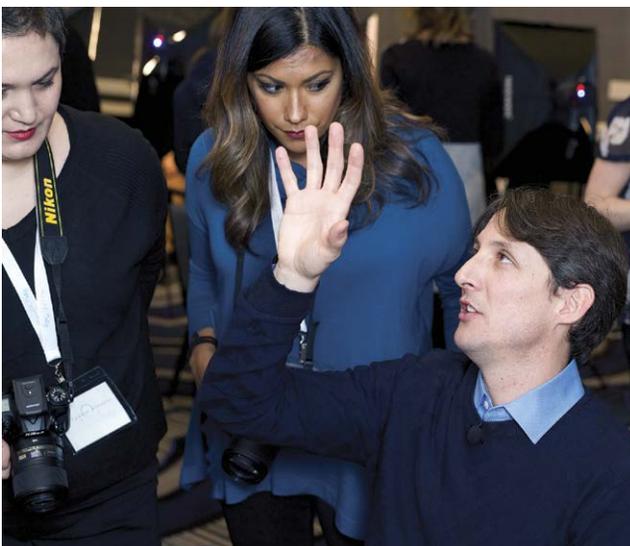
## Introduction

There are many different elements to dental photography and numerous questions arise from all of its aspects. When teaching, I will try to answer some of the most common questions by offering a simple protocol for dental photography. We all want to achieve that perfect shot and with practice and use of proven protocols you can and will capture that "great shot."

**Q: What made you decide to focus so intensely on spreading the word about the importance of dental photography?**

A: Struggling dentists. Most people who decide to learn photography do it because they already like it. It's a pleasant hobby, not a necessity or burden. But people in our profession feel the pressure—the need—to take great clinical photos, whether they're interested in photography in general or not. When you're forced to learn a fairly complicated skill that you aren't passionate about, it can be extremely difficult.

I decided that I wanted to make it simple, accessible, and beautiful for dentists to learn the craft. I developed a 1-day course that emphasizes hands-on learning with personal coaching. I teach general photographic principles and then apply them to dentistry because I want dentists, technicians, assistants, and hygienists to learn to take photos not just of teeth but also of their vacations, their kids—everything. Not only is photography a crucial professional skill, but it's also an achievable art. It's a form of expression we can all tap into and enjoy.



**Q: What is the first piece of advice you give to a dentist or lab technician who is interested in improving their photography skills?**

A: Photography is simple, much more so than you think. Don't try to figure it out alone. Don't use trial and error. I've already done it, and so have many others, so there's no need for you to spend years figuring it out, too. I have tried, struggled, failed, and spent way too much money on things I was told I needed but really didn't. Just take a course, any course, and in one day you'll be good to go. It doesn't have to be my course—there are many great dental photography courses out there—but it will save you so much money and energy. Lastly, as with any skill: practice, practice, practice.

**Q: Often times, the dental ceramist is far more advanced in photographic skills than the partnering dentist they are working for. Therefore, the beauty of final work is often not transferred back for improvement in the relationship. How do you suggest strengthening the partnership between the dentist and ceramist through photography?**

**A:** I am both a dental technician and a prosthodontist, and I can tell you that Miguel the dental technician is not better than Miguel the prosthodontist at taking photographs. The reason for the difference in results is simple: dental laboratory photography is easy; intraoral photography is not. Miguel the dental technician may be great at taking photographs of crowns on a flat surface, but if you get that same Miguel in the operator to try and take great intraoral photographs, he will struggle.

Intraoral photography is not easy. If you are a dentist out there who struggles with intraoral and portrait photography, you're not crazy. It is extremely challenging, but it can be done with the right planning. "The Simple Protocol" that I developed is designed for small operatories and enables you to take a full set of intraoral photos without moving the patient, the lights, or the photographer (you). With a plan and practice, you can master intraoral photography.



**Q: In your photography course, do you suggest that a dentist–ceramist partnership attend together to improve their skills together?**

**A:** I recommend that everyone in the dental team who is part of the process of photographic documentation and laboratory communication take a photography course. I can't stress this enough. Stop struggling, take a course, and save a lot of time, frustration, and money.

A ceramist and a dentist taking the course together is the ideal situation because by standardizing their knowledge, they will be able to speak the same language. Dentist–technician duos come to my course all the time, and they usually engage in a side conversation with me about their specific needs and struggles, and we work together to iron them out. It's important to make that vital communication smooth. Laboratory communication is an entire chapter in my book and a vital part of my course—that's how important I believe that relationship is.

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**Q: How can dentists standardize their photographs for inter- and intra-patient comparisons?**

A: There are many ways to standardize any kind of photography. If we are talking about standardizing the framing, so that the subject in the photograph is in the same position and at the same size from initial photograph to final photograph, then we can use the concepts of ratios. A ratio is a way of setting your camera's focus at a specific distance so that you can come back later and take the same photograph as before.

If we are talking about the way the photograph feels or looks, then we are probably referring to color temperature. Understanding that all light has an inherent "temperature" to it and knowing what the temperature of your lighting is will allow you to create a color-corrected photograph every time by plugging the temperature of your lighting into your camera. Using a gray card as a reference will help you do this.

Exposure is another consideration. If you want your photographs to have the same brightness (not too dark, not too bright), then you can use the camera's histogram.

As you can see, there are many concepts to learn and tricks of the trade that will empower you to take consistent photographs every time.



**Q: Many clinicians are confused about whether to use a ring flash or bilateral flashes. In your opinion, which is the ideal choice?**

A: This is a great question. I am one of the creators of the dental photography movement called "Free Yourself," which refers to the notion of not having flashes attached to your camera at all. I spend a lot of time discussing this in both my course and my book.

When the flashes are attached to your camera, you have two main issues. First, the camera becomes heavier and bulkier. Second, every time you move back and forth to take a different photograph, your lighting changes. If you get closer, the lighting gets brighter. If you get farther, it gets darker. Additionally, every time you move sideways, you get shadows. This can be very frustrating and require a lot of work to correct.

What I recommend instead is to use a pair of speedlights on two simple, inexpensive tripods, with one speedlight on each side of the patient. Once you set your level of exposure (how bright you want the photograph to be), you can move around as much as you need to with your camera, and all of your photographs will have the exact same lighting conditions.

To answer your question in short: A dual flash is better than a ring flash, but no flash on the camera is better than both by far.





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**Q:** Between private practice, your book publication, *Dent Lit*, your online social media presence, and your family—how do you manage to balance all of these things?

**A:** I know how I try to do it. I wake up every morning at 5 am and read between 20 and 40 dental literature articles for the benefit of my patients. I answer between 800 and 1,100 messages a day on my Instagram account. I treat patients with respect, then I come home and keep working. I try to spend a lot of time with my wife and kids. We take as many vacations as possible, more than most people. I do the things I love and the work I love, and I spend time with the people I love. I like to keep busy—I always have.

I won't know whether I have succeeded at the balance in my life until maybe 25 years from now, and I can think of only one test for this that counts: If, in 25 years, my children say, “My dad was a great dad. He was always there, and he loved me dearly,” then I will be content. I will be able to say I had a balanced life.

*The AACD welcomes Dr. Ortiz to AACD 2020 Orlando and looks forward to learning more from him. The jCD would like to thank Dr. Ortiz for his time and for sharing his perspective in this interview.*

