

**Ep #143: Melanie Johnston & Alexis Barclay -
Changing Smiles, Changing Lives**



Full Episode Transcript

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Dr. David Phelps and Evan Harris

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Alexis: Our biggest job, I say it all the time, our biggest job is to provide an access to care program in someone's office with as little cost as possible, with as much value added as possible.

Melanie: Yeah.

Alexis: As long as we can focus on that, then the doctors and the practices can focus on what they do best.

You are listening to the *Dentist Freedom Blueprint* podcast, with David Phelps and Evan Harris. Navigating you through the uncharted waters of a turbulent economy with straight-forward advice to, transform your practice into a self-sufficient cash machine, compound your net worth assets, and multiply, multiply, multiply your passive cash flow streams.

David: Well, good day, everyone. This is Dr. David Phelps of the Freedom Founders Mastermind Community and the Dentist Freedom Blueprint Podcast. Back to you today with what's going to be a very fun discussion. A conversation with two people that I had the privilege of meeting, and I mean sincere privilege of meeting, several years ago with one of my good friends in the industry. Many of you know Dr. Dustin Burleson, an orthodontist who does great work in the orthodontic field, not only serving patients but also really collectively helping the orthodontist today build up practices, have a greater impact in what they do.

We're all about impact, so that's why I want to have on today my call, for you my listeners, Melanie Johnston and Alexis Barclay. Melanie, how are you doing today? I see you're there ready to go?

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Melanie: I'm here and excited to be here. Thanks for including me.

David: Absolutely. Alexis, are you there sir?

Alexis: I am. It's good to know you Dr. Phelps.

David: Exactly. Well, let me give just a little bit of a background so we know what we're talking about. Melanie and Alexis are involved with an organization called Smiles Change Lives. Smiles Change Lives. Now, a lot of you that are listening to this podcast today are involved in directly changing people's lives through smiles. You may be a general practitioner or a dentist, you may be an orthodontist, you could be another specialist, but everybody who's working in the oral cavity in some respect is helping change people's lives. We get that. Some people that are not in the general field you also understand though, because you probably go to the dentist.

You've had kids that have had braces, you've had your own teeth fixed, missing teeth replaced. You've had whitening done. We all understand that when we look at people, when we're having a conversation face to face live with somebody, there's usually two things that connect quickly with our eyes. That is we go eye to eye, we look at people's eyes, and then quickly we see their mouth or smile. We typically know but we don't necessarily always conversantly think about the fact that the way we as people express ourselves, and are able to show the world who we are and live our lives with confidence and self-esteem, comes through how we feel about ourselves, and how we feel about ourselves has so much to do with how we present.

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In this case we're talking about our smiles. Are the smiles straight? Are there any missing teeth? Are there discolorations? All those things have a great effect on who we are, and especially this affects children. Smiles Change Lives, great organization that we're going to talk about here. Let me give you a little bit about Melanie first. Melanie Johnston. Melanie worked her way through college selling books door to door with a south-western company. After graduation, she was recruited by United Consumers Club, which is now called DirectBuy. I'm sure many of you are familiar with the company. She was working in several cities around the U.S. before settling in her hometown of Kansas City.

Actually on the Kansas side versus the Missouri side, just to make that clear. She worked for a large wellness center and a marketing company before starting her own business. She sold practice management software. Over the experience she had found herself doing more consulting and marketing. Melanie, I think that's often the case. You bring a great service, or in this case a software platform, but you find out that what you're about is more helping the actual end user than just handing off a software. I know that's in your heart because we have had such a great time talking. To continue on, after running her own business in healthcare for a number of years, Melanie joined the Smiles Change Lives team in 2013 as their marketing director.

Her concentration is on the digital end of things, helping the organization get found online, finding new business partners, and promoting the work of their partnering orthodontist. When not working Melanie is working in her straw bale garden or playing with her dogs. Mr. Alexis Barclay. Raised across the pond in-

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Alexis: Yes sir.

David: Raised across the pond in North London, yes sir. Moved to the U.S. when you were just 17 years old. After living in Florida, he eventually made his way to Kansas City where he's been for the past 20 years. Okay, so I'm going to add this up. 20 and 17, 37. Did I get that right? Did I get it?

Alexis: Yeah. Close. 38.

David: 38. Okay. Well, you know I was close. I was close. Close enough. 10 of those years have been spent working with Smiles Change Lives. Last 10 years with Smiles Change Lives, Alexis has had the role of director of provider services the last six years. He works with the SCL, that's Smiles Change Lives, network of over 750 providers who are also providing assistance to families and working with the operations team. When he's not working you find Alexis playing base with one of Kansas City's notable bands. What's the name of the band Alexis?

Alexis: The Supermassive Black Holes.

David: I love it. I love it. I love it. That's awesome. That is awesome. All right guys. Well, you know I hinted a little bit on what this is about. Obviously, again, Smiles Change Lives ... And I know that you describe it more than I can because you live it every day. I think again, in our hearts whether we're dentists or orthodontists, or even in healthcare, we think about the real significance in our lives comes from not just running great business, not just providing for our families. Really I think for every one of us deep inside, if we haven't gotten there yet, it's about the impact we can have on other people's lives. That can be through a profit generating company, that could be through a non-profit.

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It doesn't really matter. We often find our niche. Many times we realize that there are so many people in this world, and especially kids. When we're thinking about kids, and kids have not had a chance in life to make their own decisions. They come into an environment that is no choice of their own and they have to some way work their way through the system today, and find a way to achieve and have that self-confidence and self-esteem. I talked about how big a different having a smile that is a set of teeth that actually have an outward appearance that are acceptable by society's norms. We all know what that is. Straight, white teeth. Right? That look good.

That seems so basic but I know you all can talk to the real heart of it. Let me start, and again, either one of you can answer or just jump in. How did Smiles Change Lives actually start? Where did it start? What was the concept?

Melanie: Well. I'll jump in here. It was back Virginia Brown was raised during The Great Depression of this country. Both she and her sisters had really crooked teeth and needed braces but her parents could only afford braces for one of them, and it was her sister that got the braces. She didn't get braces until she was grown and able to pay for them herself. As a result, all of her teenage years she was very self-conscious and shy, hiding her smile. She just had a dream of one day making sure that no other kid had to go through what she did. That's kind of the Smile story in a nutshell. Then Alexis maybe you could fill in some of the more program aspects.

Alexis: Yeah. Once with the idea in mind in 1997 Virginia and Tom Brown, the chairman of our board, partnered with UMKC School of Dentistry here in Kansas City. They basically set up a foundation to help 16 kids in The

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Greater Kansas City Metro Area. Once we had done that, we had found that there was no orthodontic access to care program anywhere. From that program we built and built and built, and 20 years later here we are.

David: I know that you are currently working with somewhere in the neighborhood of 750 providers, that being orthodontists who are volunteering their time, their services to help. The 750, that's a pretty substantial number. How has the Smiles Change Lives Program changed over the years? Obviously it's expanded a great deal. You want to add some context to that? How it's grown and how that growth is having more impact?

Alexis: Yeah. Absolutely. Like I said, when we started just here in Kansas City, 16 kids, wonderful idea, wonderful local idea. We expanded into Kansas and Missouri, and then as we moved on we went into Minnesota and Florida. Then in 2009 we brokered open and went nationwide. We work with state organizations all over the country, and in 2015 we even went international. Now we're in Canada. We continue to bring in new providers as we grow, as the word gets spread, because it's such an important need. I think one of our biggest jobs, how we have changed philosophically is to get the idea about that orthodontics is not just about aesthetics.

There's a lot of different things that go into what a good smile can do for somebody. As a child myself who was somewhat portly when I was younger, I would get bullied at school. Just remembering how that affected me, we work with a lot of the same kids, and trying to let people know that. Trying to get that across to people that this isn't just a cosmetic situation. This is a mental issue. This is something that we can really help, and the more people

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that we can supply smiles to the more confidence is out there in the world. That's one of the biggest changes that we have gone through, is really focusing on the families and who are trying to treat?

Why are we trying to treat them? Initially it was, "Okay, let's find some kids." Now it's, "Well, who needs this help?" The families, who are the families that need this help? Who are the doctors that want to work with these guys? We can spend a little bit more time on making that match. The best match possible.

David: Yeah. That's really good. Let's talk a little bit about that. I think a lot of people today really do want to have the impact. They want to give in some way. Where do they give their time, their services? Or doc on and just write a check. There's different ways to do it based on where you are and everybody can do it their own way. Concerns are often times, Melanie and Alexis, for charities in general we all like to think that charities are doing great work, and many of them do great work. Some have higher admin fees and people are saying, "Well, I want to make sure I'm doing the right thing here."

Give us some context about how Smiles Change Lives, how you go about doing what you talked about Alexis, about connecting the people in need, the families in need with the providers. What's the basis for how you find families or how do families find you? Then, what's the screening process? That's a lot rolled together, but you and Melanie want to take that?

Alexis: Yeah.

Melanie: Yeah. Go ahead Alexis.

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Alexis: Okay. Great. Yeah. How we find our families is generally how you would find any family, paying or otherwise. Thanks to Melanie's hard work we have a wonderful digital presence, and so a lot of people will find us online. Then going back to the idea of how do we use our network? General dentists obviously are a huge referral source, because that's a lot of the time where you find out that you need orthodontics. Between those two ideas what we'll do is direct people to our website so they can start our application process. At that point we will ask them for certain criteria. We work with children that are seven to 21 years old.

We want to make sure that their finances are in order, so we require their latest tax forms and other government forms that I won't go into because there's a big list of them. We want to make sure that there's motivation there. We have them write a small essay about the need and why they would like this, because this is a gift from our doctors. We want to make sure that these guys are going to show up on time to appointments. We want to make sure that they're going to follow treatment plans. One of the big issues, going back to the charity idea of things, is that we want to make sure that we are not obligating our doctors to treat someone that's not going to follow through with what the doctor needs them to do to finish the treatment.

David: Yeah. Really, really good. Really good on that. I would assume, being a former practicing dentist myself, and certainly seeing fairly large preponderance of children or certainly under 21 in my own practice. Often times seeing kids coming in ... Again, no fault of their own because the diet, the environment they grow up in is due to the parents. That can be good or not so good, right?

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Alexis: Yeah.

David: That's where we can break down. A young child comes in, maybe they're the age where orthodontic treatment could begin. That can sometimes begin very early today, mix dentition. Sometimes that's better to wait when they're more towards permanent dentition, but often times there are other foundational issues in the mouth. Again, we're not talking about just cosmetics. Obviously that's what people look at, but foundationally there could be broken down teeth in the back, the posterior part of the mouth. The orthodontist is not going to do those, so obviously there's got to be a partnership between the general dentist and the orthodontist who's become a provider for Smiles Change Lives.

There's now a referral aspect there from the general dentist, but also the general is just like he would with any case, going to work with that orthodontist to take care of some of the needs. Again, money is a problem here for not just only the general dentist, but also the orthodontist. How does the general dentist and the orthodontist work together through Smiles Change Lives to incorporate the whole program? The foundational aspect of the teeth and the straightening, which is what the ortho is.

Alexis: Yes. Initially when we get that, going back to the screening process side of things. When we get that initial application one of our requirements is that the family has a general dentist. That general dentist has got to verify good oral hygiene, because as you know without good oral hygiene there's no point in putting brackets on. It's not going to do what it needs to do. As the treatment continues, keeping up that oral hygiene is the utmost importance. As you normally would the orthodontist and

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that general dentist are able to work in tandem to make sure that these guys are getting the best final result. That's one of the great parts about our program.

Everything is very much a team effort. Everything works together to make sure that everyone is getting something they need out of it.

David: Do the families pay anything at all towards the treatment or does it totally rest on the provider?

Melanie: That's an interesting question, because when the program originally started, the foundation that was set up provided a grant to treat the kids. Through a couple of years of experience we found that that actually didn't work very well. Families sometimes took that treatment for granted. The kids didn't take care of the brackets. They ended up with broken brackets. Sometimes there were attitude issues, so a fee structure was put into place. Initially the families paid \$250 to be a part of the program, but there was almost an immediate change seen in where now families were involved. They had some skin in the game, so the kids were much more motivated to take care of their teeth.

I think parental pressure helped a little with that, but because the families weren't receiving charity they were out there referring families to that orthodontist. That's just continued over the years. Currently families that apply for the program they pay a \$30 application fee, and then once we have them matched with an orthodontist that will treat them, then they pay \$650 into the program. What that does, what that money does, is allow us to find more kids that need help as well as recruit more doctors.

Initially Smiles started out as the typical non-profit, where

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on one hand somebody was always having to raise funds so that they could go do their mission.

As soon as we put the fee structure into place we eliminated the need for fundraising, and it freed up all of our time to work on our mission. Now everybody involved with Smiles is involved with the mission of getting the kids treated and finding orthodontists to treat the kids. It makes the whole thing work a lot better because everybody wins now, because everybody has something invested in the success of the program.

David: I really like that. We all know that when somebody has skin in the game there's the appreciation and a resolve to care for it. On a relative basis, based on financial need, but \$650 can be a substantial amount, but if they do that they're going to care for it. I love the fact that it allows you guys, your organization, to focus on what you do. Fundraising of course is a huge aspect of anybody who's trying to give back, who's raising those funds, and when a great deal of those resources have to go towards fundraising, of course that takes away from the focus. Your model seems like you've really got it dialed in where it makes a whole lot of sense.

Congratulations for moving in that direction, because I love that. I really, really love that.

Melanie: Thanks. Well, you know it's funny, being the very first orthodontic access to care program, we didn't have a model to follow.

David: Right.

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Melanie: Over the years we've tried everything and we've figured out what does not work and we finally feel like we've got it. "Okay, this works. Let's go."

Alexis: The lovely thing about that is the more kids we can treat the more money we raise. The more money we raise the more doctors we find so we can treat more kids. It's a wonderful, sustainable idea. Also, we don't have to obligate anyone to fundraise on our behalf. We're not asking our doctors for money and those kinds of things. Just all of that together really helps us move forward, so just in general it's fantastic.

David: All right. I'm going to ask you one more question about families getting started with this. Then I want to roll in the last part of our program today into how general dentists, how orthodontists, and anybody else who is not directly related with teeth might also care to get involved, because this is again part of giving back. Some of the people listening can be directly involved with caretaking of these patients that are screened through the organization, and other people who just care there may be another avenue for them to help. I want to open the door. This is not a limited participation opportunity here at all.

You don't have to be a dentist or orthodontist to appreciate what Melanie and Alexis are doing, and what they donate in their time and efforts to make this work. Just brief me on how does the screening process work? There's a referral, there's an application, all right. Now, what happens?

Alexis: At that point, once we have received an application and we have checked their finances, made sure that from what we're seeing they're a good candidate, we will send

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them to one of our providers in our network for an orthodontic consult. We want to double-check with our professionals the treatment plan is going to be succinct and that the family understands what they're going to go into next. At that point the final decision is always made by our doctor. If someone walks into that consult and they're half an hour late or they've got a bad attitude or the kid's spitting on the doctor or whatever that might be, they're not obligated to treat that patient.

We will take care of that on our side if there is any reason. Now, I will say 90% of the time they're approved and generally if they're rejected it's because of a severity issue. Yeah. At that point we will get a consultation form back from our doctor. They will say, "Yes we would like to treat them. No we would not like to treat them." Hopefully it's a yes. At that point that's when we move them onto the next step to where they have to pay their \$600 required financial investment. Once we receive that, we are able to get that started into treatment.

David:

All right. Very good. I know that Smiles Change Lives made a conscious decision, and I totally back it. I know you have your reasons for doing it. I want to get to the heart of it. That is that the actual providers of the orthodontic treatment are going to be specialists in orthodontics. Even though general dentists today are doing a lot of general orthodontics, that their scope of practice, the way that you work with dentists and orthodontists is again the general dentist often become a referral source, and of course a partner or tandem in the effort, because the general dentistry has to be kept up. The orthodontist who participates as a provider in Smiles Change Lives actually does the treatment.

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Break that out a little bit. Any more context on that? Then let's talk about why an orthodontist would want to join up with your cause, Smiles Change Lives, versus doing their own in-house charitable giving of services.

Alexis:

We work with the specialists on our side of things. We have orthodontists on our board, and again, we want to make sure that any part of the organization we use the professionals in the right place. That works from the general dentist moving the child forward, cleanings, oral hygiene. Then on the flip side of that the orthodontist doing the specialty work. The biggest reason for an orthodontist to work through us, rather than doing their own program, I would say is we take care of all the paperwork. We take care of the backend. Once a patient is sent to one of our providers for a consult they don't have to think about whether or not these guys are in need.

I think a lot of our providers in the past have had people come in and say, "I can't afford that, will you please help me." At that point that doctor has to make a decision on the spot, which is a very uncomfortable decision to make without knowing all the facts. We're able to take care of those facts. We're able to make sure that that doctor and his staff or her staff never have to say no to anyone, which that's a pretty big deal when you're working with some of these families. Especially families in need. At that point, again, because we take care of the paperwork, because we have the families sign contracts with us, sign off on certain liabilities, make sure that they're going to follow treatment plans, make sure they're going to show up on time to appointments.

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If there are any compliance issues we will take care of that on our side. We're able to track all of that for each provider that we have. Our biggest job, I say it all the time, our biggest job is to provide an access to care program in someone's office, with as little cost as possible, with as much value added as possible.

Melanie: Yeah.

Alexis: As long as we can focus on that, then the doctors and the practices can focus on what they do best and the families are paying in. Again, it's a very synergistic kind of situation where we have our general dentist network, our orthodontic network, our families, and us, all working together to provide the best result possible.

Melanie: Well, and don't forget about just the marketing benefit. An orthodontist could set up their own program, but then they would also have to promote it. That's one of the things we offer for them. With that said, should someone feel strongly about having their own program they can still promote the program under a different name should they choose, white label it, and we can still take care of the backend. That way they still get the benefits, the third party verification, the screening, and it's not adding extra work to their staff. It can still be fun and easy. They have the option of promoting it under a different name, if they want to. We found that most docs just let us do it because it's just easier.

David: Yeah. No. That totally makes sense. Plenty of sense. Is there a cost for a provider to join Smiles Change Lives? Also, is there any requirement that once they do become a participating provider that they have to take so many kids per quarter per year?

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Melanie: Well, there's-

Alexis: No. Go ahead.

Melanie: I was going to say there's no financial requirement for an ortho to join Smiles. They don't have to worry about setting up boards or chapters. We simply ask the provider that he and his team are willing to treat families that we identify. On our end we're doing the screening to ensure that their donated time, skill, and practice resources are spent on qualified and motivated children.

David: Excellent. What about business partnerships? What's the opportunity look like there?

Melanie: Our business partners are other businesses that also serve the orthodontic and dental community. We found that they wanted to be involved too. How could they play? We came up with a program a couple of years ago where somebody wants to join in. They agree to offer our Smiles Change Lives providers a discount on their products or services in exchange for us promoting what they're doing to our network. It gives them increased visibility, it lets them participate in the program and the success of the families. Again, it's a way for everybody to win.

David: What are some of the additional marketing initiative that Smiles Change Lives provides?

Melanie: Let me think here for a sec. We do all sorts of things. We will do social media mentions and shares. That can be the kids while they're in treatment, before and after photos. It may just be a milestone for their practice. We monitor that and because we have the international visibility we want to highlight practices any time we can. We send out letters to their current and prospective referring general

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dentists to let them know how the program works, and that they're participating. In the event that a dentist identifies a child that they know is going to need either interceptive care or phase two treatment, that they have a resource that they know this family can't afford it.

We've got somebody we can immediately plug them into, and either increase or create that partnership between those two resources. If a doctor came out with case studies we have access to different publications where we can help them get published. The business partners we've already mentioned, the discounts they have through the business partnerships that we've established. We offer press releases in their community to highlight what they're doing. We also have opportunities to have stories about their practice published in national publications. Examples would include Orthotown, Dentaltown, Orthodontic Products. As a non-profit we often have access to resources that that may not have.

Alexis: We love to shine a light on our providers, and there are so many different initiatives. Depending on the office itself, where it's located, and how large the town or city they're in, there are different opportunities for different places. One of our latest initiatives is having open houses and screening base in a lot of our doctors' offices. They have proved to be incredibly successful, and not just finding candidates for Smiles Change Lives, but also finding paying referrals in those areas. Because as a non-profit we're able to garner a little more attention, as we should, because we are helping people that do need it. We can reach out to certain media sources and amplify what we are doing.

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In that, I think people love the idea of working with a community-minded doctor that wants to give back. I think that's one of the things I know that I look for when I'm working with businesses. That's something, you know. That's another one of the initiatives that we work with.

Melanie: Sure. You know David, in my opinion, this is probably one of the areas we're able to offer the most value as our way of giving to our SCL providers, because the passion of the orthodontist and dentist is to help that child have a great smile. By offering these marketing opportunities we're able to enhance what they're doing. Many offices have staff that have marketing responsibilities. Some are able to outsource to marketing companies, but that's what we do all the time, so it enables us to, like Alexis said, amplify what they're doing in their local community to hopefully help bring them more paying patients.

David: Yeah.

Melanie: In fact we have providers that have told us about how they're able to grow their practice by giving away treatment through Smiles. It sounds a little contradictory but it works. It's amazing.

Alexis: Yeah. It wouldn't be the initial thought that you would have when you join a program like ours, but the way we see it is the more successful we can make you the more kids we can help.

David: Right.

Alexis: It's always the same end goal. What can we do to make everyone get better and bigger, faster and stronger? How can we help more of these kids and families that need our help?

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David: Well, I think it's the idea of partnership. I think each one of us, and I would guess a majority of people that are listening today, would also believe that when we give, whether we give individually or we give through a business opportunity like you're providing, when we give we get back somewhere. It's not where we're focused on on the front end, but people find that when you give, whether it's through services or products, your time, or just writing a check, whatever it might be, when you give on the front end you get back and in so many different ways. You've brought out some of them. Again, what really makes this country great is for people to dig in and help out.

Not just when there's a disaster or crisis. That's great when we see people come together. In this case this is on ongoing, sustainable opportunity to really significantly change our culture or society by allowing children, who otherwise would not have this opportunity, to have their lives changed through having a smile that gives them the opportunity to have the confidence and self-esteem. As you said Alexis, not be picked on or bullied because of things that they have no opportunity to change at all. It's what they're born with and that's what's huge here. Last thing, I want to make sure that we don't leave any doors closed here.

For orthodontists who would like to be providers, for general dentists who would like to be referral partners in this, or business partners who provide the services or equipment to the dentist and orthodontist, what's the best way for them to get in touch with you?

Alexis: Providers and general dentists, you can contact me directly. Generally here all the time, and if I'm not I've

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always had access to something to connect me back to this. Email is the best at alexis@smileschangelives.org. You can also call us any time on our back line, which is, 816-474-0052. Then on the flip side of that, any kind of marketing initiatives ideas like that, Melanie?

Melanie: Yeah.

Alexis: What do you think?

Melanie: Yeah. Marketing opportunities or if somebody is interested in being a business partner they can reach out to me. My email is Melanie, M-E-L-A-N-I-E@smileschangelives.org.

David: Why don't you give the back office number one more time, just because I know when I'm on the move I'll hear it then I need a second chance to write it down. Go ahead.

Melanie: It's 816-474-0052.

David: Excellent. Well Melanie, Alexis, thank you so much for your time today. Thank you so much for what you do in changing lives and helping bring, in this case the dental community as a whole, together as a force to reckon with in such a positive way. I wish I could see some of the people, what you get to see. You get to see the families and how these young kids, who are having their lives changed on a daily basis by having their teeth straightened and improved. You get to actually see the impact. If we could all see that and touch and feel that I think we would just ... I see why you do what you do. Thank you for your time, and thank for all that you do on this behalf.

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Melanie: Well, thank you. We appreciate this opportunity to share what we do with your listening audience.

Alexis: Absolutely. Thank you Dr. Phelps. It was an absolute pleasure.

David: You're welcome. I will talk to you soon. Take care.

Melanie: All right. Thanks.

Alexis: Thanks again. Thank you.

Melanie: Bye-bye.

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