

Full Episode Transcript

With Your Host

Dr. David Phelps

Welcome to the Dentist Freedom Blueprint, a podcast about freedom—freedom from expectations of society and the traditional path to success that has been ingrained in us from our early years, I'm joined by mavericks, renegades, and non-conformers to discuss an anti-traditional path to financial freedom, freedom of time, relationships, health, and ultimately freedom of purpose. My name is Dr. David Phelps. Let's get started.

David Phelps: Good day everyone. This is Dr. David Phelps of the Freedom Founders Mastermind community and the Dentist Freedom Blueprint Podcast.

Today, I am joined by someone I have really come to appreciate very much, and you will too, today, after we have a chance to get into the conversation. Dr. Michelle Jorgensen is with us today.

Michelle, how are you doing?

Michelle Jorgensen: Great. Thank you so much for having me on.

David Phelps: You said a minute ago, you said great but crazy because you're a person who is involved in high energy, it wasn't always that way.

I'm going to give people a little bit of your background and we'll jump into where you started, where you came from. This is going to be a great, great story and I'm interested in jumping right into it.

So, let me give people a little bit of your background. Dr. Michelle Jorgensen is an author, speaker, and health-based

dentist. She is written ... now, it says here three books, but I checked, it's more than that. You're like-

Michelle Jorgensen: It's five. I sent you the old version, I think.

David Phelps: Yeah, I've got more here, I pulled up. So, you also run an education center for living well, which is what we're going to talk about today.

After practicing traditional dentistry for 10 years, Michelle became sick from drilling out mercury fillings. Her own healing journey led to her create the total care way and answer to chronic disease.

Patients from all around the world, seek out her care. She's received certifications as a therapeutic nutritional counselor and as a traditional naturopath. A busy mom of four, she loves to spend time with her family. She is happiest when she's teaching and helping people.

And I know that to be true about you. That's one thing, when I get to talk to people that I know well, I know from where you come from. I know where your heart is, your passion.

So, let's talk about that because what you have created, what you've developed, which is what I love, it's based on your story, your pathway, your own journey, what became important to you.

But realizing that what became important to you, your health and your life, your crisis has turned into helping other people. That's where I think the heart of anything should come from if it's possible. So, take us back.

Michelle Jorgensen: Yeah. So, I don't know, it sounds like your listeners are mostly dentists or at least in profession. And I'm just one of Dentist Freedom Blueprint with Dr. David Phelps

you as well, I'm a dentist, I have been for 25 years. My father and I were practicing together and he's still practicing at 73.

And so, he's now working in a prison of all things. But I watched him practice and he didn't have a sick day in his whole career, and I just thought that's how it went. And we had a busy practice together doing a lot of cosmetic dentistry, and I started getting really sick and I didn't know what it was.

And you go to the typical things. You start seeing doctors and doing blood tests, and no answers anywhere. I was having a lot of gut problems, but nowadays, that's kind of everybody has gut issues. So, I just thought, oh, it's just what happens.

But a big one is that my hands started going so numb I couldn't change a burr. So, I couldn't actually change a burr out of a handpiece anymore. I didn't have enough dexterity.

So, I knew that things were going south quickly, and I didn't know what it was about or why, and no doctors could give me answers.

So, I actually had my practice for sale, and finally, I was trying to figure out, am I going to coach? What am I going to do? This is my entire career, my family's livelihood. What's going to happen here? I was in my late thirties, and someone said, "Have you ever looked into mercury poisoning, mercury toxicity?"

And I had never heard anything about that other than, if you've been through dental school, you've heard of Hal Huggins and they tell you if you talk about mercury and then it's a problem, you'll lose your license.

So, that's pretty much the whole mercury talk I got in dental school, you probably got the same talk. If you talk about it, you're going to lose your license.

So, I told this practitioner and I said, "I don't have any mercury fillings. I don't have any amalgam fillings. I don't think that's my problem." And he said, "Aren't you a cosmetic dentist? Don't you drill those fillings out every day?" And I said, "Well, yeah." And he's like, "It's not the fillings you have, it's the ones you've been drilling out, breathing in for the last 10, 15 years."

I had never given it a second thought. Again, my dad's practicing 73, never a sick day. So, I thought this couldn't be from my profession. This can't be from dentistry because he's fine.

Anyway, I thought, well, it's worth a try. I've tried everything else. So, I got tested and that's what it was. Mercury off the charts.

So, all of a sudden, my symptoms made sense because gut issues are related, for sure any neurologic symptoms. So, numbness, hands, my memory also was just trashed, and I've always had a good memory. So, this is what it was.

And the doctor said, "Alright, if you're going to get rid of it, you can't keep putting it in. So, you've got to figure out, can you keep doing dentistry?"

So, I had to go find, were there ways to remove mercury or remove these fillings and not breathe it at the same time, and I found organizations didn't even know they existed, had no idea that they even existed. They have protocol for how to remove these in a way that it doesn't get into the practitioner or the patient's body.

So, I started doing it for me, just for me. And then I thought, well, gosh, I wonder about that dental assistant that's sitting right there. I struggled with fertility for years and a lot of dental assistants and receptionists do, and I think, gosh, I wonder, could this be related to them too?

And then my patients started saying, "Hey, my doctor's interested in somebody that does it this way," because we start sending people your direction or tell them about you? So, doctors started sending people, and honestly, that's how I learned. They knew way more about this than I did.

They would bring me books and say, "Hey, why don't you read this? Why don't you learn about this?" And I'd start to learn. And then finally, they just started saying, "Well, if you're doing this, have you looked into this as well?" And they started presenting things to me that they were looking for from a practitioner.

I didn't have a clue what they were and at that time, it wasn't easy to find. I went to learn about ozone at a veterinary conference, things like that where I was just going all over the place trying to find how to piece these things together.

And all of a sudden, what I found was a way of practice that people are looking desperately for oftentimes, and my practice has grown exponentially since we've changed the focus to health.

So, I didn't arrive here purposefully, but it's where I'm at now.

David Phelps: Yeah, it's an amazing story. Based on your research, now that you've got into it for some 15 years, what do you believe is the percentage of people who are affected by mercury poisoning at some level?

I'm sure there's all levels of radiation. Some people deal with it and other people are greatly affected. What's the percentages look like, Michelle?

Michelle Jorgensen: So, the interesting thing is, is what I've learned about myself is doing the genetics and genetic testing, I found that I have what's called a methylation problem. And methylation is the way that our liver targets toxins.

So, it basically, it's like the UPC code on a toxin to say, "Hey, this is bad. Get rid of it." Well, my body, it's called an MTHFR variant. And my body has this variant. So, obviously, I got one from my dad, one from my mom, because I've got two. So, my dad only had one. So, he could deal with mercury, and I can't.

So, what has been found is in the population as a whole, 30 to 40% of people actually have a variant in this methylation ability. So, what that tells me is probably 30 to 40% of dentists or dental assistants, or dental receptionists or whomever we're talking about, just the public in general, actually has difficulty detoxing from mercury.

So, that means not everybody, but 30 to 40%'s a pretty large number. One out of three, or even more than that I think are probably mercury-affected in some way working in the profession of dentistry. And the sad thing is that profession doesn't talk about it.

So, we don't know, first of all to be concerned, we don't know to look at symptoms that might be correlated. We just think that we're getting old or we're getting tired, whatever it might be.

We just can't remember things because everybody does when they get older, and we write it off. But it very well may be

mercury and there's things to do about it. You don't have to stop practicing or lose your career.

So, I really want dentists to know, you need to look into this. Like this is a real thing. I'm not making this up here. You need to look and see if it's something that could be affecting you.

David Phelps: So, probably, the first thing, easy thing to do is just go get tested, get screened, right?

Michelle Jorgensen: Yep. But it's not an easy test. I mean, it's an easy test, but you can't just do a hair or saliva or blood test. You have to do something called a provocation test because mercury goes and hides in the organs.

So, it hides in the brain, it hides in other places. So, you have to use a chelator and we've learned about this some in dentistry. But you have to use a chelator which pulls it out of the tissue, makes it available to actually then find in the urine.

So, you do a provocation test and if anybody wants to know how, I can show you how, because to me that is the first step. Do a provocation test, see what your mercury levels are and if they're fine, great. If they're not, you found a piece.

David Phelps: Alright. We'll definitely want to either pull that during our discussion today or put a resource or link-

Michelle Jorgensen: I could put it in the show notes or something.

David Phelps: Yeah. We'll do put it there because I think that's great. So, we started there with your story and what our colleagues should potentially looking at for those who, whether they think they have symptoms or not.

How many people as you said, feel like well I'm just getting older, I'm just more fatigued and I'm 42-years-old, or whatever it might be. It's like, well, there's maybe a cause there, so look at that first, get the test and see where you are.

So, what I want to do next is really, obviously, you were going through a lot of health issues. I mean, it's stressful for you physically, emotionally; you're carrying a load, you're a practicing dentist with your father and you've got to go through this down and back up again.

Give our listeners — because everybody goes through some tough times at some point. What's the mindset? What worked for you and what was hard to go through this dynamic from going from one type of practice where things were going pretty well, and then all of a sudden you had to just shift gears completely?

The stress, financial, emotional, family. And how long did it take you to kind of get to the other side where you could start to see life, like, "Okay, this is starting to work, I'm feeling better. This practice model, I think I'm passionate about it." Give us a little bit of lay the land on that, Michelle.

Michelle Jorgensen: Well, there are other things that happened about the same time too. When I put my practice for sale my father did as well, and his sold.

So, half the practice sold to a new practitioner. So, my father left. That didn't work well. The new practitioner didn't work well and he only lasted a year in our practice and then I had to purchase the remainder of the practice.

So, now I have a two doctor plus practice that I'm the sole practitioner inside of, and I'm sick.

David Phelps: I was going to say you're not well at all at this point.

Michelle Jorgensen: No, I'm not well, so it was a pretty rough time.

Really, honestly, it was a very rough time, and I think at that point you just do it because of sheer survival. You just have to.

My husband works in the practice, he does all the accounting and bookwork, and this was our business. There wasn't a fallback for us.

And I could have done other things, but again, it takes energy and help and all those things to start something new and so, it was worth it to us to try to work through where we were in the dental practice.

So, I started bringing in associates and just started with one and had one for a little while before we brought in another. Started bringing in associates, but actually, that turned out to be the best thing possible because as we were transitioning the practice, anytime you do something new, it's a change for everyone and a change in mindset for everyone.

I was on board because I literally, my life was riding on these changes. So, my commitment to this is a hundred percent, I am all in. But now you have to help other practitioners that have not gone through the same thing, get all in as well.

And so, it was really actually a bit of a blessing in disguise because as I brought associates into the practice, I would screen them for "Are you open? Are you going to be open to these concepts and this is the way we practice here, and if you're going to be here, this is what you're going to do."

And it's been interesting because we've had associates come and go some over the years, but every single one of them now,

continues to practice in this model in their own practice or in a subsequent place because they saw the benefits that we were bringing to patients, and to be honest, the benefits to the business of doing this, because you are finding a patient population that is not served. And they're looking for practitioners.

So, it was difficult, but it's one of those things that I didn't have a choice. So, you keep showing up — I mean we all do it. You keep showing up every day, even if you don't feel good and you just keep smiling and you keep serving patients.

And I feel like all of that hard work and perseverance eventually, at the other end, you go, okay, it was worth it. And it most definitely was. Not always easy in those changes. But for me, I think it was a little bit of a blessing that we kind of had a bit of a start over for everyone.

David Phelps: Yeah. It's my experience too. My own and other people that I know similar to you, different stories of course, but going through those tough times, if you do persevere and get to the other side, whatever that change is going to be, that can be such a dramatic game changer for yourself, and for the model of your business, and then certainly the people that you serve.

Because you're right, everybody's trying to talk about, well how do I differentiate today? I'm inundated by insurance that keeps pushing down on me and making me have to walk their walk.

And you've created a model that's not based on money, it's not based on transactional income, it's based on actually providing health that you are very, very passionate about for the right reasons.

And the rest, I'm not going to say it all takes care of itself because there's a lot of moving parts. I was looking at your website yesterday, getting ready for our interview just because I ... and know you have a lot of moving parts there. I haven't been there to visit you.

By the way, I didn't tell people where you are, but you're in American Fork in Utah kind of between Salt Lake City and Provo more or less. So, people know where you are. But I was looking at your website and again, I can appreciate to a degree all the moving parts there.

And I would say that you talk a lot about seasons of life, seasons of business, which that's probably another discussion for another time. But you've become such a visionary, that's why I see you as you're like the orchestra conductor. You have all the people in the right places filtering in the right people, the right buy-in.

And then you create the music, which is the delivery of great service, great health to your patients. And you're there, kind of doing this. And it's not easy to do. I mean everybody says, "Well, yeah, I'd like to be that doctor who is ... I'm the CEO. I just want to be the CEO." It's like, well, that's great but it comes with its own aspects of issues.

Or you find associates as you seek them, and you screen them. And when you get the buy-in, there's many that are just like I'd love to be in a place where this culture is this way where I can serve people. I don't want to be the CEO. I want to just plug into a place where someone's built something that is amazing to come to work in. So, my point here is just pick your path but have a passion behind it.

But there was a question in there somewhere, Michelle, and it just blew my mind, my enthusiasm. I think where I was going with that is, as you have found the need, the patients, the underserved marketplace, then you had to make a decision of course, well, do I grow? Should I grow? How do I grow?

Again, how do you do that? You know, there's a passion to serve, but there's going to be a lot of moving parts here and where do you and your husband kind of decide ... and how did that grow your aspirations?

Michelle Jorgensen: So, that's a very interesting point. And I was just having this conversation with an employee in another business I have.

Some people are good at seeing the path through the chaos, the path through the busy. And some people are just wired for that and that actually is a little bit my wiring. I actually do better when things are a little frantic, that's just kind of the kind of the way I work. I'm like, "Ooh, I'm laser focused, man, we're going to win."

And so, I do okay in that scenario. So, for me, growth was okay. Is it easy? Oh, heavens, no. Because I went from being the guy, the girl, whatever you want to call it; I was doing everything because I also believe that a lot of times as practitioners, we're competent.

We actually are pretty good at a lot of things. We could probably do the finances in the business maybe better than the person that we've hired to do it. We could probably do the hygiene maybe better but that doesn't mean we should.

And that's, I think what a lot of times we fall into as a practitioner, is we could do it better or we could do it equally, but should we?

And so, I think that's where you have to ask yourself, what do I want? And I looked at it and I said, you know what? I love to do the dentistry. And I was what we call a restorative specialist in our practice now for 15 years. And then I was actually the surgeon. I was full-time surgery for another three or so.

And as I looked at it, I said, I could keep doing this. Is it fulfilling? Sure. Am I good at it? I think so. You know, I hope so, and all of these things could continue as they are. But gosh, I want to help more people and the only way I'm going to be able to help more people is to be able to train and teach and lift other providers to this place and let them shine as well.

And what I found is there are providers who are very happy being given the opportunity to perform and do their best dentistry, but not have to worry about the rest.

I have a new associate who's phenomenal. I don't even like the word associate. Honestly, it brings a negative connotation that I actually don't prefer. So, I call them all partners. They're all partners. We're partners in different ways. They're my clinical partner.

And so, I have my new partner that's my clinical partner, one of my restorative doctors and he said, "I am riding this thing out till I am retired." He's like, "I get spoon-fed every single day, phenomenal treatment, I just got to show up, take care of patients and do a good job." He's like, "Why would I ever leave?"

And I look at him and I think he is in the exact right spot. And he had owned his own practice for 10 years prior, before moving here and joining mine. He is happy as a clam.

And so, what it really tells me is there are different personalities, there are different paths, and none of them are wrong. It's all about what fits for you. So, for me, it fit to grow, it fit to bring on other practitioners, it fit to grow them and build the business, and expand it beyond even our physical location. But for others, that's not a fit.

So, I would say just figure out where you fit and don't try to be anybody else. It's not going to work. That's really what I learned through that process, is where I fit now and I fit with a bigger operation with a lot of busy going on. It just works for me.

David Phelps: Yeah. That's great Michelle. So, biologic holistic dentistry, functional integrative dentistry. Let's talk a bit more about what that means.

And maybe a little bit to our colleagues who are listening today to our conversation, but also, how do your patients who are current patients, maybe they're referring their friends and colleagues or people who are just seeking the underserved marketplace that you talked about, how do you encompass all that?

How do you put it out to the world and how do people see you and talk about you, your practice?

Michelle Jorgensen: This is something I'm actually really passionate about how to let people know. But we'll go to that in a moment. First, let's talk about the difference between those different words. What do they even mean?

So, when I first started down this path, the only word I knew to call it was holistic. But let's be honest, what do people think about when you say "holistic dentistry?" What do you think about?

David Phelps: Well, I'm thinking about overall wellness.

Michelle Jorgensen: Hey, good. You're one of the few. Most people think we're crazy. They think we're going to have like beads hanging in the office and incense burning and I'm going to be wearing tie-dye.

And that I'm like one of those hooey kinds of people, that I don't go on research, that nothing's research based. I'm just kind of making it up as I go. And if you meet me, if you come to my office, you'll see that is the exact 180 from what we actually are.

We are the most technologically advanced research-based practice you will find anywhere in the United States. So, for me, holistic didn't fit because it brings misnomers that I have no control over-

David Phelps: Sure. No, you don't.

Michelle Jorgensen: I have to explain my way out of it, and you've already made assumptions that aren't correct. So, I don't like that word.

Biologic is another that's come along in the last five years or so. But biologic to me, you can't infer meaning from it, like what does it mean to you? It has to do with the body, the biology, something. But what does that mean? I don't know.

So, for me, I really prefer the term "functional," meaning I'm looking at the function of the entire body. And people get it because they hear functional medicine. They're like, "Oh yeah,

yeah, I've heard of that in medicine." Okay, you're doing some what? Then they're interested like what is this?

And integrative — meaning we integrate all kinds of things. We have a lactation consultant on site, we have a massage therapist and nutritionist. We have all of these things that we're integrating into the practice of dentistry.

So, I prefer that because you can infer meaning from those terms. You can kind of sort of figure out what I do from that. But I'm a little bit of a lone wolf on that one. Nobody's using those terms quite yet, but they will be someday.

David Phelps: Well, it's perfect. Yeah. Because you become a category of one. You set the bar and now, people that get it. You've already created the differentiation. You've created the definition by your own works and what you've done.

And again, we were talking about the books you've published. Well, if you really are passionate about something, I mean, being an author to some degree or publishing is kind of what you have to do amongst many other things to get the word out when you're passionate.

So, what else? I guess, the question I have is when you're looking to add somebody to practice, a partner at some level, somebody who's going to add to it, just curious, what kind of verbiage do you use to put out? Just what are some of the key words that are used to either attract or push back, repel the wrong people?

Michelle Jorgensen: Well, we describe, first of all, I am who I am. And that's one thing that I will tell other practitioners as well. We didn't answer that completely on how do you get the word out about when you differentiate yourself.

For me, you can't try to be someone else. So, you can't try to be me, you're not me. I can't try to be anyone else. We all go to all of these courses, and we listen to the guys on the stage and you're one of those guys that we listen to. But no one can be David Phelps. I can learn from you, and I can become who I am based on what you've taught me, but I can't be exactly you.

And I think a lot of times, we think we need to be someone else. And the practice has grown exponentially as soon as I started talking about who I am. Who I am at home, who I am in my life, what I like to do. And I know you do a lot of that as well. And really connecting as a person and bringing who you are to the practice.

So, if you listen to this and you think, there is no way I could talk about that health stuff, then guess what? You shouldn't never have a practice that's health-based. It will be this me on sign that they don't believe anything they're saying right now.

So, to me, I've really created a community of online, with social media, those kinds of things through website. I do a lot of this, podcasting. And that's how people hear about what I'm doing now. is through just getting the word out about who I am; my story, why I do what I do now. And when I'm attracting dentists to come and join us, that's a very intentional conversation.

First of all, I hand them my book and just so you know, I had a coach. I sat on this book, I had the manuscript nearly done. I sat on it for about two and a half years, and she finally said, "You must get this done. You don't understand what this will do." And I said, "I don't think it's going to do anything. It's just going to sit there on the shelf. Nobody's going to buy this book."

She's like, "I don't care if they buy this book, you're going to give this book to them, you are going to tell them what you do.

And the book will help them understand." And now, it's the biggest thing I could have ever done.

But now with a new doctor, I give them my book, I give them my tooth powder, I give them research and I say, "I want you to read this and tell me what you think."

And that's the starting point. And if they go, "Whoa, I don't know," yeah, this has to be a hundred percent what you feel is okay inside, because people will read through you if you don't believe it.

So, we start there. Obviously, there's a lot of things that they love about the practice. We're fee for service. I'm scheduled out until April currently for new patients, which is terrible. We're trying to fix that, but there's just so much demand.

But you have to be willing to listen and learn. And I'm not going to convince anybody of something they don't believe. But I will give you lots of research to show you the reason I do what I do. And you have to be on board with it.

So, that's how I look for practitioners and we just talk about what can you bring, because nobody likes to show up and not actually contribute. So, what can you contribute? What can you bring to our business?

David Phelps: I really believe what you're doing is so great. And when you believe in what you do and you know by the results that you help people achieve, there's nothing better than that, the satisfaction.

And so, I would think that again, if somebody, whether it's a staff member, support staff, or it could be hygienist or a doctor who's looking for a change, the buy-in partially comes from,

well, does this make sense to me? But I think the next part is the social proof.

Spend a little time in the practice, listen to those patients that are coming back, and talking about their transformation and what's happening in their lives. For the right person, that's going to be huge. That's where the buy-in and the mission comes from.

And I would guess that unless there's outside reasons that people would have to leave American Fork and go somewhere else that once you're part of Michelle Jorgensen Total-

Michelle Jorgensen: Care Dental.

David Phelps: Care Dental, why would you leave? To your point, why would you want to leave that? Because, again, satisfaction in what we do in life has got to be a big part. It can never be about the money, that leads to burnout.

Michelle Jorgensen: And the money is a result. The money's a result of the care we provide. We don't do it because of the money, but the money comes if you do it for the right reason. And I know that's always trite, and you listen to that and go, "Oh, you know, I've heard that one." But it actually really is true.

David Phelps: It is. Well, obviously, you've always been very much in terms of your own personal growth, personal and professional, technical. I mean, that's who you are.

So, curious, advancing. I've been finding a real cause to advance more into and with all the books you've written and again, I think we're somewhat similar that there's an idea minute, it seems to blossom.

So, how do you try to focus on growth or moving to the right next thing? I mean what kind of filters? Does your husband help you with that? Do other people help you with that? What do you do when you have that kind of ideation happening all the time?

Michelle Jorgensen: My husband's tired of that job. Still he has delegated that job to two others. So, I have two other coaches in my life that I use.

In fact, just this morning I was on a Zoom call with one, and he shut down an idea I had. It was so rude. But you know what, I'm okay with it because I always say I'm okay if you tell me an idea's bad because I have five more coming where you shut that one down. So, it's totally fine with me.

And I think you have to get to that point where you're okay with that, where you're okay knowing that not all your ideas are great, and you don't actually have to be the one that comes up with all of them either.

So, I really had to take a very hands-off approach at my dental practice, and I've done it intentionally and it's not easy. But I had to let the reins go on some things there in order for growth to happen.

So, now, we're at about 35 team members there. We're almost at 22 operatories. We're building out our last ... I mean, it's just a big operation. There's no way I could do that alone. There's no way. And I had to learn how to just let things go and do it in the right way. And that's not natural for all of us.

David Phelps: Yeah. It's not. We love control. Well, because we're conscientious about results, especially when we talk about people's lives and their health, we want that to be right. So, it is hard. You're right, it's very hard to let that go. And I know that-

Michelle Jorgensen: You have to learn though.

David Phelps: Yeah. You have to. Otherwise, you'll never grow. You can't help as many people as you want to help or whatever it is that your goals might be. So, Michelle-

Michelle Jorgensen: I had to wake up and realize I was the bottleneck many, many times.

David Phelps: Well, that's very true. We can stand in the way of whatever progress that we might make for sure. That's a tough one to deal with but we all have to deal with it at some point.

I'm curious kind of winding things up here today, what's next for you? What's on the horizon? Give us a little idea if you can, of the next few years or three years or five years or whatever you see out there as far as where you're going.

Michelle Jorgensen: So, my personal platform is called Living Well with Dr. Michelle. I know it rhymes, which I quite enjoy. And that platform has three components.

There's an education component because I'm all about teaching. There's a marketplace component. Just had a tooth pattern release with a big influencer. We sold out of 15,000 units in four days. It was amazing.

What that shows you too, is that the interest is there. The interest is there for this kind of service product, whatever it might be, but a marketplace to get the kind of products that people like and want and need, and then also practitioner piece. So, that's those that are listening here.

You know, what does it look like to be in a network of practitioners that are supporting one another? We kind of don't know. Inside of dentistry we're very much an island. The DSOs

have tried to say that they are going to provide that, they don't; you're just a different island, an owned island instead of your own sovereign island, you know at that point.

So, really creating those networks and those interconnected practitioner bases where you live is really where my next sites are. I really want to help practitioners be able to support one another and care for people better. So, lots coming on that one.

David Phelps: Outstanding. Well, I see behind you, there's a couple whiteboards. You need a couple more to put a few more ideas on.

Michelle Jorgensen: It's actually three.

David Phelps: Alright.

Michelle Jorgensen: And a sticky note pad over here.

David Phelps: Alright. I figured you had a few more tools out there to work off of. So, when we end today, you won't just go, gosh, what do I do now?

Michelle Jorgensen: Nope. There are some ideas already there.

David Phelps: Well, Michelle Jorgensen, it's a pleasure. We'll put your links to your website and also if you want to just send us over the resource for the testing, we'll put that in as well, so our listeners or our colleagues could take advantage of that opportunity as well.

Michelle Jorgensen: Will do. Thank you so much for the opportunity to share.

David Phelps: My pleasure. Thanks Michelle.

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