CASE ACCEPTANCE

We regularly receive questions about case acceptance, indicating that there is a lot of confusion in dentistry about the subject in general. It seems to mean different things to different people. If you attend enough continuing education courses, you never seem to discover a common consensus about how you define or measure it.

In a recent email, a doctor posed 3 questions about case acceptance and how to measure it:

1. If the patient says yes at the chair, or in the consultation room, does that mean they have accepted your entire treatment plan?
2. Does the patient have to say yes and then pay for all of the treatment for there to be case acceptance? (If they pay as they go would that still be case acceptance?)
3. What if the patient starts the treatment but for some reason stops prior to completion of the entire treatment plan?

In this document, we are going to answer these questions and give you everything you ever wanted to know about case acceptance. I call it my "*can't miss, shooting dead fish in a barrel with a bazooka strategy to 100% case acceptance*".

So, what is case acceptance? Remember, in any case presentation the bottom line is to "tie the patient to the office". I consider case acceptance to have occurred when **the patient says yes, shows up, pays for treatment, and refers everyone they know.**

Let me take a moment and tell you what case acceptance is not. The patient can say "yes" and still not have accepted the case. The only reason they said yes was to get out of the consultation room (otherwise they would have to listen to the Doctor go on and on and on and on). They had no intention of actually showing up for the appointment. The process of case acceptance starts with the first phone call. Miss any step, mess up once, and you're done. What if they say yes, show up and change the treatment plan? Instead of a crown and buildup you are faced with doing an extraction. What if they say yes in the treatment room but can't afford it or you can't fit it into their budget? They say yes but you're not open during the hours when they want to come in? They need to come in after work or maybe on Friday or Saturday. As you can see, case acceptance is not a moment in time but a series of systems that set the stage and carry the patient through to a successful result. Only if the patient says yes, shows up, pays for treatment, and refers everyone they know do we have true case acceptance. Our patients vote with their feet. If you keep seeing the backs of their heads, something is wrong.

Where do we start? Let's look at it from the patient's point of view. I'm going to show up at your door step in one of two scenarios: I call with a problem (toothache) or I call and want my teeth cleaned. From the perspective of the caller (potential patient) these are the only things I know to ask for. As a consultant, I feel we need to give the patient more of what he or she wants, and less of what he or she doesn't want. Remember, you can't get better at giving patients what they don't want. If a potential patient calls and you can't say yes to what they ask for, the first step in the system of successful case acceptance has failed. As the patient, I want my teeth cleaned or I want the problem to go away. We sell "**solutions to problems**" and "**good feelings**". You must happily give them what they want, and tell them what they need. The trick is to help them "want" what they need, and fit it into an already tight budget.

How, as dental professionals, do we balance this ethical dilemma with running a consumer driven business? Let's look at it from the doctor's point of view. We have conflicting strategies of what the new patient "experience" should look like. It seems that every guru or consultant has a different definition of what "comprehensive dentistry" is and how we should deliver it. How can we determine what to do? Axiom #1: You must tell the patient what is wrong, what caused it, what will happen if it is not addressed and what you recommend as treatment options. Axiom #2: You must give the patient what they want, in order to have the opportunity to eventually deliver what they need. Vary from these principles and your case acceptance will plummet. These last few sentences form the foundation to excellent case acceptance. Misunderstand their implications and you will ruin any opportunity at success in dentistry. Before you challenge any of the above, remember: **If you are not growing you are not meeting your patient's needs**.

Back to the original question from our doctor: There are really four potential outcomes from our case presentation and the patient will say or respond with "Yes" or "No" four separate times:

With the doctor	Financial Secretary	Scheduling Coordinator	Show up for appointment
YES	NO	NO	NO
YES	YES	NO	NO
YES	YES	YES	NO
YES	YES	YES	YES

In each case the patient says "yes" at least once. In the first three situations the patient could not afford it, put off scheduling the appointment, or made the appointment and didn't show. Only the last scenario is true case acceptance. Remember: You can't get better at giving patients what they don't want.

The following form will help you start monitoring your progress in case acceptance. Before you can get better at case acceptance you need to know where you are. Keep very careful records for the next 30 days.

Daily Presentations Monitor

Date	Patient Name	Procedures Presented	Fee Presented	Procedures Accepted	Fee Accepted

You can create something similar on your computer, or call or email us and we will email it to you right away. It would be great to begin this monitoring ASAP.

As a point of reference and a quick review take a moment and read these **six** bullet points.

- You can't get better at giving people what they don't want.
- If you are not growing, you are not meeting your patient's needs.
- Your systems are precisely designed to give you the results you are getting.
- You must happily give patients what they want, and tell them what they need.
- We sell "solutions to problems" and "good feelings". Nothing else!
- True case acceptance is when the patient says yes, shows up, pays for treatment, and refers everyone they know.

If you are not currently monitoring your case acceptance success, start today.

If you are not having a 90%+ case acceptance you have violated one or all of the above cornerstones to 100% case acceptance. The monkey score is 67% if you will just tell them what's wrong. In other words, you could have the worst location, terrible staff, poor clinical skills, and never bath and still get over 65% of your unlucky victims to say yes. The number one reason patients don't have their needed dental work done is that no one told them they had a problem. (More on this latter)

Next, I would like to cover the goals of case acceptance and why patients say "yes".

1. **Tie the patient to the office**. Every approach works with someone, but our goal is over 90%. The bond that ties the patient to the office begins far in advance of you actually seeing them. It's all about systems. That first phone call and how they are handled. Your goal should be for every patient to say that you, your staff, and office is caring, compassionate, convenient, and competent. What you need to remember is that each of these areas means something different to each patient. It is not good enough to just have a script or a set of guidelines for all of your patients. You must hire staff members who are by nature caring, compassionate, and who truly enjoy dealing with people. You can teach anyone to suck spit or schedule. Only in this way can you be sure of giving each patient what they need in order to have them refer every one they know. There are two types of practices. The Donor Practice --- through poor systems and a lack of caring and compassionate staff and Doctor, alienate most of the patients they meet. The other is the Recipient Practice. They are the practice down the street that quietly builds a dental empire by treating patients right (giving them what they want, and telling them what they need in a caring, compassionate way). Both have almost a 100% case acceptance. Doctor Donor (DD) runs them off so that Doctor Recipient (DR) can complete the case DD diagnosed. Patients vote with their feet. If you keep seeing the back of their heads, you are doing something wrong.

2. **Never lose a patient**. On first glance, this may seem the same as number one. Kind of like an office policy manual listing rules. There is office rule number 1, with all the other rules saying "if in doubt, go back to rule number one". This really is different. This refers to the personality and systems of the practice that seem to say, "its my way or the highway". I know you would never do anything to give the patient this perception. Remember: Only the patient gets a vote. There are really two types of personalities when we talk about Doctors. We have the "Assertive" (which we will abbreviate as ASS). This is the dentist turned time-share salesman. They have the tendency to overwhelm the patients and are perceived as pushy and overbearing. You can tell if this is the case because a lot of your patients want a second opinion, or your CA/NS ratio is higher than 8%. These patients always want to think about it following an encounter with the ASS doctor. He becomes the dental stalker. Constantly following the staff around wanting to know why this or that patient has not scheduled for treatment. The other side and equally bad is the non-assertive doctor. They are so non-confrontational that they have difficulty even telling patients that they have anything wrong. They so want to be liked that they shy away from confronting patients with their needs. You can tell if you're in this camp, because patients will feel confused and unclear about the doctor's findings and treatment

recommendations. The bottom line is that we need to be confrontationally balanced in how we present our findings. You must learn to read the personality type, the patient's budget, and mirror that in you presentation.

3. **Have a no contest approach**. This is not an "I win, you loose" encounter with the patient. No "my way or the highway". You must tell them what they need and happily give them what they want. Perception is everything and only the patient decides if they feel the trust and bond it takes to allow you to proceed. I will give you my scripts for this in our next installment. More than anything else this deals with your state of mind. You have not lost if the patient decides to only do the extraction or filling initially. We are looking at the lifetime value of this patient. Each will proceed at their own pace and budget. You have to get used to the reality that the patient is in the driver's seat. They have the final say.

4. **Never be perceived as "Selling"**. Imagine the average practice: 20-30 new patients per month, $20-30K in production, 94% collection rate, 1.5 days per week of hygiene and an overhead of over 70%. When one of their new patients shows up on the book its "do or die" time --- it is basic survival mode to sell and close on needed treatment. They need every patient to say "yes". When that is the case, we revert to the "justify our fees" scenario with long explanations using technical jargon or we try to "crush sell" the patient using old fashion sales closing techniques. Remember: If you don't sell this patient you do not meet overhead. As a goal, every general practice should strive for 60-70 new patients per month. Some will be kids (who need very little), some adults (who need little), and some will need more extensive treatment. In the 30 years I have been practicing, it seems I have to sift for sand (patients) to get the work I need to meet a BHAG (Big Hairy Audacious Goals). We average 250 new patients a month for a three-doctor office. About 43% are kids, which will leave about 60 adults for each doctor. When I do a case presentation I don't really have to worry if they accept the treatment plan. I have 7 more new patients that day. The psychology of this is that patients don't feel forced into making a hasty decision or feel like I am trying to sell them a used car. They know I will do what they want first. I will try to fit it into their budget. We will work with them to get their mouth healthy and do it at the pace they are comfortable with.

5. **Remember that it is always worse than they thought**. If you find anything on examination it will be worse than they thought. Our systems are designed to constantly revisit the fact that we understand it is worse than they thought. We will help them with a solution to their problems that they can afford in a time sensitive schedule. The ADA says: "Patients cannot afford even a $500 out of pocked expense". If this is true, all of your patients will have trouble coming up with even the cost of a crown. Most of our patients come in for a cleaning having no symptoms --- nothing they would consider a problem. No matter what you find, they were not expecting a single problem. A caring staff with the right scripts and preemptive measures can go a long way to pushing up your case acceptance.

One of your first steps would be to use the information presented here in a discussion during a staff meeting. Give everyone the document prior to the meeting so that each team member will have the opportunity to read and understand it. Fill out the monitor so you can share where you are. Finally, begin the process of setting goals (see form below) in each area of the practice. Each goal will deal only with case acceptance. Each staff member needs to understand how he or she interacts with the process. From phone call, to payment, and eventual referrals from a successful case presentation, there must be an intentional effort made by each staff member to position your office for 100% case acceptance.

Goal Planning

Area of Practice _____ Today's Date _____ Target Date _____

Goal:

WIIFM:

Obstacles:	Solutions:

Action Plan:	Target Date:
1.	
2.	
3.	
4.	
5.	
6.	

Affirmations:

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Next, we are going to discuss the case acceptance system we use in our office. The only reason your patients should not be saying yes and completing treatment is money (we've included my payment option sheet – Financial Policies).

Just like many of you, I was taught to do a formal, very thorough New Patient "Experience", a real 5-star production. Following this you should have the patient and the significant other return to hear an hour long talk on the benefits of comprehensive dentistry. A fee that reflects the "quality" of the "experience" is charged ($250-$500). Free exams and complimentary second opinions are unethical. And like many of you, I found out that this system of multiple visits is death to a practice. This is a sure way to give the patient exactly what they do not want. Bottom line: The highest case acceptance occurs with no formal case presentation. About 18 years ago, I was fortunate to stumble upon a video produced by Gordon Christensen at CRA. The "Auxiliary Oriented Diagnostic Appointment" changed my life. For the first time, I saw a system that took into consideration the wants and needs of the patient. An exam followed by a same day case presentation that was non confrontational, caring, and compassionate. It took into consideration what the patient wanted and told them what they needed. It let the patient meet you, find out what was wrong, and decide for themselves what they wanted to do. And the best part is that the actual case presentation only took minutes and the fact finding and bonding was delegated to the staff. It's can't miss, works every time, like shooting fish in a barrel with a bazooka system.

With time we have modified the system to work better, and adapted it to the changing needs of our patients. It is a true "consumer driven system". We tell the patient what they need and happily give them what they want. As a result --- we never lose a patient. It is always a balanced, no contest, never be perceived as selling way to hit a home run. Here are the steps.

1. THE PERMISSION STATEMENT: This was taken from Zig Zigler's book, Closing the Sale. The script goes something like this: "Mrs. Jones, I feel like my job is to show you the finest dentistry I can provide. Your job is to decide whether you want to do some, all or none of the dentistry we propose. In other words, we want you to decide how quickly you get your mouth healthy." This first part of the permission statement levels the playing field. It creates a non-confrontational setting for showing the patients what's going on in their mouths. It is almost as if this changes their body language from defensive to open. If you're a Star Trek fan, we just got them to lower their cloaking and photon torpedo shields. ***Remember: We are selling solutions to problems and good feelings. Buying is an emotional decision not a logical one. More education will not sell your dentistry. You are just trying to justify your fees. They want something that looks good, feels good, and lasts a long time.*** The next and most important step is to ask: "How do you feel about this?" You can't say: "Is that OK" or any variation. It is ONLY "How do you feel about this?" This statement and only this statement will have the patient respond in a thoughtful manner. It keeps the shields down. It portrays you as a caring friend who with them, are co-diagnosing their problems.
2. INSURANCE: This comes from Walter Hailey's Boot Kamp. This is the script. "Mrs. Jones, I see you have dental insurance. I'm not sure whether you have "good insurance" or "bad insurance", but if we find something that your insurance does not cover or does not cover all of, what would you like to do?" This little statement will eliminate the

confrontation on only doing what the insurance will pay. Address the choking points ahead of time and you will eliminate most resistance. The phrase "I don't know if you have good insurance or bad insurance" plants the seed. For the first time the patient is beginning to look at insurance in a different light. They always think that all insurance is good. This opens a non-confrontational discussion into the limits of dental benefits. At the same time, asking the patient what they want to do encourages them to answer "I want you to tell me what is wrong and let me decide what I want to do". This allows the patient to continue to feel "in control". For the non-assertive hygienist or doctor it removes the barriers to presenting ideal treatment. To the assertive doctor, it helps him/her step away from the doctor turned time share salesman and become a caring health care professional --- someone concerned about the welfare, and budget, of the patient.

3. DIAGNOSIS AND COMPREHENSIVE EXAM: Every exam should include: FMX, Pano, oral cancer screening, a co-diagnosing camera tour of the patients mouth, full mouth probing and charting, and time to ask questions and be given answers by a staff person along with accompanying literature to satisfy every personality type. The key to this exam is that the patient must understand, verbalize, and feel that it is **WORSE THAN THEY THOUGHT.** In the process of the hygienist and their auxiliary staff triaging the patient (It is illegal for a staff member to diagnose. It is not illegal for them to record what they see and help the patient to see and understand the problems. This is called patient education. They are giving the patient options on what could be done if the doctor agrees. They are assessing the patients dental IQ and their budget.) Patients feel more at ease asking a staff member questions than asking a doctor. If this is done correctly, the doctor will not need to spend time doing it later.
4. CASE PRESENTATION: This should only take 2-4 minutes. Remember that your staff members have gone over problems, used the camera, answered all the questions, and provided literature to further confirm treatment options. When I walk into the room the hygienist opens her mouth first. She tells me what she and Mrs. Jones have found and discussed, while I look at the photos on the monitor, look at the treatment plan already filled in on the chart, and knowingly nod, grunt, and just look plain studious. I them re-tell the patient what is wrong, what caused it, and what will happen if it is not fixed. I take a moment on each trouble area to tell them what I would recommend (It's real easy because the hygienist writes it down for me).
5. I **CLOSE** with: **Mrs. Jones, what would you like to do?** If done correctly over 90% of your patients will say yes. The only thing holding them back will be money.

Financial Policy For Our Patients

Our office wants all of our patients to be able to comfortably afford dental care. We proudly offer the following financial policy so that our patients can have the opportunity to decide which payment option best suits your needs.

Insurance: Our office understands the value of insurance benefits to our patients and will gladly work with you to help get the maximum benefit available to you. We will accept assignment of benefits. This means that you must sign the portion of your insurance form that "assigns" payment to our office. Most dental insurance plans **do not cover 100%** of the cost of your treatment. Because of this and the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of your charges the day the service is rendered. We will **estimate** as closely as possible your coverage, but until we actually receive the payment from the insurance company, it is just an estimate. We will **assist** you in dealing with your insurance company, but the ultimate responsibility lies with you. After 45 days the balance will be due in full from you. Our estimates are subject to final approval by your insurance company and could therefore change the amount due to our office. **Secondary insurance must be filed by the patient.**

PAYMENT OPTIONS

1. **Pre-payment of Treatment in Full**. Our office offers a 5% discount to those **patients willing to pay for treatment in full in advance of treatment.** This requires that you file your own insurance and be willing to accept your own benefits.

2. **Credit Cards and Pre-Authorized Credit Card Monthly Payments**. Our office accepts Visa, MasterCard, American Express, and Discover. If you prefer to pay out larger portions of treatment on your credit card on a regular monthly basis, we can accommodate you by having you sign a monthly authorization card. Once per month your card will be charged the allotted monthly amount. This helps you avoid large amounts of interest. A down payment will be required.

3. **Outside Dental Financing.** Upon qualifying you will be extended a line of credit for treatment costs by an outside financing company. This financing is available for those patients that need to extend their payments over a longer period of time than 6 months. Payment will be made directly to the financing company. The qualification process is simple and can usually be completed within 20 to 30 minutes. This is a 90 days interest free credit card. For further information on this option please ask our financial coordinator.

4. **Senior Citizens (Age 60 or over) Discount of 10%.** As a courtesy to anyone 60 years old and older we will gladly discount your fee by 10% if services are paid at the time of treatment.

We would be happy to work with you to plan out the most appropriate arrangements for your budget. Financing your treatment allows you to start your dental care immediately and spread the payments over a time period. Most importantly, it offers you the opportunity to enjoy the benefits of your dental health without the financial strain.

We want to thank you for trusting us as your health care provider. We appreciate your trust in us and we appreciate the opportunity to serve you. Part of our service to you is to try to contain the ever-rising cost of health care. In an effort to do this, we have implemented a policy of no open billing. Our choices were between implementing this financial policy or raising our prices. In order to hold the line in costs and prices to you, we decided instead to implement this financial policy which will share the responsibility equally among all patients.

For most of us, it is normal to hear what we want to hear, and do what we have always done. This is especially true in case acceptance. Remove one step, change one script, or add your own slant on this system and you will not get the results we continue to get. Remember: Your systems are precisely designed to give you the results you are getting. If you want different results (90% case acceptance or greater), you have to make changes. Remember: There is no standing still in business. You are either growing (which means you are making changes) or you are dying!

It never fails. You have done everything exactly as I have described. You use the scripts, a balanced confrontational approach, you've reflected the type of personality style the patient has presented, and the patient still seems hesitant to commit to treatment. There are still areas that I see doctors trip on. Since the beginning of dental offices there have been two large segments that each of us finds ourselves in --- **"donor practices"** and **"recipient practices"**. The donor practices are the ones that seem to continually run off patients. They can be assertive and nonassertive, pushy or confusing, with good locations and adequate staff. It just seems that they can't get better at giving the patients what they don't want. True, they do have 100% case acceptance. It's just that someone else ends up doing the work. They are the consulting clients that keep telling us they do everything right. It is just the patients, the location, the economy, or dental IQ. They never take responsibility for their systems and results. The recipient practice is just down the street. They are not always the best technically, not the newest office, or largest staff. They just seem to quietly grow into one of those dream practices by giving patients what they want. They actually listen to their patients, fit treatment recommendations into the patient's budget, and are available during patient hours. Their patients would say that the doctor and staff are caring, compassionate, and convenient. Today's patients vote with their feet. If you continue to have low numbers of new patients, and poor case acceptance, look around. You're the donor practice.

Let's take a look at few of the things I see offices do wrong.

- **Too formal of a presentation**. We've said it before and we'll say it again: The office with the highest case acceptance is the one with no "formal" case presentation. We sell "good feelings" and "solutions to problems". It will be an "emotional" decision, not a "logical" one. Your patients want something that **looks good, feels good and lasts a long time**. Give them this and they will never leave. I keep seeing practices confusing what "core" is in a dental practice. Figure it out and stick with it. Everything else is just fluff. Let your clients define core and give it to them. It's always been cost, convenience, control, comfort and compassion.
- **Too many appointments to get it done**. The patients want a "low stress" way to meet you and find out what's wrong. Make it easy for them to say yes. What does the patient want?
- **Too much presented**. We tend to overwhelm the patient if you do not present dentistry in a certain way. Waiting until the doctor comes in before the patient finds out it was worse than they thought will kill case acceptance every time. Go back and re-read each step. It is the staff's responsibility to help the patient own the problem, realize it is worse than they thought, and find out what they want in order to let the patient decide how quickly they proceed.

- **Doesn't use staff to close and explain treatment and determine patient's budget**. Your staff must qualify, educate, and create trust. The staff is the most important element in case acceptance. They supply the caring, convenient, sensitive element in the relationship.
- **Too many technical terms**. Stop justifying your fees by talking doctor talk. You and your staff need to communicate, not pontificate.
- **You don't use a balanced approach**. Staff, if your patients come to the front confused your doctor is too non-assertive. If your patients come to the front wanting a second opinion or just crying, your doctor is too assertive. You can't confuse your patients. **Give them what they want and tell them what they need.** You assertive doctors need to remember this: the moment you want the treatment more than the patient wants the treatment, you have crossed the line. Don't look needy or desperate. "Selling" in the traditional sense, makes you look both needy and desperate.
- **Not being on time**. It's like putting a billboard outside saying you don't care. There is a double standard here. You expect your patients to be on time but you never are. It shows a lack of respect and caring. Being on time creates trust.
- **How you bundle treatment and dollar amount**. You could be charging the least amount in town and still be considered the most expensive doctor. How you present treatment says far more than the actual cost. Give them what they want and tell them what they need. Preempt any diagnosis with the permission statement. It lets the patient feel in control. It lets them feel like they can decide when and how fast you go. Any other way makes it seem it's your way or the highway. People vote with their feet. If you keep seeing the backs of people's heads, you are doing it wrong.

We all have bad days. There is always an exception to the rule. Sometimes things just don't work out the way we planned. Let me give you a few bonus ideas that seem to create phantom pressure to help patients say yes.

- **Second opinions**. If you feel or your staff feels you are about to overwhelm a new patient, consider offering a second opinion. There have been times when, despite my best efforts and those of the staff, we felt the patient just didn't trust us or were not buying into what we were telling them. They just didn't own the problem. In such a case, I have said: "Mrs. Jones, you don't know me from Adam. I want you to be sure you are making the right decision on what to do and how quickly you proceed." I turn to the staff person helping me and ask her to make a copy of the FMX and give it to the patient so that they might get a second opinion. This is often enough to insure they don't go anywhere else. It says we care and have nothing to hide.
- **Reciprocity**. Robert Cialdini in his book on persuasion says that giving someone something prior to asking the person for an action increases the positive response 300%. We all give our patients toothbrushes, fluoride, bleaching gel, etc. A great way to help your patients open up to your suggestions is to give them a gift coming into the appointment. Not at the end. Take a look at www.thecreativedoctor.com . They have a "smilepac" that many of our clients have used for high end patients to trigger reciprocity.
- **Authority**: We started wearing scrubs 15 years ago in response to the publicity about sterilization in dental offices. Prior to this we all wore ties, dress shirt and lab coat. It is time to go back and recapture the authority afforded us by the way we dress. Robert

Cialdini demonstrates that this will increase our ability to sell dentistry. He also said we should let our patients call us "doctor". I'm real bad about insisting that my patients call me Mike. It is a mistake. It lowers our ability to make recommendations that the patient accepts.

- **Same day service**. With the holes I see in many of your schedules just offering same day service will make a huge difference. Just ask: "Mrs. Jones, would you like to get this done today?" (NOTE: For the financial impact of this strategy in your practice, see the accompanying chart --- One More Per Day).
- **Pre-op phone calls**. These are like magic. The doctor must make the call. He calls the day before and just introduces himself and asks if there is any question he can answer or anything he can do to make their visit more pleasant. As many of you know I had three partners in my practice. I stumbled onto this system in order to get more new patients to ask for the old guy. It worked every time. It was almost as if the patient had already met me. They always requested that I do the check and it always seemed to help them say yes to proposed treatment. You will also find that every patient will comment that they have never had a doctor do this before. (Of course you still need to make a post-op call too).
- **Urgency and the hand-off**. Following any check or consultation you must tie urgency to the treatment. I have just confirmed to a hygiene patient that they need a crown on an upper molar. (You'll notice I said confirmed, not diagnosed. The hygienist or dental assistant has already discussed the crown, taken an intra-oral photo and x-ray, talked to the patient about crowns, and given them literature about the procedure. They were also given the time to ask questions and have a one-on-one discussion with this staff person about when, where, how and why. In this way when I enter to talk to the patient, everything is done). I then turn to Vickie and say "Vickie you make sure you get Mrs. Jones in ASAP. You tell Kathy (the front desk scheduler) to get her in today or tomorrow even if she has to move some one". I turn to Mrs. Jones and say goodbye. Vickie takes Mrs. Jones to the front desk and hands her off to Kathy by saying: "Mrs. Jones needs a crown on tooth number three. Dr. Abernathy said: Whatever you do get her in here today or tomorrow even if you have to move someone". Each person ties urgency and hands off the patient to the next person. All of this is done by talking over the patient so she now has 3-4 staff that she will have to disappoint by not going thru with treatment and coming in ASAP.
- **Shade every tooth**. Every tooth should be shaded at the first appointment. Just take the guide and hold it up to the patient's mouth without any comment. The patient will ask what you are doing and it opens the door to a cosmetic discussion.
- **Camera and imaging**. Every patient should have the opportunity to have an intra-oral camera image made. We have cameras in every operatory. The only thing that has changed in the last few years is that we have used Macro lenses on digital cameras to take before and after images. These extra-oral photos really seem to work better than a tooth-by-tooth intra-oral imaging. The intra-oral photos have been more or less relegated to insurance documentation**.**
- **www.scentair.com**. This company shows that buying will increase with the correct scent in your offices. Eugenol and oil of clove should never be in your offices. At worst our offices should have no smell. The use of electric hand pieces also removes a barrier by removing the "drill" sound from your offices.

- **Staff recommendations**. It is your staff's job to build up your image in the minds of the patients. Everything they say and do reflect on the image and branding of your office. Get your staff to use every opportunity to make you a super star in front of your patients.

Don't forget to share this with every staff member. Then have a staff meeting on what you could improve. Continue to monitor your progress. Let us know how well you are doing.

ONE MORE PER DAY

Procedure	Fees	# Days	ADDED $$
Adult Prophy	$55	200	+$11,000
Extraction	$99	200	+$19,800
Composite	$139	200	+$27,800
Sealants (4)	$140	200	+$28,000
SRP(Quad)	$185	200	+$37,000
Bleaching	$199	200	+$39,800
Crown	$695	200	+$139,000
Average	**$1512**	**200**	**+$302,400**

ONE LESS PER DAY

Procedure	Fees	# Days	LOST $$
Adult Prophy	$55	200	-$11,000
Extraction	$99	200	-$19,800
Composite	$139	200	-$27,800
Sealants (4)	$140	200	-$28,000
Quad (SRP)	$185	200	-$37,000
Bleaching	$199	200	-$39,800
Crown	$695	200	-$139,000
Average	**$1512**	**200**	**-$302,400**