

The New Patient Experience:

8 PROVEN STEPS TO A HIGH-VALUE RELATIONSHIP

What you need to know about the most important patient visit

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A SPEAR E-BOOK

SPEAR

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FOREWORD

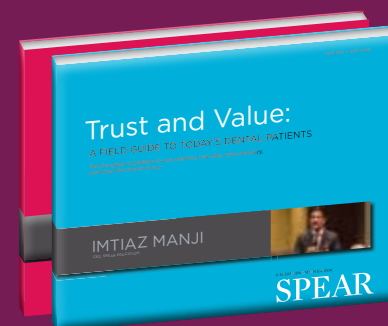
The idea of implementing a special set of protocols for welcoming a new patient to the practice is about as old as the cotton ball. Practically every practice has its own version of a “New Patient Experience,” based on some well-established common concepts and strategies. You and your team know what to do when a new patient arrives—what information to gather, what practice policies to share—and patients have become accustomed to expect this kind of process on a first visit.

And sometimes that’s the problem. Sometimes, the systems you implement to introduce new patients to the practice can become predictable and routine, and too focused on following a process for the team, rather than creating an experience for the patient.

As we discussed in the previous volume in this series, today’s dental patients are used to a very consumer-driven marketplace model. They are accustomed to having their needs anticipated and fulfilled in an engaging way. So if your new patient protocol is more focused on processing information than it is on creating the right context for this new relationship, you’re missing a big part of the equation.

This e-book is intended to get you asking the right questions about your new patient experience—to get you thinking about what you’re doing, and why, as well as what you are not doing, and why not. This is not about the clinical experience; we’re going to focus here on the value experience. We’ll walk through some of the highlights of an ideal new patient visit, with a special focus on how to create the right energy, the right momentum, and the right value that inspires patients to see the incredible possibilities that lie before them in your practice.

Imtiaz Manji
March 2013



ALSO IN THIS SERIES...

If you haven't already, I urge you to **read the first 2 volumes** in this series of e-books, as each one sets important context for what follows.

IT'S ABOUT RE-PROGRAMMING EXPECTATIONS

Every new patient arrives with a mindset about dentistry.

It could be that they have not seen a dentist in years, and they now have an urgent clinical need. In which case they are arriving with a limited appreciation for what modern dentistry is all about.

It could be they are new to the area and just looked you up. In which case they are arriving with expectations that are defined by their experience with their last dentist—which could be a tooth-based, insurance-driven experience of dentistry.

It could be they just saw a makeover show, or the result of a friend's recent esthetic treatment, and they are excited about what you might be able to do for them. In which case it's up to you to show that your practice can deliver on those expectations.

Whatever mindset they arrive with, your goal on this all-important first visit is to influence the mindset they take with them on the way out.

And how will you do that? We'll go through the visit step by step in a moment. But in each of these steps and throughout the whole visit, it really comes down to serving 4 objectives:

- 1 ESTABLISHING A RELATIONSHIP** means the patient feels right away they are in the right place.
- 2 CREATING VALUE FOR GREAT DENTISTRY** is about setting the foundation for lifelong ideal care.
- 3 INFLUENCING TODAY'S CHOICES** means helping the patient make the best decision at this time.
- 4 BEING DIFFERENT** means helping the patient let go of their preconceptions about dentistry.

A LESSON IN PROGRAMMING EXPECTATIONS FROM A LEGENDARY INNOVATOR



Just as Apple was breaking new ground in the world of personal electronics, Steve Jobs was getting advice from marketing experts who were pushing the wisdom of collecting information from consumer focus groups, and using that data to guide the design process. Jobs resisted.

“It’s really hard to design products by focus group,” he said. “A lot of times, people don’t know what they want until you show it to them.”

That should be the guiding philosophy of your New Patient Experience. It's not enough to respond to their expectations. You have to take them to another level—a level they couldn't have wanted because they didn't know it existed.



THE NEW PATIENT EXPERIENCE: AN OVERVIEW

For 30 years I have been studying what makes dental practices successful. Over the same time, I have been analyzing what makes people value dentistry. And I can tell you that the answer to the first question is always tied, to a great extent, to an understanding of the second.

That's the thinking that has gone into the development of this comprehensive new patient experience. Most practices already have a standard "forms, tour and exam" approach to welcoming new patients that covers the basics from an administrative perspective. What we're talking about here is something more—a *value-based* approach that doesn't just introduce patients to your office, it wakes them up to new possibilities.

The ideal New Patient Experience breaks down into eight distinct focal points as outlined in the table to the right. Each of these is a discrete, important step in creating an overall effect, and each has its own specific objectives.

So let's walk through them one by one and identify what we're trying to accomplish at each stage of the experience. And remember, our focus here is not to outline every step of the process, but rather to touch on the highlights of what makes a new patient experience special. As we go forward, I encourage you to continue asking yourself the right questions about the experience your patients are getting during each of these eight phases.

1	INITIAL CONTACT
2	PREPARATION
3	ARRIVAL
4	INTERVIEW
5	VALUE FOR CARE
6	EXAM & RECORDS
7	CONSULTATION
8	COMMITMENT

TO GO DEEPER

For a closer look at the complete value process, [visit our Digital Campus](#) where you will find my comprehensive series of 24 lessons on the ideal new patient experience. Remember if you're not a member, you can get a [free five-day trial](#) and start viewing right away.

1 ONE

INITIAL CONTACT: “YOU’VE CHOSEN THE RIGHT PLACE”

This is where it begins. The feeling a new patient gets about your practice takes hold in the moments after they hear someone pick up at the other end of the phone.

In many practices, I have found an “efficiency first” mindset where busy front desk people whose lives are centered around processing calls and requests in a timely way are focused just on getting the patient appointed, believing that the real experience begins when the patient arrives.

But long before they actually set foot in your facility, patients will have formed an opinion and adjusted their expectations based on that initial contact. This is the crucial first impression—and setting patients up the right way means covering three vital stages.

LISTEN & ASK

I mean *really* listen to the cues they are giving you about their history and expectations. And *really* ask questions—questions that go beyond the usual information-gathering and get to the heart of what you need to know, and which you can convey to the team so they can deliver the right experience for this patient.

In every initial call there are five things you must ask (or be told):

- **Do you have any specific dental concerns or objectives right now?** This helps determine the urgency with which they should be scheduled and gives the clinical team an important insight into the patient’s priorities.
- **When did you last see a dentist?** If it’s recent, you need to see about transferring records. If it’s long ago, that tells you something about their level of participation in dentistry.
- **When did you last see a hygienist?** Finding out how recently they

participated in hygiene care gives you a sense of how they tend to prioritize oral health in their life.

- **Who do you want to see when you come in?** “Hygiene only” might mean they are avoiding a clinical exam. “Both” is a good indication of a sound value system for dentistry.
- **Who invited you to our practice?** This creates the expectations that you are an invitation-based practice. You want to thank the invitee and you want to let this patient know that you will earn the right to *their* invitation.

TELL & BRIDGE

This is where you tell the patient what makes the doctor and the practice different from what they may have experienced before and begin to bridge their expectations. If, for example, they say they only want a cleaning, commend them on their commitment to hygiene care and explain how your practice does this as part of a complete entry exam.

You don’t have to get into involved discussions about specifics but you do have to be prepared to start building a bridge when certain subjects come up, by taking the first step from their mindset toward your practice’s philosophy. That means being prepared to address common questions and requests:

- **Do you take my insurance?**
- **What is your fee for ___?**
- **I need to come in ASAP.**

Each of these is an invitation to validate their concerns, acknowledge their expectations, and introduce new expectations that reflect the value you want to create.

1 ONE

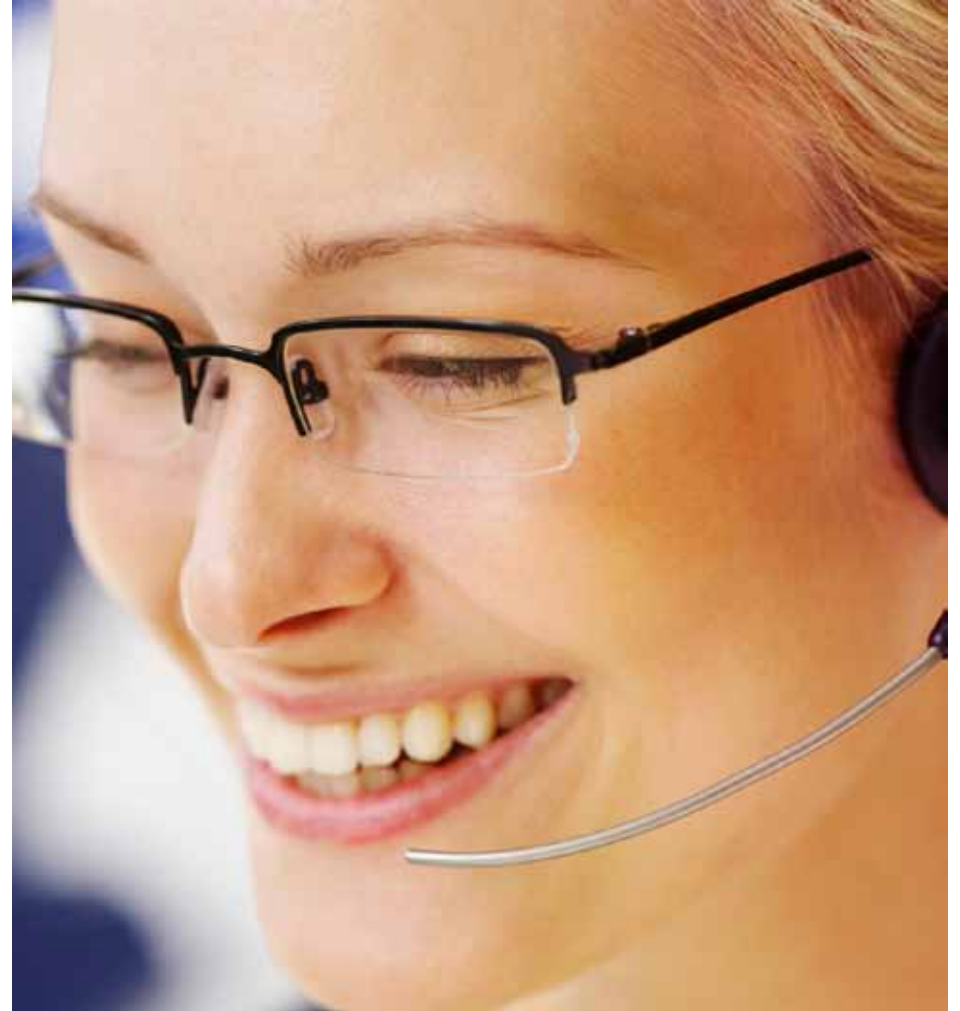
INITIAL CONTACT: “YOU’VE CHOSEN THE RIGHT PLACE”

RELATIONSHIP & INVITATION

The call doesn’t end when the patient is appointed. There are still things you need to convey that set the groundwork for the relationship they are going to have with the practice. Again, you don’t have to go into a lot of detail, but this is the conversation that establishes how they feel about the practice before they get there. That interval may be weeks so you want them to come away from this call with a lasting impression that they have found the right place.

Before you say goodbye make sure you...

- Provide any relevant logistical information such as directions and parking information. There should be no inconvenient surprises.
- Reaffirm what you just discussed and let them know that the team will be fully briefed for their arrival.
- Let them know that this is now their dental home, and you are going to learn as much about them as possible and they can expect to be introduced to the team and learn about you, too.



**NOW THAT THE CALL IS OVER AND YOU HAVE SOME IMPORTANT INFORMATION,
YOU HAVE SOME WORK TO DO TO GET READY...**

2 TWO

THE PREP: GETTING IT ALL TOGETHER

Where Step One was about intelligence-gathering, this step is largely about briefing. It's a matter of getting the right information to the right people on the team at the right time so you are prepared to deliver the kind of personalized experience that patients find memorable.

A NOTE ON TEAM TITLES:

When I talk about admin team roles, I use the term Concierge, because I think that reflects the mindset of value and service we're trying to establish with people who perform those functions. Similarly, the person who takes primary responsibility for guiding the patient through the first visit may be a clinical assistant or other team member, but for the purposes of this discussion I will use the term Treatment Coordinator.

Here's how it breaks down:

THE DAY OF THE CALL

The preparation has to begin as soon as possible after the initial contact, for the simple reason that the information is still fresh in the mind of the Concierge who took the call. We all know how quickly things move at a front desk so you have to make it a priority to create a summary of the intelligence and impressions gathered on that first call before the details get lost from memory.

On the same day they take a new patient call, the Concierge should:

- **Create a call summary** that includes any impressions about the patient's needs and goals, mindset and values (concerned about insurance), and personality (outgoing, fearful, etc.)

- **Follow up on the invitation source**, if applicable, by tracking how many other patients they have invited to date, noting it in their records, and arranging for an acknowledgement to be sent or a call to be made expressing appreciation.
- **Prepare the patient's chart** by getting the necessary forms together and by contacting the patient's previous dental office to arrange for the transfer of records.
- **Send out a welcome kit** with a letter signed by the doctor, a brochure and information on what to bring, such as insurance info.

BEFORE ARRIVAL

This is where the baton gets passed and the preparation process goes into greater detail. Well before the day the new patient arrives, this is what needs to happen:

The Concierge briefs the Treatment Coordinator (Assistant), as they review notes from the initial call together.

The Treatment Coordinator reviews any records that have come in from the patient's previous dentist and notes any factors the doctor and team should be aware of before the exam.

The Treatment Coordinator, in consultation with the doctor, determines what might be needed in terms of prescription premedication.

The Treatment Coordinator begins gathering resources, such as sample photos, that may relate to the patient's possible treatment needs.

The Treatment Coordinator makes a value call to the patient to demonstrate that the Concierge has briefed her and to express genuine excitement to meet the patient in person.

2 TWO

THE PREP: GETTING IT ALL TOGETHER

THE DAY OF ARRIVAL

Places, everyone. Creating the right first visit experience requires a coordinated effort from all team members.

On the day the new patient is due to arrive:

- **The team is briefed at the morning meeting.** The Concierge shares her notes from the initial call with everyone on the team and the Treatment Coordinator fills in any other intelligence she has gathered on the patient.
- **Everyone's participation is choreographed.** Everyone must be “on-deck” and ready with a smile and a welcome and know at what point their time and expertise will be called on.
- **Schedule opportunities are identified.** Do we have the flexibility to start something today (or very soon) if the patient decides to act?

NOW YOU'RE READY FOR THE BIG MOMENT...





THE ARRIVAL: IT'S SHOW TIME

The first impressions a patient gets begin with the initial contact call and continue with the Treatment Coordinator's value call, but no matter how many times you communicate with someone by email or phone, nothing replaces that first face-to-face meeting. Just ask anyone who has tried online dating. Somehow you just “know”—and usually pretty quickly.

Let's review the essential moments:

THE FIRST 90 SECONDS

Research shows that the judgements and impressions people make in the first 90 seconds of meeting have more impact than the hours we spend together later. In those first moments, the patient is forming an opinion about the practice—good or bad—that will be very hard to change. So...

Initiate. Don't wait for the patient to come and stand before you. Be on the lookout for their arrival, get out from behind the desk and give a warm greeting.

Remember eye contact and smiling. These are primal visual cues that demonstrate attention and caring.

Personalize the greeting. Recall a personal detail from your earlier conversations to establish a friendly “we know each other already” mindset.

PASSING THE BATON

For many patients, being attended to by a Treatment Coordinator is a significant departure from previous experiences they have had elsewhere, which means she should be introduced with the right value. Because she also has clinical duties in the practice, she may not be “on-deck” when the new patient arrives, in which case the Concierge calls her to come out.

At this point the Concierge formally introduces the Treatment Coordinator, making sure to praise her dedication and abilities, and lets the patient know that the Treatment Coordinator will be bringing them back to the front desk at the end of the visit. This is an important moment for symbolic and practical purposes, as it marks the hand-off to the next stage while giving the patient the sense of being surrounded by people who know and care about them.

3 THREE

THE ARRIVAL: IT'S SHOW TIME

THE VALUE-BASED PRACTICE TOUR

This is where you jumpstart the patient's expectations. Most patients aren't in a position to judge the quality of dental work, and they don't have the history of trust with you yet, so you need to provide them with compelling visual evidence that gets them thinking in the right way.

After you have made the introductions and shown them the basic amenities, it's time to take them on a value-based tour that showcases the practice's technology and features three "Value Walls of Fame," which are designed as ideal focal points for you to stop and have a specific discussion with the patient:

- **The Doctor Value Wall**, featuring clinical achievements and community awards, gives the Treatment Coordinator a natural opportunity to talk about the dentist's ability and commitment.
- **The Team Value Wall**, with individual photos and bios, helps the patient see they are becoming part of a practice "family."
- **The Patient Value Wall**, with before and after cases, as well as testimonials and thank-yous, is evidence of your standards of care and a great opportunity for new patients to get inspired by what's possible.



**NOW THAT YOU HAVE SHOWN THEM AROUND, IT'S TIME TO SIT DOWN FOR
A ONE-ON-ONE DISCUSSION...**



THE INTERVIEW: UP CLOSE AND PERSONAL

Here is your opportunity to go deeper with some of the topics that were raised in the initial call and spend some quality time getting to know the patient and let them get to know you. The objectives of the interview are to create alignment on the patient’s goals, gather necessary information in a value-based way that establishes trust and value, and communicate the value of lifelong care.

It’s a process that goes like this:

SUMMARIZE AND CLARIFY

“Let’s talk about why you called our office.” Review what you know about them so far, allow them to elaborate and build clarifying bridges by asking the right questions.

WORK THROUGH THE INTAKE FORMS TOGETHER

There is nothing like being given a clipboard full of forms to fill out to make you feel like just another number. Use the interview time as an opportunity to personalize and simplify the process, and to ask further questions where necessary.

SHARE YOUR PRACTICE’S PHILOSOPHY

Now that the patient is impressed with the lengths you go to in order to learn about them, it’s time to tell them more about you and the ideals the practice strives to uphold. People align themselves to values they believe in, so let them know not just what you do, but why you do it.

THAT LAST POINT IS IMPORTANT BECAUSE IT SETS THE STAGE FOR WHERE THE CONVERSATION IS ABOUT TO GO...



VALUE FOR CARE: TELLING THE RIGHT STORY

This may be the most important part of the New Patient Experience. In fact, it may be the most important conversation you ever have with a patient. It's the conversation that prepares them for what comprehensive dentistry is all about and opens the door to their full participation in the exam that follows. After all, how can they be expected to accept your recommendations on ideal care if you haven't taken the time to explain what ideal care means and why it should be important to them?

So this step is about setting that all-important context, and you do that in three steps:

Tell a story that builds on the value process you have established so far. At this point, the patient has already been taken on a tour of the office, where they have seen and heard things that alert them to the fact that this practice is different. Now it's time to go to the next level and verbalize that value story in concrete terms, so they can see how this all relates to them and to the level of dental care they are about to experience.

This is where you get them thinking—possibly for the first time ever—about the real possibilities of today's dentistry and what it could mean to them. It's where you say, *this is how we look at dentistry in this practice*. And if you do it right, it can change the way *they* look at dentistry.

There are many approaches to take in these conversations (and I offer some sample language in my online courses) but what is important is that you:

Acknowledge their current baseline of dental participation. Usually a new patient will explain during the intake process what they expect from the visit—their answer to the basic “what are you here for?”

question. You have to acknowledge those reasons, and truly celebrate their commitment, while at the same time setting the stage for something more. Because their answer to what they want is naturally going to be based on their current vision of what dentistry is all about. And you want to change that vision.

Help them choose their level of care. Not every patient wants, or is ready for, a comprehensive makeover. But at the same time, many patients are ready for something more than the level of care they have been receiving—it's just that nobody has asked them before.

So once you have an understanding of what they came in thinking, and they have an understanding of what dentistry can mean to them, you are ready to have a new discussion about where they see themselves on the spectrum of participation.

This conversation paves the way for a productive examination, because you now have a mutual understanding to draw on. You have permission to be comprehensive and you have a good sense of what they are hoping to get from dentistry. And that is a great way to enter into the examination phase—as partners in understanding.

Getting prepared for your most important patient conversation...

If you're going to get patients to identify where they fit now (and where they want to be in the future) in the dental participation spectrum, you have to give them the right context. If you haven't already done so, I urge you to read the first e-book in this series—*Trust and Value: A Field Guide to Today's Dental Patients*—for important understanding of that concept.

You'll also find much more detail on how to master this pivotal point in the New Patient Experience in my online lessons on the [Spear Digital Campus](#).



EXAM & RECORDS: THE TOUR OF THE MOUTH

Dentists tend to look at exams from the perspective of a dentist. YOU are conducting an examination and gathering records to give YOU the data YOU need to make YOUR diagnosis. That's probably why most patients have experienced dental exams as passive listeners for the most part, as the doctor and assistant exchange jargon-filled observations.

A value-based exam, on the other hand, brings the patient into the process as an active participant, where you invite questions and encourage their input. It starts with you explaining the process as a story. People love stories, and the story of the exam is that you are going to take a “tour” of their mouth in four steps...

Esthetics is the first stop on the tour, where you note things like tooth position, gingival issues, or discoloration.

Function is the next step, where you evaluate joints, muscles, functional interactions of teeth, and test for things like TMJ problems.

Structure is where you examine the condition of teeth and existing restorations to identify any potential concerns.

Biology is last because it is generally the first step in treating the patient. This is where you alert the patient to any pressing issues involving endo, periodontal or oral surgery intervention.

These clinical steps form the core of the Facially Generated Treatment Planning curriculum at Spear, and I recommend going deeper into each one, but to go into further detail here would be beyond the scope of this e-book.

I will tell you that it is important to be able to adapt as you and the patient learn more during the tour. If the patient who came in with a specific need is now appreciating the need for comprehensive care, be prepared to extend the time you had allocated, or ensure you make room in the schedule to reappoint them soon. You don't want to lose any momentum you gain during this process.

**THE FACTS ARE IN. NOW IT'S TIME TO TALK
ABOUT WHAT TO DO...**



CONSULTATION: SUMMARY OF FINDINGS

In dentistry, you rarely get patients walking in asking for the best treatment possible. That’s why everything we have done in the experience so far has been focused around creating the right value for an eventual choice. Until the patient asks you for a treatment plan, you shouldn’t give them one. You have to get them onside and believing first, otherwise you’re just selling something and they will instinctively resist being “pressured.”

An effective consultation goes like this:

REVIEW

Review the issues you identified in the exam. *Until a patient feels they have a problem, they have no reason to desire treatment.*

PROVIDE A PROGNOSIS

Provide a prognosis for each of the four areas on the tour. No “you should” judgments or recommendations yet. The patient just needs to know what will occur if no intervention occurs. *Until the patient understands what may happen, they may not feel motivated to ask for solutions.*

DEMONSTRATE

Demonstrate the benefits of treatment using visual aids wherever possible. *Until a patient actually sees the problem—and the possibilities—they may not appreciate what a difference treatment can make.*

What you are looking for here is not an answer—not a yes or a no. What you are looking for is a question from the patient—something to indicate that they are interested and want to learn more.

How much will it cost? How long will it take? How much would my insurance cover? These are questions you should love, because a patient doesn’t ask these things unless they are “trying out” scenarios in their mind. Once you are on that path, it is not far to get to the next place: agreeing on the level of care they are asking for and deciding on a course of action.

For some patients, they will choose a tooth-based level of care focused on repairing and restoring obvious problems with specific teeth. For these patients, you can likely give them a treatment plan that day, once their choice is clear. But other patients will require a more comprehensive treatment plan based on their choices. For these patients, you don’t want to rush into a chairside treatment plan. Ask the patient for permission to bring them back (ideally, at the same time as their first hygiene appointment) so you have the opportunity to review all their records in detail and develop a treatment plan that is just right for them.

NOW IT’S TIME TO WRAP IT UP IN A WAY THAT MAKES THE PATIENT COMPLETE FOR TODAY AND READY FOR THEIR NEXT APPOINTMENT...

8 EIGHT

COMMITMENT: COMPLETION AND THE NEXT VISIT

Now that the patient has determined what they want to do next, you don't want to drop the ball before you finalize the commitment. Too often, the patient is escorted to the front desk at this point where they may end up waiting for a busy administrative team to get to them. All the momentum you have worked for to this point can be lost.

That's why there are still some things the Treatment Coordinator should address to achieve closure for the visit...

Create value for today by reflecting their experience (“You can see why we love working here”), reflecting their choices (“What is your understanding of what's next?”) and reflecting their level of value (“We are always ready to care for you at the level you want, now and in the future”).

Be thorough for what's next. How often they need to come. How long it will take. How much it will cost. How they will pay for it. This is the time to get clarity and alignment on what happens next.

Be complete for today. After the Treatment Coordinator escorts the patient to the front desk, the Concierge ensures the visit is complete. Complete for the next appointment, whether clinical treatment or hygiene. Complete for payment, with no follow-ups necessary. Complete for dismissal, with an appointment card, treatment information pamphlets, or any referral information.

Be complete for the team. Determine who—the dentist, the Treatment Coordinator, the hygienist—will provide a follow up care call to the patient. And if the patient made any treatment decisions today, ensure the treatment and appointment plans are fully documented in the patient's chart.



BEWARE OF THE HALLWAY OF LOST COMMITMENTS

The dentist and Treatment Coordinator outline the treatment plan. The patient is nodding and agreeing.

But then something happens.

In the time it takes to walk down the hall to the front desk, the patient has second thoughts. They start to think about other obligations or aspirations. They start to think that maybe they should talk it over with their spouse.

By the time they reach the front desk, the “yes” has turned into an “I'll think about it.”

That's why it's important to get closure and commitment while the reasons are fresh in the patient's mind. That's why it's important to not let them take that walk alone.

BUT WAIT, THERE'S MORE

Now that we have gone through the eight steps of an experience that creates the right value in a patient's mind, let me leave you with one more thought: It doesn't end here.

Every New Patient Experience leads to a next step. It might be a clinical appointment to begin treatment that was accepted during the first visit, or it could be their first recare appointment with your hygiene department.

What are you going to do when they return?

You obviously know the clinical care process to follow, but what will you do to maintain and build on the value standards you established throughout those eight steps? You need to look for ways to reinforce and recreate the energy and excitement of that first visit during those crucial follow-up appointments. The patient needs to be reminded of that special feeling they got the first time they came to your office.

Until they have completed the treatment that was originally identified and accepted, and until they have had at least two visits with a hygienist, you should be thinking of them of as a new patient—with all the special attention to value creation that entails. Becoming truly at home and part of a special community is not something that happens in one day. It's a feeling that takes root over time.

The experience I outlined in the preceding pages should be considered a launching pad. It's how you go about implanting the right expectations in the patient's mind in an intense, focused way. The visits that follow are all about building on those expectations. In that sense, the best New Patient Experience is one that never ends.



THE NEW PATIENT EXPERIENCE IN ONE PAGE

SPEAR		© 2012 Spear Education	
		LIFELONG VALUE TRACKER	
DOCTOR		Date Contacted	Date Scheduled
1: FIRST CONTACT		PATIENT INFORMATION	
Listen & Ask		Last Name _____ First Name _____	
<input type="checkbox"/> Listen & reflect <input type="checkbox"/> Reason for calling <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Not urgent <input type="checkbox"/> Discretionary <input type="checkbox"/> Patient expectations		Nature of Concern <input type="checkbox"/> Left <input type="checkbox"/> Upper <input type="checkbox"/> Anterior <input type="checkbox"/> Pain <input type="checkbox"/> Sensitivity <input type="checkbox"/> Right <input type="checkbox"/> Lower <input type="checkbox"/> Posterior <input type="checkbox"/> Trauma <input type="checkbox"/> Heat Duration of concern _____ <input type="checkbox"/> Broken <input type="checkbox"/> Cold <input type="checkbox"/> Interferes with sleeping <input type="checkbox"/> Loose <input type="checkbox"/> Chew Action taken _____ <input type="checkbox"/> Bleeding <input type="checkbox"/> Redness <input type="checkbox"/> Swelling <input type="checkbox"/> Fever	
Tell & Bridge		Other _____ Last Dental Visit _____ Last Hygiene Visit _____	
<input type="checkbox"/> Permission to share/tell <input type="checkbox"/> We're different/I love <input type="checkbox"/> Doctor is thorough <input type="checkbox"/> Best care/right for you <input type="checkbox"/> Bridges <input type="checkbox"/> Insurance bridge <input type="checkbox"/> Fee bridge <input type="checkbox"/> Appointed for <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Standard <input type="checkbox"/> Comp		<input type="checkbox"/> Different needs/goals <input type="checkbox"/> You will be totally clear <input type="checkbox"/> Take care in the right way <input type="checkbox"/> Emergency bridge <input type="checkbox"/> Cleaning only bridge <input type="checkbox"/> Wants to see doctor <input type="checkbox"/> Wants to see hygienist Invitation Source _____ by _____ <input type="checkbox"/> Patient invitation <input type="checkbox"/> Professional referral <input type="checkbox"/> Local search <input type="checkbox"/> Insurance search <input type="checkbox"/> Internet search <input type="checkbox"/> Other _____	
Relationship & Invitation		Contact Preference	
<input type="checkbox"/> What to expect <input type="checkbox"/> Appointment length <input type="checkbox"/> Fee & insurance <input type="checkbox"/> Payment methods <input type="checkbox"/> Appointed = confirmed Notes _____		<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other Preferred Phone _____ <input type="checkbox"/> Text me! Email _____ <input type="checkbox"/> Email me! Additional <input type="checkbox"/> Special needs <input type="checkbox"/> Pre-med <input type="checkbox"/> Transfer records <input type="checkbox"/> Other Notes _____	
2: PREPARATION		4: INTERVIEW	
After the Call		Goals & Expectations	
<input type="checkbox"/> Call summary & notes <input type="checkbox"/> Cross-reference invitation Invitations to date: <input type="checkbox"/> Appreciation call to inviter <input type="checkbox"/> Celebration opportunity <input type="checkbox"/> Chart prepped with card <input type="checkbox"/> Records from last doctor <input type="checkbox"/> Requested <input type="checkbox"/> Received <input type="checkbox"/> Welcome letter & kit sent Treatment Coordinator <input type="checkbox"/> Briefed <input type="checkbox"/> Prescription phoned in <input type="checkbox"/> Transferred records review <input type="checkbox"/> Value call to patient <input type="checkbox"/> Huddle prep & discussion		<input type="checkbox"/> Summary of call info <input type="checkbox"/> Clarifying known info <input type="checkbox"/> Gaps & doctor's questions <input type="checkbox"/> Anything new since call <input type="checkbox"/> Active listening/no judge <input type="checkbox"/> Repeat back/Is that right? Patient Intake & Forms <input type="checkbox"/> Accompanied & value <input type="checkbox"/> Basic <input type="checkbox"/> Dental <input type="checkbox"/> Consent <input type="checkbox"/> Medical <input type="checkbox"/> Photo/video/mkt release Belief, Trust & Value <input type="checkbox"/> Value of the mouth	
3: ARRIVAL		5: VALUE FOR CARE	
Welcome		Treatment Room Value	
<input type="checkbox"/> Stand up & come around <input type="checkbox"/> Personal touch & comfort <input type="checkbox"/> Started on time Pass the Baton <input type="checkbox"/> Introduction to TC Value Tour <input type="checkbox"/> Comforts & conveniences <input type="checkbox"/> Walls <input type="checkbox"/> Features <input type="checkbox"/> Doctor <input type="checkbox"/> Infection ctrl <input type="checkbox"/> Team <input type="checkbox"/> Technology <input type="checkbox"/> Patient <input type="checkbox"/> Special		<input type="checkbox"/> Come home in operator <input type="checkbox"/> Seat, prep & comfort <input type="checkbox"/> Initial records <input type="checkbox"/> Photographs <input type="checkbox"/> Comp <input type="checkbox"/> Radiographs <input type="checkbox"/> IOC images <input type="checkbox"/> Thorough for next step <input type="checkbox"/> Remind showing & breaks 6: Exam & Records Tour of the Mouth <input type="checkbox"/> Thorough for exam/tour <input type="checkbox"/> 4 steps <input type="checkbox"/> Conversational <input type="checkbox"/> Questions welcome <input type="checkbox"/> Permission to begin <input type="checkbox"/> Esthetics (appearance) <input type="checkbox"/> Permission if not asked <input type="checkbox"/> Function (bite & muscles) <input type="checkbox"/> Reinforce value of the mouth <input type="checkbox"/> Structure (each tooth) <input type="checkbox"/> Box 1: Existing concerns <input type="checkbox"/> Box 2: Future concerns <input type="checkbox"/> Box 3: No concern/esthetic <input type="checkbox"/> Quadrant preference <input type="checkbox"/> Biology <input type="checkbox"/> Reinforce lifelong care <input type="checkbox"/> Hygiene value & intro <input type="checkbox"/> Additional records req'd	
7: CONSULTATION		8: COMPLETION	
Summary of Findings		Reflection of Value	
<input type="checkbox"/> Review <input type="checkbox"/> Prognosis <input type="checkbox"/> Treatment benefits <input type="checkbox"/> Patient questions Patient Choice <input type="checkbox"/> Will call <input type="checkbox"/> Simple tooth-based <input type="checkbox"/> Full treatment plan <input type="checkbox"/> Comprehensive Value for Next <input type="checkbox"/> Urgency analogy <input type="checkbox"/> Funding analogy		<input type="checkbox"/> Value for today <input type="checkbox"/> Card to inviter Thorough for Next <input type="checkbox"/> Hygiene <input type="checkbox"/> Doctor - conference <input type="checkbox"/> Doctor - treatment <input type="checkbox"/> Interdependent <input type="checkbox"/> Reserved/confirmed <input type="checkbox"/> Appoint to appoint Complete for Today <input type="checkbox"/> Testimonial/invite <input type="checkbox"/> Payment/FA <input type="checkbox"/> Care call <input type="checkbox"/> Tx & appt plan	

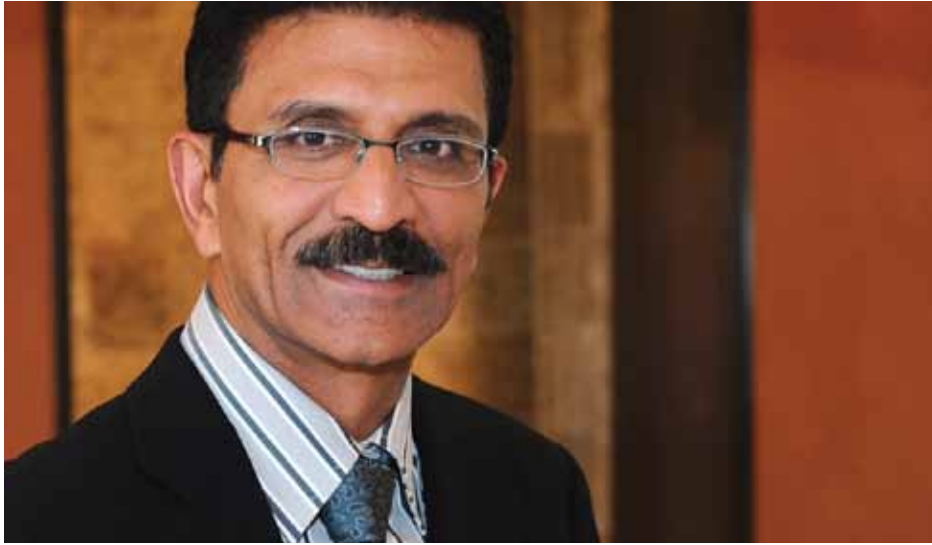
Let's get into the details...

This e-book has been designed to introduce you to the highlights of an ideal new patient experience. But there is a lot more to cover.

The "tracker" checklist you see here is a resource to help you and your team navigate every step of an ideal new patient experience with precision and accountability.

To find out more about how to use this resource, and all the strategies that go into the ideal new patient experience, go to my [online course](#), where you'll find 24 lessons that walk you through every step of that crucial first visit in detail.

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ABOUT THE AUTHOR

In his current role as CEO of Spear, Imtiaz reaches thousands of dentists each year with his speaking engagements, [online education](#), published articles and [popular blog](#), all the while providing the strategic vision and corporate leadership behind the industry's premier destination education center. In addition, Imtiaz lends his skills and passion to the [Open Wide Foundation](#), whose mission is to bring quality dental care to impoverished communities around the world.



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