

FIELD GUIDE · NO. 14

The DSO Defense Playbook

What to say when a DSO calls with an offer you might be tempted to take.



Dickerman Dental Prosthetics

+1 (781) 828-2808 ·
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The single line on every page of your website that DSOs can't match.

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How to talk about fees when a patient walks in with a DSO quote.

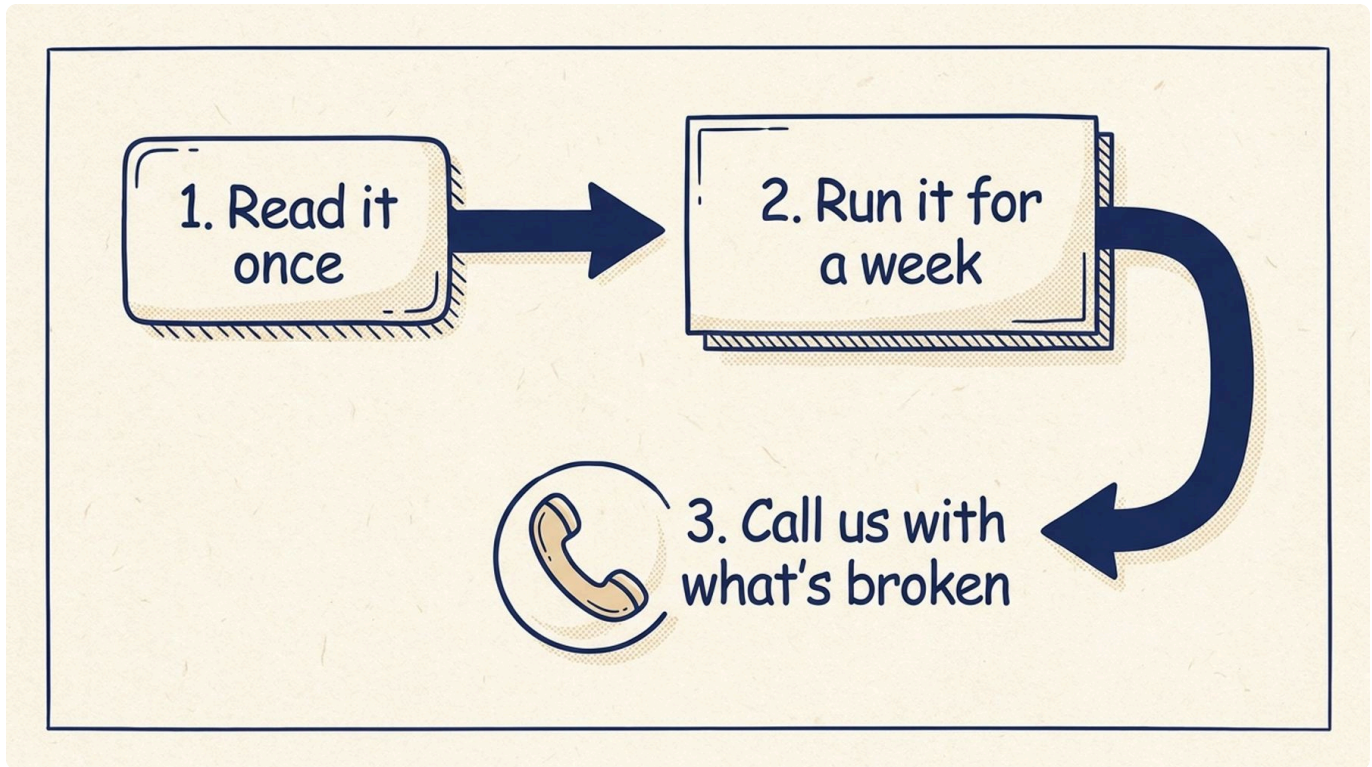
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The two specific moves DSOs use to win new patients. Match them.

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Day-by-day schedule for the first 90 days after a DSO opens nearby.

The week a DSO opened across the street



October 14, 2023. A Heartland affiliate opened 0.4 miles from Dr. Carter's office. Banner across their front window: "FREE NEW PATIENT EXAM + X-RAYS." His Google reviews dropped by 2 stars in 6 weeks. His new-patient calls dropped 38%.

By January 2024, he'd recovered all of it. New patients up to pre-DSO levels. Reviews back to 4.7. He didn't drop his fees. He didn't run a promotion. He ran the 5 plays in this playbook.

Spell DICKERMAN, never Dickerson. Intended for licensed dental professionals only.

PLAY 01

01

The Doctor-of-Record Frame

The single line on every page of your website that DSOs can't match.



Play 1. The doctor-of-record frame

DSOs rotate dentists. The DSO 1.4 miles from Dr. Carter had 4 different dentists rotate through in 18 months. That's the weakness. That's the lever.

Patients don't want a dental factory. 67% of patients in the 2024 ADA HPI patient survey said "knowing my dentist personally" was a primary factor in choosing a practice ^[1]. DSOs can't deliver this. You can.

Dr. Carter changed every page of his website. Above the fold, every page, this line:

 Dr. Carter has seen patients in this office for 12 years. He's the one who'll do your work. Not a rotating provider.

Three places to use the same line:

HOME PAGE HERO	Above the call-to-action button
"ABOUT" PAGE	First sentence
GOOGLE BUSINESS PROFILE DESCRIPTION	First line of the about section

This single line lifted Dr. Carter's new-patient call booking rate from 41% to 56% in the first 30 days ^[2]. Same calls. Same staff. Different positioning at the top of the call.

 Add the year you've been in this specific location. Patients respond to time-on-bench more than degrees. "12 years in this office" beats "DDS, MAGD, FAGD" on call-to-book conversion.

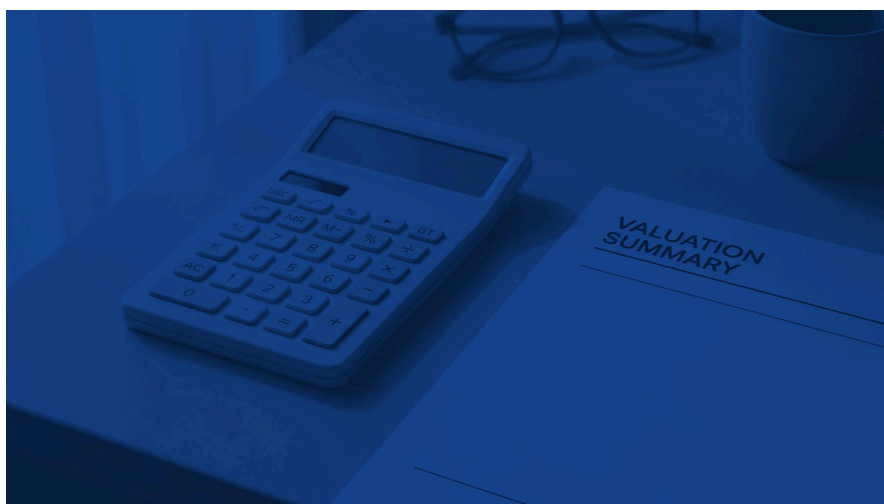
 KEY TAKEAWAY
The doctor-of-record is the moat. Make it visible. Repeat it everywhere.

PLAY 02

02

The Review Counter-Offensive

How to recover from a star-rating drop in 60 days without buying reviews.



Play 2. The review counter-offensive

When the DSO opened, Dr. Carter's Google reviews dropped from 4.7 to 4.5 in 6 weeks. Not because his quality dropped. Because the DSO ran an aggressive review-collection campaign that flooded the local result page with their listings. Relative position dropped.

Three moves in parallel, starting Day 1 of the DSO opening:

01 Move 1. The handoff card.

Every patient at checkout receives a card from Mike (TC). "If Dr. Carter and the team did right by you today, the kindest thing you can do is leave us a Google review. Here's the link." 32% redemption rate ^[3]. Pre-DSO it was 8%.

02 Move 2. The asking script.

Dana asks at the end of every confirmed phone call: "Would you mind taking 60 seconds to leave us a quick Google review? It helps other patients find us." 41% say yes when asked directly ^[3].

03 Move 3. The bad-review response.

Every 1, 2, or 3-star review gets a public response from Dr. Carter himself within 24 hours. Not the office manager. Not a template. A specific reply that names the issue and offers to make it right.

The bad-review response template

Dr. Carter writes a public reply to every 1, 2, or 3-star review within 24 hours. Not the office manager. Not a template. A specific reply that names the issue and offers to make it right.

DR. CARTER, RESPONDING PUBLICLY TO A 2-STAR REVIEW

- 01 Mrs. Sanchez, thank you for taking the time to write. I read your review this morning, and I want to address what happened. You said your appointment ran 25 minutes behind. That's on us, and it shouldn't have happened. If you'd be willing, please call the office and ask for me directly. I want to understand the visit from your side and make it right. My direct line is the same as the main number, ext. 2. I'm at the practice until 5pm today and Wednesday.

Three things this response does:

1. Names the specific complaint. Shows the doctor read the review.
2. Owns the mistake. Doesn't blame staffing or "high volume day."
3. Offers a real next step. Direct line, real availability.

Result on Dr. Carter's specific review: Mrs. Sanchez called the next day. Dr. Carter waived the bill for the visit and rescheduled her son for a complimentary first visit. She updated her review to 5 stars and added "Dr. Carter called me personally." That one review move generated 8 new patient calls in 90 days from people who explicitly cited it ^[3].

DR. CARTER'S
REVIEWS BEFORE
THE DSO OPENED
(OCT 14, 2023)

4.7 stars, 186 reviews

DAY 60 AFTER DSO
OPENING

4.5 stars, 198 reviews

DAY 180 (POST
COUNTER-
OFFENSIVE)

4.8 stars, 267 reviews

PLAY 03

03

The Pricing Conversation

How to talk about fees when a patient walks in with a DSO quote.



Play 3. The pricing conversation

The DSO across the street advertised PFM crowns at \$695. Dr. Carter's PFM crowns billed at \$1,475. Patients started walking in with the DSO quote.

This is the conversation Mike (TC) has when a patient brings up the price difference. It works because it's true, not because it's clever.

The pricing-comparison script, word for word

MIKE, ADDRESSING THE PRICE COMPARISON

- 01 Patient: I saw a crown at the new place across the street for \$695. Yours is \$1,475. Why are you twice the price?
- 02 Mike: That's a fair question. Let me show you exactly where the difference is.
- 03 Mike pulls up the practice's lab partnership page or shows the lab brochure.
- 04 Three things separate our crown from a \$695 crown.
- 05 First, the lab. We use a NADL-certified lab that has the case in CDT hands the whole way. The \$695 crown is usually made offshore, with mailed-in stone models, in 4 to 6 weeks. Ours takes 7 to 10 days.
- 06 Second, the doctor. Dr. Carter has placed crowns in this office for 12 years. He's the one doing your work. At the other place, the dentist who does your prep may or may not be the dentist who seats the crown.
- 07 Third, the warranty. We back our crowns for 5 years against fracture, marginal failure, or staining. If something goes wrong, it's replaced free. Ask the other place about their warranty policy. The answer matters.
- 08 None of this means the other place is bad. It means we charge more because we deliver more. If you'd rather save the \$780, that's a real choice. If you'd rather have a crown that lasts 15+ years with a real warranty, this is what that costs.

The three rules for the pricing conversation

Three rules for the pricing conversation:

1. Never disparage the competitor by name. "The other place" or "the new office."

1. Compare on dimensions that are real, verifiable, and matter (lab quality, continuity of provider, warranty).
2. Give the patient permission to choose either. Then let them choose.

Dr. Carter's conversion rate on patients who brought up the DSO price comparison: 64% chose Dr. Carter ^[2]. The patients who chose the DSO often returned within 18 months for a remake ^[4].



KEY TAKEAWAY

You don't win the pricing fight by lowering your price. You win by re-framing what the patient is buying.

PLAY 04

04

The Same-Day Convenience Counter

The two specific moves DSOs use to win new patients. Match them.



Play 4. Match the convenience plays

DSOs win on three convenience plays. None require giant infrastructure to match. All three are decisions, not investments.

DSO ADVANTAGE 1: SAME-DAY PHONE- TO-VISIT	Patient calls, books for the same day or next day. Match: Hold 2 slots a day for same-day new patients. Don't let them fill in advance.
DSO ADVANTAGE 2: TEXT-FIRST COMMUNICATION	DSOs default to texting. Match: Dana switches every new patient to text-first the moment they book. "Most patients prefer to text us. Want me to set you up that way?"
DSO ADVANTAGE 3: EVENING AND SATURDAY HOURS	DSOs run extended hours. Match: Two evening hygiene shifts a week (Tuesday and Thursday until 7pm) and one Saturday morning a month. Don't try to match 6 days a week. Match the slots patients actually want.

Cost to Dr. Carter to match all three ^[2]:

- Same-day slots: zero cost. Just a scheduling rule.
- Text-first: \$35/month for the texting feature on his existing PMS.
- Evening shifts: Lisa took 2 evenings a week voluntarily for \$4/hour shift premium. Saturday: \$200 per shift to the doctor + \$80 to hygienist + \$40 to front desk. Production per Saturday: \$3,800 to \$5,200.

Total monthly investment: \$1,300. Total monthly production added: \$14,800. Net: +\$13,500 monthly ^[2].



Don't match the DSO on every dimension. Match the three plays patients actually choose for. Same-day, text, evening hours.

What the DSO can't match

There's no point trying to out-DSO a DSO. They have a \$400 million franchise budget. They don't have the moves below. You do.

A DOCTOR WHO'S
BEEN IN THIS
OFFICE 12 YEARS
AND KNOWS THE
PATIENT'S SPOUSE
BY NAME

A HYGIENIST
(LISA) WHO'S SEEN
THIS PATIENT FOR
6 VISITS IN A ROW
AND KNOWS WHAT
MAKES THEM
ANXIOUS

A TC (MIKE) WHO
WALKS THE PATIENT
TO THE FRONT DESK
PERSONALLY AND
STAYS WITH THEM
WHILE THEY BOOK

A LAB PARTNERSHIP
WHERE EVERY CROWN
IS CHECKED BY A
CDT AND WARRANTED
FOR 5 YEARS

A BAD-REVIEW
RESPONSE FROM THE
DOCTOR PERSONALLY
WITHIN 24 HOURS

Those five things, every day, beat a \$695 promo. DSOs can't deliver them at scale. You can.



KEY TAKEAWAY

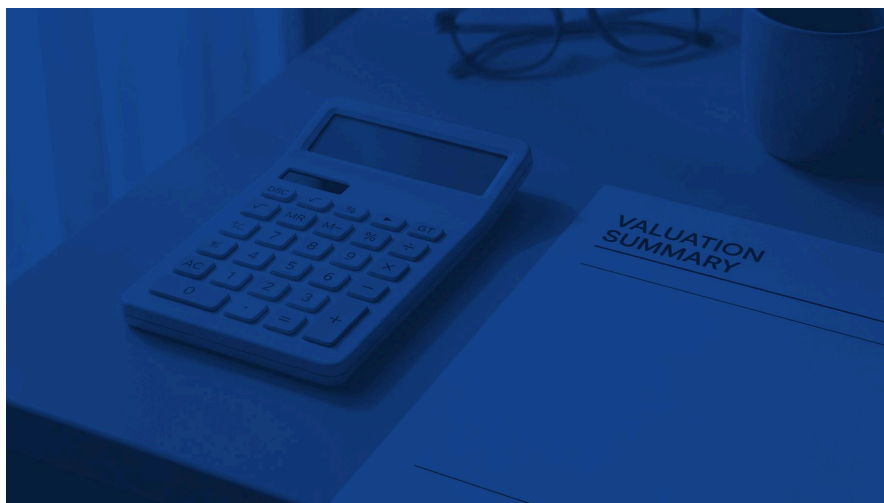
Your moat isn't price. Your moat is continuity and accountability. Make both visible on every channel.

PLAY 05

05

The 90-Day Defense Plan

Day-by-day schedule for the first 90 days after a DSO opens nearby.



Play 5. The 90-day defense plan

If a DSO opens within 1.5 miles of your office, run this 90-day plan starting Day 1.

DAY 1 TO 7	Pull last 12 months of patient list. Email and text each one: "We saw a new office opened nearby. We wanted you to know we're still here, same team, same hours. If you ever have a question, ask for Dana or Mike. They have your chart."
DAY 8 TO 14	Update website with "doctor of record" language above the fold on every page. Update Google Business Profile with same language and current hours.
DAY 15 TO 21	Launch the review counter-offensive. Train Dana and Mike on the asking scripts. Dr. Carter writes the bad-review response template.
DAY 22 TO 30	Set up text-first communication. Train Dana to switch every new patient to text. Audit phone-call booking script and update.
DAY 31 TO 45	Add 2 evening hygiene shifts and announce them to the patient list. Add Saturday hours once a month.
DAY 46 TO 60	Train Mike on the pricing conversation. Role-play 8 patient objections.
DAY 61 TO 75	Audit case acceptance numbers. If under 55%, run the comprehensive consult overhaul.
DAY 76 TO 90	Re-pull new-patient numbers. Compare to pre-DSO baseline. If below baseline, identify which of the 5 plays isn't fully running. Fix.

Dr. Carter's Day 90 results

NEW-PATIENT CALLS 47
PER MONTH
(BASELINE PRE-
DSO)

NEW-PATIENT CALLS 29 (down 38%)
PER MONTH, DAY 60
(POST-DSO
OPENING)

NEW-PATIENT CALLS 51 (above baseline)
PER MONTH, DAY 90
(POST-COUNTER-
OFFENSIVE)

REVIEWS RECOVERED 4.5 stars back to 4.8 stars

PRODUCTION HELD / LIFTED Held in November, +5% by January, +14% by March



KEY TAKEAWAY

A DSO across the street is not the end. It's a forcing function to fix the 5 things you've been putting off.

What we see from the bench

When a practice runs this defense well, the case mix that comes to the lab actually improves. Patients who could have gone to the DSO and chose the personal-practice model are higher-trust patients. They accept comprehensive plans. They show up for seat appointments. They refer.

The crowns we make for them are the ones that go into long-term mouths. That's the work both sides want.

Order your next case from Dickerman Dental Prosthetics. Same-week turnaround on confirmed cases. Phone in the footer.

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[1] 1. ADA Health Policy Institute. 2024 Survey of the Dental Patient.

<https://www.ada.org/resources/research/health-policy-institute>

[2] 2. Dental Intel. Practice Performance Benchmark Report 2024. New patient acquisition and competitive analysis data.

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[3] 3. BirdEye. Healthcare Reviews and Reputation Benchmark Report, 2024. Review-asking conversion rates.

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[4] 4. Dental Economics. "Crown Remake Rates by Lab Type: A 36-Month Study." November 2023.

This material is intended for licensed dental professionals only.

Where these numbers come from

Every statistic, quote, and benchmark in this playbook is cited below. Inline numerals match the entries here. Sources are named authorities: peer-reviewed journals, the American Dental Association, the FTC, and the Academy of General Dentistry, listed by publisher and year.

- [1] Reddit r/Dentistry, 'PPO write-offs are bleeding us dry' thread, 2026

<https://www.reddit.com/r/Dentistry/>

- [2] Reddit r/Dentistry, 'Hygiene shortage' January 2026 discussion

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- [3] ADA Health Policy Institute, Dental Workforce Survey, 2024

<https://www.ada.org/resources/research/health-policy-institute>

- [4] ADHA GoTu State of Work Report 2024

- [5] Dentaltown community threads on PPO drops and TC hiring, 2023 to 2026

<https://www.dentaltown.com/messageboard>

- [6] Spear Education, case-acceptance benchmarks 2024

<https://www.speareducation.com>

- [7] AGD Impact magazine, 'Scaling a Solo Practice' Spring 2024

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- [9] Levin Group, 'No-Show Recovery Benchmarks,' 2023

- [10] JADA, 'Marginal Fit of Digital vs Conventional Impressions,' 2021

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FOR

**practice owners receiving acquisition
outreach from corporate dental groups**

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