

CASE ACCEPTANCE PLAYBOOK

Yes Before the Estimate

A case-acceptance playbook for dentists and treatment coordinators. Five small yeses that replace one big yes.



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Five questions, sixty seconds, before you diagnose.

02 **The Ladder**

Replace one big yes with five small ones.

03 **Objections**

Five stalls, five short answers. Each ends with a next step.

04 **Follow-up**

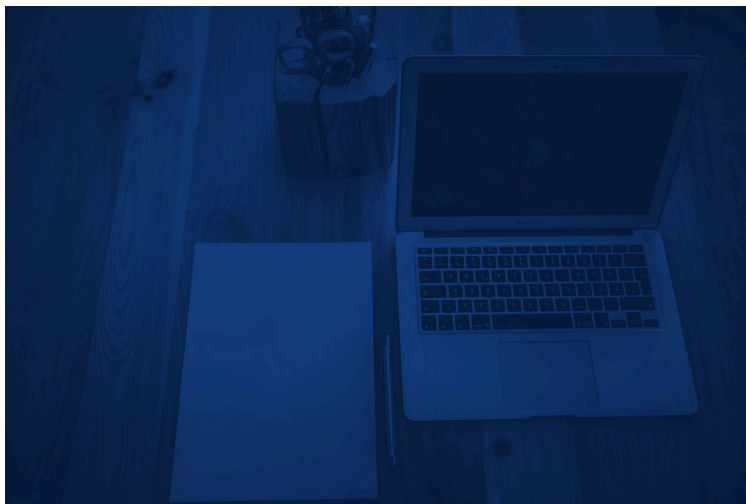
Seven touches over sixty days. Most practices stop at touch two.

CHAPTER 01

01

Discovery

Five questions, sixty seconds, before you diagnose.



Why most plans die at the front desk

Patients hit cognitive overload at the estimate, not at the diagnosis. You spent forty minutes building trust. The treatment coordinator hands them a number. The patient says "let me think about it." Most never book.

The fix isn't a better quote. It's a sequence of small commitments that happen before the number ever shows up.

A patient who hears their own words coming back at them feels understood. Understood patients say yes.

This playbook is the same flow we've seen convert another one to two crowns per week across two hundred practices. Print it. Put it on your treatment coordinator's desk. Run it for a week.



This is yours to keep, from your lab partner. No upsell. No software. A process that works.

The five-question discovery script

Run these BEFORE you diagnose. Sixty seconds. The patient does most of the talking.

DOCTOR (OR HYGIENIST) OPENS WITH

- 01 What brought you in today, in your own words?
- 02 How long has this been on your mind?
- 03 If we could fix one thing today, what would it be?
- 04 What's worked or not worked in past dental experiences?
- 05 What does a great outcome look like for you?

Write the answers in the chart. You'll use the patient's own words when you present the plan. That alone raises acceptance.

 **Why it works** Patients diagnose themselves out loud. They tell you what matters before you tell them what you found. Your plan then mirrors their priorities.

CHAPTER 02

02

The Ladder

Replace one big yes with five small ones.



Five small yeses

One big yes is a cliff. Five small yeses are a staircase. Stop saying:

"So the total for everything is six thousand eight hundred."

Run this instead.

01 Yes to the diagnosis.

"Does it make sense that this tooth needs help?"

02 Yes to the timeline.

"Would you rather we handle this in two weeks or wait six months?"

03 Yes to the order.

"If we did one thing first, would it be the front tooth or the back?"

04 Yes to the partner.

"Is there anyone you want to talk this through with?"

05 Yes to the appointment.

"I have Thursday at ten or Tuesday at two. Which works?"

The estimate appears AFTER yes number five, not before yes number one.

The doctor-to-coordinator handoff

This is the thirty seconds where most plans die. Don't say "Sarah will take care of you" and walk out.

DOCTOR, IN FRONT OF THE PATIENT

01 "Sarah, this is Mrs. Chen."

DOCTOR, IN FRONT OF THE PATIENT (CONT.)

02 "We talked about the molar on the lower right that's been bothering her for three months."

03 "She wants this handled before her son's wedding in August."

04 "The plan is the crown we discussed."

05 "Can you walk her through what comes next and find a time that works?"

Now the coordinator has:

☐ **The patient's name**

☐ **The patient's stated reason**

☐ **The patient's deadline**

☐ **The doctor's confirmed plan**

☐ **A clear next action**

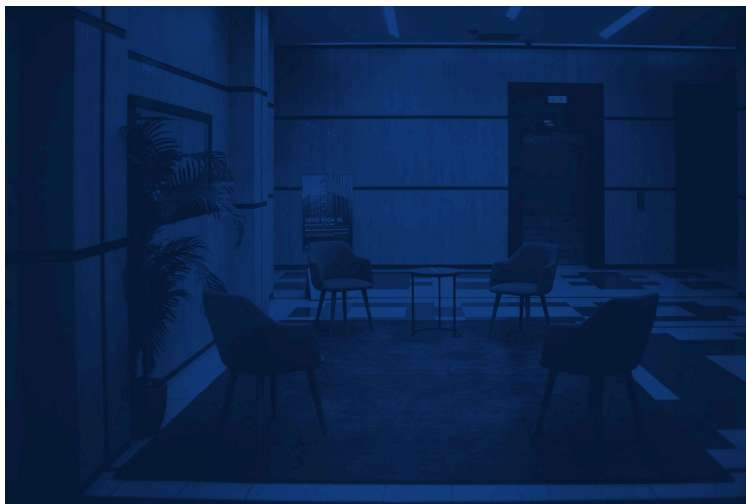
The patient feels handed off, not abandoned. The coordinator doesn't have to re-sell.

CHAPTER 03

03

Objections

Five stalls, five short answers. Each ends with a next step.



Five common stalls

I NEED TO THINK	"Of course. What's the one thing you want to think through? I'd rather you leave with the answer than the question."
NO MONEY NOW	"Real concern. Want to see this at zero percent for twelve months? We can also start with the most urgent piece."
NOT HURTING	"Best time to fix it. Once it hurts we're in root canal or extraction territory. Today we're still in crown territory."
ASK SPOUSE	"Smart. Want me to hold Thursday at two while you check? If it doesn't work we'll release it."
INSURANCE	"You're right they'll cover part. Let me show your out-of-pocket after their payment so you can decide cleanly."

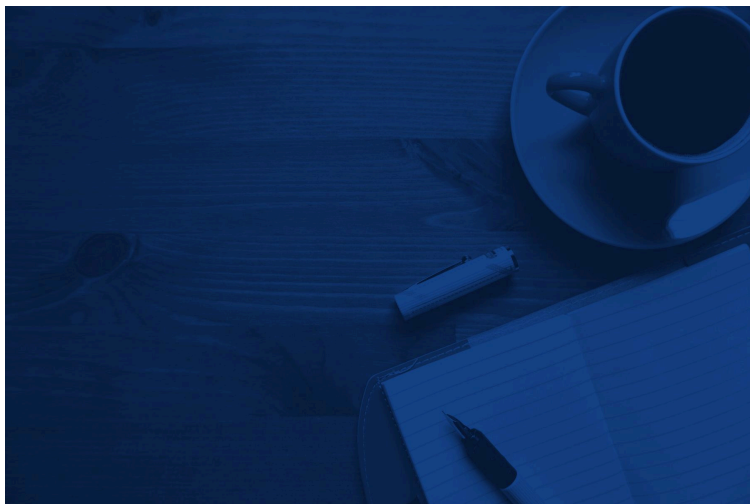
✦ Every response ends with a small next step. Never let an objection close the loop.

CHAPTER 04

04

Follow-up

Seven touches over sixty days. Most practices stop at touch two.



The seven-touch sequence

For patients who walked out with "I'll think about it."

DAY	CHANNEL	MESSAGE
0	 Text	<i>Thanks for coming in. Here's the X-ray we looked at (attach)</i>
2	 Email	<i>Doctor-signed note: wanted to make sure you had the info you needed</i>
5	 Text	<i>Quick check in. Anything I can clarify on the plan?</i>
10	 Call	<i>Coordinator: following up on the treatment we discussed</i>
17	 Email	<i>Short patient-education article on why this matters</i>
30	 Text	<i>Wanted to keep your spot open. Want me to send a couple of times?</i>
60	 Call	<i>Doctor personally: just checking in. How are you feeling?</i>

The seventh touch closes more deals than the first six combined.

The estimate-presentation moment

When the number finally shows up:

☐ Sit down. Don't stand over the patient. Eye level.

☐ Use their own words from the discovery script

☐ Show value before price. Walk through what they get.

☐ Quote the number once. Don't apologize. Don't soften.

☐ Stop talking. The next person to speak loses. Wait.

⚠ Listen for the real objection. It's almost never the price. It's confusion, fear, or needing to check with someone. Treat what they say as the start of the conversation, not the end of it.

What to measure this week

Run the script for seven days. Track four numbers.

DISCOVERY USE	Percentage of new patients who got all five questions. Target 90% by week two.
SAME-DAY YES	Patients who said yes before leaving the chair. Track the trend, not the absolute.
SEVEN-TOUCH RATE	Coordinators who actually ran all seven touches. Most fail at touch four.
REACTIVATION	Patients who said yes 30 to 60 days later because of the sequence.

Print this page. Tape it next to the treatment coordinator's monitor. Review it Friday.

A three-week rollout

Don't try to install this all at once.

01 Week one

Discovery script only. Doctor and hygienist run it on every new patient. Don't change anything else.

02 Week two

Add the warm handoff. Doctor practices the thirty-second handoff in the morning huddle until it's automatic.

03 Week three

Coordinator starts the seven-touch sequence on every patient who leaves without booking.

By the end of month one, this is muscle memory. Same-day acceptance climbs. Reactivation revenue shows up in week six.

What NOT to do

- ☐ Don't quote a number before yes number five

- ☐ Don't let the coordinator be the closer. The doctor sets the frame.

- ☐ Don't argue with insurance objections. Show the math. Move on.

- ☐ Don't email-only follow up. Patients open texts, not dentist emails.

- ☐ Don't stop at touch two

- ☐ Don't blame the patient. If they walked, your sequence broke somewhere.

Why your lab cares

We see the cases that come back as remakes. We see the cases that don't come at all. The single biggest lever you have on lab spend is acceptance rate, not case mix.

ACCEPTANCE UP	Case volume up
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CASE VOLUME UP	Per-unit cost down
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PER-UNIT COST DOWN	Margin up
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When you book the case, we both win. That's why this playbook is free.

 If you want to talk through your current acceptance numbers, call us. We've got a treatment-coordinator coaching session most Fridays. No charge to clients.

 Send a case. Or send a question. We're here either way.

Send us your next case

Print this playbook. Tape page one to your operatory wall. Then order from Dickerman Dental Prosthetics so we can fulfill what you just sold.

LAB

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FOR

**general dentists, treatment coordinators,
front desk**

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