

# **Banta Consulting**

## Secrets of Effective Scheduling

Sponsored by  
Buffalo Dental Meeting



# Total Team Concept for Effective Scheduling

presented by  
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## Topics:

- Effective Scheduling
- Stop Cancellations & No Shows
- Continuing Care -Avoiding the Pitfalls
- Treatment Planning and Consultations
- Internal Marketing

*Please note: This workshop is offered as information only and not as financial, accounting or legal advice.*

Seminar attendees may make photocopies of these pages for internal office use only. These forms may not be copied for distribution to others.

# **Effective Scheduling**

1. The new patient phone call and interview
2. Blocked, Tiered, Color Coded scheduling
3. X” scheduling
4. Handling emergencies

## Cancellations & No Shows

1. Preventing cancellations & failed appointments
2. Confirmation calls
3. Handling objections
4. Firing a patient

## SAMPLE - FIRE THE PATIENT LETTER

Dear \_\_\_\_\_

Date\_\_\_\_\_

Our practice was built on the philosophy that the patient is the most important person in our practice. You have missed several appointments in our office in the last 6 months. Therefore, we feel that we can no longer meet your treatment needs. Our philosophies do not match. We are requesting that you seek your dental treatment at another office. We will treat your emergency needs for the next 30 days. Please let us know where we may send your dental records.

Thank you giving us the opportunity to serve you.

Sincerely,

Dr. John Doe

# Continuing Care

1. Pre-appointing 6 month continuing care & stressing the importance

2. Ideal length of appointment times – Adults & Children

3. Past due patients

4. Documenting the hygiene visit

<b>Date:</b>		<b>BP</b>												
<b>PERIODONTAL EXAM</b> (please circle)					<b>PSR</b>	<b>TODAY'S TREATMENT</b>								
Inflammation	None	Light	Moderate	Severe	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> Sextant Score	Pro	Pedo	4355	4910	FI				
Exudate	None	Blood	Suppuration			BWX	2	4	PAX(S)					
Attached gingiva	Pink	Red	Magenta			Exam								
	Stippled	Glossy	Fibrous			FMS	PAN	RDH						
Consistency	Firm	Boggy	Granular											
Margins	Thin	Swollen	Receded	Irregular	<b>PERIODONTAL DIAGNOSIS</b>					<b>NEXT APPOINTMENT</b>				
	Pointed	Blunted	Flat	Inverted	WNL						CC	MO	EX	BWX
Papillae	Pink	Red	Magenta		Case Type:	I	II	III	IV	4910	FL	Pan	Pedo	
	Firm	Boggy	Fibrous							Referral				
Calculus	None	Light	Moderate	Heavy						Alt	CC			
	Supragingival		Subgingival							W/				
<b>ORAL CANCER SCREEN</b>					<b>ORAL HYGIENE</b>		Excellent	Good	Fair	Poor				
Lymph	Hard Palate				<b>HCI</b>		Brush	Floss		Aids				
Neck	Soft Palate				<b>PRE MED</b>		Yes	No						
Face	Oral Pharynx				<b>Notes:</b>									
Lips	Floor													
Fac Mucosa	Tongue													
Buc Mucosa	Salivary Glands													

# **Treatment Planning and Consultations**

1. Consultation guidelines
2. Treatment planning
3. Turning needs into wants
4. Answering financial concerns

## **SAMPLE TREATMENT PLAN**

### **Treatment Plan**

**Patient name**

**Date**

#### **Treatment Goals:**

- 1 - Life long oral health & comfort
- 2 - Preventive and periodontal treatment
- 3 - Control of tooth decay
- 4 - Replacement of missing teeth
- 5 - Cosmetic Dentistry

#### **Preventive and Periodontal Treatment:**

#### **Restorative Treatment:**

Upper Right:

Lower Right:

Upper Left:

Lower Left:

#### **Replacement of Missing Teeth:**

**Estimate Total:   \$**

***Please note: fees quoted are valid for 90 days from date of consult and actual treatment rendered may change.***



# **Internal Marketing**

1. Brochures
  
  
  
  
  
  
  
  
  
  
2. Appointment cards
  
  
  
  
  
  
  
  
  
  
3. Business cards for team
  
  
  
  
  
  
  
  
  
  
4. Thanking your patients, specialists and specialists...thanking referring drs

## Sample Final 18 month overdue for re-care letter:

Insert date here

Mr. J.P. Patient  
1111 Average Lane  
Someplace, USA 00000

Dear \_\_\_\_\_

We are concerned about you! A recent audit of your dental record revealed it's been over 18 months since your last dental continuing care and examination. Your last periodic examination date was \_\_\_\_\_. We would like to take this opportunity to invite you to call our office to schedule an appointment.

We acknowledge that you may have made other arrangements for your dental care. For your convenience, we have enclosed a postage paid card to indicate your status with us.

We want to help you maintain your mouth in as healthy a condition as possible. Preventive dentistry has been proven to help patients achieve optimum dental health. Please return the enclosed card or give us a call and let us know how we can help you.

Sincerely,

Hygienist for:  
Dr. John Dentist

## POSTCARD SAMPLE

### SAMPLE POSTCARD TO INCLUDE WITH 18 MONTH LETTER:

**(Note: Rx - put a stamp on this postcard and include inside 18 month letter)**

Dear Dr. Patient:

\_\_\_\_\_ I can't believe it's been so long! Please contact me at \_\_\_\_\_  
A.S.A.P for an appointment.

\_\_\_\_\_ I'll call soon for an appointment.

\_\_\_\_\_ I do not wish to make an appointment at this time. Please maintain my  
file as active.

\_\_\_\_\_ I am presently seeing another dentist. Please forward my records to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Other (please explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
(please **print** name)

## SAMPLE WELCOME TO OUR PRACTICE LETTER:

Thank you for selecting our office. We take pride in our ability to provide you with the highest quality dental treatment, latest products and techniques in a warm and caring environment. We design treatment plans to meet our patient's individual needs.

Your new patient visit may include the following; a comprehensive examination, a professional cleaning by our licensed hygienist and any necessary diagnostic films, photographs or study models to properly diagnose and plan for your lifelong oral health and comfort.

Please bring to your appointment a copy of your DENTAL benefits card and a copy of your DENTAL benefits book. As a courtesy, we will file insurance claims for you. We make every effort to assist you in determining your level of financial responsibility after insurance reimbursement however, insurance is an agreement between you and your insurance company and all balances are the responsibility of the patient regardless of insurance.

As a courtesy to our patients, we will make a call on the business day prior to your scheduled appointment to confirm time and day. We respect your time and make every effort to stay on schedule, and ask that you extend the same courtesy to us.

Please feel free to ask any questions you may have regarding your dental care. Again, welcome to our practice. We look forward to getting to know you!

Sincerely,

Dr. \_\_\_\_\_ & Team