How to Stop the Cancellation Nightmare: Top 3 Profitability Tips for 2017

Your Hosts: Dr. Bill Williams and Debbie Seidel-Bittke, RDH, BS

1. First step is ask youself _______?

2. Success requires a ____________.

3. What is 1 hole in your schedule really costing you?
   a. Doctors Dollar per hour average patient production: $_______
   b. Hygienists Dollar per hour average patient production: $_______
   c. Average per patient spent annually in your office: $_______
   d. Number of holes in your schedule November 2016: ______
   e. Note: Answer to $ = c X d
   f. November Production Average Lost: $_______
   g. Average annual loss: Add up your # of Broken Appts in 2016 and multiply by average $’s spent per patient.

4. What changes if you can add this lost $ amount back to your production total?
   a. Vacation
   b. pay for children’s private school
   c. retire sooner
   d. __________________________________________________________

5. Profitability Tip 1: __________________________________________

6. Codes you need to track re: Broken Appointments, etc.:
   1. __________  2. __________  3. __________

7. Profitability Tip 2: ___________________________________________________

8. Profitability Tip 3: P A R V B
   • P___________
   • A____________
   • R____________
   • V____________
   • B____________

Solstice Dental Advisors/ Dental Practice Solutions

http://www.solsticedentaladvisors.com  www.dentalpracticesolutions.com
Email: vanessa@dentalpracticesolutions.com  O: 949-351-8741
9. PARB is used: ________________________________________________

10. Example of a PARVB Statement:

11. Step 1 when a patient calls to change an appointment:

12. NIX the word: _____________________

13. What to say when a patient calls to change an appointment:

14. Two things doctor (Assistants and hygienists) can do to show “We Care!”
   a. ________________________________________________________
   b. ________________________________________________________

15. Find out how each patient wants to be _______________ ed.
16. Don’t allow patients to ___________ _____________ on your __________ to change an appointment.
17. __________ _____________ is the Number 1 SYSTEM TO:
   a. Eliminate __________ _____________.
   b. Increase ________ Patient ________s.
   c. Keep _____________ _____________ to your ____________.

18. Everything you do must be attached to a ________________.
19. Tips to leave your backdoor closed:
   a. ________________________________________________________
   b. ________________________________________________________

20. Our office will begin to implement:
   a. ________________________________________________________
   b. ________________________________________________________
   c. ________________________________________________________

21. Next Steps:

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http://www.solsticedentaladvisors.com   www.dentalpracticesolutions.com
Email: vanessa@dentalpracticesolutions.com   O: 949-351-8741
a. Annual Planning Session  
   i. “2017 Jumpstart: Hygiene Department Success by the Numbers”  
   ii. Register Here: http://www.events.dentalpracticesolutions.com  
       1. January 6 Portland, Oregon  
       2. January 13 Los Alamitos, California  
       3. 6 CE credits, A LOT OF FOOD, Prizes value at $50 and more,  
          reception following the course  
       4. Early bird special expires Dec 5th  
       5. Groups of 6 or more save even more!  

b. 5M Mastermind + Team Training  
   i. 9 seats with Dr. Bill and office team training with Debbie  
   ii. Begins now and live Mastermind is in January and occurs 3 times in  
       2017  
   iii. Includes monthly SKYPE coaching, webinars with the team and  
        Debbie  
   iv. 2 –one and a half days in-office team training with Debbie  
   v. Monthly payment plans and financing available for payment options  

22. Apply for 1 of 9 seats and team accountability: You and Your Team:  

23. Schedule a Call with Bill and Debbie:  

24. Attend our next webinar:  
   a. Tuesday December 11th @ 5:30 PM Pacific  
      i. ________________________ --  

25. Have more questions? We are only a phone call away:  
   a. Call Vanessa VP of Client Relations: 949-351-8741

ADDITIONAL NOTES
**LIFETIME SMILES™ ORDER FORM**

E-mail: dentalpracticesolutions@gmail.com  Fax: 503-200-1394  Office: 949-444-2198

**CARBAMIDE PEROXIDE PRODUCTS** (Available in 3 ml Syringes only or 2.7 ml pens)

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<tr>
<th>Percentage</th>
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**HYDROGEN PEROXIDE PRODUCTS** (Available in 3 ml Syringes and 2.7 ml Whitening Pens)

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**ADDITIONAL PRODUCTS**

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<td>Thermoform Sheets</td>
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**Product Total:** $_______

**Shipping & Handling:** $17.95

***Outside of US call for shipping Info. ***

**TOTAL PRICE:** $_______

Name on Credit Card:
__________________________________________________________________________

Address on Card:__________________________________________________________________________

City: ________________ State: ____ Country: __________ Zip Code: ______

Office Phone #: __________________

CC #: ___________________ Exp. Date: _______ 3 Digits on Back of Card: _______

Signature: __________________________ Date: _________________

Email: ____________________________ Contact Person: __________________________

Shipping Address: ____________________________________________________________

City: ________________ State: ____ Country: __________ Zip Code: ______

Customized Syringe Information: *** EMAIL ADOBE ILLUSTRATOR FILE OF YOUR LOGO WITH FIRST ORDER.***