

# Low-Cost Marketing Programs that Work

## Debanding Letter to Parent

- Definition: This is a way that patients can thank their parents for their wonderful smiles.
- Timing:
  - Done at the debanding
  - This can be started immediately ... today!
- Specifics:
  - Give the patient a clipboard with a blank copy of your letterhead stationary when debanded.
  - Have them address the letter to their parents and sign it at the bottom.
  - Give them examples of letters written by other patients if they can't think of anything to say.
- Samples – Here are a few samples of letters, actually written by patients, that you might use until you have developed your own samples:

**Dear Ma,**

How many trips have we made to Dr. Wire-bender's office? I know you are tired of picking me up from school every month.

The big day has finally arrived. The braces are off and no stains on my teeth.

I don't say this often enough but thanks for giving me different opportunities. And a special thanks for giving me the opportunity to have straight teeth.

Love (Marie)

**Dear Mom and Dad,**

I know you have made many sacrifices over the past two years in order for me to have braces. And, I have not once said "Thank You." But, now that I can see my pretty smile and straight teeth I can appreciate what you have given me.

I love my teeth and I love both of you.

Thanks for being my parents.

Love (Billy)

**Dear Mom and Dad,**

Well it's finally here the day I get my braces off.

I never thought I would be glad I got them until I saw my teeth.

So thank you for staying on me about my brushing and for paying the bills. I'm glad you made me get them.

Thank you. (Jeff)

P.S. Your shiny tooth son.

**Dear Mother,**

I was beginning to think this day would never come. I thought those little silver brackets were a part of my life forever.

Can you believe how much my teeth have changed. If my teeth still looked like that I would not open my mouth.

Thanks for staying on me about my brushing and gum chewing. A special thanks for paying the bill.

I love to smile now and show the world my beautiful teeth.

Love (Todd)

**Dear Dad,**

How many times have you heard me say, "Am I ever going to get my braces off?" I was thrilled to death the day I got them but happier the day they came off. My mouth feels like it is missing something.

Thanks for taking me to my many appointments and listening to my complaints.

You knew all along it would be worth the pain, it has taken me two years to realize the benefits.

Thanks for being my parent.

(Jim)

## Care Calls

- ☐ **Definition:** Any call made to a patient/family, by a doctor or other team member, that addresses a concern the patient may have or that the practice has about that patient/family.
- ☐ **Timing:**
  - Initiate a call with a “Care Call Information” slip, by any team member who feels a call is warranted.
  - Calls are made at work or may be done at home.
  - A care call should be initiated:
    - after initial appliances are placed
    - after a particularly difficult or long or unusual procedure
    - when a patient/family has shown their unhappiness at a visit
    - when the patient/family is highly inconvenienced at a visit
    - anytime you feel “out of relationship” with the patient/family
    - Debanding or end of a phase of treatment to assure that future treatment is understood
- ☐ **Specifics:**
  - Complete the *top* of a Care Call Information Slip (see below).
  - Make the call and complete the *bottom* of the Care call Information Slip.
  - Give the completed slip to the TC, if further follow-up is necessary by the TC, doctor, etc.
  - When resolved, file the slip in the Pt’s folder.
  - Care Call Information Slips will be printed and sent to your practice if desired.

<b>Care Call Information Slip</b>		
<b>Call Handled by (you):</b>	<b>Date of Request:</b>	
Patient's Name:	<input type="checkbox"/> Child <input type="checkbox"/> Adult	Other Phone Numbers:
Parent's Name:	Home Phone:	
<b>Reason for Call:</b> <input type="checkbox"/> Initial Appliances <input type="checkbox"/> Difficult Appt. <input type="checkbox"/> Very Long Appt. <input type="checkbox"/> Unhappy Pt. <input type="checkbox"/> Unhappy Parent <input type="checkbox"/> Inconvenienced Pt. <input type="checkbox"/> Inconvenienced Parent <input type="checkbox"/> Debanding follow-up <input type="checkbox"/> Disagreement with _____ Other: _____		
<b>Additional Information Required to place the call:</b> (Next Appt. Date _____ & Time _____ ; expected discomfort, etc.) _____ _____		
What you want to say: _____		
Call Made By: _____	Date: _____ of call	Successful? Yes <input type="checkbox"/> , If No <input type="checkbox"/> , Comment!
Patient/Parent Comments: _____		
Dr. Call follow-up needed? No <input type="checkbox"/> , If Yes <input type="checkbox"/> when? _____		
For what reason? _____		

## Scripting (What you want to say) Examples:

- ☺ “High, Mrs. Smith. This is Patty from Dr. \_\_\_\_\_’s office. Dr. \_\_\_\_\_ asked me to give you a call to see how Johnny was doing with his new (appliances, headgear, expander, etc.). Is he at home? ..... We’re glad to hear all is going well, I’ll let Dr. \_\_\_\_\_ know. Thank you, bye.”
- ☺ “High, Mrs. Smith. This is Patty from Dr. \_\_\_\_\_’s office. Dr. \_\_\_\_\_ asked me to give you a call to see if Johnny was OK, he seemed unhappy at his visit today ... ”
- ☺ “High, Mrs. Smith. This is Patty from Dr. \_\_\_\_\_’s office. Dr. \_\_\_\_\_ asked me to give you a call to see if you are OK about being inconvenienced at your visit today ... ”
- ☺ “High, Mrs. Smith. This is Patty from Dr. \_\_\_\_\_’s office. Dr. \_\_\_\_\_ asked me to give you a call to tell you how well Johnny has been doing to improve his brushing, etc. ... ”

## Cards/Notes/Letters

- ☐ Definition: Any handwritten correspondence to a patient or family member or to a dentist or dental team member, or to a non-dental referrer to promote a friendly relationship.
- ☐ Timing:
  - They are sent when they seem appropriate to remind the person that they are important to us.
  - Incidences for sending them are:
    - Birthdays or Holidays
    - Graduation, Wedding or Anniversary
    - Congratulations (awards received, sports, etc.)
    - Name in the news
    - Helped us or did us a special favor or gave us a gift
    - Improvement in cooperation
    - Referral to us or Act of Kindness
    - Oral surgery request, follow-up note
    - Difficult adjustment/appliance appointment
    - Missed appointment due to illness
    - Hospitalization of patient or family member
    - Death in the family
    - An Oops/Apology for our mistake
    - Others as you feel appropriate
- ☐ Specifics:
  - Have each team member commit to sending a specific number (2, 5, etc.) of handwritten correspondences that month and keep a record of how many. Have each determine the time of the week that is best for them to send them out.
  - Have a variety of inexpensive greeting cards (with blank insides) and envelopes available. Use practice letterhead paper when appropriate.
  - At the end of the month, have each team member show the listing of notes that were sent out.
  - It can be a program where the patient is recognized for their accomplishments in hygiene, etc., with a Care Coin Program, bike program, etc.
  - It can be a party (skating, picnic, swimming, etc.) for your patients and families.
  - It can be a bulletin board where you post newspaper, etc., clippings of your patient’s accomplishments.
- ☐ Specifics:
  - This program can take on many facets and some could take a lot of planning and not be done by the next TC call.
  - If you want, you CAN set up a billboard (4’ x 6’ obtained from local Office Max, etc.) and also use it for your Bulletin Board Contest.

## Patient Recognition

- ☐ Definition: Any program that makes the patient feel important and cared for by the practice.
- ☐ Timing:
  - The patient can be recognized at any time for anything that makes him/her feel important.
  - It can be in the form of a card/note/letter mentioned above or in the form of a gift.

## *Moderate-Cost Marketing Programs that Work*

### ***Referring PCD's Team Appreciation Marketing Programs***

**“The objective of the program is to show the dental teams that you appreciate them.”**

#### **“Muffin Runs” Weekly or Monthly Programs** (marketing budgeted for \$5 to \$20 per month *per office*)

- **Person in charge** of your program: \_\_\_\_\_ (all the team should participate).
  - **Program Objective & Materials:**
    - The program is used to show the family dentist's team that you appreciated them with periodic offerings.
    - The offerings may be a basket of muffins, bagels, homemade cookies, and the like, or it can be flowers.
    - Obtain the items the day before or preferably the day of the delivery for freshness.
  - **Program Procedures:**
    - With discretion, find out what each dental team likes through periodic contact. Keep a list of teams and likes/dislikes.
    - Plan out for the month which teams will get which offerings, when they will be delivered and by whom.
    - Obtain the items, label them by office and deliver them personally; only spend 2 to 5 minutes in each office.
- Program Notes:
- 

#### ***Dental Team Lunch & Learn Programs*** (marketing budgeted for *one team/month* \$75 to \$150)

- **Person in charge** of your program: \_\_\_\_\_ (all the team should participate).
  - **Program Objective & Materials:** (also see Referral Program Manual for more details; part of optimization program)
    - To get to know the dental teams personally and to have them get to know you and to learn about orthodontics.
    - You can have the event catered, make the lunch yourselves, or order in a pizza, etc.
  - **Program Procedures:**
    - Have the TC call/visit the dental team and set up a luncheon on a convenient day for both practices.
    - Have a rehearsed talk prepared with all necessary props, or a tour.
    - Have your team “buddy up” with their team members, making sure that every one of them is involved, always!
    - Take pictures of the event, have them double printed, in an album and bring it to them at an “off time” (their lunch?).
- Program Notes:
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#### ***Special Gift Programs*** (marketing budgeted for \$10 to \$50 per office per event)

- **Person in charge** of your program: \_\_\_\_\_ (all the team should participate).
  - **Program Objective & Materials:**
    - The objective is to give the dental team a gift that they will use and remind them of your practice.
    - Gifts are usually for holidays and include: Christmas wreaths (office) or an ornament per team member: Valentine of-fice bouquet or one rose each; Easter basket of cookies/candies/beanie babies; dental team *birthdays*, etc. Gifts are obtained locally or from catalogues. Note! If you wouldn't appreciate the gift, don't give it, give something else.
  - **Program Procedures:**
    - Obtain the correct spelling of each dental team's names and day/month of birth (refer to the PCD Referral Preference System)
    - Gift wrap the gifts if appropriate and include a card signed by the doctor and the rest of the team.
    - Deliver the gifts personally and only spend 2 to 5 minutes in the office.
- Program Notes:
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## The *Care Coin* Marketing Program

“The objective of the program is to have fun.”

**Program Materials:** (marketing budgeted for approx. \$200 to \$400 per month)

- The **Care Coins** are obtained from: Maxine Productions Co. at **1-818-986-2946 (Maxine Logan)**
  - They cost \$ 94.00 per 1000 and you will initially need 1000 (< 50 Pts/day) or 2000 (> 50 Pts/day)
- Obtain the **Beanie Babies** from a local company that will deal with you directly in volume.
  - They cost about \$4.00 to \$5.00 each and you will need about 40 to 60 per month.
- Obtain **Gift Certificates** from local theaters, malls, fast food, Toys-R-Us, etc.
  - They cost about \$5.00 each and you will need about 10 to 15 per month.
- Obtain **T-shirts** from local companies or orthodontic product catalogs.
  - They cost about \$5.00 each and you will need about 10 to 15 per month.
- Other: \_\_\_\_\_
  - They cost about \$ \_\_\_\_\_ each and you will need about \_\_\_\_ to \_\_\_\_ per month.

## Program Start-up

- Person put in charge of your program (ordering materials, etc.): \_\_\_\_\_
- Preparatory Work that must be done BEFORE starting the program:
  1. Obtain the Program materials as noted above two weeks *before* starting the program.
  2. Make up colorful posters detailing the program and place them about the reception area and Tx area.
    - Indicated the prizes and the criteria for earning them.
    - Use an “up” tempo to get them excited about the program.
  3. Make up succinct handouts (half-page) with the details of the contest and have 1000 printed to hand out to the patients.
  4. Find suitable storage space in/near the Tx area to store the prizes.
  5. Find a place in the Tx area and reception area to display various prizes.
- A week before it starts, have a one-hour team meeting with the person in charge of the program explaining how to use it.
- Typical Program Rules of Order (they can vary with each practice) **FOR GIVING OUT CARE COINS:**
  - If an *emergency appointment* they receive NO coins
  - Give one coin for Being on Time, Give one coin for Proper Oral Hygiene, Give one coin for no broken appliances.
  - Give one coin if their Oral Hygiene was poor and is IMPROVING.
  - Give one coin if they wear the T-shirt with the practice logo on it to their appointment (if done).
  - Give five coins if they have a slip from their dentist or hygienist that they have just had a visit with him/her.
  - Give 20 coins for referring a patient, *but only after they start Tx.*
  - Other: \_\_\_\_\_
- Typical Program Rules (they can vary with each practice) **FOR CASHING IN CARE COINS:**
  - The “cash in” value of the Care Coins is typically 50¢ each, so have the care coins match the cost of the prize.
  - \$5 beanie babies = 10 coins, more expensive “collector” babies may be many more coins.
  - A \$20 gift certificate = 40 coins and so on.
  - Have a listing of the coins required for each prize.
  - Have someone responsible for giving prizes for cashing in their coins, a 2<sup>nd</sup> Recep. or bookkeeper or sterilization tech?
- **Program Notes:** \_\_\_\_\_  
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## The *Pt. Appreciation Day* Marketing Programs

“The objective of the program is to have fun.”

**Program Materials & Arrangements:** (marketing budgeted for approx. \$350 to \$1000 per event)

- Plan the big day at least three months in advance. Choose a day that will allow for the most patients to attend. A holiday or week-end is usually a good choice, but not a holiday weekend.
- Make arrangements for use of the facility and get any city permits if required for the event.
  - If a movie house, skating rink, pool, etc., rent it out months in advance for the day of the event.
  - Try to get the best deal, weighing ideal dates vs. cost.
  - Make sure that any liability is covered by the institution (especially physical events like skating, swimming, etc.).
- Obtain any “**Door Prizes**” from local stores when the items are *on sale*:
  - A grand prize could be a Discman, Watchman, small color TV, Nintendo-64, bike, etc.) and cost about \$100 -\$200.
  - Several (2 to 5) secondary prizes could be whatever is available and cost \$25 to \$50 each.
  - A roll of 2-part “Prize Drawing Tickets” should be purchased to hand out to participants.
- **Advertise** the event one month in advance:
  - Have 500 to 1000 fliers made up about the event including a map of how to get there.
  - Make up posters and display them in the Tx area and reception area. If prizes, show them or pictures of them.
  - If realistic, advertise the event in the local newspaper the week of the event.
- If **refreshments** are in order (it is best to have the event catered):
  - Determine approximately how many people will show up and estimate how much they will each consume.
  - Order the refreshments from a local provider on sale if possible, or negotiate a good price.
  - Make sure that there is adequate preservation (cooling/heating) of the refreshments before and at the event.
  - Make sure that there will be adequate utensils, cups, plates, etc. for the estimated attendance.
  - If a movie, etc, give each attendee a certificate to get some refreshments as they enter the theater/building.

## Program Logistics

- Person put in charge of your program (ordering materials, etc.): \_\_\_\_\_
- Preparatory Work that must be done BEFORE the event:
  - Have 500 to 1000 fliers made up about the event including a map of how to get there.
  - Obtain the Program materials as noted above three weeks *before* the event.
  - Don't see patients the day before the event to adequately prepare for it. Have checklists for all that must be done.
- A week before the big event:
  - have a one- or two-hour team meeting with the person in charge of the event in charge of it.
  - Review chronologically all the must be done to work up to the event day.
  - Review chronologically all the must be done during the event day. Clean up any inconsistencies.
- Typical Program Rules (they can vary with each practice) **FOR** :
  - The entire patient's family is invited and/or one guest (friend) per patient.
  - Have enough team members available to chaperone the event and join in on the fun. Dress up in costumes if appropriate.
  - Let things happen and go with the flow, but set aside a time for the prizes drawings the second half of the event.
  - Have all the guests of patients sign in and give them a token (pen, kazoo, free orthodontic exam card, etc.) with the practice's name on it. Later send the guests a card thanking them for coming to the event.
  - A team member must always be in attendance until the last patient/guest leaves.
  - Indicate on event handout when the parents can pick up the attendees if the parent is not at the event.
- **Program Notes:** \_\_\_\_\_

## The *Pt. Appreciation* Marketing Programs

“The objective of the program is to show patients that you appreciate them.”

### **Office Decoration Programs:** (marketing budgeted for approx. \$75 per month)

- **Person in charge** of your program: \_\_\_\_\_ (all the team should participate).
- **Program Materials:**
  - Obtain the balloons, streamers, colored paper, etc., at a local “Party” discount stores, \$1 Stores, etc..
  - Obtain other “props” from local stores.
  - Try to make it as festive and colorful as possible.
  - If there is a special “dress-up” theme, (Halloween, etc.) choose the costumes you will wear and rent/make them.
  - Have a camera available to take photos as needed.
- **Decoration Program Preparation and Completion:**
  - Choose a Decorating Theme: *Seasons* are a good theme if quarterly; *Holidays* are also a great theme. You can even use your contests as the basis for your theme. Have a team meeting to discuss various theme possibilities.
  - Once you know your theme, obtain the program materials two weeks *before* starting the program.
  - Decorate the main areas the patients are (reception area, Tx area and hallways in between).
- **Program Notes:** \_\_\_\_\_  
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### **Patient Recognition Programs** (marketing budgeted for approx. \$25 per month)

- **Person in charge** of your program: \_\_\_\_\_ (all the team should participate).
- **Program Materials and Procedures:**
  - Obtain a large bulletin board (3'X4') to display your materials on. Place it in the hallway near the reception area.
  - Obtain photos, newspaper or local magazine articles, lists of special schools they will attend or just graduated from, and put them in the “In the News” part of the bulletin board.
  - Take photos of your new patients and put them in a “Welcome New Patients” part of the bulletin board. Do the same for debanded patients on a “Congratulations Graduates” part of the bulletin board.
  - Try to make it as festive and colorful as possible.
- **Program Notes:** \_\_\_\_\_  
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### **Patient Give-Away Programs** (marketing budgeted for approx. \$75 to \$100 per month)

- **Person in charge** of your program: \_\_\_\_\_ (all the team should participate).
- **Program Materials:**
  - Obtain a large prize for the winner (bike, TV, etc). The prizes should be drawn every quarter to keep up the interest, yet give the patients enough changes to qualify for the prize.
  - Obtain 1000 to 2000 multi-colored “tickets” from a local party store.

- Have a “fishbowl” to put the tickets in (although it may be prudent to also put them in a box, to make the drawing less formidable looking) and keep the fishbowl in the reception or Tx area.
- Make up handouts (half-page) with the details of the contest and have 1000 printed to hand out to the patients.

■ **Program Procedures:**

- Displayed the prize or a picture of it .
- Make up colorful posters detailing the program and place them about the reception area and Tx area.
  - Take a photo of the last winner (with the prize) and display it on the poster.
  - Indicated the criteria for being eligible for the prize.
  - Use an “up” tempo to get them excited about the program.
- A patient receives a one drawing ticket for good hygiene, one for no broken appliances, and one for being on time. Give them 20 tickets for referring a patient that starts and 5 for a slip from their family dentist they just had a visit with.
- The patient puts his/her name on the ticket and puts it in the bowl.
- When the winner is drawn, it is announced in the local newspaper.

■ **Program Notes:** \_\_\_\_\_

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## **Patient *Debanding* Programs** (marketing budgeted for approx. \$100 to \$200 per month)

- **Person in charge** of your program: \_\_\_\_\_ (all the team should participate).

■ **Program Materials and Procedures:**

- Obtain debanding gifts such as movie certificates with popcorn, etc. vouchers, glamour photos, a before and after folder album with their initial records and retention photo pictures, or anything that celebrates their beautiful smile.
- After the debanding give them the gift and take a group picture with them and the entire team.
- Post that picture on your bulletin board (Congratulations Graduates).
- If a before/after album, send it to their family dentist to give to them.

■ **Program Notes:** \_\_\_\_\_

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See Next Page for Originals to Make Copies of the “**Care Call Information Slip**”



Care Call Information Slip		
Call Handled by (you):		Date of Request:
Patient's Name:	<input type="checkbox"/> Child <input type="checkbox"/> Adult	Other Phone Numbers:
Parent's Name:	Home Phone:	
<b>Reason for Call:</b> <input type="checkbox"/> Initial Appliances <input type="checkbox"/> Difficult Appt. <input type="checkbox"/> Very Long Appt. <input type="checkbox"/> Unhappy Pt. <input type="checkbox"/> Unhappy Parent <input type="checkbox"/> Inconvenienced Pt. <input type="checkbox"/> Inconvenienced Parent <input type="checkbox"/> Debanding follow-up <input type="checkbox"/> Disagreement with _____ Other: _____ _____		
<b>Additional Information Required to place the call:</b> (Next Appt. Date _____ & Time _____; expected discomfort, etc.) _____ _____		
What you want to say: _____		
Call Made By: _____	Date: _____ of call	Successful? Yes <input type="checkbox"/> , If No <input type="checkbox"/> , Comment!
_____ _____		
Patient/Parent Comments: _____ _____ _____		
Dr. Call follow-up needed? No <input type="checkbox"/> , If Yes <input type="checkbox"/> when? _____ For what reason? _____		

Care Call Information Slip		
Call Handled by (you):		Date of Request:
Patient's Name:	<input type="checkbox"/> Child <input type="checkbox"/> Adult	Other Phone Numbers:
Parent's Name:	Home Phone:	
<b>Reason for Call:</b> <input type="checkbox"/> Initial Appliances <input type="checkbox"/> Difficult Appt. <input type="checkbox"/> Very Long Appt. <input type="checkbox"/> Unhappy Pt. <input type="checkbox"/> Unhappy Parent <input type="checkbox"/> Inconvenienced Pt. <input type="checkbox"/> Inconvenienced Parent <input type="checkbox"/> Debanding follow-up <input type="checkbox"/> Disagreement with _____ Other: _____ _____		
<b>Additional Information Required to place the call:</b> (Next Appt. Date _____ & Time _____; expected discomfort, etc.) _____ _____		
What you want to say: _____		
Call Made By: _____	Date: _____ of call	Successful? Yes <input type="checkbox"/> , If No <input type="checkbox"/> , Comment!
_____ _____		
Patient/Parent Comments: _____ _____ _____		
Dr. Call follow-up needed? No <input type="checkbox"/> , If Yes <input type="checkbox"/> when? _____ For what reason? _____		