

Marketing Your Practice

Definition of Marketing:

Marketingg may be defined for the orthodontist as- The process of attracting patients to your practice for orthodontic treatment.

The process of attracting patients may be reduced to three concepts:

- Identify the sources of your patients.
- Make these sources aware of your services and what they will gain for them.
- Make them happy to have known you, so they will seek your services.

At first this may seem too simplistic, but it's correct. The hundreds of books written on marketing, and the 1000-page 'Handbook of Modern Marketing', may be reduced to these three simple concepts.

There are many ways of identifying and attracting sources for different industries, which is what those hundreds of books are about. This manual relates to marketing orthodontics.

Whether you realize it or not, you are already marketing your practice and using some of the techniques described below as an integral part of your operation. Patients don't come to you just because you exist, you work to get them there. And the zeal with which you do your marketing will determine the success of your practice.

Note: To find the details and procedures of the marketing programs mentioned here, refer to the chapters and pages indicated. To find a marketing program you desire quickly, refer to the 'Quick Reference System. Section QRS-C lists the programs and the pages in this chapter where you may find the programs.

The Sources Of Orthodontic Patients

A source of patients for the orthodontic market is the vehicle through which you reach your potential patients. There are basically eight sources of orthodontic patients. The marketing sources are listed below along with the approximate percent of patients that come from each source in the average orthodontic practice.

The Family Sources	(40% to 60%)
The Dental Sources.....	(40% to 60%)
Your Practice Sources.....	(3% to 5%)
Community Involvement Sources.....	(2% to 4%)
The Medical Sources	(1% to 3%)
Advertising Sources.....	(1% to 2%)
Insurance & Fee Sources	(1% to 2%)
Related Services Sources.....	(1% to 2%)

Depending on your practice, some of the percentages may seem off, but, they are typical. When first starting a practice, your DENTAL sources provide you with at least 85% of your patients. As your practice matures (in about 5-to-10 years) and as you reach the limit of the referrals the dental community can send you, your FAMILY sources gradual equals, or even surpasses, the Dental Sources. If this is not the case in your mature practice, you are either keeping inaccurate statistics (typical), have a dedicated dental referral base (not too typical) and/or you are not reaching your potential patient referral market (typical).

The GROWTH or maintenance of your practice resides in using all of the sources, the best way you can, and in maximizing the amount you can get from each in your area. The way to achieve this is to approach each source appropriately. It takes time and expense, but the return on your investment is ten-fold.

Reaching The Market Sources

Knowing who your marketing sources are is of little value unless they know you exist. Likewise, once they are aware of you through personal contact, word of mouth, etc., they must feel good about you. That is, you must establish 'The Friendship Principal' (or rapport) with them. You must also 'sell' yourself by allaying their fears of buying your services and closing the sale as painlessly as possible. Refer to chapter CM-A for techniques on selling. If you become adapt at doing this, they will continue to seek your services for themselves, their family and their friends.

This manual describes in detail the most successful techniques for reaching your sources so that you can make them feel good about knowing you.

A Comment On Ethics

Some of the marketing programs detailed may seem unethical to some practitioners. Ethics in marketing in a professional practice is a function of need. Techniques that were considered unethical many years ago, e.g., delegation of procedures to staff, or the delegation of the case presentation to a T.C., are not only ethical today, they are encouraged.

Some marketing techniques will be distasteful to some practitioners. But, they are all presented here in order to cover the complete spectrum of marketing techniques available to you. I will make comments along the way on what seems to be the common opinion of the acceptability of the more 'unethical' marketing techniques.

The Family Sources

The family sources have been the focus of the majority of marketing in the past decade or so. These marketing programs can be summarized as:

- Giving the patient/family more quality time per visit (especially the initial visits).
- Giving the patient/family the maximum amount of concise, written communication.
- Making the patient/family feel welcome and important every time they visit you.
- Completing each appointment and the total treatment on time.
- Providing a pleasant and comfortable physical atmosphere to be treated in.

Internal Marketing is another term used for marketing the family sources. One thing that makes it effective is the Personal Approach. Programs for the Personal Approach (one-on-one) to marketing the patient and family are listed below. They are coded FS-01 to FS-6 and listed in order from highest value to lesser value:

FS-01 Remembering A Patient's Name

Always remember, or have a mechanism to cue you, the patient's name, especially nicknames. Put their name and a photo, if necessary, in a prominent place on your treatment chart, if you are the type who cannot remember names.

The implementation of this program may include documenting the data on all the Tx Charts, putting the patient's name in large letters on the Tx Chart, photographing the patient (or Reprinting E/O photographs in smaller size) and cementing them to the Tx Charts. You may even take memory courses or purchase a cassette series to help you remember names (one cassette series is Power Memory and is available by calling 1-800-323-5552).

FS-02 Remembering Things About A Patient

Remember things about that patient (and keep it as recent as possible), and bring it up at their visits. Not only things like hobbies or interests, but more current events; write them down on your Tx Chart to cue you.

The implementation of this program may include documenting the patient's interests on all the Tx Charts. You need to look at the Pt. History form for the data, or ask the patient using the New Pt. Welcome Questionnaire.

FS-03 Treat All Patients As Adults

Always treat each child and adolescent as if they were an adult. Train your mind to think of each child patient as if they were a referring dentist and treat them as such. Don't demand cooperation, ask for it. Present the alternatives as if you were talking to an adult, and give them the choice of cooperating or not.

Implementation of this program would include training and reminding the staff to act in this manner. Also refer to OS-E for use of our personality styles for effective communication. This chapter applies to all patients, whether adult or child.

FS-04 Paying Attention To The Patient

Always give each patient your fullest attention. Be totally involved with their needs as if nobody else were in the room. Never divide your attention between two people.

Implementation of this program may require making sure the chairside assistants are strong 'relater' types or use their 'relater' personality style more (see chapter OS-E on personality styles) so that they look at the patient's needs from the patient's point of view. Another method is to make sure that the chairside assistants have sufficient time to get non-patient work completed, so that they

don't have to leave the patient alone at the chair to get it done.

FS-05 Letting The Patient Talk

Let the patient talk as much as possible, concentrate on exactly what they say and respond as if it were important to you (within reason). Agree with them as much as possible by 'enhancing' what they say, but don't 'top' them with your own examples.

Implementation of this program is the same as FS-4 and requires a certain personality style usage. If the chairside has a strong to very strong, 'socializer' style (see section OS-E) she is good at stimulating conversation, but must let the patient do most of the talking.

FS-06 Having The Patient Leave Each visit Feeling Good

When the visit is over and he is dismissed, give them a genuine smile (pretend he just sent you five new patients), look them straight in the eye, and say good-bye. A handshake, hand on the shoulder, or other form of 'touch' communication, is usually appropriate if part of *your* personality. Never look away from their eyes until they are out of sight.

Implementation may include making sure the doctor checks out every patient at every visit and that everybody says good-bye. to each patient.

The Organizational Approach is another method for internal marketing of your family sources. It refers to organizing your practice with the concepts and systems that automatically market your practice internally. The organizational programs refer to FS-07 to FS-18.

FS-07 An Effective New-Patient Exam

At the New-Patient Exam, make the patient the 'subject'

of the exam, not the object of it. Give the patient your fullest attention and never talk about them, talk directly to them.

Implementation of this program involves studying and implementing the concepts in chapter CM-A (selling orthodontics) and CM-B (exam procedures). It also involves having the necessary forms printed and the T.C. fully aware of how do the exam procedures.

FS-08 An Effective Tx Conference

At your case presentation, make the patient the 'subject' of the presentation and direct all statements to them. Even if the patient doesn't fully understand, they will feel very important, because you are assuming they can. Thank the patient (no matter what the age) for selecting your practice for their treatment, and tell them that you will be looking forward to working with them as 'partners' in their treatment.

Implementation of this program involves studying chapter CM-C (the Treatment Conference). It also involves having the necessary forms printed and the T.C. fully aware of how to do the treatment conference procedures.

FS-09 6-Month Tx Communications

Do 6-Month Reviews of cooperation and treatment progress, and go over it in detail with the patient, indicating again that he is the subject and not the object of the review. Ideally, the doctor does the review with the patient/family; next best, the assistant does a chairside review of the doctor's findings, least best, the review is mailed to the family without a verbal review.

Implementation of this program involves studying the procedures in chapter CM-E and chapter RE-A for initiation and completion of a 6-Month Review. It also involves having the necessary six-month review form printed (see page RE-A-9). It involves color-coding and dating all the Tx Charts and having the receptionist (or

assistant) at the start of the day, to identify the patients who require a review that day.

FS-10 Patient Appreciation System

Establish well-organized, in-treatment programs (contests, etc.) with worthwhile prizes. They show the patient that he is worth the effort and the prizes he wins will make them feel important because he achieved them.

Implementation of this program involves studying chapter CL-B. It also involves having the necessary forms printed and the staff fully aware of how to use them. You have to establish prizes for certain levels of attainment and large prizes (bikes, etc.) for quarterly drawings. The Tx Chart must be modified, if necessary, to document the points.

FS-11 Effective Retention Consults

Hold a Retention Conference, to praise the patient on their cooperation during active treatment and show them the benefits of their treatment. The main marketing done here is with the family and not new patients. It is a good time to emphasize the Family Care Program (see FS-18 below) to start new family members.

Implementation of this program involves the T.C. knowing the Retention Conference procedures as noted on page CM-E-18. It also involves having the PCD Tx Request printed (see page CM-E-19) and the Retention Summary Card (see page CM-E-20/21) printed to hand out to the family if, the retention conference is done at the retainer insertion (suggested). The Family Care Program is also involved with the retention conference.

FS-12 Patient Privacy Considerations

Arrange your patient waiting areas with separate seats (not benches) and have individualized or semi-private toothbrushing areas; even children like their own privacy and 'space'.

Implementation of this program may require the expense of redoing your toothbrushing, on-deck and maybe even reception/waiting areas. If it fits within your budget, is not too expensive or if, these areas are starting to look a little seedy with wear over the years, you may want to consider it.

FS-13 Physical Atmosphere of the Office

Create a pleasant office atmosphere for your patients and yourself. This shows your patients that they are worth reinvesting your income in their comfort. It gives them pleasant surroundings to spend their five years in. It also reduces stress the doctor and staff.

Implementation of this program may be costly. In some cases you may just require repainting, wallpapering or carpeting. New furniture may also help. After working in an office for many years it needs a face-lift. You need not reconstruct unless the entire office is a satisfactory size and/or layout. Just 'spiffy' it up a little; you, your staff and your patients will appreciate it.

FS-14 Educating The Patient About Orthodontics

Have all your staff converse with, and educate, the patient on every procedure you do at every visit. Make them the subject of their treatment and not just another set of teeth. The objective of this program is to make the patient aware of orthodontic treatment with hopes that they will become your missionary and seek out patients for you.

Implementation of this program involves making it practice policy to discuss every procedure with the patient before it is done. You must monitor your staff and make sure that this is always the case. It may involve extra time in the initial Pt. Orientation Visit (see chapter CL-C), but should not require any more time at each visit. Again, staff with strong, or very strong, relater styles or

with 'OK' to 'strong' socializer styles are better at this than others.

FS-15 Display Of Patient's Accomplishments

Have the staff (and yourself) collect articles from the newspapers, magazines, etc. about your patients and post them on your bulletin board. Not only will the patient in the article feel important, but so will their friends who see it.

Implementation of this program involves setting up a bulletin board with all your newspaper and magazine articles about your patients. Have a specific staff member or members scan the local papers and magazines (on their time and paid for it or on your time) for your patients' or their schools' achievements. Put the printouts on a bulletin board or send them a congratulations card; see page OS-G-20 for location of the bulletin board.

FS-16 Welcoming And Congratulating Patients

Put up pictures of your new patients, or newly debanded patients, on a bulletin board. Another method is to use a 'Moving Light' sign (36" or 48" wide) to welcome the new patients and graduate the graduating patients. It should be in a noticeable position in the waiting area. Some practices even build it into the wall, about seven feet high, facing the waiting area.

Implementation of this program involves putting up a bulletin board or other structure to welcome new patients and to congratulate patients who are debanded. It may also involve a cost of about \$300 to \$600 for a moving light sign. You must also allow about 10-to-15 minutes per day for a person to program the moving light sign.

FS-17 Graduation Gifts For Debandings

Give them 'graduation' gifts (T-shirts, Flowers, Record albums, Movie Ticket and a box of Pop-Corn, etc.) when debanded. Make it a fun time for all and they will remember you the next time they see someone with crooked teeth. Give them two tickets to a movie and a gift certificate for a bucket of pop-corn.

Implementation of this program involves deciding what gifts to give and how the patient gets the gift (i.e., at the debanding, etc.).

FS-18 Family Care Program

The Family Care Program is partially implemented in most practices, but has nowhere near the effect it has if fully implemented. Whether you realize it or not, less than half of the siblings of patients that could be treated, are treated. It takes work to set up and maintain the program, but is well worth it. For a comprehensive understanding of the program see pages RE-E-5 and -6.

The *theme* of the Family Care Program is that the practice will see all family members free of charge as a courtesy to them, just to make sure all is 'OK'. This theme is conveyed at the new patient exam and practiced at the observation recall, debanding or retainer insertion and retention recall visits.

The Family Care Program not only applies to siblings, it also applies to children of adult patients. Use the same procedures above for your adult patients by thinking of the adult as the child patient and thinking of their children as the siblings. If the adult needs treatment, it is very likely that their children do also.

Senior Citizens Marketing Programs

Siblings are the lower-end (age-wise) of the patient spectrum, the other end is the Senior Citizen patients. In certain areas of the country, there are a great many people over 55 years old who need and want orthodontic treatment. In fact, with the average age of the population shifting higher and higher every year, in 10 to 20 years the entire country will have a viable Senior Citizens Orthodontic market.

The senior citizens need and seek treatment for oral function, pain (TMJ), lasting prosthetics and yes, appearance. Most need orthodontics for the obvious reason, malocclusion, with the associated periodontal deterioration. But, few of them seek orthodontic treatment for this reason unless they are educated about it.

About 25% have severe TMJ pain and dysfunction, many with skeletal involvement (chiropractically speaking). Thus, they seek treatment to reduce the TMJ and associated oral pain. About 25% to 50% have prosthetics that would, with orthodontic placement of the remaining teeth, last much longer and function much better, while placing less stress on the alveolar bone. Thus, they seek treatment to have more 'comfortable prosthetics' and to 'save their remaining teeth'.

It is also becoming popular today for Senior Citizens to 'spend their money on themselves' and not die and leave it to their children. Thus, if you can convince them that their remaining years will be much happier and less painful (orally) and improve their appearance, they will opt to have treatment.

The degree to which you reach the senior citizen market will depend on how large it is in your area. The larger the concentration, the more patients you can get. There are basically two main ways of reaching them, through the senior citizens themselves and through their prosthetics dentists.

FS-19 Senior Citizens Prosthetics Program

This is a program that involves stimulating much inter-referral between your practice and the prosthodontic practices in your area. You refer your senior citizen patients to their practices for prosthetics work in conjunction with your orthodontics. They, in turn, send you their patients for limited (or full) orthodontic treatment to augment their prosthetics treatment.

They will probably be referring more patients to you than you to them, thus, you have to convince them that your treatment will make them and their prosthetics treatment look much better to the patient, who would then send their family and friends to the prosthodontist. This marketing program should be done along with the FS-21 senior citizens program noted below for best results for all the practices involved.

To start the program, you need to know which prosthodontists are doing a great deal of full-mouth reconstruction, partial reconstruction and partial dentures on patients over 50 years-of-age. Next, go through all your files and pick out all your patients who have had orthodontics in conjunction with prosthodontics, especially those over 50. Recall all those patients for an evaluation of their dentition to see how well their occlusion is. Tell them that "this is a typical procedure in our practice for our prosthetic/orthodontic treatments" when you call them. Take intra-oral and extra-oral photos for before and after and long-range after photo comparisons for an album.

Next, evaluate each case objectively and subjectively to determine how well they are doing, what type of treatment was done (partials, crowns or bridges, etc.) and which dentist did it. Make yourself a chart for each dentist, documenting your findings on each patient. Take your data to the prosthodontist and suggest in a well-organized manner that you can both help give the patient much better treatment if you worked together, cite your findings with the patients you recalled and evaluated. By having this data available, he will feel more in an 'inter-referral mood' because you have established a relationship already and he will have seen your work.

Suggest to the prosthodontist that you will be happy to evaluate, free-of-charge, their patients who would benefit from combination prosthodontic treatment.

Make up and give each prosthodontist a picture album (before and after photos) of their patients who had prosthodontic treatment, for them to use to sell both their and your treatment to their patients.

Keep constant contact with their practice, go to lunch or visit their practice, to review cases at first until you have established the interreferral pattern. Always praise their work and note how your work makes it functionally and aesthetically even better.

FS-20 Marketing The Senior Citizen

Go through all your past and present files and identify all your patients over 50 years-of-age (when treated). Make up a chart listing each patient's name, present age, sex, address and phone number. Have a column for the names, addresses and phone numbers of the senior citizen organizations they belong to. Have a column for the senior citizen newspapers and magazines they read.

Call each one individually and invite them to a luncheon honoring the patients over 50 who had, or are in, orthodontic treatment.

Ask them which clubs and organizations they belong to, indicating that they may have people coming to the luncheon who may also belong, and that you would like to introduce them if they don't already know them.

Make the luncheon a fun affair in a nice restaurant and give the men boutonnieres and the ladies orchid corsages. Have prizes for the most senior male and female, for the one with the most grandchildren, or great grandchildren, etc. Make sure everybody gets a prize.

Take pictures of the group and other candid shots of eve-

ryone there. Make a little picture album for each person at the luncheon and give or send it to them when you ask them about giving a lecture at their organizations.

Try to have the local newspapers print an article on the luncheon (have them attend it).

Give their club or organization a 30-to-45 minute slide presentation, emphasizing the cases of the member patients. Use testimonials by the member patients about how your treatment has improved their lives, health and appearance.

Sign them up for an examination visit at the presentation. It doesn't hurt to tell them to bring their grandchildren with them for a free exam also.

Establishing A Reputation To Stimulate Family Source Referrals

When trying to reach more patients through your present patients, get a reputation for the programs below.

FS-21 Sponsor Patient/Family Gatherings

Sponsor a day or night, of skating, skiing, picnics, ball-games, etc. for your patients. Do it periodically (once-, or twice-a-year) so that people can plan on it and it gets a lot of 'press' among the patients and their friends.

If skating, or other indoor or arena sport, rent out the arena for the day or night for your group. If an outdoor sport (skiing, etc.) make sure that you have sufficient tickets (at a group rate) for everybody or have them checked-off a master list at the area.

Invite all your patients and their parents, if there is room. Make sure that it is well-advertised in your office with large signs you can see; have the patients sign up for it at their last visit before the event; mail out invitations to all your patients one-to-two months before; have a special phone line (rent one for a couple of months) and recorder to announce the event and take names and messages from people wanting to come.

At the event, have it carefully planned with games, contests, entertainment, etc. Make sure the event is properly 'chaperoned' (your staff, etc.) to account for any problems that may occur. You be the master of ceremonies and conduct the show, or if this is not your style, get a well-liked professional to fill in for you.

Check the establishments for injury liability, make sure you are covered and also make sure first aid is available.

If refreshments are in order (ball-games, picnics, etc.), have them catered by a place that not only does a good job, but which does it with a 'flair', making it more memorable.

Try to get the event covered by local newspapers, radio, TV, school newspapers, etc., by inviting them (hopefully they are some of your patients). Take hundreds of pictures and video film, if possible, of as many of your patients as possible at the event. When processed at a later date, paste them on a large bulletin board for all the patients to see and, if possible, make up extras and give them to the patients at their next appointment. If you like video, record the event and play it back on a VCR in the waiting area for anybody who wants to see it.

FS-22 Practice Newsletter

Produce a quarterly newsletter that is well-designed, tasteful, informative and fun. The newsletter should be done quarterly (not monthly) and handed-out to all patients in active treatment. It is automatically mailed out to all patients on pre-active recall and retention recall (they may not have an appointment that quarter).

When starting the newsletter, have a contest for all your patients to 'Name The Newsletter' and give out prizes for good names, and a grand prize for the winner whose name you chose. Make it a big event and publicize it around your office (get a sign maker to make your signs).

The newsletter should be at least four pages (11" x 17" folded in half) or preferably six pages, but never more than eight pages as people do not want to spend that much time on it. It must be printed on high-quality 70# or 80# quality paper stock in two colors (typically black wording and photos with colored borders, titles, etc).

Have a commercial artist make up an eye-catching cover page border and logo that fits the name you chose. Make it look like a tastefully done fun thing.

Write your articles and have your printer type set the type for your newsletter. Never produce a newsletter with typewriter, dot-matrix or laser printers, they will not produce the quality image you want.

The articles should fall into the categories of:

- Information on orthodontics/health.
- Information on the doctor and staff.
Profiles, stories, congratulations, etc., about your patient (Pts. In the News).
- Games & crosswords (with prizes, if possible) and your own cartoons.
- Articles on holidays and holiday greetings that quarter. The fall quarter is a good time to give them Christmas, etc., wishes with a full-color photo of yourself and the staff in the center section.
- Office Policies on lateness, toothbrushing, etc., done in a funny, 'positive' manner.
- Questions & Answers section for patients to ask and for you or other patients (mailed-in) to answer.
- Recipes (yours or patient's).
- Anything that you feel the patients will enjoy and feel good about.

A newsletter is a great deal of work and probably will take about one to two weeks of full-time work to complete. It is much better though, to have specific staff responsible for different parts of the newsletter, and have one person in charge of the entire newsletter to make sure all gets done on time. It will probably cost you about \$2,000 to \$3,000 per year for all composition and printing and another \$1,000 to \$2,000 worth of staff time to produce and distribute.

FS-23 Patient Interest System

Since the advent of computers in orthodontics, it has become realistic to set up a tickler file and keep track of the interests of your patients and referrers. It shows them that you like and enjoy them and consider them worth spending the time to inform them about things that are of interest to them. It can be done without a computer, if you have a word processing system that allows you to store the patients names, addresses on diskettes or tapes that can be coded for their interests.

First, make up a list of all the kinds of things that your patients, referring dentists and all other 'people' sources of patient referral. These can come from the 'New Patient Welcome Questionnaire', your history form interests, or just making notes as you talk to them.

Make up a tickler code or category (running, baseball, theater, rock stars, collectibles, hobbies, etc.) for each of these interests. Next, categorize each patient or referrer interested in each category under that category.

You may also code the patients by need, depending on their problems. Categories such as TMJ, surgical or functional treatment, nutrition, general health and well-being, expanded (holistic) concepts of health, etc.

Have specific individuals (your staff or others) scan the literature (newspapers & magazines) for interesting, hard-to-find articles about these interest categories.

Make copies of the articles for each person in that category and mail it to them under your letterhead. Ideally, you copy the article onto your own letterhead (if you have a copier that will do your letterhead), second best is to paste the article on your letterhead and make copies of it and mail them out. You can put it in an envelope that is typed by your computer or word processor or you can make labels and fold and staple the copy and mail with your name stamped on it with a label to them. A copy in a typed envelope is more personal.

The cost of this marketing program is the cost of your staff seeking articles in those categories and the time to copy and mail them.

FS-24 Non-Dental Referrer Lunch

A successful method for stimulating referrals from friends and neighbors is to keep an alphabetical list (address book) of the names and addresses of all the non-dental referrers. List each patient's name and exam date

referred by them.

On a monthly or quarterly basis, hold a buffet luncheon in your office. Give them corsages or boutonnieres and thank them for the referrals (have a different group each month). Show them before and after (if available) photos of their referrals. Give them a tour of the office, explaining chronologically how the patient goes through orthodontic treatment in the office.

Have a simple, but tasteful luncheon, of an hour to an hour-and-a-half. Have your staff get to know them and make it a fun time for all.

Thank them for their continued referrals and for coming to the luncheon. Ask them if they have any other friends who are thinking about orthodontic treatment to come in for a free exam as a courtesy to them. Send them a follow-up card stating the same thing.

FS-25 Halloween Contest

The Halloween Pumpkin contest is a favorite with many practices and is started one month before Halloween. Have a professional poster maker make up a (24" by 36") poster and hang it near the reception area.

The patients paint (decorate) a 10" or smaller pumpkin and attach their name to it (or you can put a name tag on it). The pumpkins are displayed around the office (maybe garnished with a little corn or corn stalks).

On Halloween eve, or as close as it as possible, choose the winner and call them in for their prize. The prize can be anything from an album to a bike. When awarded, a photo of the winner, doctor, staff and pumpkin is taken and placed on the poster for a month or so.

FS-26 Easter Egg Hunt

The Easter Egg Hunt is a great way of meeting all the siblings and relatives of your patients and is a fun time for all.

To make it successful, you need to prepare in advance. Put up a poster (24" by 36") two months before the contest day, which is a convenient day the week or week-end before Easter. Hand out announcement slips to all your patients, two months before the hunt.

Have hundreds of plastic Easter eggs with small party favors in them. Have a half-dozen plastic eggs with special prize slips in them for each category of the hunt. Have one plastic egg with a grand prize slip for each category.

At the hunt (make it on a non-rainy day, if possible) section off a park area or large enough area (one to five acres) for various age groups: one to six year old, seven to twelve year olds, thirteen to seventeen year olds and eighteen and over. Have each hunt in succession, not simultaneously, starting from the youngest to the oldest. Give the special and the grand prizes in each category at the end of the egg hunt for each category.

Have refreshments (especially hot cocoa in colder climates) and munchies appropriate to the season. Use a 'bull horn' to conduct it and have local police available if in a public park. Assume that anywhere from 100 to 500 people will show up.

FS-27 DeBanding Letter To Parents

The patient sends a thank you letter to their parents when their teeth are debanded. The letter is written on your stationary and is mailed home to the parent. It is a wonderful way for the children to thank their parents and to have the family feel good about your practice. See chapter CM-E page CM-E-18 for the letter system and sample letters.

The Dentist Referral Sources

As noted above, dental sources are one of the best sources of patients, especially in the formative years of a practice. Even though a lot has been written about them, the programs are not usually practiced. The marketing programs below contain the usual methods of reaching the dental sources and a few new ones you may consider.

DS-01 Written Communication

Send consistent communication for every patient after the new-patient exam, Tx conference, end of active treatment, end of retention, and a notification of the patients progress after every 6-month review. Refer to the Quick Reference System section QRS-B for a listing of these letters.

Send the communications in individual envelopes, if you want to keep putting your name in front of them and their staff each day.

Send the communications once-a-week in one envelope if you want to save postage and make it easier for their staff to open, read and file the correspondences.

Note: your Treatment or Extraction Requests must always go under a separate envelope to the family dentist if he is doing the work. If not, the pink copies of the request for other specialists can be sent to them in the usual weekly envelope.

DS-02 Treat The Dentist, Family And/or Staff

Put braces on the dentist and their family free-of-charge, or treat their staff at a 25% discount, as a professional courtesy.

If the dentist is not a referrer and wants you to treat their family, meet with them after their family's exam visit.

Ask them why he wants you to treat their family if he doesn't want you to treat their patients. Tell them that if he referred patients to you that he and their family would be treated free-of-charge. Try to get their confidence and a few referrals (other than their family). If he is willing to refer, treat their family for free, if not, offer a 25% professional courtesy.

When treating staff at a 25% courtesy, make sure that you adjust the account 25% each time. Do not just take 25% off of the fee and make arrangements for the balance. Take 25% off the initial fee and have them pay 75%. Each month, take 25% off of the monthly fee and have them pay 75% of it. If the staff member changes jobs and does not work for any referring dentist, ignore the 25% discount every month and have them pay 100% of the usual monthly amount for that fee.

When the dentist's staff have their orthodontic visits, pay extra attention to them and send your regards or a message to the dentist via their staff member. Create some reason for the PCD's staff to mention your name to their doctor, to keep you and orthodontics on their mind.

If you need a reason to meet with the dentist to 'keep yourself on their mind', you may want to go over their staff member's case.

DS-03 Get To Know The Dentist's Staff

Have your staff get to know the other dental practice staff. Have your staff and theirs call each other on a day-to-day basis for patient scheduling, using their first names.

Use your PCD Referral Control System (see chapter CM-G) to obtain the names and positions of all the staff. Keep a list of every practice and the names and positions of all their staff available for you, the receptionist and T.C. to use throughout the day.

When you call a practice, always use the first name of the

person after announcing your own and your practice name.

If you are in the same building or complex as a referring dentist, have your staff deliver your weekly communications to their office personally and chit-chat a little (one minute) with the other staff when she gets there (preferably at the end of the day).

Encourage your staff to join and attend local dental auxiliary functions and sit with the other dentist's staff. Tell them to always be positive in what they say and never bring up negative comments about anything. Have your staff compliment the other person's work and service.

DS-04 Get To Know The Dentist

The best referring dentist is always a friend of yours. The reason he refers a lot of patients to you is because he feels comfortable with you and your service. Thus, encourage their friendship. Friends do not have to see each other all the time, all they have to do is thoroughly enjoy each other's company when they do meet.

Make yourself visible by taking dentists to lunch or dinner. Lunches are better because the dinner meetings cut into their family time, which they have little enough of. Dinners should be devoted to group meetings with your wives (or main person) and theirs.

Meet for lunch or in their practice (or in yours if necessary). Do this for a different dentist one or more days a week.

Use difficult, or problem, cases as a reason for the lunch or meeting. Or, use the PCD Referral Preference System as a reason for the meeting. A valuable reason to meet is to discuss ways that your practice can help get their patients back to them.

In general, each meeting should be an 'UP' experience for both of you. Use your socializer personality style and

keep the meeting positive. When she gets into a negative discussion, turn it around and try to see the better side of it, or get onto another subject. Never talk about any of your problems and try to avoid theirs unless your comments are positive and uplifting.

DS-05 Luncheons For Dental Staff

Have your staff invite the dentist's staff to your office for a buffet luncheon, to get to know each other and to have them learn more about orthodontic treatment. You can do this once a month, every month for a different dentist's staff.

Keep an alphabetical listing of all the dental practices and their staff positions and names (see the Referral Preference Form on page CM-G-9 and -10).

Each month, hold a buffet luncheon IN your office for the dentist's staff. If the dentist is also invited, make sure that you keep them occupied, if he is the type that represses their staff.

Give them a tour of the office, explaining in chronological order how the patient goes through orthodontic treatment in the office.

Have a simple, but tasteful, luncheon of about one hour. Have your staff get to know their staff and their interests. Make them feel comfortable and make it a fun time for all.

Take a roll of candid photos at the luncheon and make up two small albums. Send one album to them and keep one on hand to refer to when having other practices there for luncheons (to show pictures of their friends in other practices).

Thank them for their continued referrals and for coming to the luncheon. Make plans to see each other again in the near future (for lunch, parties, sports events, etc.).

DS-06 PCD Referral Control System

Use the PCD Referral Control system to keep track of what treatment to refer back to the family dentist and what treatment to refer to a specialist of their choosing.

At each exam visit, determine which dentists refer the patient to you directly and which dentist's patients get to you indirectly. Keep a chart on each family dentist (PCD = Primary Care Dentist) listing the exam date, patient name and whether a direct or indirect referral.

Use the PCD Referral Control Cards (see page CM-G-9) to log all the data.

Call the PCD and set up a time that you can get together and fill out a *PCD REFERRAL PREFERENCE Form*. Explain to them that its' purpose is **“to get the maximum number of patients back to their office for their necessary treatment”**.

Meet with them and bring along a couple of cases (surgical and functionally treated orthopedic) to show why it is best to send adult cases to you for ortho/surgical treatment and why it is best to send patients at age seven, or eight to you for evaluation to reduce the amount of extraction treatments in young patients. Show before and after patient photos supporting your case.

When the Referral Preference data is complete, transfer it over to your referral Control Cards and have the TC or Secretary control ALL treatment and extraction requests going out of the practice. The TC or Secretary then makes sure that each PCD gets the cases back he wants to treat and that the cases he doesn't want to treat are referred to specialists he recommends.

See chapter CM-G for a comprehensive understanding of how to use this system to increase your PCD referrals.

DS-07 Getting Referrals From Pedodontist Or Family Dentist Doing Orthodontics

Contact dentists and pedodontists that are doing their own orthodontics, not ones that hire other orthodontists to work on their patients.

Discuss the facts of life, that you are both in business to provide the best service for your patients. Note that most orthodontic cases can be treated by a non-orthodontic specialist, but that there are some cases that are very difficult for even the specialist. That sometimes these cases may not be obvious until it is too late; too late being a bad result or even lawsuit.

Tell them that you would like to treat their difficult cases, saving them the stress and embarrassment, should the case not turn out perfectly.

Tell them that you will also examine any borderline difficult cases he is not sure of, and treat them for him should they be difficult to treat.

Using this program, you will get many more cases from them than you wouldn't get if you hadn't used the program.

DS-08 Progressive Specialists

Establish yourself with progressive oral surgeons, periodontists and prosthodontists, to better reach the adult market. Establish a basis of interreferral for cases that need to be treated by two or more of you.

Give these specialists hand-outs on how orthodontics will enhance their treatment and get handouts from them. If possible, make up your own handouts showing the inter-referral of all disciplines and when it is appropriate to do so.

Meet with each dentist individually and set up procedures for routing the patient to the appropriate specialist after

the initial contact with any one of you. Have sessions with these specialists to set up specific procedures for completing the treatment between your practices for the complete treatment of the patient.

As far as Perio/Ortho and Surgical/Ortho treatment is concerned, you need to know which specialists do treatment that is enhanced by orthodontic treatment.

Next, go through all your files and pick out all your patients who have had orthodontics in conjunction with these specialists' treatment. Make up a before-and-after picture album of each specialist's patients and set up an appointment with each specialist to go over your proposal.

At the meeting, suggest in a well-organized manner, that you can both help give the patient a much better treatment if you work together, noting that in many cases their surgery will enhance your orthodontic treatment and your orthodontics will enhance their surgery.

Suggest to the periodontists and oral surgeons that you will be happy to evaluate, free-of-charge, their patients who would benefit from combination Surgical/Ortho or Perio/Ortho treatment.

Keep constant contact with their practice, go to lunch, or to their practice, to review cases at first until you have established the interreferral pattern. Always praise their work and note how your work makes it functionally and aesthetically even better.

DS-09 Holiday, Birthday And Other Gifts

Send them and their family gifts on the holidays. Never 'buy him off'. Spend your money on something that makes them feel good about themselves.

Donate money, or whatever, to their favorite charity in their, or their practice's, name. Or, donate to a children's or orphans' day-at-the-circus for many homeless children, in their name. Sponsor food or clothing drives in

their name. Do it in the name of a list of dentists or practices instead of just one. Have the charity send them a thank you card, thanking each for the contribution by you, but with no mention of the amount of the contribution.

Send the PCD's family flowers. A centerpiece received three days before the holiday, e.g. Christmas, etc., will end up on their table and your name will long be remembered.

Send them elegant wrapping paper and ribbons as a holiday gift. In general, send them something that represents happiness to them and their family and which is functional if possible. Think about what makes you happy, think of them, and send the gift.

Send cards to them and their family on their birthdays and on all holidays. If they are a very good referrer, send one of those special people gifts (belly dancer, balloon-ogram, etc.) to their office, when you know they and their staff will be there. Coordinate it with one of their staff, if possible.

Give them a personalized G.P. dental practice manual called 'Getting The Most Out Of Your Practice'. Call (716) 834-5857 if interested.

DS-10 Set Up A Pediatric Care Center

The center is an ethical and realistic approach if you can find the professionals to do it. It is basically a center for all the dental, medical and nutritional needs for pediatric care.

Patients come from the mother, to the pediatrician, to the pedodontist (or family dentist), to the orthodontist. Along the way, some get waylaid and never get to the orthodontist.

To resolve this, you can get together with the above specialties and set up your own Pediatric Center composed ideally of two or three pediatricians, one or two pedodon-

tists, one or two orthodontists, a dietitian, a pharmacy and even a modified health food store if possible. The dietitian could also be involved with pre-natal nutrition and would be referred there by the obstetrician, if possible, thus making the first contact with the center. Second, third, etc. children would automatically bring the family to the center again.

The patient would start at the pediatrician and, when about two or three would start with the pedodontist. At age six or seven the orthodontist would evaluate the case and determine what treatment, if any was necessary.

This center would require a great deal of space and would be owned by the corporation that is made-up of the professionals involved. It is a tremendous undertaking and requires professional help on all levels. The center could be set-up on a fee-for-service basis or, if desired, on a capitation basis, if it requires it to survive.

The pediatricians will use the center as a marketing technique for their specialty in association with a Children's Hospital, if possible.

Each specialist would have their own practice, but would share common space and support staff. They would all be in the same center and would provide the entire spectrum of dental care for children from birth to 17 years old.

Of course, you would also have an adult orthodontic facility at the same or other location for patients 18 and older.

DS-11 Sponsor A Pedodontist To Share your Practice With

A client of mine and I set up a program to seek out and hire a pediatric dentist who was just graduating from school. We sent a letter to all the universities with a pediatric dental program. We placed an ad in the Pediatric

Dentistry Journal. The orthodontist screened out the candidates and found the ideal match for him.

This program will take about five years to become of benefit to the orthodontic practice. The orthodontist helps the pedodontist meet and work with pediatricians in the area. The pedodontist and orthodontist become partners after one to three years,

DS-12 Sponsor Social Events

Sponsor social events such as seminars, lectures, workshops, celebrities, etc. and invite all of the dental practices and their wives (and any friends, if they suggest it) and any non-patient who refers to you. If possible, and if at no more cost to you, invite your patients and their families (although this could get very expensive).

The event can be a large event for hundreds of people or an event just for the staff of referring dentists and their wives (and dentists, if appropriate).

The event should be something not readily available in your town or area. The total cost should be limited to the cost for the auditorium and cost of the guest speaker or entertainer(s). Refreshments are also a nice touch, as long as it doesn't become too expensive.

Sponsor events such as a noted speaker or lecturer (college professor, author, etc.) on a topic of interest to all (health, self improvement, interesting concepts, or whatever). A local theater group or school theater group, talented local entertainers with a program theme, are also good. Outside entertainers that are well-known, but not too expensive, are good if you can find them.

Health and beauty lecturers or self-improvement experts who analyze the audience and give them the results after the lecture, in whatever people are interested in, will work out well.

Make sure that all the R.S.V.P. invitations are sent at

least two months in advance with a two-week follow-up notice mailed out to them. If patients are invited, advertise it in your office with large signs that they can see; have the patients sign-up for it at their last visit before the event. Have a special phone line (rent one for a couple of months) and recorder to announce the event and take names and messages from people wanting to go.

There are more ways of marketing the dental community for their referrals. When doing anything, make sure it is first-class and that you look at whatever you are doing from their point-of-view. Always phrase everything so that you are doing it for them, because you like them and want to thank them for their continued referrals. "It is just something we (your practice) want to do for you and your people" is the thought to be kept in your mind, when relating it to them.

DS-13 Give End Of Tx Pt. Photos

At the end of active treatment take another set of IO & EO photos and put them in a picture frame and send it to the patients PCD along with an end-of-active-treatment notification describing the case.

Tell the PCD that it was sent to them to see the change in that patient's occlusion and so that he can give it to the patient at their next visit. What you are doing is educating the PCD about that patient's malocclusion and giving them the opportunity to share the happiness of the patient/family.

DS-14 Use Return Referral Post Cards

These are Referral Cards that are three-part NCR paper. The top copy is given to the patient, the second copy is kept by the P.C.D. for their legal records and the third copy is a post card that is sent back to your practice. The card contains the doctor's concern for the referral and the patient's name and address.

The P.C.D. is given a pad of 15 three-part forms along with an instruction card. It also serves as a good reason for a meeting with the P.C.D. for lunch, etc. The theme should be that you are providing their patients with a means of getting to an orthodontist and are providing them with a simple means of referring patients with a copy for their legal files showing that they were referred.

This system is only used with referring dentists. Do not give them to non-referring dentists. Give non-referring dentists your business cards. They are more apt to give out your business cards than fill out a form and refer them to you.

When you get the card back from the referring dentist, you can send out a Marketing Brochure (a brochure about your practice that excites them to call your office for an appointment), especially if they haven't call you yet. If they *don't* call within a week of getting the card, you should call them and inquire as to what they would like to do, in a non-pressure, yet sales oriented, manner.

You will find this system invaluable for getting in touch with those patients who were actually referred, yet don't seem to get to your office.

The Practice Referral Source

The practice source is you, your family and your staff and their families and the way you organize your practice to automatically stimulate referrals.

PS-01 Referrals From Your Family

You should teach your family to recognize malocclusion in others and feel a need to refer them to the practice for treatment.

You can give your family referral fees for sending their friends and acquaintances. You might give monetary awards (\$25 to \$50) per referral, or give a gift (bike, fur coat, etc.) for a number of referrals.

PS-02 Referrals From Your Staff

Encourage your staff to refer new patients. Give them incentives (gifts, money, time-off-with-pay, etc.) for referring new patients who start treatment. Your staff should be taught to realize that you are running a business and that unless new patients get started, your and your staff's livelihood is in doubt.

Set up a Universal Bonus System to motivate growth by having the staff work as a team to get more patients started. The Universal Bonus System is based on goals such as starts. The goal is usually based on the same period the year before. For example: if the starts their month last year, was 20, and you wanted a 12% increase your goal for this month this year would be $1.12 \times 20 = 24$ starts.

There are just four rules for operating the system:

- If you make your goals that month or year-to-date, the staff gets half the bonus in their pocket and half in the kitty.
- If you don't make your goals that month or

year-to-date, the staff get nothing in their pocket and half of the usual bonus is subtracted from the kitty.

~ At the end of the year, if the kitty has a + amount in it, it is given to the staff.

™ At the end of the year, if the kitty has a - amount in it, it is forgotten.

This system is very effective in motivating the staff to meet the goals each month, because they would actually get three times as much bonus for the entire year if they met the goals for twelve months than if they met them for only six months. See chapter OS-D, pages OS-D-15 onward for the Universal Bonus System.

PS-03 Staff Advertisement

Your staff can advertise for you using personalized business cards. The business cards are the practice business cards which are changed to have the staff member's name and position on it.

The Bookkeeper, T.C. and Receptionist should hand out, or include in a letter, their cards to anyone they want to call them back personally. But, the most value of the card is to get it out into the community.

All the staff should use their business cards as if they were note pads and write notes, leave a message, give directions, write names of people or things, etc. on them. They should NOT wait to hand them out to prospective patients (although that is an intention), for they will be few and far between.

PS-04 Increasing Your Availability

Increase your availability to your patients. If you do not work a certain day each week, then all the patients who want to come in on that day will go to your competitors. To avoid this you need a Rotational Schedule.

A Rotation Schedule allows you to work your average number of days per week, but schedule it in such a manner as to look available all days and nights per week.

To set up a Full Rotational Schedule you have to work one night per week and one Saturday per month. If you do not want a full rotational schedule and do not want to work nights or Saturdays, you can use a Partial Rotational Schedule and look as if you are working Monday through Friday during the day, even if you only work 3 days a week.

$N = \text{Nights}$, $D = \text{Days}$, $X = \text{Non-Treatment day}$:

The above is an example of a full rotational schedule with the main office open four days-per-week (three-days 8:00 to 5:00 and one-day from 11:30 to 8:00), one Saturday per month and sees patients on a five week interval.

This Five-Week Rotational Schedule is then repeated again and again, every five weeks. Thus, if a patient can only come in on Thursday nights, they come in every week #4 of the rotational schedule. If they can only come in on Monday during the day, they would come in on week #3 or #4 or #5 of the rotational schedule. It is best not to work Friday nights (low attendance), which gives you and the staff one week without a night schedule every week #5 as noted in this example.

As a second example of a Full Rotational Schedule, let's look at a main office open three days-a-week and a branch office open one day-a-week.

$M-N = \text{Main office Nights}$, $M = \text{Main Office Days}$ and $B = \text{Branch Office Days}$:

If you want to also be available all nights for the branch office you must work that office two days-a-week and be willing to work two nights-a-week (one main and one branch night).

As a final example of a Full Rotational Schedule, for nights and days in both the main and branch offices, let's look at a Main office (M) open three days-a-week and a

Branch (B) office open two days-a-week.

$M-N = \text{Main office Nights}$, $M = \text{Main Office Days}$ and $B-N = \text{Branch Office Nights}$ and $B = \text{Branch Office Days}$:

Using the Rotational Schedule concept, you can market your practice through your availability, the reason a great many of the 'clinics' are getting some of your patients.

If you go on vacation you just skip a week in the rotational calendar year. For example, if the week you take off falls in week #2, the next week (#3) becomes #2, the week after (#4) becomes #3, and the week after that (#4) becomes #5. Then the five-week rotational schedule is repeated. There are 10, five-week rotational schedules in one year accounting for 50 weeks, with two left over for vacation.

PS-05 Expand To A Branch Office

If your Family or Dental market is giving you the most you can get from it in your area, you need to go to a Satellite or Branch office in a growing area, hopefully where you already have patients. A satellite is when you work out of somebody else's office. A Branch office is your personal facility you own or rent.

The first step is to decide where to establish the satellite or branch office. The second step is to decide whether to set up a branch or a satellite office. The branch office may be a full service (all appointments and records) office, or it may be all appointments, except records (which may be done at the main office or lab). A satellite office is established in some dentist's office one day-a-month. It is hoped that it grows into a one-day-a-week office or even a branch office. The satellite office has severe limitations in that you will not get many, if any, patients from other dentists in town. No dentist wants their patients' being seen in a competitor's office. Also, it is very difficult to set up a rotational schedule, because the dentist probably only has one day-a-week (the same day every week) to offer you. Only about 25% of satellite offices grow into branch offices.

If you already have many patients from an area and it is growing (as determined by demographic and census studies), you know where to go and that a branch is probably the best office to establish. Refer to the article in the March 1986 JCO "Choosing An Office Location".

A typical branch office is as little as 600 square feet (no records) or as much as 1,800 square feet (full service). If it is potentially only a two-, to four-day-a-month branch, about 600- to 1000-square feet is optimal. If you are going to be there one to two days-a-week, it should be about 1,000 to 1,800 square feet (full service). Refer to chapter OS-G for office design criteria.

When establishing the branch office, shift as many patients from your main office as possible from the main office to the branch office. This will lessen your main office burden and make the days in the branch office more productive.

When announcing the branch office to your patients and the referring entities in that area, make sure that you let them know that you are available Monday through Friday (although not every day every week) to see patients. This is possible with a Rotational Schedule and will make you look as if you established yourself in the community, which makes the people more interested in using your services. If you are not there at least one day a week at first, try a split-day rotational schedule and be there on half-, and full-days all days of the week on the rotational schedule. One problem with a split treatment day is if you need to be in the main office for half that day. It is very difficult on you and the staff who typically miss lunch due to the packing and travel.

Make yourself look more established by having the same phone line of your branch office ring in the main office, thus always being available to answer the phone no matter where you are.

Another thing you must do is set up a bank account in that area and make your daily income deposits there (and transfer most of it to your main bank). Shop in that area when there, be visible and introduce yourself to the refer-

ring doctors, shop owners, restaurants, etc. You and your staff should not have lunch in the office, you should have hour-and-a-half lunches and spend the time just being around the town doing things. The more visible you are and the more you get involved in that area, the more established you will be and the bigger that office will grow.

PS-06 Answer Phone Personally

Answering the phone personally and not by answering service or answering machine will increase your new patient exams. Nobody likes to be put-off when they call. Some will call back and some will call your competitors. Make sure that you personally answer the phone during your lunch hour, especially if it is from 12:00 noon to 1:00. Many working people call during their lunch hour because they may not get the time during the rest of the day. One practice found that as much as 25% of the new patient calls came during the 12:00 to 1:00 lunch hour (which is only 11% of the work day).

The best approach when not in the office is to have the call diverted to a staff member 'on-call' that day. You can also have the call diverted to a beeper service which can get in touch with the 'on call' person, who will call the person back. In general, beeper services are only good for established patients with emergencies and are valuable because the on-call staff member doesn't have to baby-sit the phone all day.

The on-call person should have a list of available appointments for the next few weeks. When a new patient calls for an exam, they can take the data on the Patient History Form and schedule them an appointment. When they get back to the office they can enter the appointments into the schedule.

Only use an answering machine when you are not in any office (nights, weekends, etc.) and cannot use a diverter (for all calls) or a beeper service (for emergency calls). Make sure that your machine message is clear, pleasant and always states that you are not there, but that you are

available to call back as soon as possible if they leave a message. Or better yet, if no diverter, leave the doctor's (best) or on-call staff member (second best) number to call.

PS-07 Take On A Partner

Taking on a partner should never be taken lightly. Only consider a partner for marketing purposes if you can afford it, i.e., you can increase the net income enough to give you both the income you want. Consider a partner if he can build-up the practice with a referral base whose age is much younger than your referral base and that you can't reach. You should be 10 or more years older than the partner you are bring in for this to occur.

Another way is to merge two established practices, (competitors or not), who have something to offer each other. A different referral-base age (as noted above) is a good reason. Another reason to merge two successful practices is because one practice may be very good at getting

WEEK	MON	TUE	WED	THU	FRI	SAT
#1	N	D	D	D	X	.5D
#2	D	X	N	D	D	X
#3	D	X	N	D	D	X
#4	D	D	X	N	D	X
#5	D	D	D	X	N	X

the patients in the door, but cannot keep them due to poor organization, where the other practice may find it hard to reach them, but once they get them in the door they serve them well.

The partners should complement each other in every way possible. If one is very dominant, the other one should not be. They should be a good blend of director, socializer, relater and analyzer personality style strengths. See the OS-E for more insight on personality styles.

The staff should accept each partner as equally as possible and, if not, that staff member must be replaced.

The treatment mechanotherapy must also be complementary, so as to have strengths in all areas of treatment (functional, surgical, TMJ, Lingual, etc.) and their fixed treatment must be done in the same manner, using the same appliances and archwires.

Partnerships are not for all people and if you are a very strong Director style or very strong Thinker style (or both) you are probably not a partner type of practitioner. See chapter OS-F for selecting an associate.

WEEK	MON	TUE	WED	THU	FRI	SAT
#1	M-N	B	M	M	X	.5M
#2	X	M-N	B	M	M	X
#3	B	M	M	X	M-N	X
#4	M	M	X	M-N	B	X
#5	M	X	M-N	B	M	X

PS-08 Have Games That Attract Patients

Free Video Games are still drawing patients to practices. The video games can be computers (Atari, etc. games) or stand-up (Pac-Man, Space Invaders, etc.). The games can be played with earphones or speakers, depending on the noise level.

You can have hand-held video type games in your reception area or in the on-deck area. A color TV (19" or larger) in a secluded waiting or on-deck area is also popular.

WEEK	MON	TUE	WED	THU	FRI	SAT
#1	M-N	B	M	B-N	M	.5M
#2	M	M-N	B	M	B-N	X
#3	B	M	B-N	M	M-N	X
#4	M	B-N	M	M-N	B	X
#5	B-N	M	M-N	B	M	X

Whatever you do, make sure that the games, TV etc., do not interfere with your patient flow and treatment. Typically you need to make special physical structures to house these games and concepts.

The Community Sources

Your community is where your patients come from and is thus an area where you must be highly visible. The marketing programs below show many ways of being highly visible, which keeps you on the community's mind, hopefully as a pleasant thought and definitely for referral to your practice.

CS-01 Live In Your Practice's Town

Living in the community where you practice is a statement to that community that you are one of them and that their loyalty should be to you (vs. other orthodontists who practice in your town, but do not live there). By living, working, shopping, enjoying community events, you become highly visible in that community.

CS-02 Be Active In Town Functions

Take an active part in the PTA, Rotary, Boys (Girls) Clubs, the Scouts, Little League, community improvement societies, etc.

Be a scoutmaster or the head of a scouting organization. Be physically active in boys or girls clubs one or two nights a month.

Organize and work with baseball, football, basketball, soccer, etc. little leagues. Make yourself visible at the games. Coach the teams if desired.

Get involved with community improvement projects, not only financially, but physically. Head projects to improve the library, town parks, town services to minors and the elderly. Get other dentists and professionals involved to make them feel that they are a part of it. Get it publicized in local magazines and newspapers, etc.

Do a weekly TV or radio show (an hour or two a week) about any subject (other than orthodontics) you know a lot about or which you can talk at length about that is of interest to others. Be a Disc Jockey one night a week for rock, jazz, etc.

Write a weekly column in the local newspaper “Ask Dr. Toothman” about orthodontics and dental health. Or write a column on anything that is of interest to others, is positive and which the newspapers will print. There are other ways of getting your name around town as noted below.

CS-03 Be Active In Town Politics

Become president or secretary of the local or state dental society and get your name in front of, and have contact with, these dentists.

Get elected to the school board, city councils for improvement, special projects, etc. The local newspapers are a good source for what is going on in your community.

CS-04 Be Active In Community Events

Take an active part in special events in the community such as fairs, local or outside entertainment, special promotions, and fund raisers (United Fund, Red Cross, telethons, TV auctions, etc.), especially when they are televised or in the newspapers.

If part of your own community spirit, set-up events for your favorite charities or projects, try to get it televised or in the papers, and make sure it does well for the cause.

Be active in any committee that you enjoy, which will get you attention and notoriety.

CS-05 Give Community Lectures

Set up a 30-minute slide series and lecture to give to schools, health organizations etc., on dental health. Do one on orthodontics for the local schools for ‘career Day’ and make sure you cover all the schools. It is best for your staff to give the lecture on a career in orthodontics. They can answer questions that the doctor can’t about

working in an orthodontic office.

Lecture on things that do not have anything to do with orthodontics or dentistry that you are an expert in.

Give lectures on practice organization and control to local dentists and other professionals, if you are well-organized and can make the transition over to a non-orthodontic practice. Give lectures on how orthodontics can augment and improve the PCD and other specialist’s work; make it more of a social event at a nice place but still give a short 30-minute or so lecture.

CS-06 Join Community Teams, Etc.

Join local teams (ball teams, etc.) and get to know the team members and get their children as patients. Make sure the team gets enough media play in your town or forget it, unless, you do it just for the fun of it.

Have your staff join bowling teams, softball teams, etc., that you sponsor. Use catchy names like “The Tigrins” or “Tinsel-Teeth” or a name suggesting your practice name. Have noticeable uniform colors, but make sure they are tastefully done. A secondary advantage is that it makes your own staff more of a team in the office. Have your staff get to know the people on the other teams and suggest their referrals if applicable.

CS-07 Sponsor teams, Etc.

Sponsor little league and other types of teams with your name on their attractive, tasteful, functional uniforms.

Be at the games and get acknowledgment as their sponsor by announcing the players, etc.

Sponsor non-professional theater groups and make sure you are at their functions and are acknowledged as their sponsor by announcing the event and its players. If the cost is high, get other local companies involved and have

them donate props, services, money, etc., but, you be master-of-ceremonies. It is even more fun if your family is involved.

CS-08 Have Fun In Your Community

Get involved in anything that is fun and makes you and the people around you feel good. They will want more of you and so will their family and friends.

Get arrested: A new thing to get involved with local fund drives (United Fund, local organizations, etc.) is to have your staff call the police to have you arrested you and bring you to jail. Then you call from jail all your friends (with money and a sense of humor) and ask them to bail you out by sending a check to the fund drive. You get out when you have raised your bail.

The Medical Sources

Medical sources are not a great source of patients for orthodontic practices. Some orthodontists do very well reaching their Medical Sources, but most don't. The reason being that most physicians are conservative and don't refer inside their own profession as much as they should. They don't keep abreast of what is going on outside of their profession and are not aware of how it will benefit their patients.

MS-01 Reaching Medical Sources

Reaching the MD has to do with how progressive he/she is and whether he/she is a personal acquaintance or not. Thus it is your job to find the most progressive MD's and become friends or respected acquaintances. Easier said than done.

Progressive MD's may be involved with plastic surgery, more 'holistic' approaches to health and not be just Rx pushers.

Once you find them, the best approach is to educate them through their own health (malocclusion of themselves and family), which is why it is easier to reach MD's who are patients or whose family are patients.

The ones you reach should be given pamphlets (describing the particular way orthodontics enhances their treatment) along with referral cards to hand out. Treating the MD or his staff at a discount for their referrals may also be helpful.

In general, whatever you can do to enhance the MD's treatment or support his practice will give them a reason to refer patients to you. But, don't expect too much.

MS-02 Reaching The G.P. Physician

The general practitioner physician or family physician should always be sent a letter Code-14 letter for all patients under treatment, under medication or with chronic disease. The letter is mandatory to make sure you establish whether the chronic disease is under control and whether there is anything in your treatment that may affect their treatment.

BY constant inquiry of this kind, followed-up by a visit and education of the physician about malocclusion, you may be able to establish a referral base. Again, if he or their family is in orthodontic treatment, it will go a long way toward this end.

MS-03 Reaching The Pediatrician

If you focus on the pediatricians, the Pediatric Care Center mentioned above (marketing program DS-09), is ideal. But, you may also reach them by helping them understand how a 'bad bite' can reduce the patient's nutritional intake and cause poor growth and development.

Use the Code-14 letter as noted above to get them use to your name. Go over cases of your mutual patients showing how proper oral health effects chewing and nutrition, which affects normal growth and development.

Treat them and their family at a discount and get to know them better, if possible.

MS-04 Reaching Allergists Or ENT's

Allergists and Ear, Nose & Throat physicians are also a good source of patients, since many patients with allergies and E.N.T. problems have malocclusions, especially TMJ trauma patients and hay-fever sufferers.

Meet with them and show them how the malocclusion effects the breathing apparatus, and how the mouth breathers and TMJ pain patients require orthodontic treatment

to help alleviate their breathing and pain problems. Indicate that interreferral of their maloccluded patients to you will be equally compensated in referrals of patients with allergies and breathing problems to them.

MS-05 Reaching Dermatologists

The same holds true with dermatologists. They share the same patients as orthodontists. They are concerned about their health and mostly their appearance, as are orthodontic patients.

Interreferral back and forth between your practices will not only help the patient look better inside and out, it will give you both more patients.

MS-06 Reaching Plastic Surgeons

The plastic surgeon should be approached in the same manner, and a relationship set up between your practices, as with the Oral Surgeons. The people who seek plastic surgeons are prime patients for the orthodontist.

Set up a system of interreferral of their maloccluded patients to you and your strong or weak chin or nose patients to them. You will both prosper from it. Get literature from their office and display it in your office and have them do the same for you.

The Advertising Sources

Over the past decade, advertising has become a dirty word to most dental practitioners. But, every dental practitioner advertises in some way or another. Advertising can be a very powerful way of promoting your practice, if it is done tastefully and ethically.

Classically accepted advertising methods used by many dental practitioners are listed below, followed by more modern, more controversial, approaches. There are many more ways of advertising not mentioned. Their effective use will be based on whether they are tasteful, distinctive, informative and ethical (for that area).

I do not recommend or condemn any advertising approach. The guidelines mentioned above are self-explanatory. You are the judge as to what you need to do and you are the one who has to live with it.

AS-01 Attractive, Distinctive Letters

If you don't already have one, have a graphic artist design an attractive, tasteful and distinctive letterhead for your stationary and also on your forms. Make sure that the same theme is carried through all your forms and letterheads.

Develop a distinctive logo (or consider the letterhead design as your logo) that will make you stand out from the rest.

Use inks (usually two color) and colored paper stock that blend and bring out each other. Use high quality paper stock (Classic Linen or Classic Crest, etc. and avoid Classic Laid papers). Try to avoid brilliant white stock, if it must be white make it off-white (or else it will get dirty very fast and negate all your work).

AS-02 Listing In Yellow Pages

List in the Yellow Pages under the dentist heading and under an orthodontic specialty. See the section below on more aggressive methods of yellow page advertising.

If you have professional listings in your area try to get as effective an ad in them as possible also.

AS-03 Attractive, Distinctive Sign

Have a tasteful, attractive and distinctive sign outside your office for passers-by to see. The bigger the better, as long as good taste is observed.

Make sure the sign can be seen at a distance in all directions on the street. The sign should be high enough to be seen close-up walking or in a car. And, it should be high enough to see one-half to one block away. Usually, if the center of the sign is 5-, to 10-feet high, it will work out well. Make sure that there isn't too much blocking it.

Signs may be put on the building or be separate from the building if the building, cannot be seen at a distance. In any case, the building should also have a sign of some kind, even if there is a lawn or curb sign.

The sign should be lit at dusk and turned off at daybreak (automatically), since it will advertise well for you at night. The lighting should be subtle, yet noticeable.

The sign should be made of materials with structural integrity that will outlast the area weather and usual deterioration. The better the materials the better it will look and the longer it will last. Shrubs should decorate the sign area, but not hide the sign.

AS-04 T-Shirts, Pins, Etc. Advertising

Contact a local advertising company that makes-up T-Shirts, Frisbees, balloons, kites, pens, pins, foil or cloth

patches, buttons, caps, etc., and discuss what he has to offer. The orthodontic catalogues also have them.

Give SMALL T-Shirts with your name, face or logo on it, to the toddlers in your patient's families and tell them to wear it as a night shirt over their P.J.'s to keep them warm and keep their P.J.'s cleaner. You will be reminding the family about orthodontics every time they go to bed.

At the initial exam visit, always give the patient and their siblings SOMETHING. Some practices give toothbrushes with their name on them, some give helium balloons, some give pins or pens or patches or whatever. But, whatever you give them, give them something to make them obligated to you.

At the Pt. Orientation give out T-Shirts, or whatever, with your name on it, as a starting-treatment gift.

During treatment, have contests and give out prizes with your name on them (see marketing program FS-10)

At the end of treatment, when you give them your graduation gift, have your name on it, if possible.

AS-05 'Stick-On' & 'Pin-Up' Advertising

When you start a new patient send the PCD a "This Patient Is Under The Care Of (your name/number)" stick-on for their patients chart. Every time he looks at the chart, he sees your name. Also give your patients phone or mirror stick-ons with your emergency number.

Give the patients lists, diets, reminders, etc. with your name on them to stick on their refrigerator or bulletin board and/or give the patients refrigerator 'magnets' with your name on them.

AS-06 Ads In Yearbooks, etc.

Sponsor a 1/4-, 1/2- or full-page ad in school yearbooks, a full-page or double-page, is best. Make sure it is tasteful and 'different'. Use pictures of yourself and staff in areas of your town that the students identify with. Use fads as themes (as long as they are tasteful) or have a commercial graphic artist create your ads. Do whatever will make your ad look better than your competitors'.

Put ads in community drives, charities, school drives, theater hand-outs and any organization that reaches your market.

AS-07 Christmas, Birthday, Etc. Cards

Send Holiday Season Greetings Cards (Christmas, etc.) to patients and referring dentists.

Send Birthday Cards to all your patients.

Send Congratulation Cards for high school graduation, patients on teams that won area titles, or whenever a patient does well and is noted in local magazines and newspapers.

When sending the cards send them timely. Send birthday and greeting cards a full week before or a few days after the date. The first card or last card received is remembered, the ones that come in a batch with all the others are less remembered.

When sending any cards, have all your staff sign them. Have a stack of birthday, etc., cards sitting in the staff lounging area and as the staff get time they sign all the cards. Each staff member should sign her name in the same place on each card with her own color pen to make it easy for her to find where she left-off in the stack.

More aggressive advertising must always be tempered with ethics and good taste. Whatever is used, the ethics involved depends on the local laws and agreement between the practitioners involved.

AS-08 Aggressive Yellow Page Ads

Use Bold Type or a 'border' your listing.

Get together with the local orthodontists and list all your names and locations in an ad that is 1/8-, 1/4-, 1/2-, 3/4-, or a full-page, indicating that orthodontics is a specialty and should only be done by orthodontists. Or, if you do it alone, you can use your name and a picture of you and your staff or your office, etc., as desired. In general a 1/4 page add is probably more tasteful than a larger one.

Have the ad designed by a commercial graphic artist and make sure it is tasteful, eye-catching and effective.

Take out a partial-, or full-page ad in the local Professional Listings, if they exist.

AS-09 Use Of Billboard Advertising

A more aggressive approach to a sign outside your office would be roadside billboard signs.

The billboard message can be about the merits of orthodontics done by orthodontists, and contain a list of the orthodontists and their locations in the area. Or, it could just contain your picture and name.

The total orthodontist listing would probably be considered ethical (by the orthodontists), but may not be by the dental community; be careful, if you should decide to ever use this method.

AS-10 Use Of The A.A.O. Logo

Other advertising methods may be categorized into Radio, TV, Newspapers and magazine ads, use of the mail, and use of the telephone.

National or local TV, Radio, newspaper, and magazine ads, paid-for the AAO or state organization are effective.

Use the AAO Logo on you letterhead, envelopes, business cards and any advertising in your name.

AS-11 Notoriety For Being Different

One way a single orthodontist can get free advertisement in their area (and nationally, if possible) is to do something out-of-the-ordinary that makes them stand out from the rest.

Unfortunately, doing high-quality work does not apply here. Do things like put braces on dogs, dolls (with your appointment card attached to them) or whatever the new fads are and see if you can get the local radio, TV or newspapers to interview you about it.

Another method is to talk the radio, TV or newspaper into a series of informative articles by you on interesting subjects. I know of one practitioner who is a jazz disk-jockey three nights-a-week and gets much radio exposure.

Do an article on TMJ pain, Invisible Braces, etc., and have it on the radio, TV or newspapers.

AS-12 Radio, TV, Mags. & News Ads

The orthodontic community as a whole could run the ad emphasizing 'orthodontics by orthodontists' and list themselves by location and name. Or, you can put the ad in under just your own name. This method is not well-accepted at this time and would not be considered ethical, even if it were tasteful and informative.

Again, the best method of advertising on radio, TV or in newspapers and magazines is to do it subtly. Have someone interview you, or write an article or host a local show, etc., to get your face and name in this media.

AS-13 In-Mail Advertising

In-Mail advertising is fast becoming a viable, ethical and effective method of reaching potential patients through advertising. But, you need to determine many factors before going into this form of advertising. It is expensive, but if done well it will generate many patients you would never have had without it.

You can do the mail-out as a group with the local orthodontists, if desired to reduce the individual cost, or you can do it on your own.

You need to design a short, tasteful, informative, easy to understand brochure on the merits of orthodontics, being done by orthodontists and being done by you.

You need the services of a local 'Marketing Research & Analysis' company that does all the work for you, i.e., helps in selection factors, helps you with the brochure and does the stuffing and mailing, etc. They have all the census data on all the families in your area in their computers and can easily send out tens of thousands of brochures with little effort.

You need to determine what market you want to reach with your brochure. Is it the child market or adult market or both? If only a child market, your census data base would tell you which families had how many children and of what ages. The age group for children would probably be from six years old to 18 years old. If the adult market is being reached, you might set the age above 18 years old. If reaching the senior citizen market, make the age over 50 years old.

You need to decide the minimum income level of the families you want to reach; the lower the income level the more families you will reach. But, the lower the income level, the less probability they can afford treatment. A good low-income level is probably \$40,000 family income per year, or, if trying to reach single adults \$20,000 would be the lowest income level.

Once all the factors have been taken into account, the marketing research company can tell you how many mailers you can send out and how much it will cost, after which you can decide to expand or reduce the market mail-out by varying the age, or other variables.

Once you use this method, keep statistics on how many exam patients chose your office due to the mail-out. If effective, use it again in the future, if not, improve it or drop it.

AS-14 Websites

All practices should have a website that their patients and possible patients can refer to.

Patients look you up on the website to see if you are the kind of practice they prefer.

They also "google" local orthodontists even when they are not referred to you.

You can design your own website or use a commercially available program for setting it up. You can have games on it, ways they can schedule an appointment, pictures of your team, etc. The formats out there are very straight forward.

The key to an effective website is to make it about the patient, not you. Always speak in terms of how what you do will help them. Never refer to them in the third person, only use the first person (them) when referring to anything.

Insurance Sources

Many more patients have received orthodontic treatment because their insurance company has picked-up all or a portion of the fee. Many, if not most, of these patients would probably not have sought out orthodontic treatment without this coverage.

You can either promote this source or ignore it, but whatever you do, have a written policy you can hand out to your patients.

There are many ways of dealing with the insurance source of patients, some are ethical, some in a gray area and some aren't ethical at this time. But, what is unethical today may be the wave of the future.

IFS-01 Assist With Claim Forms

If possible, use the 'universal short form' and attach it to the patient's insurance form that they fill-out.

At the new-patient exam, fill-out the short form and send the first copy to the insurance company. At the start of treatment send in the second copy for payment of services. Throughout treatment send in the continuing treatment forms, if you have to. Or, fill out their form if you want to be even more helpful.

IFS-02 Accept Assignment Of Fees

Some patients will not accept treatment at your practice, unless you accept assignment and some insurance companies will only pay the practitioner. Thus, it is impossible to avoid accepting assignment, unless you want to lose those cases.

If you accept assignment, legally you must fill out the insurance companies' forms, but, if you can use the short universal insurance form, use it.

See chapter FI-I, page FI-I-12 for other ways of handling insurance forms when you accept assignment. There is a quick and simple method of processing the continuing treatment forms.

IFS-03 Reduced-Fee Third Parties

Accept assignment from an insurance company or third party who will only send you their patients at a reduced fee. The reduced fee is usually too low to accept, but if you are not as busy as you want to be and have an overhead of 65% or more, the fee may be acceptable to you.

This source is actually similar to the state aid patient source in most states. So, if you accept state aid patients, it is reasonable to accept these sources, if necessary. In general, avoid them.

IFS-04 Give A G.P. A % Of The Fee

Work for a P.C.D. as a visiting specialist. Pay them 10% or at most 20% of the fees collected from those patients. Keep their records at your office, so that he can't 'lock you out' and have another orthodontist treat your patients. Bring your own staff and supplies each treatment day.

This is only done in a satellite office. This will not sit well with your competitors or some of the other dentists in that town, but they probably don't send you patients anyway. If it causes the dentists in your main office to stop referring to you, don't do it. But, if you get few referrals from the dentists in your town who are doing their own orthodontics, don't worry about it. By most standards, fee-splitting is unethical and illegal. Legally it is gotten around by considering the fee paid the G.P. dentist as the usage fee for the facility.

IFS-05 Work For A Dental Clinic

Work for a dental clinic as a visiting specialist. Have them pay you at least 45% and hopefully as high as 60% of the fee.

Bring your own chairside staff, but have them cover the rest of the overhead, e.g., supplies, support staff, etc.

You will obviously get bad press with the local dentists, who are being hurt by the clinic and if they are a main source of your referrals, don't do it. But, if they will send you few patients in comparison, do it.

IFS-06 Use a Preferred Providership

This is a risky business. It is basically a capitation program that you set up yourself. Thus, you get the profits the insurance companies make on your fees but, you also have to take the risk.

Most people pushing this idea say that only a small percentage will ever go for treatment and thus you will do well. The problem is that if a significant percentage does opt for treatment, you are bankrupt.

It is fairly complex (legally) to set up the mechanism and would require someone who specializes in this area to assist you in doing it.

IFS-07 Set-up Your Own Capitation Program

There are many companies out there begging dentist, and orthodontists to accept their capitation programs. It is less safe than the preferred provider approach in that your capitation fee will be less due to the insurance company or paying companies' profit.

Most capitation programs are a loser for everybody except the insurance company and the company who employs the families.

The complexities of setting-up a program are few: you find an insurance company who wants to do it, sign a contract and do it. It is very hard to get out of it once started and if it fails, it pulls you down with it.

IFS-08 Set Up A H.M.O.

An extreme of the above concept is the medical/dental H.M.O. (Clinic). This referral base is a capitation program for medical and dental treatment.

The HMO brings in dental specialists for a percent of the case, or refer-out the case to a participating specialist, at a reduced fee to their members.

This technique, like most capitation techniques, may not sit well with the referring dentists. Besides, it is an extremely-time consuming and difficult thing to establish.

Fee Sources

Fees are an important consideration in orthodontic marketing. People want to get the best value. Value is defined as quality divided by cost ($\text{Value} = \text{Quality}/\text{Cost}$). To give the best value, you must either have a higher quality service, or a Lower Fee, or both, for the patient to consider you the best value for their money. There are several ways of increasing your value to your patients, which are noted below.

IFS-09 Increase Fee, Service &/or Quality

Increase the Quality of your service significantly using the FS-01 to FS-27 concepts and increase the fees moderately. In order to do this, you must cater to a higher-income patient. If only blue collar, or lower-income patients are in your area, this program may not work.

If you have the higher-income market, you must prove to them that you have this higher quality by what you do and how you convince them of it.

Typically, it is difficult to have the highest fees in town and still get patients, if those fees are more than about 25% above the AVERAGE fee for the area, e.g., if the average fee is \$3,000, you would be hard-pressed to get more than \$3,800 per case, although it has been done.

IFS-10 ‘Appear’ To Reduce The Fee

Appear to reduce the Fee by charging separately for records, which also reduces the initial payment. Extend the number of monthly payments with lower monthly payments.

‘Open-Ended Fees’ may achieve the same result, but usually have more problems than answers; if it works for you, than use it.

A retention fee, separate from the treatment fee, is another method, but causes more problems than it solves.

IFS-11 Offer More Limited Treatment

Provide more limited treatment in place of full treatment, if the patient can’t afford full treatment. This will increase the Value of your service to them as long as the long-term quality of the end-result is acceptable to you and them.

IFS-12 High Volume Lower Fee

Maintain your quality of service and reduce your fees across the board to reach a wider market, thus increasing the quantity.

In essence this does not usually work. You end up feeling unfulfilled and the increase in starts times the lower fee is usually less than the higher fee times the lower number of starts.

IFS-13 Give them Deals

A deal is a way of lowering the fee that makes the patient feel important...that’s what deals are all about.

Refer to the “Ultimate New Patient Experience Kit” for a full discussion on making deals that work for all.

The Related Service Sources

Within the past few years a marketing technique has become very popular and successful. The technique involves determining who uses your product or service, determining what other product or service this consumer uses and working with those other companies to reach the consumer. This is typically labeled 'networking'.

An examples of this is AT&T getting together with other companies and offering discounts for these other companies or services for use of AT&T's long-distance service. Another example of this is the airlines mileage plus systems which offer credits (miles) for the use of certain rental car companies, hotels, etc. The key is that these companies all sell services to a particular type of individual (in this second example, to the traveler).

Dentists have been doing this for years by interfering between specialties. But, this can be expanded to include other companies and not just dental specialist.

In the case of orthodontics, there are many other services or products sought by people who seek orthodontic treatment. If the orthodontist can recognize these related services, seek out the providers and set up a system of interreferral, he can reach this new and viable market source.

The medical and dental sources noted above are related services. But, there are other related services to be considered. The things the orthodontic practice has in common with other service organizations are:

- Oral function and overall health.
- Improved appearance and fitness.
- Reduced facial pain.

RSS-01 TMJ Pain Inter-referral

The orthodontist can set up a system of interreferral with chiropractors and physical therapists. Many TMJ and other patients need chiropractic and physical therapy.

By diagnosing skeletal problems that are not localized to the head, you can determine whether the patient needs chiropractic or physical therapy care. First, you need to find a competent chiropractor or physical therapist. Chiropractors who use the Sacro-Occipital Technique (SOT) or better yet, the Motion Palpation Technique, will probably work out well. An old 'back cracker' will never do. Physical therapists who follow the Mariano Rocabado technique are also of value in treating TMJ-related problems.

Then, you must teach them how to recognize malocclusion and why to refer those patients (especially those with TMJ problems) to you. In turn, he must show you how to recognize musculo-skeletal problems not related only to the head.

You must then establish a procedure for working together to treat the patient, since each of your treatments will effect the other's.

It is also of great help to utilize their services and get them or their staff in braces, if possible.

Have their brochures in your waiting room and put your brochures about orthodontics in theirs.

RSS-02 Facial Aesthetics

The orthodontic patient is typically interested in aesthetics first and function second. Thus, it behooves you to capitalize on appearance.

Opticians, Beauty Salons, and hair design salons also have patrons interested in appearance and can be a good source of patients. Meet and discuss with them the possibility of mutual referral of patients. Teach them about malocclusion and learn from them about aesthetics of fa-

cial balance in relation to eyeglasses and hair design. They have to be progressive people to work with you.

The best way to get their referrals is to get them or their staff into treatment. Offer them treatment at a reduced rate (if they need it). The best referrers are the business people who have a lot of contact with people and who provide a service that makes them feel good about themselves. It also helps if they have strong 'socializer' personality styles; see CM-E.

Leave orthodontic brochures, with your name on them in their establishment and do the same for them in your offices.

Have them sign and give out your business cards when they refer people to you. You in turn give the referred person a discount on their records, fee, etc., because the people were referred by them. Of course, you do the same for them when you send them your patients.

RSS-03 Body Aesthetics

Just like facial appearance, the appearance or health of a person's body is a good reason for interreferral.

Dietitians, weight reduction centers, health spas, and health food stores are also a source of patients interested in appearance and health.

Learn about their work and how it relates to and supports your treatment and vice versa.

Use the same approach as with any interreferral source, try to get them into treatment, if not already in treatment, leave brochures at their locations and offer fee courtesies for initial contacts with each other.

Prioritizing Your Marketing Programs

Decide which marketing programs you want to do using the "Marketing Program Priority Listing" on page CM-H-44.

For each program listed, enter whether the priority is High (H), Medium (M), Low (L) or not wanted at all (NO).

There are two types of programs: ongoing and one-time. It is easier to have a one-time program because it is only done once and you reap the benefits at that time. On-going programs are a lot of work and/or commitment to set up and run, but they have much more impact on your practice. One-time programs can be a lot of fun and generate new patients, but usually not as much as ongoing programs.

Do not choose more than one program at a time to implement, but decide which program should be first of your high priority programs. Once the first program is under way, start with the second program, etc.

Use your Implementation Calendar and Marketing Programs Worksheet for the programs you choose.

Setting A Fiscal Year Marketing Budget

Marketing programs are fine in concept and theory, but they are of little value unless implemented. When you use this section you will be able to set up and get the full value from your marketing programs.

The first step is to set up a Fiscal Year Marketing Budget. If you do not set-up a marketing budget you will either overspend or even worse, underspend on marketing.

In the non-orthodontic world, the amount spent by the average company on marketing is anywhere from 2% to 4% of gross income. But, the successful companies spend 5% to 10% on marketing.

A typical percentage of the gross income for you to consider for the Marketing Budget is 8%. Thus, if your last year's income was \$500,000 you should spend about \$40,000 on marketing. If you gross \$1,000,000 you should spend \$80,000 on marketing programs.

At first glance this seems like a great deal of your income to spend on marketing. But, if you look at your present operation you will see that it isn't. For example:

1. You spend about \$60/Start for your T.C. marketing program.
2. You spend about \$35/Start on all PCD and family communications marketing.
3. You spend about \$20/Start on free treatment for referring dentists and discounted second, etc. children.
4. You spend about \$25/Start on free treatment for Pre-Active Observation and discounted Passive Appliances, if you have an average of about 200 Pre-Active patients.
5. And you spend about \$10/Start on miscellaneous advertising and programs.

Thus, if you add up the amount/start noted above for a

typical 200-start practice, \$500,000 per year income you spend $\$150/\text{Start} \times 200 \text{ starts} = \$30,000$ per year (or 6%).

Some practitioners feel that this \$30,000 is a necessary part of the operation of your practice, and it is. Many practices do not do items 1 and 2, saving themselves \$85/Start or \$17,000 per year. But, these practices are reducing their potential starts, because they are not doing these marketing programs and have lost much more than \$17,000 in income. For example, the average practice without a T.C. starts 55% of all their exams. The average practice worth a T.C. starts about 75% of their exams. This 20 percent increase translates to a 35% increase in gross income, which is far greater than what it costs for the program.

The total budget should include on-going marketing programs such as the T.C. programs and one-time programs such as direct-mail advertising, etc.

After the fiscal year is over and the on-going program proves successful, keep it. If the on-going program proves unsuccessful after the initial year, change it and try it for another year or drop it. If a One-Time marketing program, consider it for future years if appropriate and successful, or redo it better next time or drop it.

Setting A Dollar Amount For Your Fiscal Year Marketing Budget

As noted above, your marketing budget should include all the on-going marketing programs you do and should be about 8% of your year's gross income.

Let's assume that you have all the above programs and are spending 6% of your Marketing Budget. Thus you have 2% left over for One-Time marketing programs.

If you earn \$300,000-per-year gross income, you should be spending \$6,000-per-year on One-Time programs. If you have a \$600,000-per-year practice your One-Time program Budget should be \$12,000; and, if your practice

grosses \$1,000,000-per-year, you should be spending \$20,000 on One-Time marketing programs. Just take last year's gross income and multiply it by 0.02 and you will have your one-time-marketing programs budget.

NOTE! If you do not have some of the on-going programs initiated, you should give yourself a bigger-than 2% budget, depending on what you are not doing. Add the 2.5% for the T.C. program, if not done and 1.5% for the communications programs, totaling 4% of your gross income.

Selecting Your Marketing Programs

The next steps after setting your budget are to select the marketing programs you want to try, determine the cost of the program, using the 'Marketing Program Worksheet' (see page CM-H-47) and decide which programs to implement this year.

Go through the list of marketing programs in QRS-C at the beginning of this book and select the ones you want to try. Put a priority on each: High = H, Average = A, Low = L, Not interested = NO. The marketing programs are described in detail in the text of this manual and may be referred to, if not clear.

Number the programs (1, 2, 3, etc.) in the order in which you want to implement them. You may even put in the fiscal year you want to implement the program, if you want a far-reaching marketing program.