

CONSULTATION ANALYSIS

Full Arch Implants

Ready to schedule · Financing approved

TruGrowth Test Practice

PATIENT ID REDACTED · CONFIDENTIAL

OVERALL SCORE
6.0_{/10}
 Across seven SCORE pillars

PATIENT TEMPERATURE
Warm
 Engaged, family-pending

CONVERSION LIKELIHOOD
72%
 Above practice baseline

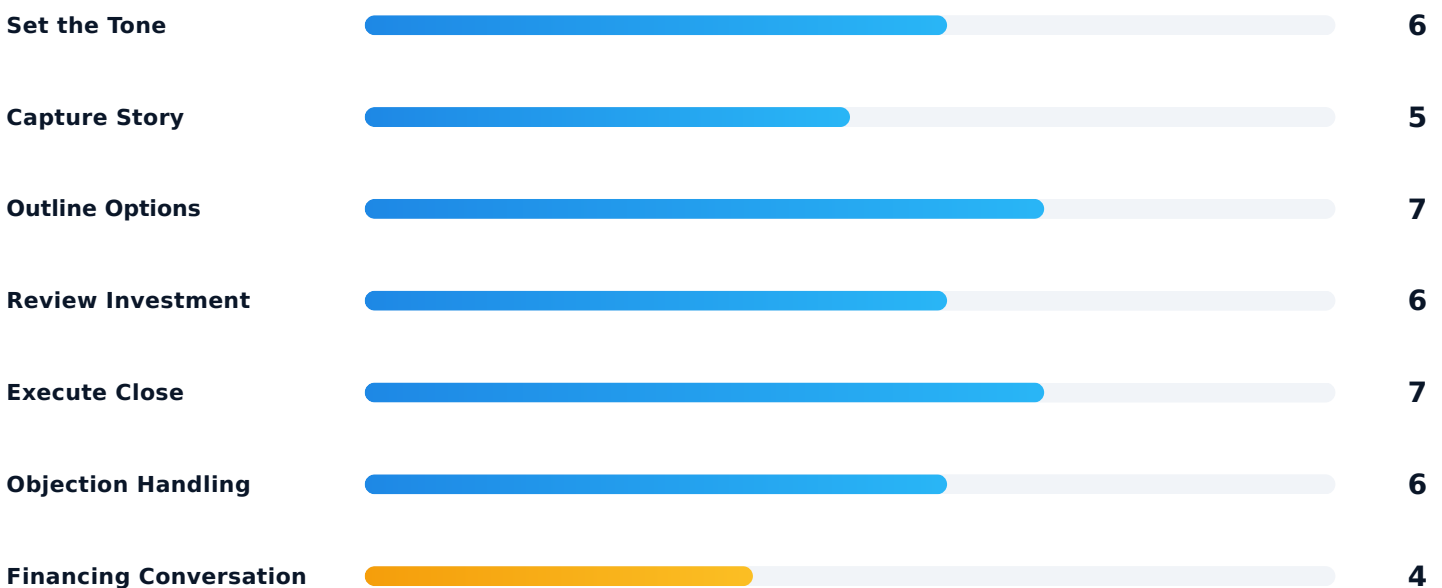
TREATMENT DISCUSSED
All-on-4 Upper Arch · Zirconia

QUOTED INVESTMENT
\$20,000

PRICE REACTION
Calm

SCORE METHOD PERFORMANCE

SCALE 0 - 10



WHAT WORKED, WHAT DIDN'T

Wins & Misses

WINS 3 OBSERVED

WHAT HAPPENED

Connected the patient's professional life (face-to-face service advisor role) back to the smile confidence issue early in the call.

WHY IT WORKED

Anchoring the clinical problem to a real-world vocational consequence raised the emotional stakes and gave the patient a personal reason to act, not just a dental reason.

WHAT HAPPENED

Delivered a clear, layered case presentation covering all three restoration pathways before recommending zirconia as the best fit for this patient's specific bite situation.

WHY IT WORKED

Walking through the options in sequence and then recommending one with clinical reasoning built trust and positioned the TC as an advisor rather than a salesperson.

WHAT HAPPENED

Proactively blocked the design appointment slot and offered to hold it without requiring the deposit immediately, keeping momentum alive after the patient said he couldn't commit on the spot.

WHY IT WORKED

This converted a soft "not today" into a concrete next step with a named day, time, and a clear action item for the family, preventing the lead from going cold.

MISSES 3 OBSERVED

WHAT HAPPENED

The urgency question ("What have you been waiting on?") was asked casually and dropped when the patient gave a vague answer.

COACH THE FIX

After the X-ray review, re-engage with a more specific prompt: "You mentioned this has been going on for a couple of years. Looking at this scan, what do you think finally got you in here today?" Then sit with the silence until the patient gives a real answer.

WHAT HAPPENED

No financing option was presented at any point, even after the patient confirmed cash payment.

COACH THE FIX

Briefly introduce financing as an available tool regardless: "We also have patients who prefer to keep their cash and use a zero-interest plan, just worth knowing it's on the table." Then move on, ensuring the option exists if the family changes their mind.

WHAT HAPPENED

The investment review became fragmented, cycling through \$23K, \$15K, and \$20K figures across several exchanges without a clean summary statement.

COACH THE FIX

After landing on the final number, deliver one crisp close-out line: "So all in, surgery, implants, temps, zirconia finals, lifetime warranty, your investment is \$20,000, and that's everything, no surprises."

HOW THE CALL HANDLED FRICTION

Objections, Blockers & Next Steps

PIVOTAL OBJECTIONS 3 IN THIS CALL

"I can't commit today, I need to talk to my family first because they are involved in the decision and the funding."

ADDRESSED WELL

RESPONSE USED: TC acknowledged the constraint without pushing back, immediately pivoted to holding the design appointment slot without requiring the deposit, and set up a clear path for the family to call in the deposit the next day.

"We're paying cash, no financing needed."

MISSED

RESPONSE USED: TC accepted the statement at face value and moved on without offering financing as an alternative tool or acknowledging its availability for flexibility.

Distance and scheduling, patient lives over an hour away and needs to coordinate timing around his family's visit.

ADDRESSED WELL

RESPONSE USED: TC confirmed the practice's three to four week lead time aligned with the patient's Memorial Day window and immediately offered Monday availability that matched the patient's day off.

CLOSE BLOCKER

Patient needs to confirm timing and final approval with his family (parents), who are the co-decision-makers and funding source, before committing the deposit.

RECOMMENDED FOLLOW-UP 3 STEPS

- 1**

WITHIN 24 HOURS (MORNING)

Send a brief text confirming the Monday 2:30 PM design appointment, the \$20,000 all-inclusive investment, and a reminder that his family can call or text directly to place the \$1,000 deposit to lock it in.

SEND Appointment confirmation card, one-page treatment overview with zirconia warranty details
- 2**

BY END OF DAY TOMORROW IF NO DEPOSIT RECEIVED

Check in with a friendly nudge: "Just wanted to make sure you had everything you needed to share with your folks, happy to answer any questions they have by phone or text."

SEND Financing summary handout (even for cash patients, shows full value and monthly equivalent)
- 3**

FRIDAY OF THE SAME WEEK IF MONDAY APPOINTMENT NOT YET CONFIRMED

Call to confirm Monday attendance and ask if the family had any questions after reviewing the information, reinforcing the same-day discount that was extended as a courtesy hold.

DIRECT FEEDBACK FOR THE TC

Coaching Notes

FROM THE FLOOR

Your case presentation was a genuine strength. You walked the patient through all three restoration options (denture, implant overdenture, All-on-4/zirconia vs. hybrid) in plain language, connected them to what the patient actually said he wanted, and you didn't oversell. The zirconia recommendation landed well and you backed it with a logical long-term cost argument. That's solid clinical selling, and the patient clearly trusted you by the end.

The biggest gap on this call was the financing conversation. It essentially didn't happen. The patient volunteered early that he'd be paying cash, but that moment was the perfect opening to introduce financing as an option even if he doesn't need it: "We do have patients pay out of pocket, and we also have zero-interest plans in case you ever want to keep that cash liquid, just good to know your options." Skipping this entirely means you leave a tool on the table that can rescue deals at the close, and it's a habit worth building regardless of how the patient signals intent.

The story capture phase needed more depth. You asked good surface questions (smile confidence, pain, diet restriction) but you didn't fully excavate the urgency driver. You even flagged this yourself in the hallway debrief: "I should have dug deeper on that one." When a patient has been dealing with missing and loose teeth for two years and is now suddenly motivated, there's a real reason. A question like "What changed that made today the day you finally came in to deal with this?", ideally after the X-ray so you can tie the answer to what you're both looking at, is a moment that builds emotional commitment. The doctor gave you a great coaching tip on this in real time. Put that into your pre-consult routine.

Your close was functionally solid. You scheduled a follow-up design appointment, protected the discount by offering to hold the slot, and got a verbal commit on having his family call in with the deposit tomorrow. That's a real next step with real accountability. Where you can sharpen it: when you landed the price (\$20K), you moved quickly into logistics. A brief pause, "How does that feel to you?" or "Does that work with what you had in mind?", invites any residual hesitation to surface so you can address it before they walk out the door.

The price presentation itself was slightly muddled. You introduced the \$23K figure with a \$3K same-day discount, the patient said he couldn't commit today, and then later you were reciting multiple price points (\$23K, \$15K, \$20K) in quick succession as you worked through material comparisons. When the dust settled on \$20K, the patient seemed clear, but in the moment, the back-and-forth could have felt confusing. Build a cleaner anchor: state the full value, state the final number, connect it to one outcome. "The all-inclusive zirconia upper is \$23,000. Because you're moving forward today, that comes to \$20,000, and that covers surgery, implants, temps, finals, and a lifetime warranty. Nothing else." Then stop talking.