

Practice Growth Review

An illustrative review for an Arizona dental practice

SAMPLE ONLY. The practice, observations, financial figures, and patient counts in this document are fictional. This is an example of the deliverable, not a client result.

The first priority

Improve follow-through from inquiry to attended visit before increasing the advertising budget. Confirm that the team can use the available appointments and connect marketing costs to the same group of patients.

Example snapshot

Measure	Illustrative value	What it means
Campaign inquiries	80	Unique inquiries received September 1-30, 2026.
Booked / attended	40 / 32	Outcomes of that same inquiry group, recorded through October 21.
Booking rate	50%	40 booked appointments divided by 80 inquiries.
Attendance rate	80%	32 attended first visits divided by 40 bookings.
Campaign costs	\$5,300	Ads \$2,000 + service \$2,000 + setup \$1,000 + tracking tools \$300.
Tracked cost per attended patient	\$165.63	\$5,300 divided by 32 attended patients. Excludes unrecorded internal staff time.
Practice collections	\$60,000	All-practice September collections. This is not campaign-attributed revenue.

These ratios are descriptions, not industry benchmarks. No return-on-investment calculation is possible without collections and treatment costs for the same patient group.

Five priority findings

Every finding connects evidence, an action, and a measure. All evidence below is fictional.

1 Close unresolved inquiries

Evidence: The example inquiry log has 20 of 80 inquiries with no recorded final outcome.

Action: Assign a front-desk owner to close the loop, record reasons, and agree a response target that staffing can support.

Measure: Unresolved inquiries and time to first response.

2 Make the next step clear

Evidence: The sample mobile service page has no booking action near its main service explanation. No live website was audited.

Action: Add an accessible call or request button. Test the complete submission and response flow.

Measure: Successful test submissions and completed inquiry actions.

3 Match the brand to patient needs

Evidence: The fictional homepage uses generic promises and does not explain appointment access, services, or the patient experience.

Action: Rewrite the page around verified services, availability, and the reasons a patient would choose this office.

Measure: Owner-approved messaging and inquiry reasons by service.

4 Resolve local search inconsistencies

Evidence: The example directory inventory lists conflicting Saturday hours. Search visibility and traffic have not been measured.

Action: Verify the hours with the practice, correct owned listings, and record a local-search baseline for the agreed service area.

Measure: Listing accuracy and relevant search inquiries over time.

5 Connect demand to capacity and cost

Evidence: The example schedule shows eight unused new-patient slots per week. Staff time and patient-group collections are missing.

Action: Confirm provider and service capacity, record full acquisition costs, and review the matched group of patients before scaling.

Measure: Available slots, attended visits, collections, and delivery costs.

The next 90 days

A proposed sequence for this fictional example. Actual work, dates, owners, and fees are agreed in the proposal.

Period	Work and owner	Decision at review
Days 1-30	Kevin: review reports and prioritize findings. Practice lead: verify capacity and inquiry outcomes. Agreed specialist: implement approved website or tracking changes.	Can the practice reliably capture and respond to inquiries? Resolve tracking gaps before adding spend.
Days 31-60	Kevin and practice lead: review booking and attendance weekly. Test one approved message or workflow change at a time.	Do attended visits fit capacity and service priorities? Investigate reasons behind changes.
Days 61-90	Kevin: summarize work, costs, and results. Owner: decide whether to continue, adjust, or stop.	Compare matched patient-group collections and treatment costs with acquisition spending. Extend only with a new agreed scope.

What your review includes

A practice snapshot, five priority findings with supporting evidence, a 30/60/90-day action plan, and a review call with Kevin. The review scope, required reports, fixed fee, and delivery date are agreed before work begins. Implementation is quoted separately.

What to prepare

Your website address, current goals, service and appointment capacity, and practice-level summaries for inquiries, appointments, production, collections, expenses, and marketing spending. Mark missing information clearly. Do not send patient names, dates of birth, or treatment records with the initial request.

Start with your biggest constraint

Tell Kevin what would make the biggest difference: a steadier schedule, clearer finances, a stronger brand, or less daily management pressure.

Request a 15-minute introduction

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Calls Monday-Friday 9am-6pm and Saturday 10am-3pm, Arizona time. Text anytime; replies are not guaranteed immediately.