

# The New Patient Consultation Playbook

A consult workflow guide for intake, room prep, discovery questions, doctor handoffs, financial handoffs, and follow-up.



**PREP**

Set up the visit



**PRESENT**

Guide calmly



**FOLLOW UP**

Keep momentum

White-label training manual • Customize with your office details



# How to Use This Guide

This white-label guide is designed as a practical training manual. Use it as a learner workbook, onboarding companion, office training reference, or digital product base. Customize it with your office policies, software screenshots, trainer initials, and state-specific requirements before using it as an internal manual.

<b>Read</b> Move through one section at a time instead of trying to memorize everything at once.	<b>Practice</b> Use the scripts, drills, and checklists until the workflow feels natural.	<b>Customize</b> Add office-specific details, provider direction, and local rules before final use.
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**SCOPE + SAFETY NOTE**

This guide is educational. Follow your office policies, supervising provider direction, state rules, OSHA/CDC guidance, HIPAA privacy requirements, and manufacturer instructions.

## Training Goal

The goal is not to make a new team member sound like an expert on day one. The goal is to help them become organized, safe, coachable, clear, and useful in the role.



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- How to Use This Playbook

This playbook is written for the person who wants to become useful inside the consultation flow. You may be a new treatment coordinator, a front desk coordinator, an assistant cross-training into consults, an office manager training a new hire, or a team member who simply wants the new patient experience to feel smoother. Use it as a working manual. Read the section, practice the script, role-play the situation, and then compare it to your office's actual protocol. Every office has its own systems, software, fees, doctor preferences, and legal requirements. This guide gives you structure; your office gives you the final rules. The best way to study it

- Read one section at a time instead of trying to memorize everything in one sitting.
- Highlight the scripts that feel natural and rewrite them in your own voice.
- Practice with another team member before using new language with a patient.
- Keep a notebook of questions, objections, and patient phrases you hear in real life.
- Ask your lead or doctor what your state and office allow you to explain.

## The mindset

The consultation is not about sounding perfect. It is about helping the patient feel seen, informed, and guided. A patient should leave knowing what happens next, who is helping them, and why the recommended next step matters.

## Trainer Note

If you are new, do not try to act like you know everything. Be prepared, be honest, and be teachable. The strongest new team member is the one who asks before guessing.

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- What a New Patient Consultation Really

A new patient consultation is the first full experience a patient or family has with the practice. It is more than an exam. It is a relationship-building appointment, a records-gathering appointment, a listening appointment, and a decision-making appointment. What the consultation should accomplish

- Confirm the patient's main concern and personal goal.
- Collect or review records needed by the doctor.



- Help the doctor understand what matters most to the family.
- Explain the treatment recommendation in clear, patient-friendly language.
- Review timing, financial options, insurance estimates, and next steps.
- Make the patient feel safe asking questions.

What it is not

- It is not a rushed sales pitch.
- It is not a place to diagnose beyond your role.
- It is not a place to guarantee insurance payment.
- It is not a place to pressure a family into a decision they do not understand.
- It is not a one-person show; it is a team handoff.

## Quick Check

- The patient feels heard
- The doctor has what they need
- The family understands the next step
- The team knows the follow-up plan

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- The Consultation Journey Map

Think of the consultation as a path, not a single appointment. The patient's experience begins before they walk through the door and continues after they leave.

## Before the visit

- Inquiry call or online request comes in.
- Front desk collects contact information and reason for visit.
- Insurance details are gathered if applicable.
- New patient forms and expectations are sent.
- Consultation is confirmed and the patient knows what to bring.

## During the visit

- Patient is welcomed warmly and checked in.
- Records are captured or reviewed according to office protocol.
- Treatment coordinator discovers the patient's goals and concerns.
- Doctor evaluates and gives the treatment recommendation.



- Treatment coordinator explains the plan, timeline, fees, and next steps.

## After the visit

- Chart notes and follow-up status are documented.
- Pending patients are followed up with professionally.
- Observation or recall patients are placed on the correct schedule.
- Treatment-start patients are handed off to the clinical team clearly.

## Trainer Note

The consultation is a chain. If one link is weak - forms, records, insurance estimate, doctor handoff, financial explanation, or follow-up - the patient can feel confused even if the doctor did a great exam.

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- The This guide Consultation Standard

A strong consultation should feel calm, clear, kind, and consistent. Those four words can guide almost every patient interaction.

## Calm

- Do not make the family feel like they are interrupting you.
- Avoid rushed language, side conversations, and visible frustration.
- Use a steady voice when discussing money, delays, insurance, or concerns.

## Clear

- Explain one step at a time.
- Use plain language instead of office shorthand.
- Confirm understanding before moving to the next topic.

## Kind

- Acknowledge concerns before answering.
- Respect nervous adults, parents with questions, and teens who feel embarrassed.
- Never shame someone for cost concerns, dental history, or lack of knowledge.

## Consistent

- Use the same intake flow for every patient.
- Document the same important details each time.



- Follow up when you said you would.

## Trainer Note

Consistency is what makes a patient trust the office. If every handoff sounds organized, the family feels like the practice knows what it is doing.

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- Scope, Privacy, and Professional

## Boundaries

Before learning scripts, learn boundaries. A consultation team member can be friendly and helpful without crossing clinical, financial, or privacy lines. Do not diagnose beyond your role

- You can say, 'The doctor will review that with you.'
- You can explain the appointment flow and what information will be covered.
- You should not tell a patient what treatment they need before the doctor evaluates them.
- You should not promise a timeline, appliance type, or result unless the doctor has directed you to share it.

## Protect patient information

- Discuss patient details only with people who are authorized and involved.
- Avoid saying personal health or financial information where others can hear.
- Use the minimum information necessary for the task.
- Follow your office policy for texts, emails, voicemails, and parent/guardian access.

Insurance and money boundaries

- Use words like estimate, expected benefit, and pending verification.
- Do not guarantee insurance payment.
- Be clear that the patient's plan rules and final insurance response can affect payment.

## Quick Check

- I know what I can explain
- I know what the doctor explains
- I know who can receive information
- I know how to phrase estimates safely

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- The First Inquiry Call

The consultation starts when someone calls, messages, or submits a request. This first contact should make the person feel like they found the right office.

## Call flow

- Warm greeting: thank them for calling and give your name.
- Collect the patient's name, guardian name if applicable, phone number, and email.
- Ask what made them reach out today.
- Clarify whether they are a child, teen, adult, transfer, retainer concern, second opinion, or returning patient.
- Offer consultation options based on office protocol.
- Explain what to expect at the first visit.
- Confirm date, time, forms, insurance information, and arrival instructions.

## Starter script

*'Thank you for calling. My name is [Name]. I can help you get started. What is the patient's name, and what made you reach out to us today?'*

## After they answer

*'Thank you for sharing that. The first visit is designed to help us understand your concerns, gather records if needed, and have the doctor explain the best next step. I will help you get scheduled and tell you exactly what to bring.'*

## Trainer Note

Your goal on the first call is not to explain the whole treatment. Your goal is to make the next step feel easy.

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- Intake Questions That Actually Help

Good intake questions help the doctor and TC understand the patient before the exam. They also make the patient feel listened to.

## Core questions

- What made you decide to reach out now?
- Is there anything specific about your smile or bite that concerns you?
- Has any dentist or provider recommended orthodontic treatment?



- Have you had braces, aligners, expanders, or retainers before?
- Are you looking for information, ready to start soon, or comparing options?
- For a child or teen: who will be attending the appointment and making decisions?
- For a transfer: do you currently have active appliances or records from another office?

What to listen for

- Pain, discomfort, broken appliance, or urgent concerns.
- A wedding, graduation, sports season, relocation, or other timing pressure.
- Cost concern, insurance concern, or prior bad experience.
- Nervousness, embarrassment, or uncertainty about treatment.
- Parent and child disagreeing about the reason for coming.

## Documentation habit

Write intake notes in short, objective phrases. Avoid opinions. Example: 'Parent reports crowding concern; patient nervous about braces; family asks about clear aligner options.'

## Quick Check

- I asked why now
- I asked about previous treatment
- I listened for timing
- I documented objective notes

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- Pre-Consult Preparation

A consultation feels smoother when the team prepares before the patient arrives. Preparation keeps the visit from feeling random.

## Preparation checklist

- Confirm appointment date, time, patient name, and responsible party.
- Check whether forms are complete.
- Verify insurance information if your office does this before the visit.
- Prepare any printed forms, consent forms, or digital check-in steps.
- Review referral notes, dentist notes, or previous orthodontic records if provided.
- Confirm whether the patient needs photos, scan, X-rays, or other records per office protocol.
- Flag special notes: nervous patient, interpreter needs, mobility needs, transfer case, or financial





concerns. What the team should know before the visit

- Why the patient is coming.
- Who the decision-maker is.
- Whether insurance was provided.
- Whether this is a child, teen, adult, transfer, or second opinion.
- Whether the patient expressed a strong preference like aligners, braces, or a short timeline.

## Trainer Note

The patient should never feel like the office is meeting them from scratch after they already told someone their story on the phone.

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- Forms, Records, and Insurance Prep

The paperwork part of a consult is not glamorous, but it protects the flow. Missing forms, unclear insurance information, or incomplete records can slow the appointment and create confusion.

## Forms

- Health history and medical updates should be complete before clinical conversation when possible.
- Guardian and responsible party details should be clear for minors.
- Financial responsibility forms should follow office policy.
- Communication preferences should be documented when the office collects them.

## Records

- Check whether the office needs new records or has current records available.
- Confirm patient identity before taking, uploading, or labeling records.
- Label records consistently so the doctor can find them quickly.
- Do not retake records unnecessarily without office protocol or clinical direction.

## Insurance

- Verify that the plan information belongs to the right patient or responsible party.
- Use careful language: benefits are estimates until confirmed by the plan.
- Ask your office how to document verification calls, screenshots, portals, and reference numbers.

## Quick Check

- Forms complete



- Responsible party clear
- Records labeled
- Insurance estimate language ready

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- Confirmation Before the Visit

A confirmation is not only a reminder. It is a chance to reduce no-shows, prevent confusion, and set expectations.

## Confirmation call script

*'Hi, this is [Name] from [Office]. I am calling to confirm [Patient]'s consultation on [Day] at [Time]. We are looking forward to seeing you. Please complete the forms before arrival, bring any insurance information if you have it, and plan for about [time] for the visit. Do you have any questions before tomorrow?'*

## Text reminder example

*'Hi [Name], this is [Office]. We look forward to seeing you for your consultation on [Day] at [Time]. Please complete your forms before arrival and call us with any questions. Reply C to confirm.'*

## What to confirm

- Date, time, and location.
- Who should attend if the patient is a minor.
- Forms and insurance information.
- Expected length of appointment.
- Any records, referral information, or transfer documents needed.
- Parking, entrance, or arrival instructions if relevant.

## Trainer Note

A clear confirmation makes the patient feel like the office is organized before they even walk in.

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- Consultation Space Setup

The consultation space should feel ready, private, and calm. The environment sends a message before the TC speaks.

## Physical setup

- Room or consult area is clean and uncluttered.



- Screens are ready and do not show another patient's information.
- Printed materials are current and approved by the office.
- Financial documents or presentation tools are ready.
- Chairs are positioned for conversation, not intimidation.
- Tissues, water, or comfort items are available if the office provides them.

## Digital setup

- Patient chart is open only when needed and protected from public view.
- Images or records are loaded if available.
- Treatment presentation or fee options are prepared according to the doctor's recommendation.
- Follow-up task templates are ready if the patient leaves pending.

## Tone setup

Before the patient arrives, the TC should know the main concern, likely decision-maker, and any notes that require extra empathy.

## Quick Check

- Area clean
  - Screen private
  - Chart ready
  - Materials approved
  - Team knows patient story
- calm - clear - kind - consistent
- The Team Huddle

A quick huddle can prevent confusion during the visit. It does not need to be long. It just needs to align the team.

## Huddle questions

- Who is the patient and why are they coming in?
- Is this a child, teen, adult, transfer, second opinion, or observation case?
- Who is the decision-maker?
- Do we have forms, insurance, and records?
- Any concerns: nervous patient, price shopper, language barrier, time limit, or special need?
- Who is responsible for each handoff?



## Huddle language

*'Today we have [Patient]. Main concern is [concern]. Parent/patient mentioned [note]. Forms are [complete/incomplete]. Insurance is [provided/not provided]. Records are [needed/ready]. Doctor handoff should include [key detail].'*

## Why it matters

- The doctor receives a better summary.
- The TC is not surprised by known concerns.
- The family does not have to repeat everything multiple times.
- The visit feels more personal and less transactional.

## Trainer Note

A one-minute huddle can save ten minutes of confusion later.

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- Greeting the Patient

The greeting sets the emotional tone. People remember whether they felt welcomed, rushed, judged, or ignored.

## Front desk greeting

*'Hi, welcome in. You must be [Patient]. We are glad you are here. I will get you checked in and make sure the team knows you have arrived.'*

## Treatment coordinator greeting

*'Hi [Name], I am [Name]. I will be with you during your consultation today. My job is to help make sure your questions are answered and that you understand the next steps after the doctor takes a look.' For a nervous patient 'A lot of people feel a little unsure before the first visit. We will take it one step at a time, and I will explain what is happening before we move forward.' For a busy parent 'I know schedules can be full, so I will keep the visit organized and make sure you leave knowing what the recommendation is and what your options are.'*

## Quick Check

- Use patient's name
- Introduce your role
- Explain what happens today
- Invite questions early



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- Discovery: The Conversation Before the

## Recommendation

Discovery is where the TC learns what the patient actually cares about. The clinical problem matters, but so does the human reason behind the visit.

## Discovery goals

- Learn the main concern in the patient's own words.
- Understand timing: why now?
- Identify emotional drivers: confidence, pain, speech, chewing, wedding, school, photos, referral, health, or parent concern.
- Learn past dental or orthodontic experiences.
- Find out what worries them: cost, pain, time, appearance, schedule, insurance, or trust.

## Discovery script

*'Before the doctor comes in, I would love to understand what brought you here. What are you hoping to learn or improve?'*

## Follow-up questions

- How long has that been a concern?
- Has anyone mentioned this to you before?
- What would make treatment feel worth it for you?
- Is there anything you are nervous about today?
- If the doctor recommends treatment, are you hoping to start soon or mainly gather information?

## Trainer Note

People do not buy treatment because of tooth names. They move forward when they understand how the recommendation connects to their life.

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- Listening for the Real Motivation

Patients often give a surface answer first. A strong TC listens for what is underneath without prying or making assumptions. Surface concern vs. real motivation



## Surface concern

- My teeth are crooked.
- My dentist said I need braces.
- My child has crowding.
- I want aligners.
- I just want a price.

## Possible deeper motivation

- Confidence in photos.
- Worried about bite or hygiene.
- Parent wants to prevent future problems.
- Adult wants discreet treatment.
- Family needs to understand affordability.

## Helpful phrases

- Tell me more about that.
- What would you like to feel better about after treatment?
- What is most important to you: timing, comfort, appearance, cost, or convenience?
- Is there anything that would make you hesitate to start?
- What questions do you want to make sure we answer before you leave?

## Avoid

- Assuming all patients care about the same thing.
- Talking about fees before understanding motivation.
- Correcting the patient too quickly.
- Using office jargon when the patient is trying to express a personal concern.

## Trainer Note

Listen first. A patient who feels heard is more open to being educated.

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- Parent, Teen, and Adult Dynamics

Every consultation has a decision pattern. Sometimes the patient is the decision-maker. Sometimes the parent is. Sometimes both need different information.



## With parents

- Respect the parent's time, budget, and concern for their child.
- Avoid talking over the child as if they are not present.
- Explain what the parent needs to manage at home: appointments, hygiene, appliance care, and follow-up.

## With teens

- Speak directly to them, not only to the parent.
- Ask what they care about: comfort, sports, appearance, photos, food, or school schedule.
- Avoid embarrassing them about hygiene or appearance in front of others.

## With adults

- Adults may worry about looking professional, time away from work, past dental trauma, or cost.
- Acknowledge that adult treatment is a choice and they may need clear value before deciding.
- Do not make them feel too old for orthodontics.

## Script

*'I want to make sure I understand both perspectives. [Patient], what matters most to you? And [Parent/Guardian], what questions do you want answered before you feel comfortable moving forward?'*

## Quick Check

- I included the patient
  - I respected the parent
  - I identified the decision-maker
  - I listened for different concerns
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- Records and Clinical Flow During the

## Consult

Records help the doctor evaluate and communicate. The TC does not need to perform every records task, but should understand how records affect the consultation flow.

## Records may include



- Extraoral and intraoral photos.
- Intraoral scan or impressions when used.
- Panoramic or cephalometric X-rays where allowed and clinically appropriate.
- Referral notes, previous treatment notes, or transfer records.
- Medical/dental history forms.

## TC awareness points

- Know whether records happen before or after the doctor exam in your office.
- Know who explains each records step to the patient.
- Know what to do if records are incomplete or poor quality.
- Know how to protect patient privacy when screens are visible.
- Know how to summarize records status in the doctor handoff.

## Patient script

*'We are going to gather the information the doctor needs to evaluate your smile and bite. I will explain each step before we do it.'*

## Trainer Note

Records are not just images. They are part of how the family understands the problem and trusts the plan.

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- The Doctor Handoff

The handoff from TC to doctor should be short, organized, and useful. It should not sound like gossip or a long story. It should prepare the doctor to connect quickly.

## Handoff formula

- Patient identity and relationship: child, teen, adult, transfer, second opinion.
- Main concern in the patient's own words.
- Timing or motivation: why now?
- Key preferences: braces, aligners, discreet treatment, fast start, budget concern.
- Any special notes: nervous, prior treatment, dentist referral, records missing, time limit.

## Example handoff

*'Doctor, this is [Patient]. They are here because [main concern]. They are most interested in [goal/preference]. Parent/patient mentioned [worry or timing]. Records are [status]. They would like to*





*understand [key question] before deciding.'*

## Handoff mistakes

- Sharing private or sensitive information loudly.
- Over-explaining and losing the main concern.
- Giving your own clinical opinion before the doctor speaks.
- Forgetting the patient's emotional reason for being there.

## Quick Check

- Main concern
- Motivation
- Preference
- Concern
- Records status

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- During the Doctor Exam

During the doctor portion, the TC should support the flow without taking over. Watch, listen, and prepare for the next conversation.

## What the TC listens for

- Diagnosis or clinical findings the doctor explains.
- Recommended treatment type or options.
- Estimated treatment time if provided by the doctor.
- Urgency or timing recommendation.
- Whether the patient is observation, ready to start, transfer, or needs referral/clearance.
- Any concerns the patient repeats during the doctor's explanation.

## Support without interrupting

- Let the doctor lead clinical explanation.
- Take notes for the financial and next-step conversation.
- Watch patient body language: confusion, worry, excitement, or hesitation.
- Ask clarifying questions only when appropriate and within your role.

Bridge script after doctor leaves 'The doctor covered a lot of helpful information. I am going to walk through the recommendation and the next steps with you in plain language, and then we can talk through



questions.'

## Trainer Note

The best TCs do not compete with the doctor. They translate, organize, and guide after the doctor sets the clinical direction.

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- Explaining the Treatment

## Recommendation

After the doctor makes a recommendation, the TC helps the patient understand it. Use simple language and confirm understanding.

## Plain-language structure

- State the recommendation: what the doctor recommended.
- Explain the purpose: why it helps.
- Explain the timeline: how long it may take if the doctor provided a range.
- Explain the patient role: hygiene, appointments, appliance wear, elastics, aligner wear, or cooperation.
- Explain the next step: start today, schedule start, observation, records, referral, or follow-up.

## Script

*'The doctor is recommending [treatment] because [reason]. The goal is to [goal]. The estimated time is [range if provided]. Your part will be [patient responsibilities]. The next step would be [next step]. What questions does that bring up for you?'*

## Teach-back

Ask the patient or parent to repeat the next step in their own words. This is not a test; it checks whether the explanation was clear.

## Quick Check

- What
- Why
- Timeline
- Patient role
- Next step

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- Treatment Options Without

## Overstepping

Many families ask about braces, aligners, expanders, retainers, extractions, appliances, or timing. The TC can explain general information, but the doctor determines what is clinically recommended.

## Safe language

- 'The doctor will let us know which options are appropriate for your case.'
- 'Some patients are candidates for aligners, and some are better served by braces or another appliance.'

The doctor will explain what fits your bite and goals.'

- 'If there is more than one option, I can help you compare the timeline, responsibilities, and financial details after the doctor reviews it.'

## Be careful with

- Promising that aligners will work before clinical evaluation.
- Telling a parent their child definitely needs or does not need extractions.
- Guaranteeing treatment time or results.
- Explaining risks beyond what your office has approved for your role.
- Making another provider look bad during transfer or second-opinion conversations.

## Better wording

*'Based on what the doctor recommended today...' keeps your explanation tied to the doctor's plan instead of sounding like your own diagnosis.*

## Trainer Note

When in doubt, anchor your words to the doctor's recommendation and your office protocol.

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- Explaining Value Before Fees

Money matters, but value should come before price. Value means the patient understands why the recommendation matters to them. Value is not hype

- Value is the patient understanding the problem.
- Value is the patient seeing how treatment connects to their goal.
- Value is the parent understanding responsibilities and timeline.
- Value is the family understanding what is included and what happens next.



## Bridge to fees

*'Now that we understand what the doctor is recommending and why, I am going to walk you through the financial side in a simple way. I will show you the total fee, any estimated insurance benefit, and the payment options available through our office.'*

## Avoid

- Starting the conversation with only the down payment.
- Rushing into discounts before the patient understands the plan.
- Sounding apologetic or nervous about the fee.
- Using unclear phrases like 'it depends' without explaining what it depends on.

## Quick Check

- Patient understands problem
- Patient understands plan
- Patient understands goal
- Then discuss fee

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- The Financial Conversation

The financial conversation should feel steady and respectful. Families should understand their options without feeling embarrassed.

## Simple fee flow

- Review total treatment fee according to office policy.
- Review what is included if your office has an approved list.
- Review estimated insurance benefit if available.
- Review payment options, down payment options, monthly payment options, and autopay requirements if applicable.
- Pause for questions.
- Confirm next step: start, schedule, pending, or follow-up.

## Script

*'The total treatment fee for the recommended plan is [fee]. Based on the information we have today, your estimated insurance benefit is [amount], but insurance is not guaranteed until processed by the plan. That brings the estimated patient portion to [amount]. We have a few payment options, and I*



*can walk you through them.'*

## Respectful language

- 'Let's look at what feels manageable.'
- 'Many families have questions about this part.'
- 'We can review options without pressure.'
- 'I want this to be clear before you make a decision.'

## Trainer Note

Do not whisper the fee. Say it calmly, then help the family understand their options.

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- Insurance Estimate Language

Insurance can be confusing for families. Your wording should be clear and careful. Never guarantee payment unless your office has specifically authorized language and the plan has confirmed details.

## Use estimate language

- Estimated benefit.
- Expected benefit based on information available today.
- Pending verification or pending claim processing.
- Insurance response may vary based on plan rules, eligibility, age limits, waiting periods, maximums, and prior treatment.

## Script

*'We checked the information available today, and it looks like there may be an estimated orthodontic benefit of [amount]. I want to be clear that insurance benefits are estimates until the plan processes the claim. We will submit according to our office process, and we will keep you informed if the plan responds differently.' When the patient says, 'My insurance covers braces' 'That is great to hear. Orthodontic benefits can still have specific rules, maximums, age limits, and payment schedules, so we will verify as much as we can and explain what the estimate looks like.'*

## Quick Check

- Estimate, not guarantee
- Plan rules may apply
- Document verification
- Explain patient portion clearly



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- Same-Day Start Conversations

A same-day start can be helpful when the patient is ready, the doctor approves, the schedule allows it, records and consent are complete, and the financial arrangement is handled according to office policy.

## Same-day start readiness

- Doctor has recommended treatment and cleared start timing.
- Patient/guardian understands the plan and responsibilities.
- Consent and forms are complete.
- Financial arrangement is accepted.
- Clinical schedule can safely support the start.
- Team knows what appliance, records, or setup is needed.

## Soft-offer script

*'If you feel comfortable moving forward today, I can check whether we have room in the schedule to get you started. There is no pressure; I just want you to know that may be an option.' If the schedule is full 'We do not want to rush your start, so the best next step is to reserve a start appointment that gives the clinical team the time you deserve.'*

## Avoid

- Pushing a patient who is still confused.
- Promising a same-day start before checking clinical capacity.
- Skipping documentation or consent steps to make a start happen.

## Trainer Note

Same-day starts work best when they feel like service, not pressure.

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- When They Say, 'I Need to Think About

## It'

This is one of the most common responses. Do not panic. Thinking is normal, especially when treatment is a major decision.

## Calm response



*'Absolutely. This is an important decision, and I want you to feel comfortable. Can I ask what part you want to think through most - the treatment plan, the timing, the cost, or something else?'*

## Why this works

- It respects the patient.
- It identifies the real concern.
- It prevents vague pending status.
- It gives you a reason for follow-up.

## Follow-up plan script

*'That makes sense. I will send you home with the summary, and I will follow up on [day]. In the meantime, write down any questions that come up so we can talk through them.'*

## Document

- Main reason for pending.
- Preferred follow-up day and method.
- Questions to answer next time.
- Whether patient is leaning yes, no, or undecided.

## Quick Check

- Acknowledge
- Ask what part
- Set follow-up date
- Document reason

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- Price Concerns and Affordability

Cost concerns should be treated with dignity. A patient who asks about money is not being difficult; they are trying to make a responsible decision.

## Respectful response

*'I understand. Orthodontic treatment is an investment, and it is completely normal to look at what fits your budget. Let me show you the options our office has available.'*

## Questions that help

- Is the total fee the main concern, or is the monthly payment the part you are trying to make



manageable?

- Would a lower monthly payment or a different down payment option help?
- Do you want to review what is included in the fee?
- Would you like time to discuss it with another decision-maker?

## Avoid

- Saying, 'It's expensive everywhere.'
- Making the patient feel embarrassed.
- Offering unauthorized discounts.
- Guessing about insurance benefits.
- Arguing with the patient's budget.

## Better close

*'My goal is to make sure you understand the recommendation and the options. If today is not the right day to start, we can still create a clear follow-up plan.'*

## Trainer Note

Financial confidence is not pressure. It is clarity without shame.

calm - clear - kind - consistent

- Spouse, Parent, or Decision-Maker Not

## Present

Sometimes the person in the room is not the only decision-maker. Build a clean handoff instead of treating it like a lost case.

## Script

*'That makes sense. Since [decision-maker] is part of the decision, let's make sure they receive the information clearly too. What is the best way for us to share the treatment summary and financial options with them?'*

## What to prepare

- Treatment summary approved by office protocol.
- Financial estimate or options if allowed.
- Photos or records only if privacy and consent rules allow.





- Specific follow-up appointment or call time.
- Key questions the absent decision-maker is likely to have.

## Follow-up call script

*'Hi [Name], this is [TC] from [Office]. I am following up from [Patient]'s consultation. I know you wanted to review the information with [decision-maker]. What questions came up after you had time to talk?'*

## Document

- Who needs to decide.
- What information was sent.
- Authorized communication method.
- Next scheduled follow-up.

## Quick Check

- Respect decision process
- Share only allowed information
- Schedule follow-up
- Document

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- Schedule and Time Concerns

Many families hesitate because they worry about school, work, sports, distance, or appointment frequency. The TC should explain the office's expectations clearly.

## Common concerns

- How often are appointments?
- Will my child miss school?
- Can I come after work?
- How long are visits?
- What happens if we travel?
- What if there are emergencies or repairs?

## Script



*'Scheduling is a real part of treatment, so I am glad you asked. Our office will explain the expected appointment rhythm, and we can talk through what tends to work best for school, work, and family routines.'*

## What to clarify

- Appointment frequency according to office protocol.
- Longer start or debond appointment expectations.
- Repair visit policy.
- Late arrival and cancellation policy.
- How far ahead patients should schedule.

## Avoid

- Promising perfect after-school availability.
- Downplaying the commitment.
- Making exceptions without approval.
- Saying the schedule will never be a problem.

## Trainer Note

Treatment is easier when families understand the time commitment before they start.

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- Second Opinions and Transfer Patients

Second opinions and transfer patients need extra professionalism. The goal is to be helpful without criticizing another provider.

## Second opinion language

*'We are happy to give you the doctor's perspective after reviewing your records and concerns. Every office may approach treatment a little differently, and our goal is to help you understand the options clearly.'*

## Transfer patient language

*'Since you are currently in treatment or coming from another office, we will need to review your records and current appliances before the doctor can explain the best next step.' Important information to collect*

- Previous provider name and contact if authorized.
- Current appliance status.



- Treatment start date and reason for transfer.
- Records, X-rays, scans, or photos if available.
- Financial or insurance status if relevant to your office process.
- Reason for leaving previous office: relocation, insurance, satisfaction, communication, or other.

## Avoid

- Talking negatively about another office.
- Promising to finish treatment quickly before evaluation.
- Assuming fees will transfer exactly.
- Starting without records if your office requires them.

## Quick Check

- Be neutral
- Gather records
- Doctor evaluates
- Explain new office process

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- Observation and Recall Consults

Not every consultation ends with treatment starting. Some patients are placed in observation or recall because timing matters. How to explain observation 'The doctor is not recommending full treatment today, but we do want to monitor growth and development. Observation helps us watch timing so that if treatment becomes needed, we can start at the right time.' What the family needs to know

- Why the doctor is watching instead of starting today.
- When the next visit should be scheduled.
- What signs or changes the family should report.
- Whether any dentist follow-up, hygiene, or records update is needed.
- How the office will communicate reminders.

## Recall workflow

- Schedule next observation visit before the family leaves if possible.
- Document the reason for observation.
- Set reminders in the office system.
- Send follow-up instructions in approved format.
- Make the family feel valued even though treatment did not start.



## Avoid

Do not make observation feel like rejection or wasted time. It is still care.

## Trainer Note

A family in observation today may become a treatment family later. Treat the observation experience like it matters because it does.

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- Pending Patient Follow-Up

Pending follow-up is where many consults are won or lost. The goal is not to chase. The goal is to serve with structure.

## Pending categories

- Thinking about it.
- Needs spouse/parent decision.
- Cost or payment concern.
- Insurance uncertainty.
- Scheduling concern.
- Second opinion comparison.
- Waiting for dentist clearance or records.
- Observation/future start.

## Follow-up schedule example

- Same day or next day: thank-you message with summary if office allows.
- 2-3 days: question-based follow-up.
- 1 week: offer help reviewing options.
- 2-4 weeks: check timing or decision status.
- Long-term: place in appropriate recall or inactive follow-up category.

## Follow-up script

*'Hi [Name], this is [TC] from [Office]. I wanted to check in after your consultation. What questions came up as you reviewed the treatment recommendation and options?'*

## Document

- Reason pending.



- Last contact date.
- Next follow-up date.
- Patient's stated concern.
- Final status when resolved.

## Quick Check

- Reason pending
- Follow-up date
- Patient question
- Next action

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- Warm Handoffs

A warm handoff makes the patient feel guided instead of passed around. Every transfer between team members should include enough context to avoid making the patient repeat themselves. TC to financial coordinator 'This is [Patient]. Doctor recommended [plan]. Their biggest concern is [concern]. They are interested in [option]. I already explained [summary]. Can you help review the financial details?' TC to clinical assistant for same-day start 'This is [Patient]. They are starting [treatment] today. Main note: [nervous/first time/parent concern]. Doctor approved [start details]. Forms and financial arrangement are complete.' TC to front desk 'They need to schedule [appointment type] around [constraint]. Please also note [follow-up item].'

## Why it works

- Patients feel known.
- Team members are not starting from zero.
- Important details are less likely to be lost.
- The appointment feels organized and professional.

## Avoid

- Pointing and saying, 'Go over there.'
- Leaving the patient without explaining who is helping them next.
- Sharing private details too loudly.

## Trainer Note

A warm handoff is one of the easiest ways to make an office feel premium without spending a dollar.

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- Documentation and Chart Notes

If it is not documented, the next person may not know what happened. Notes should be clear, objective, and useful.

## Good note habits

- Use objective language, not emotional labels.
- Include the recommendation and next step.
- Document financial estimate discussion according to office policy.
- Document pending reason and follow-up date.
- Document any patient concerns or preferences that affect next steps.
- Use approved abbreviations only.

## Examples

- NP consult completed. Main concern: crowding and smile confidence. Doctor recommended comprehensive treatment. Fee/options reviewed. Parent requested to discuss with spouse. Follow-up scheduled for 4/22.
- Transfer consult. Patient currently in appliances. Records requested from previous office. Doctor to review before final plan. TC to follow up when records received.
- Observation recommended. Parent understands no active treatment today. Recall scheduled in 6 months.

## Avoid

- 'Mom was difficult.' Better: 'Parent had questions about fee and insurance estimate.'
- 'Patient not serious.' Better: 'Patient gathering information; no start date selected.'
- 'Insurance is covered.' Better: 'Estimated benefit reviewed; not guaranteed.'

## Quick Check

- Objective
  - Specific
  - Next step
  - Follow-up date
  - No judgment language
- calm - clear - kind - consistent



- Consultation Metrics

Metrics help the office understand what is working. They should be used for improvement, not blame.

## Common metrics

- New patient inquiries.
- Consultations scheduled.
- Consultations completed.
- No-show rate.
- Starts from consults.
- Same-day starts when applicable.
- Pending patients and reasons pending.
- Observation patients and recall completion.
- Follow-up completion rate.

What metrics can reveal

- If inquiries are high but consults are low, the phone flow may need work.
- If consults are high but starts are low, value explanation or financial options may need review.
- If many people are pending for spouse/parent, information delivery may need a better follow-up packet.
- If no-shows are high, confirmation and expectation-setting may need improvement.

## Daily TC question

*'Who needs a follow-up today, and what is the reason they have not moved forward yet?'*

## Weekly TC question

*'What pattern are we seeing in patient hesitation, and what can we explain better?'*

## Trainer Note

Data tells a story. The goal is to improve the patient experience, not shame the team.

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- Daily Consultation Workflow

A TC needs a rhythm. Without a daily workflow, follow-up slips and consults feel reactive.

## Morning

- Review today's consult schedule.



- Check forms, records, insurance status, and notes.
- Identify special situations: transfer, nervous patient, adult case, second opinion, limited time, or financial concern.
- Huddle with front desk, clinical team, and doctor if needed.
- Prepare consult room and materials.

## During the day

- Welcome each patient with energy and calm.
- Document important notes immediately when possible.
- Complete warm handoffs.
- Update pending status before the end of the visit.
- Protect patient privacy at every step.

## End of day

- Review pending list.
- Send approved follow-ups.
- Confirm tomorrow's consult readiness.
- Close loops with front desk, insurance, and clinical team.
- Write down questions for training.

## Quick Check

- Today's consults reviewed
- Follow-ups completed
- Pending list updated
- Tomorrow prepared

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- Script Library: First Visit Language

Scripts are training wheels. Use them to learn structure, then make the wording sound like you while staying professional.

## Opening the consult

*'I am glad you are here. Today is about understanding what is going on, hearing your goals, and helping you leave with clear next steps.'*





## Before records

*'We are going to gather information so the doctor can give you the most accurate recommendation. I will explain each step as we go.'*

## Before doctor

*'Before the doctor comes in, I want to make sure I understand your main concern. What would you most like help with?'*

## After doctor

*'The doctor gave us a clear recommendation. I am going to walk through what it means, what the next step looks like, and then we can review the financial options.'*

## Before money

*'Now that the treatment plan is clear, let's talk through the financial side so there are no surprises.'*

## Closing

*'What questions do you want answered before you leave today?'*

## If pending

*'That makes sense. Let's set a clear follow-up so you are not left wondering what to do next.'*

## Trainer Note

Scripts should not sound robotic. They should help you stay calm when the conversation gets busy.

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- Script Library: Common Questions

Use these scripts as starting points. Always adjust to your office policy and the doctor's recommendation. How much does treatment cost? 'The fee depends on what the doctor recommends after the exam. Once we know the treatment plan, I will review the total fee, estimated insurance benefit if applicable, and payment options.' Do you take my insurance? 'We can review your insurance information and estimate any orthodontic benefit available. I do want to be clear that benefits are not guaranteed until processed by the plan.' Can I do aligners? 'The doctor will evaluate whether aligners are a good option for your bite and goals. If they are appropriate, I can help explain how they work and what your responsibilities would be.' Will it hurt? 'Some soreness can happen when teeth begin moving or after adjustments. The clinical team will explain what to expect and what is normal for your treatment.' How long will it take? 'The doctor will provide an estimated timeline based on your case. Treatment time can depend on the bite, appliance type, growth, cooperation, hygiene, and appointment consistency.' Can we start today? 'If the doctor approves



treatment today and the schedule allows, I can check whether a same-day start is possible.'

## Quick Check

- Answer simply
- Avoid guarantees
- Tie to doctor recommendation
- Invite questions

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- Role-Play Drills

Role-play makes scripts feel natural before the pressure is real. Practice with a teammate, trainer, or office manager.

## Drill 1: Nervous adult consult

- Patient says they are embarrassed about starting treatment as an adult.
- Goal: acknowledge feelings, normalize the visit, and explain the first step calmly.
- Practice: greeting, discovery, and transition to doctor.

Drill 2: Parent wants price only

- Parent says, 'I just need to know the cost.'
- Goal: explain that fee follows the doctor's recommendation without sounding evasive.
- Practice: price-shopper script and value bridge.

## Drill 3: Spouse not present

- Parent likes the plan but says the other parent has to approve.
- Goal: create a clean follow-up plan and share approved information.
- Practice: decision-maker script and follow-up scheduling.

## Drill 4: Insurance confusion

- Patient says insurance covers everything.
- Goal: explain estimate language respectfully.
- Practice: benefit estimate script and no-guarantee wording.

## Trainer scoring

- Was the tone calm?
- Was the answer clear?



- Did the trainee avoid guarantees?
- Did the trainee set a next step?
- Did the trainee document correctly?

## Trainer Note

Practice the uncomfortable conversations before they happen with a real family.

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- 30-Day New TC Training Plan

This plan helps a new TC or cross-training team member build confidence step by step.

## Week 1: Observe and learn the flow

- Shadow consults from start to finish.
- Learn the appointment map and team roles.
- Study treatment plan presentation format.
- Practice greeting scripts and privacy habits.
- Write down common patient questions.

## Week 2: Practice pieces

- Practice discovery questions with trainer.
- Practice doctor handoff summary.
- Practice financial language without numbers first.
- Practice pending follow-up notes.
- Review insurance estimate wording.

## Week 3: Supervised consult support

- Lead parts of the greeting and discovery.
- Complete warm handoffs with supervision.
- Document consult notes for trainer review.
- Make supervised follow-up calls or messages.
- Review objections from real consults.

## Week 4: Guided independence

- Run a consult flow with trainer nearby.



- Present next steps using approved language.
- Update pending list accurately.
- Complete end-of-day consult review.
- Ask for feedback and growth goals.

## Quick Check

- Shadow
- Practice
- Supervised support
- Guided independence

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- Common Mistakes and Better Moves

Mistakes happen. The goal is to notice them quickly and replace them with better habits. Mistake: talking too much Better move: ask a question, listen, and summarize what the patient said. Mistake: using too much jargon Better move: use everyday language and confirm understanding. Mistake: rushing the fee conversation Better move: explain the plan and value first, then present money calmly. Mistake: promising insurance coverage Better move: use estimate language and explain plan rules may apply.

## Mistake: weak follow-up

Better move: set a specific follow-up date before the patient leaves.

## Mistake: poor notes

Better move: document concern, recommendation, status, and next step objectively. Mistake: making the patient repeat themselves Better move: use warm handoffs and read previous notes before contact.

Mistake: trying to answer beyond your role Better move: say, 'Let me confirm that with the doctor/manager so I give you the correct answer.'

## Trainer Note

The best team members recover quickly. A correction is not failure; it is training.

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- Trainer Sign-Off Ladder

Use this ladder to help a trainee move from observation to independence. Adjust it to your office policy.

## Level 1: Observer

- Watches full consults.



- Identifies each part of the patient journey.
- Can explain the difference between doctor, TC, front desk, and financial roles.
- Can state basic privacy and scope boundaries.

## Level 2: Script practice

- Practices greeting, discovery, doctor handoff, financial bridge, and pending follow-up scripts.
- Uses estimate language correctly.
- Responds to common objections without arguing.
- Uses teach-back style questions.

## Level 3: Supervised consult support

- Greets patient and completes discovery with trainer present.
- Provides doctor handoff.
- Documents notes for review.
- Completes warm handoffs.

## Level 4: Guided independence

- Runs consult flow according to office protocol.
- Knows when to pause and ask for help.
- Keeps follow-up list updated.
- Communicates clearly with doctor, front desk, insurance, and clinical team.

## Quick Check

- Observer
- Script practice
- Supervised support
- Guided independence

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- Mini SOP: New Patient Consult

This mini SOP gives a simple repeatable process. Your office should edit it to match actual systems, software, timing, and roles.

## Before appointment

- Confirm forms, insurance information, records needs, and responsible party.



- Review reason for visit and patient notes.
- Prepare consult room and approved materials.
- Huddle with team if needed.

## During appointment

- Welcome patient and introduce TC role.
- Complete discovery conversation.
- Gather or review records according to protocol.
- Give doctor a short organized handoff.
- Listen during doctor exam and note recommendation.
- Review treatment plan, value, fees, insurance estimate, and next steps.
- Complete start, schedule, observation, or pending workflow.

## After appointment

- Document consult outcome and patient concerns.
- Update pending, start, observation, or follow-up status.
- Send approved follow-up materials.
- Set next contact date if needed.

## Trainer Note

A good SOP is simple enough that a new person can follow it and detailed enough that important steps do not get skipped.

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- Mini SOP: Pending Follow-Up

A pending patient should never disappear into memory. Use a system.

## Step 1: Assign a pending reason

- Price concern.
- Insurance concern.
- Needs spouse/parent decision.
- Schedule concern.
- Second opinion.
- Needs dental clearance or records.



- Observation/future start.

## Step 2: Set next contact

- Ask the patient what timing makes sense.
- Choose call, text, email, or in-person follow-up according to office policy and consent.
- Document the date and method.

## Step 3: Follow up with a question

Instead of saying, 'Are you ready?' try: 'What questions came up after you reviewed the recommendation?'

## Step 4: Close the loop

- Start scheduled.
- Start declined.
- Observation scheduled.
- Needs more information.
- Inactive/no response after office-approved attempts.

## Quick Check

- Reason
- Next contact
- Question
- Outcome

calm - clear - kind - consistent

- Final Consultation Readiness Checklist

Use this checklist before a trainee is considered ready to support or lead consultation flow according to office policy.

## Patient experience

- Can greet patient warmly and introduce role.
- Can explain the purpose of the consultation.
- Can ask discovery questions without sounding scripted.
- Can include parent, teen, or adult patient appropriately.
- Can use calm language with nervous patients.

Clinical and doctor support



- Understands records flow and privacy basics.
- Can give a concise doctor handoff.
- Can listen for recommendation and next step.
- Does not diagnose or explain beyond role.

## Financial and follow-up

- Can present fees using approved office format.
- Can use insurance estimate language correctly.
- Can respond to common objections respectfully.
- Can set a clear pending follow-up plan.
- Can document notes objectively.

## Professional habits

- Protects PHI and uses minimum necessary information.
- Asks for help instead of guessing.
- Keeps promises and follow-up dates.
- Stays calm under pressure.
- Receives correction with maturity.

## Trainer Note

The final goal is not to memorize every line. The final goal is to create a consultation experience that feels prepared, personal, and trustworthy.

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- Copy/Paste Consultation Scripts

Use this page as a fast reference while practicing. Edit scripts to fit your office voice.

## Start of consult

*'Today is all about understanding your goals, reviewing what the doctor sees, and helping you leave with clear options.'*

## Discovery

*'What made you decide to come in now?'*

## Doctor handoff





*'Doctor, this is [Patient]. Their main concern is [concern]. They are hoping for [goal]. Their biggest question today is [question].'*

## Treatment bridge

*'The doctor recommended [plan] because [reason]. The goal is [goal], and the next step would be [step].'*

## Financial bridge

*'Now that the plan is clear, let's review the financial options so there are no surprises.'*

## Insurance estimate

*'This is an estimate based on the information available today. Final benefits depend on the plan's response.'*

## Think about it

*'Absolutely. What part do you want to think through most: treatment, timing, cost, or something else?'*

## Follow-up

*'What questions came up after your consultation?'*

## Ask for help

*'I want to make sure I answer that correctly. Let me confirm with the doctor/manager and get back to you.'*

## Quick Check

- Use the patient's name
- Avoid guarantees
- Ask open questions
- Set the next step

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- Source Notes and Educational

## Disclaimer

This This guide guide is an original training-style playbook built for education and onboarding support. It is not legal, clinical, billing, insurance, or compliance advice. Always follow your state laws, dental board rules, doctor direction, written office policies, HIPAA/privacy policies, payer rules, and any requirements for your



role. Public sources used to anchor the role, privacy, communication, and scope reminders:

- American Association of Orthodontists: orthodontic staff career role descriptions, including Treatment Coordinator

as a primary contact between patient or parent and doctor around treatment plans and onboarding.

- U.S. Bureau of Labor Statistics: dental assistants provide patient care, keep records, schedule appointments, and

may perform administrative duties; job outlook and duties support the career-path context.

- DANB State Dental Assisting Requirements: dental assistant job titles, allowable duties, education pathways, and

exams vary by state.

- HHS HIPAA Minimum Necessary Requirement: protected health information should not be used or disclosed when

it is not needed for the purpose or function.

- ADA HIPAA 20 Questions: dental practices should protect patient privacy and follow minimum necessary principles

when using, disclosing, or requesting patient information.

- AHRQ Teach-Back: teach-back is a health literacy tool where patients or caregivers explain information back in

their own words to confirm clear understanding.

- CDC Dental Infection Prevention and OSHA Dentistry resources are useful for safety awareness whenever consultation flow touches clinical areas, records, or patient movement in the office. This guide closing note  
The consultation is one of the most important experiences in an orthodontic office. A patient may not remember every clinical term, but they will remember whether the team was prepared, respectful, clear, and kind.



# White-Label Customization Checklist

Before selling, distributing, or using this guide inside an office, personalize it so the training feels like it belongs to the client or practice.

- ✓ Add the office name or client brand to the cover if desired.
- ✓ Insert screenshots of the actual software, portals, forms, or scheduling system used by the office.
- ✓ Add state-specific requirements and role limitations.
- ✓ Add provider preferences, office policies, and escalation rules.
- ✓ Add trainer signature lines or staff initials where sign-off is required.
- ✓ Review all privacy, safety, and scope sections before distribution.
- ✓ Export a clean PDF copy for the learner and a separate editable master for the trainer.

## CLIENT-READY REMINDER

Keep the base guide brand-neutral. Let the buyer add their own logo, tone, screenshots, and office-specific workflow so the product feels custom.