

CLIENT-READY TRAINING GUIDE

Orthodontic Office Manager Blueprint

A practical operations manual for leading people, patient flow, systems, safety, compliance, and practice growth.

People

Systems

Patients

Numbers

Client-ready guide for office training and practical use.

Inside the Blueprint

A manager-level map for the office, the team, and the patient experience.

Section	What It Helps You Manage
Start Here	How to use the guide and set boundaries
Role Map	Manager duties, pillars, and ownership
Leadership	Calm command, filters, and decision habits
Workflow	Daily, weekly, and monthly operating rhythm
Team Systems	Role clarity, handoffs, huddles, and training
Schedule	Scheduling logic, blocks, buffers, and bottlenecks
Patient Flow	New patient pipeline and same-day readiness
Clinical Flow	Chair flow, safety, sterilization, and room readiness
Front Office	Phones, leads, schedule flow, and desk standards
TC + Financial	Consults, insurance, contracts, and A/R rhythm
People	Hiring, onboarding, coaching, and meetings
Culture	Team standards, conflict, and recovery language
Compliance	HIPAA, OSHA, scope, and emergency readiness
Operations	Inventory, lab, digital workflow, and technology
Growth	Reviews, referrals, and community relationships
Numbers + Systems	Dashboards, reporting, SOPs, and audits

How to Use This Blueprint

This is a practical operations manual for office managers, lead coordinators, doctors training a manager, and strong team members preparing for leadership. The goal is not to memorize every page. The goal is to build a repeatable operating rhythm.

Use It Four Ways

- As a self-study guide for a new office manager.
- As a trainer companion for a doctor, owner, or senior manager.
- As an audit tool for weak points in patient flow, staffing, or handoffs.
- As a template library for checklists, SOPs, meeting rhythms, and reporting.

Stay Inside the Right Boundaries

- The office manager protects the system; the doctor protects diagnosis and clinical decisions.
- The manager can coach workflow, communication, documentation, and handoff quality.
- The manager should escalate clinical, legal, HR-risk, payer-contract, HIPAA, OSHA, or state-scope questions to the appropriate authority.

The Big Promise

- By the end, the manager should be able to see the entire office as one connected system: people, patients, schedule, safety, financials, and follow-through.

What an Orthodontic Office Manager Actually Manages

The office manager does not do every job. The manager protects the system that lets every job work. In a healthy office, the manager is part air-traffic controller, part coach, part reporter, part problem-solver, and part culture keeper.

The Manager Owns the Operating Rhythm

- Opening and closing consistency.
- Daily huddles and team communication.
- Schedule flow and patient movement.
- Staffing coverage and role clarity.
- Problem escalation and documentation.
- Weekly and monthly review rhythms.

The Manager Supports the Business Side

- Production, collections, and accounts receivable awareness.
- Insurance and financial handoff accountability.
- Lead conversion and new patient flow.
- Inventory, vendors, lab handoffs, and technology systems.
- Training, performance feedback, and culture.

A Practical Definition

- An orthodontic office manager helps the practice stay organized, safe, consistent, financially aware, and patient-centered while the clinical team delivers care.

The Four Pillars of Office Management

A strong manager balances four pillars every week: people, patients, systems, and numbers. When one pillar is ignored, the office usually starts to feel chaotic somewhere else.

People

- Hiring, onboarding, training, feedback, accountability, and culture.
- A manager should know who is growing, who is stuck, who needs coaching, and who is carrying too much.

Patients

- Trust, communication, wait times, handoffs, comfort, privacy, and follow-up.
- The manager should protect the patient experience even when the schedule is difficult.

Systems

- Huddles, SOPs, scheduling, lab tracking, financial handoffs, and office routines.
- Systems turn good intentions into repeatable behavior.

Numbers

- Consults, starts, production, collections, A/R, repairs, no-shows, reviews, and referrals.
- Numbers do not replace people. They help the manager find the real bottlenecks.

Own, Support, Escalate

Managers need boundaries. Every office issue should fall into one of three buckets: own, support, or escalate.

Bucket	What It Means	Examples
Own	The manager is directly responsible for the system and follow-through.	Schedule review, staff coverage, huddle rhythm, patient flow notes, training calendar.
Support	The manager helps another role succeed without taking over clinical or financial judgment.	TC handoffs, insurance follow-up, financial policy consistency, records readiness.
Escalate	The manager brings the correct person in when a decision is beyond authority.	Clinical diagnosis, legal questions, HR risk, medical concerns, payer disputes, scope concerns.

MANAGER MOVE

A strong manager does not pretend to know everything. A strong manager knows who should answer what, then makes sure the answer is documented and followed.

The Calm Command Mindset

The office often takes its emotional temperature from the manager. Calm command means the manager can lead under pressure without adding fear, drama, or confusion.

What Calm Command Looks Like

- You ask clear questions before making assumptions.
- You separate people problems from system problems.
- You document patterns instead of reacting to one moment.
- You keep the patient experience protected even when the day is hard.
- You correct privately, praise specifically, and lead from standards instead of moods.

What It Does Not Look Like

- Micromanaging every chair or phone call.
- Using sarcasm, public correction, or favoritism.
- Turning every mistake into drama.
- Ignoring safety, privacy, or scope concerns because the office is busy.

Manager Practice

- When a problem hits, pause for ten seconds and ask: Is this safety, privacy, training, system, schedule, money, or culture? The category tells you the next step.

The First Filter Before You Act

Before reacting, run every issue through a simple filter. This keeps the manager from treating every issue like an emergency and every employee mistake like a character flaw.

Five Questions

- Is this a patient safety issue? If yes, pause and escalate immediately.
- Is this a privacy or compliance issue? If yes, protect information and escalate.
- Is this a training gap? If yes, coach and document the next step.
- Is this a system gap? If yes, improve the process, not just the person.
- Is this a pattern? If yes, track it and bring facts to leadership.

Office Reality

- One late patient is a moment. Ten late patients in a week may be a schedule, reminder, or patient education problem.
- One confused new hire is normal. Every new hire feeling lost is an onboarding problem.

The Practice Map

A manager needs to see the entire journey, not just the front desk or the clinic. The patient experience begins before the first appointment and continues beyond active treatment.

The Patient Journey

- Inquiry or referral.
- Phone, text, email, or web response.
- New patient paperwork and insurance intake.
- Consultation, records, doctor exam, and treatment recommendation.
- Financial conversation and start decision.
- Active treatment visits, repairs, progress checks, retention, reviews, and referrals.

The Team Journey

- Hiring, onboarding, training, correction, feedback, growth, accountability, and retention.
- A strong manager protects both journeys at the same time: patient trust and team development.

Daily Command Center

The manager starts the day by locating risks before they become fires. A five-minute review can prevent a full day of confusion.

Review Before the Day Starts

- Doctor and assistant schedule flow.
- New patients, consults, starts, debonds, repairs, and long appointments.
- Staff attendance and chair coverage.
- Pending financial or insurance issues tied to today's patients.
- Lab cases, appliance deliveries, scans, or records needed.
- Special notes: anxious patients, parent requests, transfers, accessibility needs.

End-of-Day Review

- What ran late and why?
- What patient needs follow-up tomorrow?
- Which insurance, financial, or lab items are unresolved?
- What supply or equipment issue needs attention?
- What team member needs praise, coaching, or clarification?

Opening and Closing Routines

Opening makes the day feel controlled. Closing protects tomorrow.

Front Office Opening

- Phones, voicemail, texts, emails, and online requests reviewed.
- Today's schedule checked for holes, overlaps, and special notes.
- New patient paperwork and financial/insurance forms checked.
- Payment systems and printers working.
- Waiting area clean, calm, and ready.

Clinical Opening

- Chairs and rooms ready by appointment type.
- Sterilization flow checked.
- Supplies stocked for today's procedures.
- Lab/appliance cases verified.
- Safety, PPE, and room-turnover expectations clear.

Closing Rule

- The office that closes well opens well. Capture loose ends, assign ownership, set deadlines, and do not leave vague reminders as the plan.

Weekly and Monthly Rhythm

Weekly management creates consistency. Monthly management reveals trends.

Cadence	Manager Focus	Example Actions
Daily	Day readiness and patient flow.	Huddle, schedule risks, staff coverage, follow-up, unresolved items.
Weekly	Systems and trends.	Consults, starts, A/R, insurance pending, no-shows, training, supply issues.
Monthly	Leadership review.	Metrics, staffing, schedule patterns, marketing sources, reviews, and system improvements.

MANAGER MOVE

What repeated problem cost the office the most time, trust, or money this month - and what system will we improve before next month?

Team Role Clarity

Confusion grows when people do not know who owns what. The manager should be able to explain each role in plain language.

Core Roles to Clarify

- Doctor/owner: diagnosis, treatment planning, clinical decisions, final leadership direction.
- Office manager: operations, team flow, accountability, systems, reporting, escalation.
- Treatment coordinator: consult experience, case presentation support, follow-up, handoffs.
- Financial/insurance team: benefit estimates, contracts, payments, claims, ledgers.
- Clinical lead/assistant team: chairside flow, room readiness, patient instructions, sterilization support.
- Front desk: calls, scheduling, check-in/out, confirmations, patient routing.

Manager Standard

- No role should be explained only by memory. Build a role map and update it when duties change.

Warm Handoff System

A handoff is not 'telling someone.' A handoff is making sure the next person has what they need.

The Warm Handoff Formula

- Who is the patient?
- What just happened?
- What does the patient need next?
- What has already been explained?
- What concern, emotion, or question should the next person know?
- What is the deadline or next action?

Example

- 'Mrs. Lee is ready for checkout. We adjusted the upper wire today. She asked about discomfort tonight, and I reviewed soft foods and wax. She needs a six-week appointment and wants a late afternoon time if possible.'

The Morning Huddle

The huddle is where the office sees the day before the day starts moving. It should be short, useful, and action-oriented.

Huddle Agenda

- Today's schedule pressure points.
- New patients, starts, debonds, repairs, consults, and special cases.
- Staffing coverage and room assignments.
- Lab/appliance items needed today.
- Patient experience notes: anxious patients, parent concerns, adult patient requests.
- One team focus: phones, handoffs, documentation, sterilization, or schedule timing.

Keep It Short

- No gossip.
- No public shaming.
- No wandering complaints.
- Name the day, assign owners, move.

Scheduling Blueprint

The schedule is the office's daily engine. Managers protect flow, not just open spots.

A Manager Looks For

- Too many long appointments stacked together.
- New patient consults placed without records or TC readiness.
- Repairs interrupting high-value flow.
- Assistants covering too many chairs without support.
- Late-day appointments that require extra setup but no buffer.
- No-shows, cancellations, and reschedules that repeat by day/time.

Scheduling Questions

- What appointments require doctor time?
- What requires assistant time?
- What requires records, financial, or TC support?
- Where do we need buffer?
- What can be scheduled differently to protect patient experience?

Schedule Blocks and Buffers

A strong schedule does not happen by luck. It is designed around appointment types.

Block Type	Purpose	Manager Watch Point
Consults	New patient exams and treatment conversations.	Confirm paperwork, records, TC readiness, and financial prep.
Starts	Bonding, aligner delivery, appliance start, or treatment initiation.	Confirm room setup, doctor time, patient expectations, and payment/contract status.
Adjustments	Routine active treatment visits.	Balance chair coverage, assistant experience, and appointment length.
Debonds/Retention	Finish active treatment and transition to retainers.	Confirm records, retention instructions, retainer workflow, and celebration/review opportunity.
Repairs	Broken brackets, poking wires, loose appliances.	Track patterns and educate patients to prevent repeat disruptions.

New Patient Pipeline

New patient flow is where marketing, phones, insurance, TC, doctor time, and financials meet.

Pipeline Stages

- Lead received: phone, web, referral, social, school, dentist referral.
- Contact attempted and documented.
- Consult scheduled and confirmed.
- Paperwork and insurance info collected.
- Records or photos prepared as needed.
- Consult completed.
- Treatment accepted, pending, observation, or not ready.
- Follow-up scheduled and owned.

Manager Question

- Where are we losing people: before scheduling, before showing, during consult, after financials, or during follow-up?

Consult and Same-Day Start Coordination

Same-day starts should feel prepared, not pressured. The manager supports readiness so the patient can make a clear decision.

Readiness Checks

- The schedule has space and clinical support.
- The TC knows the patient's needs and questions.
- Financial options can be presented clearly.
- The patient is not rushed or confused.
- The clinical team is ready if the patient chooses to begin.
- The office can still protect safety, consent, documentation, and patient experience.

Patient-First Language

- 'If you feel ready and the doctor confirms this is the right next step, we may be able to begin today. If you need time, that is completely okay. We want you comfortable with the decision.'

Clinical Flow Awareness

The manager does not need to perform clinical tasks to manage clinical flow. The manager watches timing, readiness, communication, and bottlenecks.

What to Watch

- Room readiness and turnover delays.
- Bottlenecks around doctor checks.
- Shortage of instruments, brackets, wires, elastics, scanners, or retainers.
- New assistants needing support during complex visits.
- Patients waiting without communication.
- Repairs or emergency visits disrupting planned flow.

What Not to Do

- Do not make clinical judgments beyond role or license.
- Do not tell patients what treatment they need instead of routing to the doctor.
- Do not push assistants to perform duties outside state rules or training.
- Do not ignore sterilization or infection-control delays.

Sterilization and Safety Oversight

Safety is not a department. It is an office operating standard.

Manager Oversight Areas

- Clean/dirty flow is understood and protected.
- Instrument processing logs and monitoring are completed according to office policy.
- PPE and supplies are available.
- Room turnover is not rushed past safe steps.
- New hires know who can train and sign off safety skills.
- Unsafe shortcuts are corrected immediately and documented appropriately.

Manager Script

- 'We can be fast and still be safe. If the room is not ready, we communicate the delay and fix the flow. We do not skip safety steps to catch up.'

Front Desk Oversight

The front desk controls first impressions, schedule flow, and daily patient confidence.

Front Desk Standards

- Calls are answered professionally and documented.
- Voicemails, texts, emails, and web leads are checked on schedule.
- Patients are greeted quickly and by name when possible.
- Check-in/out steps are consistent.
- Financial or insurance questions are routed without guessing.
- Private information is protected at the desk.

Manager Audit

- Listen to three calls per week.
- Review reschedule/no-show patterns.
- Check how quickly leads are contacted.
- Watch patient wait time and handoffs.
- Coach language privately and specifically.

Phone and Lead Conversion

The office cannot help patients who never get scheduled. Lead response should be warm, fast, and trackable.

Lead Response Rules

- Respond quickly and warmly.
- Ask the reason for interest or concern before pushing dates.
- Collect only the information needed for the next step.
- Make the appointment feel easy.
- Confirm date, time, location, paperwork, and what to expect.
- Track every lead until scheduled, declined, unreachable, or followed up.

Phone Quality Checklist

- Greeting is clear.
- Tone is warm.
- Patient question is answered or routed.
- Next step is offered.
- Details are repeated back.
- Call is documented.

Treatment Coordinator Support

The manager helps the TC protect both patient trust and practice systems.

TC Support Points

- Consult schedule readiness.
- New patient paperwork and records flow.
- Financial handoffs and insurance estimate timing.
- Pending patient follow-up ownership.
- Observation and recall tracking.
- Same-day start communication with clinical team.
- Conversion, pending, and no-show reporting.

Manager Reminder

- The goal is not to pressure the TC to 'sell harder.' The goal is to build a reliable consult experience where patients understand their options and the team follows up with care.

Insurance and Financial Coordination Oversight

Office managers do not need to do every claim or ledger entry, but they should understand the flow.

Oversight Questions

- Are benefits being verified before consults when possible?
- Are estimates presented as estimates, not guarantees?
- Are claims, predeterminations, and EOBs followed up on schedule?
- Are payment plans documented correctly?
- Are adjustments approved according to policy?
- Are patient balances communicated professionally and privately?

Escalation Triggers

- Large adjustment requests.
- Repeated claim denials.
- Patient disputes over estimates.
- Refunds, credits, or overpayment questions.
- Potential HIPAA or payer contract concerns.
- Any legal or collection-risk concern.

Accounts Receivable Rhythm

A/R is a rhythm, not a panic task at the end of the month.

Cadence	What to Review	Manager Goal
Daily	Payments, missed payments, contract errors, patient questions.	Catch small issues before they become account problems.
Weekly	A/R aging, insurance pending, patient balances, promises to pay.	Assign ownership and dates for follow-up.
Monthly	Trends, write-offs, adjustments, collection activity, refund/credit patterns.	Bring clean facts to the doctor/owner and improve policy consistency.

Financial Tone

- Professional collections should be firm, kind, private, documented, and policy-based.
- It should never be shaming, public, threatening, or careless with protected information.

Hiring System

Hiring is not just filling a seat. It is protecting the culture and patient experience.

Before Posting the Job

- Define the role clearly.
- List required and trainable skills separately.
- Check schedule needs and coverage gaps.
- Decide who interviews and who makes final decisions.
- Prepare realistic expectations for pay, hours, training, and growth.

What to Look For

- Coachability.
- Professional communication.
- Reliability and punctuality.
- Patient-centered attitude.
- Attention to detail.
- Ability to receive correction without ego.
- Respect for privacy, safety, and scope.

Interviewing With Intention

Good interview questions reveal habits, not just personality.

Interview Questions

- Tell me about a time you received correction at work. What did you do next?
- How do you stay organized when several people need you at once?
- What does patient privacy mean to you?
- How would you handle a parent who is upset about waiting?
- What would you do if you were asked to perform a task you were not trained to do?
- Why are you interested in orthodontics?

Red Flags

- Blames every former employer.
- Cannot explain how they learn.
- Dismisses patient privacy or safety.
- Overpromises skills without humility.
- Acts annoyed by feedback or teamwork.

Onboarding System

New hires fail faster when the office has no map.

Onboarding Must Include

- Role expectations and reporting line.
- Office tour and basic systems.
- Safety, privacy, and scope orientation.
- Schedule shadowing and observation.
- Skill ladder with sign-offs.
- Daily notebook or reflection habit.
- 30-day check-in and feedback.

First Week Manager Goal

- The new hire should know where to go, who to ask, what not to do alone, and what success looks like for the first week.

Training Ladder

Training should move from observation to supervised practice to independent readiness.

Stage	New Hire Does	Trainer/Manager Does
Observe	Watches, listens, writes notes, asks clarifying questions.	Explains why steps matter and names safety boundaries.
Assist	Completes small tasks with direct supervision.	Corrects mechanics and documents progress.
Practice	Repeats skills under supervision until consistent.	Uses sign-off checklist and feedback.
Perform	Completes approved tasks within scope and office policy.	Audits quality and gives next-level coaching.
Teach Back	Explains process in their own words.	Confirms understanding and closes training gaps.

Performance Coaching

Correction should be specific, private, documented, and tied to the standard.

Coaching Script

- 'I want to review what happened, what the standard is, and what we need to do next. This is not about embarrassing you. It is about making sure the patient, team, and office are protected.'

Coaching Notes Should Include

- Date and situation.
- Expected standard or policy.
- What was observed.
- What coaching was given.
- What the employee agreed to practice or change.
- Follow-up date.

Meetings That Actually Work

Meetings should produce clarity, not just conversation.

Meeting Types

- Daily huddle: fast operational preview.
- Weekly leadership check: schedule, numbers, team, systems.
- Monthly team meeting: training, culture, updates, goals.
- One-on-one coaching: private feedback and growth.
- Emergency meeting: urgent patient, safety, privacy, or staffing issue.

Meeting Rule

- Every meeting should end with owners, deadlines, and next steps. If no one owns it, it is not a plan.

Culture Is Built in Small Repeated Moments

An office culture is not a poster. It is what the team repeats under pressure.

Culture Standards

- We speak to patients with respect.
- We correct privately and praise specifically.
- We do not gossip about patients, parents, or teammates.
- We protect safety and privacy even on busy days.
- We ask for help before making risky guesses.
- We own mistakes and fix systems.

Manager Reflection

- The manager teaches culture by what they allow, what they correct, what they reward, and how they act when the office is stressed.

Conflict Resolution

Conflict is not always failure. Unmanaged conflict becomes failure.

Conflict Process

- Separate facts from feelings.
- Speak privately when possible.
- Ask each person what happened and what they need to do their job well.
- Identify the policy, role, or communication gap.
- Agree on next behavior, not vague peace.
- Document serious or repeated issues according to office policy.

Manager Script

- 'We are going to reset this around the standard. The question is not who wins. The question is what the office needs to run safely, respectfully, and consistently.'

Difficult Patient or Parent Recovery

The manager often enters when trust is already strained.

Recovery Formula

- Listen without interrupting.
- Thank them for explaining the concern.
- Clarify the issue in neutral language.
- Avoid arguing about feelings.
- Explain what you can do next.
- Document and route clinical questions to the doctor.

Safe Language

- 'I can hear this has been frustrating. Let me make sure I understand the concern, then I will help route it to the right person and explain the next step clearly.'

HIPAA Privacy Operations

Privacy is a daily behavior, not a once-a-year training video.

Manager Watch Points

- Screens are not visible to unauthorized people.
- Conversations at the desk are not louder than necessary.
- Texts/emails follow office policy.
- Staff access is role-based and not casual browsing.
- Patient documents are not left exposed.
- New hires know what to say when family members ask for information.

Minimum Necessary Mindset

- Use, disclose, or request only what is reasonably needed for the purpose, except where specific HIPAA exceptions or practice policies apply. When unsure, pause and ask the privacy lead or doctor/owner.

OSHA and Safety Oversight

The office manager helps make safety visible, trained, and documented.

Safety Areas to Track

- Bloodborne pathogen exposure control plan.
- Hazard communication and Safety Data Sheets.
- PPE availability and use.
- Sharps safety and exposure incident process.
- Chemical labels and disinfectant instructions.
- Emergency action plans and drills.
- Ergonomics, slips/trips, and workplace violence awareness.

Manager Rule

- If a safety standard is only known by one person, the system is fragile. Safety must be documented, trained, and reviewed.

State Scope and Allowable Duties

Dental and orthodontic duties vary by state. Managers must respect the boundary.

Scope Awareness

- Know which duties require certification, permit, registration, radiology approval, expanded-function status, or direct supervision in your state.
- Do not assume a task is allowed because another office does it.
- Do not let staffing pressure push untrained team members into unsafe or unauthorized work.
- Keep training records and sign-offs aligned with state rules and office policy.

Manager Script

- 'Let's confirm whether this duty is allowed for your role and training level before you do it. We protect you, the patient, and the practice by checking first.'

Emergency Readiness

Emergencies are not the time to figure out the plan for the first time.

Emergency Readiness Areas

- Medical emergency protocol and who calls 911.
- Emergency kit location and check cadence according to doctor policy.
- Exposure incident protocol.
- Fire, weather, power outage, and evacuation plan.
- Technology outage plan for phones, schedules, and patient communication.
- Workplace violence or threatening visitor response.

Drill Questions

- Where is the emergency kit?
- Who leads the response?
- Who communicates with waiting patients?
- Who documents the incident?
- Who contacts the doctor/owner if they are not present?

Inventory and Supplies

Running out of basics creates stress, delays, and unsafe shortcuts.

Inventory System

- Assign ownership by category: clinical, sterilization, front desk, office supplies, lab, tech.
- Set minimum par levels for high-use items.
- Create reorder days and emergency reorder rules.
- Track expired materials and special-order items.
- Review vendor pricing and delivery issues periodically.

Manager Question

- What item, if missing tomorrow morning, would slow the entire office down? That item needs a par level, owner, and reorder trigger.

Lab and Digital Workflow

Digital systems still need human ownership.

Lab/Digital Watch Points

- Scans, impressions, photos, and records are labeled correctly.
- Appliance orders have due dates, patient names, and provider instructions.
- Cases are tracked from submission to receipt.
- Remakes and errors are reviewed for patterns.
- 3D printing, aligner, retainer, or outside lab workflows have clear owners.

Handoff Script

- 'This scan was completed today for retainer fabrication. The due date is next Thursday. Please confirm submission and add the case to the lab tracker before end of day.'

Technology, Access, and Security

Technology is helpful only when access, backups, and responsibilities are clear.

Tech Systems to Map

- Practice management software.
- Imaging and scanning software.
- Phone, text, email, and web lead systems.
- Insurance portals and clearinghouses.
- Payment systems.
- Review, referral, and marketing platforms.
- Shared drives, templates, and SOP storage.

Access Rules

- Use role-based access when available.
- Remove access promptly when staff leave.
- Do not share passwords casually.
- Keep vendor contacts and support steps documented.
- Know the downtime plan if software is unavailable.

Marketing, Reviews, and Reputation

The office manager may not run all marketing, but they help the patient experience create better marketing.

Reputation Habits

- Ask happy patients or parents for reviews according to office policy.
- Route complaints before they become public frustration.
- Share patient experience themes with leadership.
- Track referral sources and consult conversion.
- Make sure online info is accurate: hours, address, phone, website, services.

Review Ask Script

- 'We are so glad you had a good visit today. If you feel comfortable, a review helps other families know what to expect from our office.'

Community and Referral Partners

Ortho growth often happens through trust built over time.

Referral Relationship Areas

- General dentists and pediatric dentists.
- Schools, sports teams, community events, and local organizations.
- Pediatricians, speech therapists, or other family-focused professionals when appropriate.
- Former patients and parent advocates.
- Online community groups and local business partners.

Manager Support

- Keep referral thank-you processes consistent.
- Track referral source notes.
- Make it easy for partners to contact the office.
- Ensure the patient experience matches the promise made in marketing.

Metrics Dashboard

Numbers should help the office see reality clearly, not create fear.

Metric	What It Shows	Manager Action
New patient inquiries	Marketing and phone demand.	Track response speed and scheduling rate.
Consults scheduled/showed	Pipeline health.	Review confirmations and no-show patterns.
Starts and conversion	Consult effectiveness and readiness.	Review TC support, financial options, and follow-up.
Production/collections	Business performance.	Compare to goals and identify system gaps.
A/R aging	Financial follow-up health.	Assign ownership and review patterns.
Repairs/no-shows	Patient education and schedule friction.	Improve scripts, reminders, and prevention habits.
Reviews/referrals	Patient trust and reputation.	Celebrate wins and address themes.

Reports for the Doctor or Owner

Leadership needs clean facts, not emotional summaries.

Weekly Report Format

- Wins: what improved or went well.
- Risks: schedule, staff, patient, financial, safety, or system concerns.
- Numbers: key metrics and trends.
- People: training progress, coverage, coaching needs.
- Decisions needed: what requires owner/doctor input.
- Next actions: who owns what and by when.

Strong Manager Language

- 'Here is what happened, what we know, what I recommend, and what decision I need from you.'

SOP Library

SOPs help the office run consistently even when the manager is not standing there.

High-Value SOPs to Build First

- Opening and closing routines.
- New patient inquiry and consult scheduling.
- Same-day start readiness.
- No-show and cancellation follow-up.
- Insurance verification and financial handoff.
- Room turnover and sterilization flow overview.
- Lab case tracking.
- Review request workflow.
- Emergency and exposure incident routing.

SOP Rule

- A good SOP is short enough to use, clear enough to train from, and specific enough to reduce guessing.

SOP Template

Use this structure for any office workflow.

Section	What to Write
Purpose	Why this process exists and what problem it prevents.
Owner	Who is responsible for the process and backup coverage.
When Used	Trigger: daily, weekly, new patient, emergency, insurance issue, etc.
Steps	Numbered actions in order. Keep them clear and observable.
Escalation	When to pause and ask the doctor, manager, privacy lead, or clinical lead.
Documentation	Where notes, forms, logs, screenshots, or sign-offs go.
Review Date	How often the SOP is checked and updated.

30/60/90-Day Office Manager Growth Plan

Use this for a new manager or a current manager leveling up.

Phase	Focus	Success Looks Like
Days 1-30	Observe systems, learn software, map roles, review schedule flow, understand compliance basics.	Can explain the patient journey, daily rhythm, key handoffs, and biggest bottlenecks.
Days 31-60	Begin leading huddles, tracking metrics, coaching small issues, documenting SOPs, improving one workflow.	Can bring organized weekly reports and lead routine operations with support.
Days 61-90	Own core rhythms, manage training follow-up, improve schedule/pipeline systems, and present trends to leadership.	Can protect daily operations, escalate appropriately, and recommend system improvements with evidence.

MANAGER MOVE

A manager earns trust through consistency. The goal is not to control everything; it is to make the office easier to trust.

Office Manager Self-Audit

Score each area from 1 to 5, then choose one system to improve first.

Area	Score	Evidence / Notes
Morning huddle and daily readiness	1 2 3 4 5	
Schedule flow and patient handoffs	1 2 3 4 5	
New patient pipeline and consult readiness	1 2 3 4 5	
Insurance, financial, and A/R follow-up	1 2 3 4 5	
Safety, privacy, and scope compliance habits	1 2 3 4 5	
New-hire training and sign-offs	1 2 3 4 5	
SOPs and documentation	1 2 3 4 5	
Owner/doctor reporting rhythm	1 2 3 4 5	

Final Readiness Checklist

A manager is ready when the office can trust their rhythm, judgment, and follow-through.

Manager Readiness

- I can explain the full patient journey from lead to retention.
- I know the daily, weekly, and monthly management rhythms.
- I can identify bottlenecks without blaming first.
- I can coach privately and document clearly.
- I can protect privacy, safety, and scope boundaries.
- I can report clean facts to the doctor/owner.
- I know what to own, support, and escalate.
- I can improve one system at a time without overwhelming the team.

Final Message

- The best office managers create calm without hiding problems, accountability without fear, and systems without making the team feel robotic. They make the practice easier to lead, easier to work in, and easier for patients to trust.

Worksheet: Weekly Manager Report

Use this report to summarize the office without turning every update into a long meeting.

Category	What to Capture	Notes
Wins	What improved, who helped, what patient/team moment deserves recognition.	
Risks	Schedule, staffing, patient, financial, safety, or system concerns.	
Numbers	Consults, starts, collections, A/R, lead response, no-shows, reviews.	
People	Training progress, coverage issues, coaching needs, culture concerns.	
Decisions Needed	What needs doctor/owner approval, policy direction, or budget approval.	
Next Actions	Owner, deadline, and follow-up date.	

Worksheet: Team Coaching Log

Use private, factual notes to keep coaching consistent and fair.

Date	Situation	Standard	Coaching Given	Follow-Up

Worksheet: SOP Build Sheet

Use this page to draft one workflow before adding it to the office SOP library.

Prompt	Office Answer
Workflow name	
Why this workflow matters	
Who owns it	
When it starts	
Step 1	
Step 2	
Step 3	
When to escalate	
Where to document	
Review date	

Source Notes and Professional Disclaimer

Use these sources as anchors for the facts and safety reminders in this guide.

Source Notes

- U.S. Bureau of Labor Statistics: Medical and Health Services Managers - duties, work settings, management responsibilities, and outlook.
- American Association of Orthodontists: orthodontic office staff career pathways and office manager job search language.
- OSHA Dentistry overview: dental workplace hazards, including bloodborne pathogens, chemicals, ergonomics, noise, vibration, and workplace violence.
- CDC Summary of Infection Prevention Practices in Dental Settings: Standard Precautions and basic infection-prevention expectations.
- HHS HIPAA Minimum Necessary Requirement: limiting unnecessary access, use, or disclosure of protected health information.
- DANB State Dental Assisting Requirements: state-specific dental assistant job titles, education pathways, exams, and allowable duties.
- AHRQ Teach-Back: asking patients/families to explain information in their own words to confirm understanding.

Professional Disclaimer

This guide is for education and training support only. It does not replace legal advice, HR advice, OSHA consultation, HIPAA/privacy counsel, state board guidance, payer agreements, employment law, clinical judgment, or written practice policy. Adapt all workflows to the office, state, and supervising doctor/owner.