THE FULLY BOOKED CLINIC

Module 4 of 4

Build Your Marketing Engine

Ads, referrals, follow-up and front desk — the system that keeps the schedule full

IN THIS MODULE

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A 4-part course on getting your clinic found, chosen, and booked

Module 4: Build Your Marketing Engine

By the end of this module you will have a complete marketing system for your clinic — not a pile of random tactics. You will know which two or three services to build your marketing around, how to turn your website and front desk into your two best salespeople, how to run ads without burning money, how to bring back patients you already have, and how to measure it all on one page each month. Modules 1, 2 and 3 covered getting found — on Google Maps, in Google search, and in AI answers. This module is about everything that happens after someone finds you, because that is where most clinics quietly lose the most money.

Lesson 4.1: The clinic marketing engine — why the cheapest new patient is the one you almost lost

Most clinic owners think marketing means "get more people to notice us." So they spend more on ads, more on social media, more on getting found. But picture what actually happens to a new patient, step by step:

1. **They find you** — on Google Maps, in search results, or in an AI answer (that was Modules 1, 2 and 3).
2. **They trust you** — your reviews, your photos, your website convince them you are the right choice.
3. **They book** — they call or click "Book" and actually get an appointment.
4. **They show up** — they do not forget or cancel.
5. **They come back** — for the next checkup, the next treatment session, the next visit.
6. **They refer friends** — they tell people they like about you.

That is your marketing engine. Six steps. Every step leaks a little. Some steps leak a lot.

Here is why this matters in money. Say your dental clinic gets 100 new-patient calls a month, and your front desk books 50 of them. Spend more on ads and push calls to 120, and you get 60 new patients. But train the front desk so 65 of the same 100 calls book — that is 65 new patients for almost nothing. Fixing a leak in the middle of the engine is almost always cheaper than pouring more people in at the top. The same logic runs down the whole chain: a physiotherapy clinic that cuts no-shows, keeps patients finishing their treatment plans, and asks happy patients for referrals can grow steadily without spending another cent on being found.

How to use this idea, step by step:

1. Draw the six steps on paper: found, trusted, booked, showed up, came back, referred.
2. Under each step, write what you honestly know. How many calls a week? How many become appointments? How many no-shows? If you do not know, write "no idea" — that is useful information too.
3. Circle the weakest step. That is where this module will pay off fastest for you.
4. Keep the drawing. It becomes your one-page scorecard in Lesson 4.9.

One rule for this whole module: **never add fuel before fixing leaks.** Ads are fuel. A front desk that books calls, a website that makes booking easy, and reminder messages that bring patients back — those are the engine. Fuel poured into a leaky engine just makes an expensive puddle.

> **Do this now (15 min):** Draw the six steps of the patient journey for your clinic. Under each one, write a real number or "no idea." Circle your weakest step and keep the page — you will need it in Lesson 4.9.

Lesson 4.2: Foundations — know what you sell, and say it in one sentence

Before you spend a single hour or dollar on marketing, you need two things: clarity about which services actually make you money, and one plain sentence that says why someone should choose you. Skip this and every ad, post and page you make will be vague — and vague marketing gets ignored, which means money spent with no new patients to show for it.

Step 1: Find your two or three most profitable services.

Not your busiest — your most profitable. Sit down with the last 12 months and ask: which services bring in the most money per hour of clinic time? Which do you and your team do especially well? Which do patients in your area genuinely want?

For a dental clinic, checkups keep the lights on, but the profit often lives in dental implants, clear aligners (the modern alternative to braces) and cosmetic work. For a physiotherapy clinic, it might be sports injury rehabilitation and recovery programs after surgery, where patients need a full course of visits rather than one session.

Pick two or three. These become the heroes of your marketing. Everything else still exists — you just do not lead with it.

Step 2: Decide who wants those services.

Be specific. "Everyone with teeth" is not an answer. "Adults 35 to 60 who are embarrassed about missing teeth" is an answer. "Local runners who want to get back to sport fast" is an answer. When you know exactly who you are talking to, everything you write gets easier and sharper.

Step 3: Put what makes you different into one sentence.

Use this fill-in-the-blanks formula:

"We help **[who]** get **[result they want]** without **[the thing they dread]**."

Real examples:

- Dental: "We help nervous adults fix their smile with gentle, judgment-free dentistry — and we explain the cost before we start."
- Physio: "We help injured runners get back to running, with a clear week-by-week plan so you always know where you stand."

Test your sentence on a friend who is not in healthcare. If they say "so what?", sharpen it. If they say "oh, that's exactly what my sister needs" — you have it.

Step 4: Use that sentence everywhere.

This is the part clinics skip. Your sentence should appear, word for word or close to it: at the top of your website home page, on your hero service pages, in your social media profiles, in your ads, and in how the

front desk describes the clinic — “Yes, we’re the clinic that helps nervous patients feel comfortable. When would you like to come in?”

Repetition feels boring to you and clear to everyone else. Patients hear it once; you say it a thousand times. That is how it should be.

> **Do this now (20 min):** List your services and mark the two or three that make the most profit per hour. Then write your one sentence using the formula “We help [who] get [result] without [dread].” Read it out loud. If it sounds like something a real person would say, you are done.

Lesson 4.3: Your website is your best salesperson — give it a fair chance

Module 2 covered getting your website found on Google. This lesson is about the ten seconds after someone lands on it — because a visitor who leaves without booking cost you just as much to attract as one who books.

Each service page is a salesperson who works 24 hours a day. Would you hire one who mumbles about what they sell, offers no evidence, refuses to discuss price, and hides the appointment book? That is what most clinic websites do.

The five things every important page needs:

1. **A clear statement of the service, in patient words.** Not "Comprehensive restorative solutions." Say "Dental implants — a fixed, natural-looking replacement for missing teeth." Not "Musculoskeletal rehabilitation." Say "Physiotherapy for back pain that hasn't gone away on its own."
2. **Proof.** Two or three real patient reviews, right on the page. Your qualifications in plain words ("Dr. Chen has placed implants for 15 years"). Before-and-after photos only with the patient's written consent — never without it.
3. **Prices, or at least how pricing works.** Patients leave sites that hide prices, because hidden usually reads as expensive. If exact prices vary, say so honestly: "Implants at our clinic range from $3,000 to $4,500 depending on your case. Your first consultation includes a written quote — no surprises." That one paragraph will often out-sell pages of fancy copy.
4. **An obvious Book button.** Big, high on the page, and repeated further down. "Book an appointment" — not "Submit inquiry." If you offer online booking, the button should open your real calendar. If you do not, it should go to a very short form: name, phone, what they need. Every extra question loses people.
5. **A phone number that works with one tap on a mobile phone.** Most patients will visit your site on their phone. The number should be visible without scrolling, and tapping it should start a call. Open your own site on your phone right now and try it. If tapping the number does nothing, tell whoever manages your website: "Make the phone number tap-to-call." They will know what to do.

How to spot where people give up:

You do not need fancy software to find the leaks.

- Hand your phone to a friend and say: "Book a physio appointment for a sore knee on this site. Talk out loud while you do it." Watch where they hesitate, squint or sigh. Every hesitation is a leak.
- Ask your front desk: "What do callers ask that the website should have answered?" If five people a week ask whether you take their insurance, that answer belongs on the site — and its absence is losing you the people who did not bother to call.

- Test your booking form yourself, on a phone, once a month. Forms silently break more often than anyone expects.

> **Do this now (30 min):** Open your website on your phone. For your top service page, check the five things: clear service, proof, pricing honesty, obvious Book button, tap-to-call number. Write down every miss and send the list to whoever manages your site today.

Lesson 4.4: The phone and the front desk — the highest-leverage marketing asset nobody trains

Here is an uncomfortable truth: many clinics spend thousands getting the phone to ring, and nothing teaching anyone what to say when it does. Every missed call and every caller who "will think about it" is marketing money going into the bin. If you improve only one thing from this module, make it this one.

Step 1: Answer fast.

A new patient with a toothache calls three clinics and books with whoever answers. Aim for three rings during opening hours. If the front desk is often busy with patients, name a backup answerer — a real name, not "someone."

Step 2: Book appointments, don't quote prices.

The most common new-patient call: "Hi, how much is a checkup?" Untrained front desks answer "$120," hear "OK thanks," and the call ends — and the clinic just lost a patient it paid to attract.

Here is a word-for-word script that answers honestly *and* invites a booking:

Caller: "How much is a checkup and clean?"

Front desk: "It's $120, and that includes the exam, the clean and any X-rays if you need them. Are you having any trouble at the moment, or is it just time for a checkup?"

Caller: "Just time, I think."

Front desk: "Perfect — we have Thursday at 2:30 or Saturday morning at 9:00. Which suits you better?"

Notice the shape: answer the question honestly, ask one caring question, then offer two times. Not "would you like to book?" — that invites "no." Two concrete times invite a choice.

The physio version: "A first assessment is $95 and takes 45 minutes — the physio will examine you and give you a clear plan. What's been going on, is it a new injury? … That sounds uncomfortable. We could see you tomorrow at 11:00 or Thursday at 4:00 — which works?"

Print the script. Practice it out loud twice as a team — it feels silly for ten minutes and then it becomes natural.

Step 3: Rescue missed calls with an automatic text-back.

Calls will still be missed — lunchtime, a busy desk, after hours. A person who reaches voicemail usually just calls the next clinic. Many modern phone systems and clinic software tools can automatically text any missed caller:

"Hi, this is Bright Smile Dental — sorry we missed your call! Reply here and we'll get you booked in, or we'll call you back within the hour."

If your setup cannot do this, ask your phone or software provider: “Can we send an automatic text to missed callers?” This one feature can rescue bookings that would otherwise have gone to a competitor, and it works while you sleep.

Step 4: Track how many calls become bookings.

Keep it primitive: a tally sheet at the front desk. One column for “new patient asked about an appointment,” one for “booked.” At the end of the week, divide. If 20 asked and 12 booked, your booking rate is 60 percent. Now you have a number you can improve, and in Lesson 4.9 it goes on your scorecard. Clinics are often shocked the first time they measure this; that shock is worth more than most consultants.

> **Do this now (25 min):** Call your own clinic from a mobile number the team won’t recognize and ask “How much is a checkup?” (or your physio equivalent). Listen to what happens. Then print the script from this lesson, put a tally sheet at the front desk, and set a ten-minute team practice for this week.

Lesson 4.5: Reviews and referrals — word of mouth, by design

Word of mouth is every clinic's best marketing: a referred patient arrives already trusting you, costs you nothing to attract, and says yes to treatment more readily. Yet most clinics leave it entirely to chance. This lesson makes it a system: reviews working for you everywhere, and referrals happening on purpose.

Part 1: Squeeze more value from the reviews you already have.

Module 1 showed you how to collect Google reviews steadily. Do not let them live only on Google. Reuse your best ones:

- **On your website**, on the matching service page. "I was terrified of the dentist and Dr. Chen made me feel completely at ease" belongs on your nervous-patients page.
- **In your ads.** A short real quote beats any slogan: "'Back running eight weeks after my knee surgery.' — Mark T."
- **In the waiting room.** Print three or four great reviews in a simple frame. Patients read them while waiting — and it quietly reminds happy patients that people like them leave reviews, which earns you more.

A privacy rule that protects you: a public review is public, so you may quote it, using the name the reviewer used themselves. But never add anything. Never write "Thanks Sarah — glad the root canal healed!" in a reply or an ad — you must not confirm or add treatment details. And for anything beyond quoting a public review — patient photos, before-and-afters, stories — you need the patient's **written consent**, every time. When in doubt, leave it out. One extra check before a review goes into a paid ad: some countries restrict or ban patient testimonials in health advertising altogether — confirm your profession's advertising rules first.

Two more rules from Module 1 bear repeating in one line: **ask every patient, reward no one** — filtering for happy patients ("review gating") and offering anything in exchange for a review both break Google's rules and put the profile at risk (we covered them in Module 1).

Part 2: Patient referrals — ask, make it easy, say thank you.

Most happy patients would gladly refer; they simply never think of it. Build three small habits:

1. **Ask at the happy moment.** When the aligner treatment finishes, when the runner jogs pain-free — that is the moment to say: "We're so glad. Most of our new patients come from people like you — if you know anyone putting up with the same problem, we'd love to help them too."
2. **Make it easy.** A small card: "Give this to a friend — we'll take great care of them." A person holding a card refers more than a person holding a vague intention.
3. **Say thank you.** A handwritten note or a small token of thanks goes a long way. **Important caution:** in many places, healthcare rules restrict or ban giving rewards for patient referrals — especially anything that looks like paying for patients. Check the rules for your profession and country before offering any discount or gift for referrals. A warm thank-you note is safe everywhere; a "$50 credit per friend" scheme may not be. When unsure, ask your professional association.

Part 3: Professional referrals — the slow, compounding channel.

Think about who meets your ideal patient before you do. For a physio clinic: GPs, orthopedic surgeons, gyms, running clubs, schools. For a dental clinic: GPs, pharmacists, orthodontists. One steady professional referrer can be worth dozens of new patients a year.

The nurturing habit is simple: **one touch per month.** One coffee, one short letter introducing what you do best, one update on a patient they sent (only with that patient's consent to share). Professionals refer to people who make them look good and keep them informed. Be that clinic, consistently, and referrals can compound year after year.

> **Do this now (15 min):** Copy your three best Google reviews. Decide where each one goes: which website page, which frame in the waiting room. Then write down the names of three local professionals who meet your ideal patients, and put "contact one of them" in your calendar for this week.

Lesson 4.6: Paid ads without burning money

Ads are the only part of marketing where you can lose real money fast. They are also the fastest way to grow once your engine is fixed. The order matters: front desk trained, website pages ready, reviews visible — *then* ads. Fuel after leaks.

When Google Ads makes sense for a clinic.

Google Ads shows your clinic at the top of Google when someone searches for what you do, and you pay per click. It works best when two things are true:

1. **You are advertising a high-value service.** If a new implant patient is worth $4,000, paying $150 in ads to win one is a bargain. If a service brings in $80 once, ads will struggle to pay for themselves.
2. **You have enough budget to learn.** Ads need enough clicks to show you what works. If you cannot commit at least several hundred dollars a month for three months, wait — put the money into the free fixes in this module and come back to ads later.

A starter setup, in plain words.

You or whoever sets this up should be able to explain it back to you in exactly these terms:

- **One service, one campaign.** Start with your most profitable service only — "dental implants," not "everything we do."
- **Show up for buying searches.** Your ad appears when locals type things like "dental implants near me" or "dental implant cost [your town]." Avoid vague words like just "dentist" at first — they cost more and bring tire-kickers.
- **Send clicks to the matching page.** Someone who searched for implants must land on your implants page — with the five things from Lesson 4.3 — not your home page.
- **Only show ads to people who can actually come.** Limit ads to realistic driving distance — a radius around the clinic, not the whole region.
- **Only run ads when someone can answer.** Ads at 9pm with voicemail and no text-back means paying to disappoint people. Match ad hours to answering hours, or make sure online booking or the missed-call text from Lesson 4.4 is in place.

The only number that matters: cost per new booked patient.

Clicks do not pay rent. The measure is money spent divided by new patients who actually booked because of the ads. Spent $600 last month, traced 6 booked new patients to the ads? Your cost per new booked patient is $100. Whether that is good depends on what a patient is worth (Lesson 4.9). To trace patients, keep it human: the front desk asks every new patient "How did you hear about us?" and writes it down. Imperfect, but honest and free.

The common ways clinics waste ad money — check these before you spend:

- Clicks sent to the home page instead of the service page.

- Targeting an area far bigger than patients will travel.
- Ads running when nobody answers the phone.
- Never looking at which searches triggered the ads. Ask whoever runs your ads to show you the actual search terms monthly — you will often find money leaking into searches like “free dental care” or “implant courses for dentists,” which you can then block.
- Judging after one week (too soon) or never judging at all (too common).

A short word on Facebook and Instagram ads.

Google catches people already searching. Facebook and Instagram interrupt people who were not. That makes them wrong for “emergency dentist” and right for offers and awareness: a new-patient special, a clear-aligner open evening, a “back to sport” assessment for the physio clinic — shown to people in your area. Use a real photo (with written consent if a patient appears), your one sentence from Lesson 4.2, one clear offer, and a Book button. Start small — a few dollars a day — and keep it only if new booked patients show up in the “how did you hear about us” answers.

> **Do this now (20 min):** Work out what a new patient of your most profitable service is worth to you in the first year. Write it down. Then decide honestly: is the engine ready for fuel — front desk script live, service page has the five things, reviews visible? If yes, sketch your one-service campaign. If no, list what to fix first.

Lesson 4.7: Social media the sustainable way — two hours a week, no more

Social media does not directly fill many appointment books — patients rarely go from a funny post to booking a root canal. What it does is build familiarity and trust, so when someone in your area needs you, they feel like they already know you. That is worth having, but only at a sane cost. The plan below is capped at about two hours a week. If it takes more, you are doing too much.

Step 1: Pick one or two channels — not five.

Go where your patients already are. For most dental, aesthetic and physio clinics that means Facebook and Instagram — one post can go to both. A clinic serving mostly older patients may only need Facebook. Ignore everything else until these feel effortless. A dead account with three posts from last year looks worse than no account at all.

Step 2: Follow a simple weekly recipe.

Four kinds of posts, rotating — you never have to wonder what to post again:

1. **Behind the scenes.** The new coffee machine, the sterilization process explained simply, the clinic dog. Ordinary is interesting when it is real.
2. **Education.** Answer one question patients actually ask. Dental: "Does whitening damage your teeth? Here's the honest answer." Physio: "Three stretches for desk workers with a stiff lower back." Steal topics directly from what callers and patients ask the front desk.
3. **Results — only with written consent.** A before-and-after smile, a patient back on the tennis court. This is powerful and strictly consent-gated: written permission for the specific photos and words, every time. Never post anything that identifies a patient without it, and never share treatment details a patient has not explicitly approved. No consent, no post — no exceptions.
4. **Team moments.** Birthdays, a new hire, the team at a local fun run. Patients choose people, not buildings.

Step 3: Batch it.

One hour on Monday: create and schedule the week's three or four posts (both Facebook and Instagram let you schedule posts in advance). Fifteen minutes, three times during the week: reply to comments and messages. A message asking "do you treat jaw pain?" is a new-patient call in disguise — answer fast and invite them to book. That is the whole two hours.

Step 4: Use local community groups — the quiet channel that outperforms.

Most towns have local Facebook community groups where people constantly ask "Can anyone recommend a dentist?" or "Best physio for a bad back?" Two rules: be genuinely helpful under your own name — answer questions, never spam — and make sure your happiest patients know you appreciate recommendations (Lesson 4.5). A stranger's "We love Bright Smile Dental, they were amazing with my kids"

in a local group is worth more than a month of your own posts. You cannot buy that comment, but you earn it every day in the clinic.

> **Do this now (30 min):** Choose your one or two channels and write the next two weeks of posts using the recipe — that is six to eight short posts. Note which ones need patient consent, and set a repeating one-hour “social batch” slot in your calendar for Mondays.

Lesson 4.8: Email and text — the money hiding in your existing patient list

Here is the cheapest growth available to any established clinic: the patients you already have. They know you, they trust you, and messaging them costs almost nothing. Yet most clinics spend everything chasing strangers while hundreds of past patients quietly drift away. A clinic open five years is usually sitting on a list holding a large amount of unbooked care.

Three ground rules before any message goes out. **Consent**: only message patients who agreed to be contacted, and every message needs an easy way to say "stop" — one reply word for texts, one click for emails. **Privacy**: assume someone else might see the message on a shared phone. "Time for your checkup" is fine; naming a sensitive condition or treatment in a text is not. **Usefulness**: every message should be something a reasonable patient is glad to receive. If it only serves you, do not send it.

Message type 1: Recall reminders — the bread and butter.

Dental checkups, physio review appointments, veterinary vaccinations — anything with a natural return date should trigger a friendly reminder. Word for word:

"Hi Maria, it's Bright Smile Dental. It's been 6 months since your last checkup — time for the next one! Reply YES and we'll text you some times, or call us on 555-0123. Reply STOP to opt out."

Most clinic software can automate these. If yours cannot, a weekly 20-minute session with a list and a phone still works.

Message type 2: Win-back messages for patients not seen in 12+ months.

Pull a list of patients with no visit in over a year. These people did not reject you — life just happened. A warm, no-pressure message can bring a surprising number back:

Dental: "Hi James, it's Bright Smile Dental. We noticed it's been over a year — we'd love to see you for a checkup and make sure everything's still healthy. Reply YES for available times. Reply STOP to opt out."

Physio: "Hi Priya, it's Riverside Physio. It's been a while since your last visit — if that knee (or anything new) has been niggling, we'd be happy to take a look. Reply YES and we'll find you a time. Reply STOP to opt out."

Send these in small weekly batches, not one giant blast, so the front desk can handle the replies well.

Message type 3: Seasonal campaigns — right message, right moment.

- **Insurance benefits expiring:** where patients have yearly dental or physio benefits, remind them late in the year: "Your insurance benefits may reset on 1 January — if you've been meaning to come in, now's the time to use them. Reply YES to book before the rush."
- **Back to school:** kids' checkups, sports mouthguards, posture checks for students.
- **New year:** "back to the gym" injury-prevention assessments for the physio clinic.

One seasonal campaign per quarter is plenty. Email suits longer messages; text suits short nudges with a clear reply action — and gets read far more reliably, so save it for messages that deserve interrupting someone's day.

> **Do this now (30 min):** Ask whoever runs your patient system to pull two lists: patients due or overdue for recall, and patients with no visit in 12+ months who consented to contact. Adapt the win-back message above in your clinic's voice, and schedule the first small batch — 20 to 30 messages — for this week.

Lesson 4.9: Run the engine — your scorecard, your budget, and what a patient is really worth

Everything so far becomes ten times more powerful when you measure it, because measuring shows you exactly where patients and money are slipping away each month. Not with dashboards and software — with one page, once a month, six numbers. This lesson also answers the two questions every clinic owner eventually asks: "How much should I spend?" and "Should I hire someone?"

The one-page monthly scorecard.

Number	How to get it	What it tells you to fix
New-patient calls and inquiries	Front desk tally + form/message count	Low? Fix being found: Modules 1-3, then ads.
Booking rate	Booked ÷ asked (from the tally)	Low? Fix the phone script and answer speed (Lesson 4.4).
No-show rate	Missed ÷ booked appointments	High? Add reminder texts and a friendly confirmation call.
Cost per new patient	Marketing spend ÷ new patients	Rising? Find the leak before adding fuel (Lesson 4.6).
Reviews gained	Count new Google reviews this month	Low? Restart the asking habit from Module 1 — ask everyone, never just happy patients, never for a reward.
Revenue	From your accounting	The result the other five numbers drive.

Fill it in on the first Monday of each month — fifteen minutes once the tally sheet exists. The magic is not any single month; it is watching the direction over three or four months, and always knowing *which* step of the engine to work on next. One weak number = this month's project. That is the whole management system.

Lifetime value — the number that changes how you think.

Lifetime value is simply everything a patient is worth over the years they stay with you, not just the first visit. A dental patient who averages $500 a year across checkups, fillings and the occasional crown, and stays 7 years, is worth about $3,500 — before counting the family and friends they bring. A physio patient whose injury needs 8 sessions at $95 is worth about $760 this year, and more if they return for future niggles.

Why it matters: the clinic that thinks a new patient is worth $120 will never spend $100 to win one — and will be out-marketed by the clinic across town that knows the same patient is worth $3,500. Knowing your

lifetime value lets you spend confidently while competitors hesitate. Calculate it roughly — average yearly value times average years a patient stays. Rough is fine.

Budgets: what clinics typically spend.

There is no magic number, but as a working guide: established clinics wanting steady patient flow typically put around 3 to 5 percent of revenue into marketing, while clinics pushing hard to grow — or starting from zero — often spend closer to 10 percent for a year or two. What matters more than the percentage is the scorecard: if your cost per new patient is comfortably below what a patient is worth, spending more is not a cost — it is buying revenue at a discount.

How to split a small budget when starting out:

1. **First dollars: the free and near-free fixes.** Front desk script, tally sheet, website five things, review habit, missed-call text-back. Highest return you will ever get.
2. **Next dollars: your existing list.** Recall and win-back messages (Lesson 4.8) — tiny cost, immediate revenue.
3. **Remaining dollars: ads on one profitable service** (Lesson 4.6) — only once the first two layers are working.

Do it yourself or hire help?

Do it yourself while the tasks are the ones in this course — they need your knowledge of your patients more than technical skill, and doing them once teaches you what good looks like. Hire when a task is genuinely technical (running ad campaigns well takes real ongoing skill), or when the hours cost you more than the fee — an owner-dentist's chair time is usually worth more per hour than an agency's monthly fee.

The exact questions to ask any agency before paying them:

1. "Will I own and have full access to my own website, Google profile and ad accounts — even if I leave?" (The only acceptable answer is yes. Walk away otherwise.)
2. "How will you measure success? I care about new booked patients and cost per new patient — not clicks or impressions." (An "impression" just means your ad appeared on someone's screen. Agencies love the word because the number is always big — and it pays you nothing.)
3. "Can I speak to a clinic like mine that you've worked with for over a year?"
4. "What exactly will you do each month, and what will you need from us?"
5. "What does the report I get each month look like? Show me a real one."
6. "How long is the contract, and what does leaving look like?"

And one red flag that ends the conversation: anyone who "guarantees" you the number one spot on Google is guessing or lying — no honest provider can promise that.

Your 90-day marketing plan — at 3 to 5 hours a week.

- **Month 1 — Fix the engine.** Journey sketch and scorecard started. Front desk script live. Tally sheet running. Website five-things fixes requested. Missed-call text-back on. One sentence on the home page.
- **Month 2 — Switch on the always-on layers.** Best reviews on the website and in the waiting room. First win-back batch sent, recall reminders automated. Social recipe running at two hours a week. First referral coffee. Second scorecard — compare to Month 1.
- **Month 3 — Add fuel where it pays.** If the booking rate is healthy and pages are ready, launch the one-service ad campaign, small. Send a seasonal campaign. Third referrer coffee. Review the scorecard — cost per new patient versus lifetime value — and decide what gets more money and time next quarter, and what gets dropped.

> **Do this now (40 min):** Create your one-page scorecard with the six numbers and fill in whatever you know today — gaps and all. Then do the rough lifetime value sum for your clinic: average yearly value times average years a patient stays. Write that number at the top of the scorecard. It will change how you feel about every marketing decision you make from now on.

Common mistakes that cost clinics patients

Buying ads before fixing the phone. Paying to make the phone ring while half the calls go unbooked is the most expensive mistake in clinic marketing. Fix the front desk first — it multiplies everything else.

Quoting prices instead of booking appointments. "It's $120" — "OK thanks" — click. Answer honestly, ask one caring question, offer two times (Lesson 4.4).

A website with no obvious way to book. If a visitor on a phone cannot see a Book button and a tap-to-call number within seconds, many simply leave and call the next clinic.

Spending everything on strangers and nothing on existing patients. Your past-patient list is the cheapest revenue you have. Clinics that never send recalls or win-back messages leave their easiest money on the table.

Measuring clicks and likes instead of booked patients. The only marketing numbers that pay wages are new booked patients and what each one cost. Anyone reporting success in clicks is measuring the wrong thing.

Trying every channel at once. Five half-done channels lose to two done well. Pick, focus, and only add more when the current ones run on habit.

Using patient photos or stories without written consent. It can breach privacy law and destroy trust. Written consent, specific to the exact photo or story, every time — and never confirm someone is a patient in a public reply.

Cherry-picking or rewarding reviewers. Asking only patients you know are happy ("review gating") and offering anything in exchange for reviews are both against Google's rules — reviews can be removed and the profile put at risk. Ask everyone, reward no one.

Signing a long agency contract without asking who owns the accounts. Clinics have lost their own website, reviews profile and ad history by leaving the wrong contract. Ask the ownership question first, in writing.

Your Module 4 checklist

- ☐ Sketched the six-step patient journey and circled our weakest step
- ☐ Chosen our 2-3 most profitable services and who wants them
- ☐ Written our one-sentence difference and placed it on the website home page
- ☐ Checked our top service pages for the five things: clear service, proof, pricing honesty, Book button, tap-to-call number
- ☐ Tested booking on a phone with a fresh pair of eyes and fixed the leaks
- ☐ Printed the front desk phone script and practiced it as a team
- ☐ Started the call tally sheet (asked vs. booked)
- ☐ Switched on automatic text-back for missed calls (or asked our provider for it)
- ☐ Placed our three best reviews on the website and in the waiting room
- ☐ Checked local rules before offering any referral reward; thank-you habit in place
- ☐ Listed three professional referrers and booked the first coffee
- ☐ Sent the first win-back batch to patients not seen in 12+ months
- ☐ Set the two-hour weekly social media recipe (or consciously decided to skip social for now)
- ☐ Worked out our rough lifetime value of a patient
- ☐ Built the one-page monthly scorecard and put a monthly reminder in the calendar
- ☐ Decided: ads now, or fix leaks first — and written down why

Your 30-day action plan

Week 1: See the whole engine

Sketch the six-step patient journey and fill in real numbers where you have them. Start the front desk tally sheet on Monday — you need a full week of honest data. Mystery-shop your own clinic: call and ask "how much?", and try to book through the website on a phone. Write your one-sentence difference. About 3 hours.

Week 2: Fix the two biggest leaks

Train the phone script: print it, role-play it twice as a team, put it by the phone. Send your website fix list (the five things from Lesson 4.3) to whoever manages the site — tap-to-call number and Book button first. Ask your provider to switch on missed-call text-back. About 4 hours.

Week 3: Turn on the always-on layers

Place your three best reviews on the website and print them for the waiting room. Pull the two patient lists — recalls due and 12+ months lapsed — and send the first small win-back batch, with the front desk briefed to handle replies. Draft and schedule two weeks of social posts using the four-part recipe. About 4 hours.

Week 4: Measure, and choose your next move

Build the one-page scorecard and fill it in with your first real week of tally data. Do the lifetime value sum and write it at the top. Have your first professional-referral coffee. Then make one deliberate decision for next month: if the booking rate and website are healthy, plan the one-service ad campaign; if not, name the leak you will fix instead. Put the Month 2 items from the 90-day plan in your calendar. About 3 hours.

You now have all four modules: found on the map, found on Google, recommended by AI, and an engine that turns that attention into a full schedule. Run the scorecard every month, fix the weakest number, and a full schedule stops being luck and starts being a system.