

# Oral Surgery Referral Conversion Playbook

A referral-conversion playbook for oral surgery and implant centers that want better consult readiness, cleaner referral handoff, and stronger trust after the patient leaves the referring office.

Oral surgeons, implant-center operators, referral coordinators, and office managers

## GUIDE

A referral-conversion playbook for oral surgery and implant centers that want better consult readiness, cleaner referral handoff, and stronger trust after the patient leaves the referring office.

## WHAT THIS ASSET COVERS

- A referral-source map for general dentists, orthodontists, periodontists, and patient self-referrals
- A surgical-intent framework for extractions, implants, sedation, and second-opinion consults
- A post-consult follow-up loop that reduces drift after diagnosis or treatment planning

## USE THIS WHEN

1. Referral volume is healthy but consult conversion is inconsistent
2. Patients drop off between referral, consult, and treatment scheduling
3. The practice wants a cleaner public answer and follow-up layer around surgical trust

## WORKING ASSET

## WHY THIS EXISTS

Referral volume is not the same as conversion quality. Once the patient leaves the referring office, fear, confusion, and delay can still break the path to consult and treatment.

## REFERRAL SOURCE MAP

Separate referrals into lanes:

- general dentist
- orthodontist

- periodontist
- self-referral after prior diagnosis
- second-opinion or failed-treatment inquiry

Each lane usually needs different trust reinforcement and different next-step language.

## **SURGICAL INTENT SIGNALS**

Patients move faster when the practice can identify:

- urgency vs. elective timing
- pain/fear level
- sedation concern
- implant motivation
- prior failed treatment or complex history

Those signals should shape both the public answers and the first follow-up sequence.

## **POST-CONSULT FOLLOW-UP**

Use a structured follow-up stack:

1. same-day consult summary
2. next-step confidence message within 24 hours
3. unresolved-question follow-up within 3 business days
4. treatment-delay rescue sequence for high-intent cases

Every follow-up should reduce one specific fear: pain, trust, cost, recovery, or confusion.

## **REVIEW LOOP**

Review monthly:

- referral source quality
- consult-to-treatment conversion
- stalled cases by fear type
- which proof blocks helped the most
- which sources need better referral handoff materials

## **OPERATING NOTES**

- Referral trust transfers partially, not completely.
- The practice still has to earn the patient decision.
- Great oral-surgery conversion feels calm, precise, and professionally reassuring.

## DEPLOYMENT NOTES

### HOW STRONG TEAMS ACTUALLY USE THIS ASSET

- Assign one accountable owner instead of letting "Oral Surgery Referral Conversion Playbook" become shared but unmanaged work.
- Use it with oral surgeons, implant-center operators, referral coordinators, and office managers in a weekly rhythm so the asset drives decisions rather than sitting in a folder.
- Decide in advance what counts as green, watch, and red performance so the team knows when to escalate.
- Capture learnings directly in the document every week so the asset becomes smarter over time instead of resetting to zero.

### BEST DEPLOYMENT SEQUENCE

- Referral volume is healthy but consult conversion is inconsistent
- Patients drop off between referral, consult, and treatment scheduling
- The practice wants a cleaner public answer and follow-up layer around surgical trust

### WHAT SEPARATES A SERIOUS VERSION FROM A BASIC TEMPLATE

- Clear ownership for every step, not generic advice without accountability.
- Targets, thresholds, or decision rules that tell the team what good looks like.
- Specific working components: A referral-source map for general dentists, orthodontists, periodontists, and patient self-referrals, A surgical-intent framework for extractions, implants, sedation, and second-opinion consults, A post-consult follow-up loop that reduces drift after diagnosis or treatment planning.
- A built-in review cadence so the document becomes part of operations rather than a one-time download.