



Guide to Case Presentation

Revised May 2026

Contents

Introduction	3
The Basic Steps	3
Step 1: Engaging the Patient	4
Step 2: Educating the Patient.....	5
Step 3: Explaining the Consequences.....	5
Step 4: Dealing with Objections	6
Step 5: Closing	7
Summary.....	9

Introduction

Improved case presentation can have an immediate effect on your practice. The average case acceptance in general practices is less than 30%. Though it is not possible to get every patient to accept treatment, even a small increase in patient acceptance by one or two patients per week will increase practice production and increasing patient acceptance by 5-10% is generally very doable.

The cost associated with getting patients to accept more treatment is \$0. The goal is to simply capture a few more patients who are already coming into the practice. This is a very efficient way to increase both production and profit.

The steps provided here for case presentation are based on many years of observation of highly successful consultation and case presentation procedures. In one form or another, these steps were the common denominators in practices where case acceptance was consistently above average. Implementing these steps requires practice, but Doctors, Assistants, Hygienists, Treatment Coordinators, and any other staff involved in case presentation can use these steps to make a big difference in generating higher production.

The Basic Steps

1. Engage the patient with excellent communication
2. Educate the patient so they see their dental issue as an *unwanted* condition
3. Explain the consequences of non-treatment
4. Manage patient objections
5. Close

Each of the above steps should be completed in sequence. If you don't get the desired result from a particular step, don't proceed until you do. There is a specific result that should be achieved for each step, and they build on one another.

As the Treatment Coordinator, once a patient understands a step, you should move on to the next one. It is important not to overexplain points that the patient already understands. Belaboring a point may cause a patient to become annoyed or tune out the rest of your points.

Step 1: Engaging the Patient

The very first step to engaging a patient is ensuring that they are ready to listen. This is important throughout the process. If the patient is distracted by their phone or is otherwise not yet ready to listen, get their attention by

- Using good eye contact
- Asking if they are ready
- Giving them a big “hello” and shaking their hand

When a patient talks with you freely, it’s a sign of openness and receptiveness, and this level of openness is key throughout the presentation.

Do what you can to get the patient talking to you.

- Ask the patient questions about themselves.
- Have them tell you why they have come in.
- If they provide a brief explanation to a question, ask a follow up question to learn more.

Be prepared with questions that will elicit responses. Try to avoid asking Yes/No questions, as they will likely not provide the patient with opportunities to speak in detail. Open-ended questions are the way to keep the patient engaged.

It is also highly important that you give the patient your complete attention. If you are distracted, preoccupied, allow interruptions, or feel rushed, this will likely make the patient uncomfortable and hesitant to provide deeper answers. To help you stay interested in the conversation and keep the patient engaged, here are some tips to remember:

- Find out something about the patient that you find interesting.
- Ask them questions to find out more about it.
- Do not talk about yourself.
- Give the patient your entire focus.
- Do not discuss fees prematurely. If a questions about fees comes up early in the process, politely defer using the following example:

Patient: “I think what you are talking about is going to cost me more than I can afford.”

Presenter: “Thanks for telling me that concern. I am going to be sure that any questions about that are handled. We have a great team here that can go over that with you. For the moment, let’s first take a look at what might be needed. I want to be sure it’s really clear. OK?”

Simply let the person know that you heard their concern and that you will definitely address it. But discussion of money prior to the patient perceiving the full value of the treatment will likely decrease their chances of accepting treatment. Once you can see that the patient is engaged in communication with you, you can move on to educating them.

Step 2: Educating the Patient

You want to educate the patient to see their dental issue as an *unwanted* condition. If the patient sees the condition as unwanted, they recognize and accept that it is a condition they don't want and that they want to resolve. However, if they feel that the condition you are describing is something they might be better off without, then they may perceive it as something that could be put off rather than something unwanted.

A patient might even understand that the procedure is something they *need*, but there's a big difference between need and want. "Want" is an emotional feeling that they need to experience in this step.

Here are some tips to ensure that you're educating the patient to see their condition as unwanted:

- Keep it simple. A big mistake that presenters make is talking too much. The objective is to make the unwanted condition real for the patient. This doesn't require excessive clinical explanation.
- Don't ask them if they understand the condition. It's too easy for them to say "Yes" even if it isn't accurate. Avoid Yes/No questions.

How will you know when the customer understands?

Ask open-ended questions that will get them to describe the condition or problem. For example:

- "What are your thoughts about this?"
- "How would you describe this in your own words?"
- Pointing to something on their radiographs and directing their attention to it: "Can you tell me why this is something that has to be addressed?"
- "What's your concept of this issue on the X-ray?"
- "What's your feeling about what I have been telling you?"
- "How would you describe this in your own words?" (Be careful not to make the patient feel like you are testing them. This is just to ensure you have provided them with enough understanding.)

Once the patient clearly understands and accepts that there is a condition that they don't want to have, you can move on to explaining the consequences.

Step 3: Explaining the Consequences

Educate the patient on all of the following points for the consequences of non-treatment of their condition.

1. The potential problems that can develop if the patient opts out of your treatment plan

If these possible issues aren't made clear to the patient, they will be less likely to take action and begin

treatment. This step increases the patient's understood level of necessity and urgency to take action.

2. The progressive nature of the condition

When you present treatment, you must be fully familiar with the negative effects of not proceeding as suggested and make those effects clear for the patient. There are many effects that can be described and shown to the patient to further increase perception of value and the importance of taking action.

For example, if a patient is prescribed a treatment of one or multiple implants, consequences of non-treatment that you'd express to the patient might include the following:

- Continued bone loss, thus making it more difficult or impossible to receive treatment later
- Reduced longevity of teeth
- Potentially shorter life span for edentulous patients (as studies have shown)
- Substandard dental hygiene
- Damage or precipitating problems in areas surrounding the problem area
- Cosmetic effects to face when teeth are missing

In this step, the presenter should encourage the patient to talk about the consequences. If asked to describe what could occur as a consequence of not carrying out treatment, the patient will better internalize the information.

Up until the final step, the patient may have objections to the treatment that can be properly answered and resolved.

Step 4: Dealing with Objections

Step 1 is critical to navigating objections. If this step hasn't been done well, the patient will be far less likely to communicate their concerns. A patient's *unspoken objections* are the most dangerous objections because if the patient is unwilling to vocalize their concerns, then they cannot be addressed or resolved. Unresolved concerns will prevent the patient from taking action right away, if at all.

It's important to note that asking questions such as "Do you have any concerns about getting started?", "Do you have any questions for me?", or other "yes/no" questions won't usually work. Patients won't freely admit that they don't understand what you just told them. This further demonstrates the importance of properly educating the patient in Step 2.

When the patient tells you a concern they have, the first thing you must always do is let them know they have been heard. For example:

Patient Concern	Correct Response
"I'm really concerned about the cost associated with this."	"I really do understand your concerns."
"I heard that implants don't always hold and can lead to many other problems."	"Thanks for letting me know how you feel. I can see why that would be real concern."
"I see all the expensive cars in the doctor's parking outside. You guys must be the high end players in this business!"	"Glad you said that! Our fees are actually right in the middle as far as this type of treatment in the Orlando area."

A simple acknowledgement can be very powerful in addressing a concern. Once this is done, the communication channel between the presenter and the patient will widen, and communication will flow back and forth more easily.

Remember, let them know that you have heard their concern *first*, and then address what they've said. Never defend or refute what they say. Simply accept it with a good acknowledgement, then discuss their concern.

Step 5: Closing

Closing is the main goal of this interaction. All of the steps 1-4 lead up to the outcome of patient scheduling and starting treatment.

Closing is the action of scheduling and accepting a deposit on the procedure. In order to close, a patient must go beyond stating that they are going to do the treatment soon—they must agree to do the recommended treatment and *take action*.

There are two major errors that often occur in this step:

Problem #1: The presenter tries to gently nudge the person to take action instead of being direct.

For example, they may say "Well, OK. That's what you need to do, are you ready to get started?" The better approach would be "OK, let's get you started on this. I can have Mary get you scheduled right away." The Treatment Coordinator must take a direct and assumptive approach.

Patient Concern	Incorrect Response	Correct Response
“I think I need to take care of this.”	“It would be the best option for you. Do you need to think about it?”	“Yes, you are going to be very happy with this! I’m going to get you scheduled right now!”
“This is a lot of money for me, but it’s probably the right thing to do.”	“I know it’s a lot of money. Would you like to give it some thought and let me know?”	“I’m glad you see the value in this!” Let’s look at the schedule and see what day we can do this next week.”

Problem #2: The presenter keeps talking about and selling the treatment even after the patient has agreed to start.

Once the patient has made a decision to move forward, do not introduce anything further. Only direct them to the next step in the process—scheduling the treatment.

By doing anything else, you introduce more conversation and time for the patient to think, and it’s very easy for them to start second guessing their decision. You simply want to confirm that they have made the correct move, validate what they have decided, and smoothly direct them to the scheduler.

Patient Concern	Incorrect Response	Correct Response
“OK. Let’s just do it.”	<ul style="list-style-type: none"> • “Yes. We can start by doing this procedure first. Then you are going to have to wait a few months and we can do...” • “If you want to speak with your wife about this, that’s fine. You can always just give us a call.” • “Good. I know it’s a lot of money, but I think you are going to be happy.” 	<ul style="list-style-type: none"> • “That’s great! I am going to have Helen come in and schedule you. I look forward to seeing you later this week!” • “Good decision! Come with me and our scheduling coordinator will find a time that works for you.” • “Great. Glad you are moving ahead. You can stay right here and Sue will come in and show you exactly how to get started!”

Summary

These steps take practice, but when used properly, you will see a noticeable difference in your closing success. It's best to break down each step and practice them so that they become a natural piece of each interaction.