



Segment Two - Role Playing and the First Domino "What Options Have You Considered?"

So we're going to talk about the four-minute social rule, buying signals and objections, how to ask the right open-ended question, things like that. So we're going to have Andrea to be mom. You'll be TC, and you'll be child. So, now she's going to bury some objections in her ad, and it's your job as TC to get those out of her, same thing with the child as well.

Hi. I'm Jasmine.

Hi. It's nice to meet you.

Nice to meet you, and you must be Blake.

Yeah. Nice to meet you.

Awesome. So what brings you guys in today?

We went to the dentist and he's concerned about a crossbite that Blake has. I'm not really sure what that is, but he said it was time to come.

So Blake, tell me a little bit about yourself. What do you like to do for fun? Anything you play in school?

Yeah. So, I like to play golf. I'm on the golf team. I'm already in high school. Not quite good enough for the varsity team. I'm on the junior varsity team there and that's about it.

So he says he plays sports, then you can say, "So you're here for braces, obviously. What have you guys heard about braces?"

So you're here for braces, obviously. What have you heard about braces? How do you feel about them?

I talked to some of my friends that have them, and they said they hurt.

So that's what your concern about is, if they're going to hurt.

Yeah. That's my biggest concern.

And mom, what is your biggest concern as far as braces and everything goes?

Well, it has to cost a lot to come here, I'm sure. This place is really nice. So I'm sure it's going to cost me a pretty penny. I don't know that I can even afford that.

Got you--

So at that point, you can say, "Sounds like you have some concerns about how it's going to feel, and so would that be something that you want to talk to Dr. Borello about when he comes in today?"

That's good. I don't know. I never said that before.

That's okay.

Yeah, that's what this is-- you're learning new things [crosstalk].

That's what this is for.

So, yes, my biggest concern is just the pain. As I said earlier, because some of my friends have braces and they said it really hurts.

So that's probably something that you want to talk to Dr. Borello about, and he can probably make you feel a little bit better about the situation.

Yeah. Dr. Borello sounds like a really cool guy.

He sure is.

Terrific [laughter].

What's mom supposed to say about that?

And then mom, it sounds like you're concerned about costing. So before you leave today, we'll go over everything as far as what your insurance covers and everything like that. We'll have Dr. Borello do a quick exam and watch what he'll recommend.



Perfect.

I would say kind of like an open ended so she has to say yes at that point. So I like what you said, but then I would say, "As long as we can make sure that everything is going to be comfortable, free financially, and comfortable for you with braces, how does that sound? Are you guys ready to get started and move forward?" Just something like that. Just a little bit open-ended so that they'd say yes to you because you want to get them starting to say yes.

Perfect.

Yes is the key word.

Yes is always what it is.

Awesome.

Nope. We're going to go all the way back. So you want to talk to mom about what her concerns are, and when you have her concerns, you want to address it. But then you just want to say, "It sounds like cost might be an issue for you, but as long as we can make sure it's going to fit into your budget and it's going to be comfortable for you, how does that sound to you? Are you ready to move forward?"

Awesome. So it sounds like cost is something that is a big concern to you. So if we can make everything work to where it fits into your budget, does that sound like something that would work for you?

Of course. Yes [chuckles].

Of course and yes?

Yes.

Same thing. I like it.

Awesome, awesome.

Confirmed. It goes right off [laughter].

Copy that.

So now you have some buying signals. You have some objections. We've worried about how they're going to feel. We're worried about cost, and you need to figure out why they do want braces though as well. So you need to figure out-- they're obviously here for a reason. "So it sounds like, Mom, you want to do what's best for Blake." You might say, "What do you feel like is the best option for you guys?"

In regards to treatment?

Mm-hmm.

Okay, versus braces versus--

And have you considered your options? So as long as you've addressed concerns with both - which you have. Those are your objections - then you want to figure out some buying signals. So you can say, "What options have you guys considered?" So you want to do a little leg work before doctor comes in, so that way, he doesn't have to do all of this all over again, because we want to keep his time in there short and sweet and to the point. So that's what you're for, is to make sure that you're finding all of those things for him before he comes in.

Awesome. So have you guys explored any options as far as treatment goes for Blake or--?

Not really. I just want whatever he wants. I want whatever he'll do and cooperate with, because he is a teenage boy. So that's another concern I have too, is him following through and being compliant.

So do you think the next step will be to ask him like what he will feel comfortable with?

Yeah.

Okay. Have you looked into anything as far as braces or like Invisalign?

I really don't know much about it all. My main concern is my buddy's telling me it's going to hurt. I don't want it to hurt. We'll talk with Dr. Borello about it [crosstalk].

Yeah.



He'll go over some of the different treatment options available for you and what's going to fit your specific needs.

Yeah, you can always just say, "Well, it sounds like we're not exactly sure what we want as far as the options go, but we do want to make sure that it's going to be comfortable for you. And with your permission, it's okay if Dr. Borello goes over the option that he feels is going to be best for Blake."

So whenever the doctor comes in, like I try to keep him from going over the options too much, because then I feel like he's in there too long going over the different ones. So it's his goal to tell them his number one recommendation. Like I would choose braces versus Invisalign. Is it okay if he says something like-- and Andrea is going to go over the two options with you and answer all your questions?

I wouldn't. Because that's one of the reasons why they're probably are bouncing from office to office to office.

Okay.

And why they probably land in your office, is they want to know exactly what they're going need. They feel like you're with the white coat. You know, and you have the diploma on the wall. They just want to know what is best, and that's why they came to you. So I wouldn't let them leave thinking more than one option. They've got to hone in on that one option to figure out what it's going to be. So it's not like, "Oh well, you could do clear braces. You could do Invisalign, or you could do metal."

No--

It's just like, "All right. We're going to decide right now and right here. So no, you shouldn't have to go over any more options after he leaves the room. The whole point is so that we know exactly what we're doing when he leave the room so you can just close.

Okay, but not braces versus Invisalign, like metal versus clear. Does that make sense? Because in our office, they're the same price. So it's really not upsell. Does that make sense?

It does.

So he normally says they can have either one, but then he gets into both of them, and I feel like if he would just say braces is the best item, then I can go into whether you want metal or clear does that make sense?

It does.

Because I feel like it's too wordy for him to go into all that and then he's in there another five minutes explaining the difference.

While the kids trying on the side, yeah.

Right.

How can we head that off where he's not spending a lot of time. You've seen any [crosstalk]?

I would just ask them. I would say, "Do you want a clear option? It's a little bit more aesthetic, or would you like the metal ones where you can do the colors?" And then that way they're just picking them. You don't have to go into like, "All ceramic, and clear braces do this, and all metals better because of this." Just ask them which one they want because they'll tell you if you just ask them. If you were to say, "Well--"

And that's what he typically does. But sometimes they asked more questions about that, and I feel like--

Oh, looking at it like, "Yeah, what's the difference again?"

And then I feel like he's in there an extra five to six minutes all over clear versus metal. I'm like, "Oh, gosh."

So again, I think it's just keeping it short and sweet and to the point, and almost being a broken record to them. So if they're like, "What is the difference?" I would just say, "There's little difference between the function of them. It's just more how they look. So are you wanting more of the clear option, more an aesthetic option, or do you want the metal braces with colors?" And so that way, again, you're almost saying the same thing again, but you're still giving them those two options and still bringing them to the table. It's not like, "Well, ceramic braces do da-da-da-da for you," or you know what I mean? It's just short, sweet, to the point, two options. Pick one, and then we can move on to the next domino. Because that is one of the first things that we'll talk about. So that's why you want to have an objection and a buying signal to present to the doctor so that you can re-state the objection and the buying signals when you come back into the office with the doctor for the next step.



So are we going to just go over it in there, the objections and the buying signals, or is the TC actually going to tell it to me out in the clinic after I finish with the patients that I'm seeing for the adjustments before I go in? How many times are they going over those with me?

That's a great question. So you're going to state it once while we're in the clinic and then once again in front of the parent when we come into the TC room.

All right. So what you've seen is what's called the four-minute rule, and what we're doing in this scenario and letting these people role play as a TC and as a mom and as Dr. Borello being nice, playing the patient, is giving them a chance to ask open-ended questions to the parent and the patient. So, if you look at what most doctors do, you look at the Mayo Clinic study, most doctors will interrupt the patient every 16 seconds. So Mayo Clinic did a study and they put the doctor, and they were watching with secret cameras, the doctor would say something and the patient would start to talk and within 16 seconds the doctor would re-interrupt because they want to teach and give information. In this scenario, what we're really doing is asking the right questions so that mom and the patient can actually tell you exactly what they want.

So brilliant questions are, "I'm curious what have you heard about braces?" And we've heard that he's what? He's really nervous about if they're going to hurt or not. If we ask mom, I'm curious, have you considered your options? She says, "Whatever he's going to wear." So, now we know mom actually has a consideration of compliance. When we bring those back to the doctor now, he can actually comment and she can comment and say, "Here's what this mom needs to have a successful relationship with you." She needs to know that you're going to give her kid something that he can actually wear and comply with. So, Invisalign might not be the best option for him. She's giving you a big hint. He's also giving you a big hint and he says, "I'm really afraid these are going to hurt."

So, we pretend like we're rubber and the patients are glue and we keep bouncing back to them and let them say, "Well, I'm curious, tell me more about why are you so nervous about whether they hurt?" And he says, "Well, my friends tell me they hurt." And I say, "Okay, here's"-- and if you give them a little bit of data. You can say, "Well, in our office, we survey patients. And on a scale of one to ten, they say it's usually a two or three for a few days, like a new pair of shoes." So, if we make sure they're comfortable - and I'll talk to Dr. Borello - if we make sure they're comfortable, would that be something you want to make sure, that he wants to address? And he's going to go, "Yeah, I want to make sure he talks about how they're not going to hurt."

What we do when we do this is we get a big shortcut to helping mom say yes, right? But here's what most doctors do. They come in the room, or the TC comes into the room, and they just go through their spiel.

They've done this a thousand times and they start talking about, "Well, here's metal braces. Here's clear braces, and here's Invisalign, and here's pictures of our patients, and here's our x-ray machine." And they talk about all these things. And really, mom just wants to know is he going to wear it? Is he going to be a good patient? And he wants to know is it going to hurt? So we've actually got a bypass. We don't have to talk about the current beam. We don't have to talk about all the different bells and whistles in the office. We've got to make sure when the doctor comes in, he talks to the patient about pain. And before we leave, we talk to you about what we're going to give him, sets him on a path where all you got to do is show up and we do all the rest of the work. Does that make sense? So we get to bypass all these things psychologically that trigger mom to say yes. It's very, very powerful.

So in this segment, what you want to do is spend about four minutes. What we see a lot of doctors and TCs doing is spending far too little or far too long. They come in and go through almost a scripted spiel of their practice, or they spend 20 minutes talking about Invisalign when all mom wants to know is if it's going to work for him. And she's going, "There's no way he's going to wear these things." right? So you've got to bypass all of that. So in this segment, about four minutes, open-ended questions. You guys did a great job by the way. So nice work.

We're going to the next segment now is actually you transferring all of those pieces of data to the doctor in front of the mom. Because it's important that the doctor knows and we'll tell him outside of the room. "Hey mom's really-- yeah, price is an issue." He's nervous it's going to hurt. But when we come back inside the room, we don't tell them that in front of the doctor. What the mom can do is the minute he leaves, she can go right back to those objections and use them against you and say, "I got to think about it," right? So, we want to address them in front of the ultimate authority. It's not fair that he gets to be the ultimate authority, but that's just the way it is. When he walks in with the white coat, if mom says, "Yup. I'm concerned he's not going to wear Invisalign." Mom has doubled down like Ashley said. She said, "This is an issue." And we don't know why yet, but there's probably a reason why. Mom either lost her retainer in her life and had teeth shift, or she had a previous kid in treatment that didn't wear appliances, or some reason why mom is very nervous about him being a teenage boy and taking the money that she's going to spend on him, and flushing it down the toilet. So we got to address that with mom, but we got to say it in front of the doctor too, right?

So the next step, we're going to have you guys role play passing off. We call it the pass off. It's taking that information and giving it to the doctor in front of mom. Even if you've done it outside the room, I want you to do it again in front of mom, cues him up for what he needs to talk to the patient about as well, right? So in this scenario, we'll switch. You don't need to be Billy anymore, or Blakey. You get to be Dr. Borello. And then who wants to be TC?



I can be TC.

You can be TC. And then you get to be mom, and then you can just provide some feedback.

Sure.

Or you can be the patient. We'll make you the patient.

Okay, that sounds good.

So, you're still concerned about pain.

Sure.

We're just transferring your objection to her. And what we want to do is - in front of mom - you want to restate to Dr. Borello that we're concerned about her not wearing it, and she's concerned about these things hurting, And we're going to get all the way up to the first domino - if you haven't gotten there - which is, have you considered your options. We can't talk about price. We can't talk about how long. We can't talk about financing until we decide what we're going to do. So how many patients have you had come into the office, and you talk for 20 minutes about Invisalign or clear braces, and all they want to know is if this clicking and popping is going to go away, right? They're like, "You never asked me about my jaw joint pain." If you don't address that objection, they walk out confused and, frankly, probably a little pissed off that you didn't give them a chance to talk about what they wanted to talk about.

So, in this scenario, we're going all the way up to Dr. Borello being to the point where he's comfortable with, have you considered your options? And if for spending too much time, a lot of doctors have too much time on one option, right? They're hung up on Insignia or Sure Smile. They're hung up on Invisalign and they spend too much time talking about the benefits of some appliance. We want to shortcut your trust and authority. So if you notice we're spending four or five minutes on the difference between clear and metal brackets, I usually say something like-- with your permission, I say - slang almost - I grew up in Appalachia, so I got kind of a hillbilly. So I talk the way I'm talking". I say like, and I say um, and I say uh. I'll say, "There's lots of ways to skin this cat. With your permission, can I tell you the way that I would do it if it was my kid?" And you go right-- you don't even have to talk about clear, right? "I think, frankly, metal is going to be best for you." Most parents would say, "Yeah, I trust your opinion."

So you don't have to spend so much time. If they want a little bit of data, that first part we spend - the first four minutes - guess what else we're supposed to be doing while we're talking to mom for four minutes?

We're going to put mom into a category. Does mom need a lot of data? Is mom a fact finder? Does mom quick start? Did mom roll into the TC room three minutes late, but she thinks she's on time? Did mom come 15 minutes early, and the paperwork is all filled out as if a typewriter had typed it but it's her handwriting? And she's meticulous and she's got records and everything's perfect? You got to give her a lot more information. So if you can start to categorize how that patient needs data from you, you can then use it in the TC room. So we'll go from here in the four-minute segment. We're going to go all the way up into, "Have you considered your options?," which is the first domino. You guys have any questions on leading up to that point?

I don't think so.

I have questions for as soon as we get into the TC room. I feel like Andrea will always introduce me to the child and to the parent, and then I immediately start talking. I feel like this is probably what happens across the board, like the [?] we talked about is, I just start asking them those open-ended questions that Andrea and Jasmine did four or five minutes prior [chuckles]. So I don't open it up enough for the briefing aspect of the TC to be able to talk to me first. I'm terrible at remembering names so it's the first thing I do when I get in there, is I want to try to get the--

You're like me--

--introduction--

You bound into the room like a puppy dog and oh, you just want to say hi to everyone and you're wagging your tail. You're excited. We've got to put some duct tape on his mouth for a few minutes. We got to let her talk first and just barge in the door, let the TC talk first. So Jasmine or Andrea can come in and say, "Hey. I'm so excited to introduce you to Dr. Borello. Dr. Borello, this is Mrs. Jones." We just got to intentionally take a deep breath and let them do the buying signal objection in front of you. Because it really tease up mom to then agree and double down, or to change her mind. Usually with them changing their mind on real strict demands on time or real strict demands on, "This is our third consult." And if the mom won't tell you, the kid will. You're taking them back for an x-ray and he's like, "This is my third x-ray this week [chuckles]." The kid will tell you he's been to three different places. You want to make sure that you know that that mom gets those objections stated in front of the doctor.

I'm glad you said that because I always feel like you go in and ask the same exact questions that I ask and mom's just repeating herself. Sometimes I get frustrated by us repeating the same thing.



So if we know - even if mom didn't tell us - that they'd been to three different consults, I want to state that--

I would state it to the doctor if you know it and you have a chance to talk to mom about it. I usually do peek my head back in before we take an x-ray and say, "Hey, Billy said he's had a few of these. Do you want us to get an e-mail from another office, or do you want us to make your kid glow green at night from all the radiation [chuckles] he's getting from all the x-rays?" Normally, mom will say, "No, it's fine. You can take another one." But if she tells you, "been to three consults," absolutely, that's telling you that she's confused about treatment options or confused about price, and I think that--

Because some parents will come out and say it, and then other times we pull it from the kid. But if we pull it from the kid and mom didn't tell us, we shouldn't state that necessarily [crosstalk]--

I wouldn't, no. But I usually will if it's an x-ray issue. I'm about to over-explain. I will say, "Hey, Billy said you've had a few of these. Have you had any x-rays recently?" You just kind of play dumb and get mom to say, "Oh, yeah, we've been to a few consults." Now, the ones who tell you intentionally, that's important. They're telling you they really don't know where to go. So I want to say in front of the doctor, "Mom's had a few consultations and so mom really is curious about something that will work for him because he's a teenage boy and she's afraid he's going to lose it." So every other orthodontist will have to do Invisalign, and mom's going, "Can't we do something else?" and you get to be that person that solves that problem for them.

In this segment, we're going to transition to giving those back in front of the mom even though you've already asked him. Guess what else it does for him? Prevents him from asking you again. It's almost be like delusional, and tiring, and sleepwalking to ask the same questions once you say, "Mom came from Dr. Jones, and mom's neighbor comes here, and mom's nervous because mom doesn't know if flex spending covers this." He knows now, if he's listening. Don't ask about flex spending. Don't ask about the dentist who gave him, and don't ask about anything leading up to what you've already asked. Does that make sense?

Yeah.

Mm-hmm.

We'll get to that and restate them in front of him. Then I want to go ahead just transition right into you can talk to the patient as a doctor, "Well, I'm curious, what options have you considered?" Because if she's got in her head as a kid, "I'm only doing Invisalign. I'm only doing Invisalign." It doesn't mean she's going

to get it, but it does mean you have to pay attention to it. If she's got a 12 millimeter overage and you know there's no way you're going to do Invisalign, you still have to address it. Because she walked in thinking, "I want Invisalign." Orthodontics is the only profession in the world where people can walk in and say, "I want a pair of blue jeans," and the sales associate goes, "Oh, we only have white pants." But that's what orthodontists do all day long. Kids come in wanting something and we don't even talk about it. You can walk her away from that - we'll teach you that later in this segment - but it's not wise to have her say, "Yeah, all my friends have Invisalign. All my friends have clear braces," and you go, "yeah, yeah, yeah." You've heard about the client, yeah. The patient says, "I really want to get my teeth whiter." He's like, "Everyone wants white teeth." He's taking his glove off with his back to the patient, doesn't even listen to, "Oh, I'm curious. Tell me more about that. What's your question about teeth whitening?" She can then tell you. Whether you're going to do it or not, she has to get her objections out. If you don't, they go back home confused and say no or not yet. We'll get all the way through this segment to what options may be considered. Sound cool?

Yes. Objections and buying signals, and then personal facts or personal interests as well?

You can do a little bit, yeah, a little bit of that. Absolutely, yeah. You need to spend some time. The parents, if you're not paying attention to their kid, they can sense that. You're good at it because you're good with kids, but there are some doctors that really don't pay attention to the kid. It's a very, very bad idea. You don't want to just talk to the mom and ignore the kid. You want to go, "Hey, how are you doing? You're missing math class for this? Oh my gosh. Your math teacher's going to kill us." You want to talk to them a little bit. But you also want to address who's paying for them, which is mom. Don't ignore mom.

Okay.

Question?

Yes. As far as questions, a lot of times, I'll ask the kid, "What are you interested in? What kind of sports do you play?" and he'll come and he'll ask that same exact question. And I always see the kid like, "I already answered this. I play baseball. I play--" And then sometimes I'll chime in like, "What else do you play? You just told me you played this." Is that something that maybe we should bring up? He plays Foolsol or whatever, tell him about that, because I think that's interesting. Maybe bring up a conversation instead of him asking the same questions.

Absolutely. Anything you can do. You can predict he's going to ask the same question, because we do this a lot.



Oh my gosh, yeah.

It's awkward for the patient. So if you say, "Hey, mom's here because she was referred by a friend. And Billy's here but he's got to get off to baseball practice. And did you know Dr. Borello played baseball? But I think he just was a benchwarmer, I'm not sure." You can restate it and be funny, and then he knows what, okay--

They can't be funny. They're not very good at that [laughter]. I'm the only one in this office that's funny.

He's the only one that cannot not be funny [laughter].

So, yeah.

They used to laugh at my jokes and now they don't [crosstalk].

I just eye roll [laughter].

You're like, "Heard that one before."

Yeah, but it's a very good question that a parent or a patient who says, "Well, I remember answering this question twice." It's a broken window. It's like you pull down the little tray in the airline and it's got coffee stains on it. Your mind instantly leaps to, "Well, what else are they not paying attention to? I hope they checked the fuel gauge, because they didn't check this. Because this is a new flight and they didn't clean this." So if you ask a question that she already asked, my mind goes to, "Well, I hope he looked at the same x-ray that she looked at because they haven't talked to each other about--" He already talked about baseball. So I want you to really consider anything that you can predict he's about to ask again. Say--

So really, he shouldn't be asking those questions though. I should just be telling him everything and then he starts in.

Exactly. The doctor's role in this is to walk the parent down a sequential series of confirmations. "Yup, that plan makes sense. Yup, that time frame make sense. Yup, I'm kind of prepared for this financially," and then all you do is close and wrap up. You put the bow on. "How are we going to actually do down payment and monthly payment?" That's it, right? But most doctors leave after talking about braces for 20 minutes, and they leave all the important stuff untouched, like we talked about earlier. We're not sure if we're doing metal or clear. That's got to be totally decided before he leaves the room. And we can get you to the point where it only takes you ten seconds to get to that. But if you leave, mom's gone. "And there's

one more thing I've got to talk to dad about. Even if it doesn't cost more, I got to still make that decision, clear versus metal." "I don't want you leaving the car lot if I don't know if you're buying a truck or a convertible, right? I got to know which one so I can call you and tell you what I got on the inventory." You've got to get them to the point where they can actually say yes to something. And you can't say yes to multiple options. You got to pick one.

So this time I'll be the child. Same thing, I'll be a golfer who's scared of braces.

I'll help out and let you guys do this, and you're going to get all the way to what options have you considered. This segment is all about transferring the objection to buying signal so the doctor gets it. Cool.

All right so, Doctor Borello, this is Ashley.

Hi Ashley.

She comes to see us from Doctor Jones' office. So she plays golf and she is a little concerned about how much braces can hurt or the discomfort during orthodontic treatment. And this is her mom Jasmine.

Hi Jasmine. Nice to meet you.

And Jasmine is a little concerned about just Ashley's compliance and also worried about how much it's going to cost. Does that sound about right, mom?

Yes.

Okay?

Well, Ashley, I too like to play golf. Where do you normally play golf?

Creekwood.

Creekwood? Awesome. Well, we're excited you guys are here today. It sounds to me like discomfort is one of the biggest issues that you have with the thought of braces. What we found out with speaking with many of our patients, is that on a scale from one to ten - we ask them how bad does it hurt. Ten being excruciating pain like, I can't take it anymore, or one being like, I just barely pushed on it - most of them say it's about a two or a three, and that lasts for about the first week the braces are on. The most discomfort you will have will be when we first put the braces on. After that, it drops off significantly. Does



that make you feel better about the thought of braces and them not being as painful as maybe your friends had told you about?

Well, I'm actually worried about how they go on and how that feels.

Actual placing of the braces, there's about zero discomfort. We're just kind of gluing the braces on one by one. It really does not hurt.

There's no pushing, or pulling, or any pressure going on when we're actually placing the braces. Does that help?

Yeah.

Yeah?

Yeah.

Mom, it sounds like finances and finding something that fits your budget is a big concern for you. Is that correct?

Yeah.

Well, recently we've adopted a new system to make financing as flexible as possible for our patients. Most of our families feel very comfortable with the overall treatment fee that they feel like they get more value out of what they put in than what they got out. So the smiles, the changes that we make on Ashley's life, it's going to be something that will impact her the rest of her life. So most of our families feel very comfortable. You don't have to pay for everything all upfront. You can put very little down and spread the rest up over the course of Ashley's treatment or you can put a larger amount down upfront and you can get a bigger courtesy. So if we can get something that works for your budget, do you think you'd want to move forward with treatment for Ashley?

Yeah, definitely.

Okay, terrific.

I think that was good. I think you can condense it a little bit because you really want to get to that whole like, "Basically, we're going to make it comfortable for you, how does that sound to you, just want to make sure that mom's okay with that." So I liked it. I think I would just condense it a little bit. You see what I'm

saying? Because you're going to go back into that conversation a little bit later because right now we're just trying to get to what options have you considered. But you're already kind of going to domino - what we call domino number three - so just condense it a little bit. Still address her concern. Does that make sense?

Yes.

Okay.

So, I will say, "The finances are an issue or getting something that works with your budget is one of the biggest issues."

And I would just say, "As long as we can make sure that it's going to be comfortable for you, are you okay going and moving forward and giving my recommendation on what I would suggest for Ashley?" So just something shorter and sweeter because you're going to go into that domino later anyway.

"So it sounds like finding something that will fit your budget as it's a concern for you, provided I can get something that would work out well for you guys. Would you be interested in moving along with treatment for Ashley?"

Yes.

Okay, terrific.

To that point, do we ask if we want to move forward with treatment or do we ask about moving forward with the recommendation?. I heard you say that and so that's just another question--

I kind of combined it. But at this point, you're going into what options have you considered. Because you're coming in. You're just doing your small social bit because you've already gotten most of it, and the objections, and the buying signals. So at this point, you're just addressing those types of things with us quickly before you move into your first domino. Because you're trying to get to what options have you guys considered. Because then you can go into the step by step domino one through three or four.

Got you. Real thing specific for our office, we had done a new patient exam that was very lengthy before intraoral exam. I now do one that's about a minute long. And I tell Andrea what I see. I tell mom and the patient that he's done the most difficult thing so far or done the extra where he had to stand super still. This is super easy. This is the easiest thing you're going to do. All you got to do is sit back and look cool. Can you handle that Johnny? And they're always like, "Oh, yeah. I can sit back and look cool." So, they sit



back. I do my briefing and then we go over to the computer, have the x-ray pulled up, and that's typically when I go into, "All right. There's two big reasons people benefit from orthodontic treatment. One is the straightness or the aesthetics of the teeth, and two is the bite or the function. And with Johnny, I think he's greatly going to benefit from both aspects, because aesthetically his teeth aren't straight and then functionally, his teeth don't fit together like they should. Does that make sense?--

Yeah, I'd say it again.

So that's why I'll leave it up with the parent as far as where we currently are with our new patient process versus me just coming in and sitting down and saying, "For sure, Johnny needs it," or he doesn't. Because at some point, I'm going to have to look in his mouth - not just an x-ray - to say thumbs up or thumbs down.

Right. So are you asking when you should do that oral exam? Because I think you're just a little bit too worried with it. I think you can get to the same result with the dominos because it's going to get you there faster. Does that make sense? Like, you don't have to spend so much time in the the new patient room, which I think would be a good thing for everybody involved. Because that way you guys can get to a yes. Mom can make her decision, and then that way you can go back out to the clinic, and you can finish your close. So I think that you can get to it just a little quicker.

Yeah. So I'm just thinking of our situation, and right after the introduction, I address their concerns. Correct? I say, "So if discomfort is the biggest issue, most of our patients say it's a two or three on a scale from one to ten. Most of our patients do really, really well with it. Do you think you could do well with it Johnny?" And they say yes. And then finances. "We're going to go over that in greater detail, but rest assured, we will find something that works for your budget. Does that sound okay to you?"

And just, "How does that sound?" Yeah.

"How does that sound to you?" And then lead into, "So far we've done the most difficult thing so far which is the x-ray. This is the easiest thing. All you got to do is sit back and relax and I'm going to take a quick look in your mouth. Just sit back and look cool." I do that. And then we come over and start the--

Domino number one. I would just say at that point, "What options have you guys considered?"

After I go over the fact that he needs treatment.

What do you mean? I guess kind of--

So after the aesthetics and the bite, the two perfect reasons for braces--

Oh yeah. Are you saying if he's a re-eval or an observation? Because you're going to make that determination. You probably know that before you even come into the room based off of your x-rays, is that correct?

For the majority, yes. But sometimes, she's not looking in their mouth to see if they have a crossbite or not. So I physically have to get in there and say thumbs up or doing something, or--

So let's just assume that I am ready. So then you would go into, "What options have you guys considered?" Because you don't want to go into your recommendations because I might be thinking Invisalign. She's thinking metal braces, and you're thinking something different. You want to make sure that you know what we want, and that way you can address that concern right off the bat. That's why we have that domino number one. We're not going into, "You're going to do metal braces and it's going to take 24 months," and I'm just sitting over here arms crossed, upset. I'm thinking just Invisalign because of all my best friends have them. Mom's thinking, "Okay, that's what I want," but then we're going to have some push-pull--

I don't like this buying signal. I don't like sitting there and--

So he has to ask that question though. I shouldn't be asking--

No, no, no. Yeah, exactly. So you just need to ask the question, "So what options have you guys considered?"

So we go back. Let me do my pre-domino one which is, "Orthodontic treatment is going to be beneficial for Ashley, both aesthetically as well as functionally. Her teeth, there's some overlap of them, as well as her bite doesn't fit together properly. Have you guys considered your options as far as orthodontic treatment goes?"

Well, my friends have Invisalign. There's two of them that have Invisalign and I really, really want it.

And I was thinking just the braces because I don't think she's going to wear them like she should.

So, Ashley, Invisalign, it works very well for, I feel like, the mild to moderate cases. And with your specific case, my fear or concern is-- we can do that. We can do this for her if she'd like, mom. Financially, it does



not cost you any more out of pocket. But my fear or concern is that we do this for three or four years, Ashley. And you're already a freshman or sophomore?

I'm a sophomore.

You're a sophomore. So, if you can imagine, we try this for three or four years and it doesn't work, and then you're in college wearing braces, starting off with braces. I would much rather get it right the first time and be in and out in probably about 20 months as opposed to doing this over the course of the next six or seven years. I just feel like, in my opinion, that braces is going to give you the best result in the shortest amount of time. How does that sound to you, Ashley?

It makes sense.

We have a very good aesthetic option. So we have the metal or the clear braces, but we find a lot our patients in high school really like the thought of having something as aesthetic as possible. And this clear braces option that we have, a lot of them really like the thought of that. How's that look to you?

I could probably do the clear. If I can't do the invisalign, then I'm fine with the clear braces. But I'm not going to do the metal ones.

Okay, terrific. Domino number one.

Pow [laughter].

[?].

You think I am.

So this prove domino-- you guys did great. You can see, the real objective here is getting to the point where you've let the patient and the parent tell you exactly what they need from you to have a successful relationship. And she said it first, "I only wanted Invisalign." She had her arms crossed, which is definitely, as you mentioned, not a good buying signal. Most doctors don't even talk to them about what they've considered. If you feel awkward saying that-- because a lot of patients have said, "Well, you're the doctor. You tell me. I haven't considered any options." But most of them have. And so, when you let them tell you, even if they're not going to be a candidate for that option, what you're giving them is the power to move onto the next thing and not come back later. When you leave the room and she hasn't told you she wants Invisalign, they use it against your treatment coordinator to say no, right? They flip their head like the

exorcist. They do a 360. And now they're nice to you going, "Makes sense, uh huh, uh huh," and then she goes, "But I want Invisalign," and she's like, "But you're not going to wear it." We see this on secret shopper video all the time. The doctor leaves and the parent and the patient just totally gang up on your treatment coordinator and now they're going to say what? "Gotta go home and think about it."

So, that opened the question, I'm curious what options have you considered? If they say, "I don't know," you say, "Well, with your permission, can I tell you what I'd do if it was my daughter?" Then you bypass going into 20 minutes of detail on every option. So we want to give them a chance to say what they want and then you can come back and confirm or deny if they're a candidate for that. So first domino, before we get into how long it's going to take, how much it's going to cost, you did a great job. So if you guys are paying attention to what Dr. Borello did, she said, "I want Invisalign." And he said, "Well, my fear and my concern is it's going to take too long, and you're not going to be happy with the result." You want to insert a so that. You want to say, "So that we get you out of these things as quickly as possible, and you only do this once. How do you feel about doing clear braces instead of Invisalign?" When she walks out of the room knowing that she picked that option and mom confirmed it, they're now on board with you. If they leave and they go, "Well, I guess I'm doing clear braces," like they feel like they actually took a step down of what they wanted out of you and they're not as pleased, they're less likely to refer. They're frankly more likely to call back and change their mind when they schedule records. So even though she's not getting what she thought she wanted, she's happy because you've given her a chance to state that to you, right? Does that make sense?

So it's very, very powerful. The first domino is really important because you can't talk about how long it's going to take, or how much it's going to cost, until she's got that out of her head. "Okay. I'm okay with clear braces. I can do it, and Mom's okay with it." And now we can move on to the next one. So the next, domino two is, have you considered how long this is going to take? Because the next objective is what? Maybe she's a junior. "I'm going away to college in two years." Or maybe she's a 20-year-old. "I'm getting married," or, "I'm going off to the military." And she says, "I thought this was going to take six months." So the next objection is, how long is this going to take? Have you considered that? So you're going to tell her, "Based on if you do a good job taking care of these, plan about a year-and-a-half, two years. Is that kind of something you guys were prepared for?" Because if mom goes, "No, she's moving back to live with step dad in six months. She's moving to Texas. I thought this was just going to be a retainer and only did three months." You've got to have that objection before you get to how much it costs. So we're going to let you guys go ahead and go through domino number two, same thing with the role play. You can switch it up. You guys are doing great so far. So any questions on this segment?

So I say, "My fear or concern is that you're going to be doing this for seven years." I'd say, "I'd rather let's get this done right the first time and be in and out in 18 to 24 months."



Yeah. So that and you give them a big benefit. And we use this in every area of the practice where we want to say no without saying no. So a mom who's like-- what's your latest appointment for new patients, 4:00, 5:00?

11:00.

What's your most-- 11:00 at night? You're like me.

No, no, 11 in the morning. We only see patients at 10, 11, not really.

Most popular--

Probably the latest one, it's three [crosstalk].

For new patients.

Most new patients--

What's your most coveted spot? Saturday, like Saturday afternoon?

Yes. Yes.

So I'm a patient and I just missed a Saturday appointment and I call you and say, "I'm so sorry. My kid was sick. My dog was sick. The car broke down and it's snowing. I need another appointment. Can I come in next Saturday?" When's your next Saturday? Probably like six months from now, right?

Yeah.

What you want to say is, "No, I don't have a Saturday." What you do say is, "I wish I could. I wish I could so that we don't delay Ashley's treatment because Dr. Borello said he wanted to see her back in six or eight weeks so that we don't delay her treatment." So you say something they don't want. "Oh, we're going to delay treatment. I'll go ahead and get you a Saturday for her next appointment in eight weeks, but how do you feel about getting something sooner so that it works for you?" You give them a benefit and a so that. So you tell them something bad, like, "So that we don't delay her treatment, how do you feel about--" and you go into something good. So when the new patient is like, "I wish we could do Invisalign, but you've got a really severe bite issue. So that we're not in

treatment for three or four years, and so that we get this done in one round, how do you feel about doing clear braces instead?" And she can say, "Sounds cool." And the new patient on the phone goes, "All right, yeah. I really want a Saturday, but I'll get my next appointment for a Saturday. And for this one, I'll come in tomorrow at 10:00." We give them some benefit by making a concession instead of saying what most offices say is no, a cross from saying no. So that's the so that. You insert the benefit. What other questions do you guys have?

So, domino number one is, have you considered your options?

Yeah, or, what options have you considered? Because have you considered your options, if they're really stubborn, they could say, "Yeah." They can always answer that with yes or no. Most parents will say, "Yeah."

Because then you're going to follow up with, what options have you considered? If you ask the yes or no you're just going to follow up with an open-ended question anyway. Does that make sense?

The person controlling the good open-ended question [laughter] really does get a chance to control the entire conversation. If I ask a good open-ended question and I don't want you talking too long, I can direct you into-- or if I say, "Have you considered your options?" Mom goes, "Yeah, Not really, I don't know." I could ask another question, "Well, have you thought about clear braces?" "Kind of." "Or what about metal braces?" I can get all those questions answered in one question by saying, "I'm curious, we could straighten these teeth a million different ways. I'm curious what options have you considered?" And mom goes, "I don't know. I really didn't consider anything at all." "Great. With your permission, can I tell you what I would do if it were my kid?" Or if they say, "All my friends, they've got Incognito. They all have lingual braces. I want lingual." Now are you going to look at her and go, "She's not a candidate." You've got to talk her away from that ledge of leaving pissed off because you didn't give her what she wanted, right?

And so many doctors just go right into, "Here's the metal. Here's the clear. Here's the lingual. Here's the Invisalign," and they talk about benefits and cons and all these things. And the parent's just going, "I don't want to talk about any of those. I heard there's some mouth guard thing I can wear. I heard there's some tray that they'll deliver to my house. I heard there's some--" whatever. Something you've never heard of. And for new treatment coordinators, they don't even have to know what they are. If she says, "Oh, I've heard about the carriage distalizer." And you're like, "I kind of know what that is." You just want to bounce right back to her and say, "Well, I'm curious, what have you heard about that?" And she'll say, "Well, my friends have it. They said that it got their bite fixed faster." "Okay, well that sounds interesting. It sounds like you really want to get out of braces as quickly as possible. Did I summarize that right?" And



she goes, "Yup." "All right. Well, tell me more about that." "Well, I'm a model and I'm moving off to Mexico to do a--" whatever, right? She's got some reason why she's got these things in her head. You've got to get them out of her head and let her help you get her to a yes, right?

So I think everyone needs to take a few minutes to really think about - before you get to the next domino - is she totally cool, is mom totally cool with the option? What a lot of times they'll do is they'll pop back up, and mom says, "Well, now her friend--" Because mom might go, "Well, Sally does have Invisalign, and she seems to wear them and she kind of likes them." So mom might change her mind. But we can't go to the next one until mom's clear on, "No, no way. She's not going to wear them. You lost all of your eyeglasses. You can't keep track of any of your homework. You're going to lose these things, and dad's not going to pay for them, and we're not paying for them. So you're getting clear braces." They have that conversation now. It's great because when you're in the room, that's the last time the conversation comes up. But if you get to "All right. Well, so if we can get the financing figured out, we're all cool. I'll see you guys for records." And you walk out of the room and then they go into, "Well, I want clear." "No, you're getting Invisalign." Then they go back into an objection, and they totally throw her under the bus, right? It's really, really dangerous.

So, we'll get all the way to second objection on this one. Second domino is how long are we going to be in braces? If she thinks it's going to be six months, we can't let her use that against your treatment coordinator after you're out of the room. She could agree on price. She could agree on the option, and then you leave and she goes, "Well, I thought this was only going to take six months." And now you're gone. You've lost the case, totally. Every big objection has to come out while he's in the room. It's not fair. It's just the way it is.