



UNSCHEDULED TREATMENT SEQUENCE

The 2-2-2 Follow-Up System

Word-for-word call and email scripts for the patients who left your practice with a problem and no appointment.



DAYS



WEEKS



MONTHS



START HERE

Three touches. Six scripts. One outcome.

Every practice is sitting on the same quiet problem: patients who were told they had a problem, agreed it needed attention, and walked out the door without an appointment. They did not say no. They said *not right now* — and then nobody followed up.

The 2-2-2 sequence fixes that with a rhythm the team can actually keep: reach out at **2 days**, again at **2 weeks**, and again at **2 months**. Each contact happens twice — a phone call first, then an email the same day if you do not reach them. Six scripted touches, all written for you on the pages that follow.

WHEN	WHAT THE PATIENT IS THINKING	YOUR JOB ON THIS CONTACT	CHANNEL
2 DAYS	<i>"I meant to get that scheduled."</i>	Stay warm and personal. Make it effortless to come back.	Call, then email
2 WEEKS	<i>"It doesn't hurt, so maybe it can wait."</i>	Express genuine concern. Answer the questions they never asked.	Call, then email
2 MONTHS	<i>"I've kind of moved on from that."</i>	Reconnect, then reframe what waiting actually costs.	Call, then email

THE GOAL

Nothing in this document works without the list. Before the first call, pull every patient with diagnosed, unscheduled treatment from the last 90 days. That list is the whole program.

FILL IN THE BLANKS

[Patient]	The patient's first name, said out loud at least twice.
[You]	Your first name and role — "this is Sarah, one of the hygienists."
[Practice]	Your practice name.
[Finding]	The specific diagnosed treatment from the chart note.
[Time A / Time B]	Two real openings on the schedule in front of you.

BEFORE YOU PICK UP THE PHONE

Eight rules that make the scripts work

- 1 Call first. Email second. Same day.**
The phone call is the plan; the email is the backup. If you reach voicemail, leave a short message and send the email before you go home.
- 2 Name the finding.**
“The cracked filling on your lower right” lands harder than “some treatment.” Pull the chart note before you dial.
- 3 Lead with the person, not the production.**
Open with the relationship. The appointment request comes after the patient feels cared for, not before.
- 4 Consequence before solution.**
Patients schedule when they understand what waiting costs them — not when they understand the procedure. Explain the problem and the consequence first.
- 5 Every contact ends with a question.**
“How can I help you get this scheduled?” Then stop talking and let the patient answer.
- 6 Offer two times, not an open calendar.**
“I have Tuesday at 8:10 or Thursday at 2:40 — which is easier?” Open-ended invitations get open-ended answers.
- 7 Never shame the patient.**
No “you were supposed to,” no sighing, no scorekeeping. They are already a little embarrassed; your job is to make coming back easy.
- 8 Log every attempt.**
Date, channel, and outcome in the chart. A sequence you cannot see is a sequence that quietly stops happening.

CONTACT 1 OF 6 • THE FIRST TOUCH

2 DAYS • PHONE CALL

Personal and problem-focused

THE GOAL

The visit is still fresh. Thank them, name what was left undone, and offer to handle it right now.

SAY IT LIKE THIS

Smile before you dial. This call should sound like a friend calling, not a collections department.

"Hi [Patient], this is [You] from [Practice]. It was a pleasure seeing you at your appointment a few days ago — we really appreciate the opportunity to see your smile!"

"The doctor shared with me that there were some findings during your visit that we were unable to get scheduled for you at that time. I would be happy to help schedule this for you now."

Pause. Let the patient respond before you say anything else.

"I have [Time A] or [Time B] open this week — which one works better for you?"

Coaching notes

- Make this call within 48 hours, while the patient still remembers the conversation in the chair.
- If you reach voicemail, leave the first two lines, say you will follow up by email, and then actually send it today.
- Have the schedule open in front of you. Hunting for a time mid-call is how appointments get lost.
- Keep it under two minutes. This contact is a warm door-opener, not a case presentation.

If they say...

"I need to look at my schedule and call you back."

"Of course. Let's hold a time for you now so you have one — if it turns out it doesn't work, one call and we'll move it. Are mornings or afternoons generally easier for you?"

"I'm not sure I can afford it right now."

"That's a fair question and I'd rather answer it now than have you wonder. Let's get a time on the calendar and I'll go over your coverage and the payment options with you before you come in, so there are no surprises."

CONTACT 2 OF 6 • SAME-DAY BACKUP

2 DAYS • EMAIL

The 2-day email

THE GOAL

Put the same message in writing, give them a way to act on it without talking to anyone, and keep the tone warm.

SUBJECT: GREAT SEEING YOU, [PATIENT] — ONE THING LEFT TO FINISH

"It was a pleasure seeing you at your appointment a few days ago. We really appreciate the opportunity to see your smile!"

"The doctor shared with me that there were some findings during your visit that we were unable to get scheduled for you at that time. Our team is available to help answer any questions you may have, and to help you find an appointment time to get this taken care of. Please know that you can email, or call us at any time."

If you have online scheduling, drop the booking link right here.

"Have a wonderful day, and we look forward to seeing you again soon!"

Sign with a real person's name, title, and the direct office number — never "The Team at..."

Coaching notes

- Send it the same day as the call, whether or not you reached them.
- One link, one ask. Every extra button lowers the odds they use any of them.
- Reply-to should be a monitored inbox. Patients do answer these, and an unanswered reply undoes the whole sequence.
- Keep the text plain. A heavily designed marketing template reads like an ad and gets filtered like one.

BEFORE YOU HIT SEND

- Swap in the patient's first name and the specific finding.
- Check that the reply-to inbox is one a human reads daily.
- Send it before you leave today — not tomorrow morning.

CONTACT 3 OF 6 • THE CONCERN CALL

2 WEEKS • PHONE CALL

Concerned, not pushy

THE GOAL

Two weeks in, the urgency has faded. Bring it back with honest concern and an offer to answer the questions they were too polite to ask.

SAY IT LIKE THIS

"It's hard to believe a few weeks have gone by since your last visit to our office! I am concerned you still have unscheduled treatment, and wanted to reach out to make sure you have had the opportunity to have all your questions answered."

Stop here. Silence is doing work — most patients will tell you exactly what is holding them up.

"It is important to us to take great care of you. We would be happy to help you in any way possible. How can I help you schedule this treatment?"

Coaching notes

- "I am concerned" is the most important phrase on this page. Say it like you mean it, because you do.
- Whatever they name — time, money, fear — answer that objection, then ask for the appointment again.
- If the patient asks a clinical question you cannot answer, do not guess. Offer a doctor call-back within 24 hours and put it on the doctor's list before you hang up.
- Note the reason for the delay in the chart. Patterns in those notes tell you what to fix in the operatory.

If they say...

"It doesn't hurt, so it must not be that bad."

"I'm glad it's not hurting — and that's actually the tricky part. Most of what the doctor found doesn't hurt until it's much bigger and more involved to fix. Taking care of it now is the smaller, simpler version of this."

"I'm going to wait a while."

"I understand. Can I ask what you'd be waiting for? If it's timing or cost, we have more room to work with than most people expect, and I'd rather figure that out with you than leave it sitting."

CONTACT 4 OF 6 • THE REASON TO ACT

2 WEEKS • EMAIL

The 2-week email

THE GOAL

Same concern as the call, plus a concrete, time-bound reason to pick up the phone today.

SUBJECT: STILL THINKING ABOUT YOU, [PATIENT]

"It's hard to believe a few weeks have gone by since your last visit to our office. We hope you are doing well. We are concerned that you still have unscheduled treatment, and want to make sure you have had the opportunity to have all your questions answered."

"It is important to us to take great care of you. We would like to offer you a \$25 credit to use to have this treatment taken care of. Just call us and schedule by the end of this month. Use the code 25OFFER when scheduling."

"Our role is to help you attain the best possible dental health. We would be happy to help you in any way possible. Again, feel free to contact us at the office or by email if we can be of assistance."

"Have a wonderful day, and we look forward to seeing you again soon!"

Coaching notes

- Set the credit amount and the code to whatever fits your practice — the mechanics matter more than the number.
- Give the front desk the code list before this email goes out. A patient who calls with 25OFFER and gets a blank stare is worse than no offer at all.
- Confirm any credit or courtesy with your own advisors first — discount handling varies by state board rules and payer agreements.
- A real deadline is fine. An invented one is not — if the credit is always available, do not pretend it expires.

BEFORE YOU HIT SEND

- Load the credit code in your practice management software.
- Tell the whole front desk the offer is live and when it ends.
- Confirm the expiration date matches what the email says.

Reconnect and reframe

THE GOAL

Two months out, you are restarting the relationship. Reconnect first, then make the cost of waiting concrete.

SAY IT LIKE THIS

“Hi [Patient], this is [You] at [Practice]. It’s been a couple of months since we saw you and you’ve been on my list — I wanted to check in and see how you’ve been doing.”

Let them talk. This one is a conversation before it is a call.

“The reason I’m calling is that [Finding] is still open on your chart. One thing we have learned is that there are no dental problems that get easier or less expensive to fix over time. I would hate for something small to turn into something big.”

“What would need to happen for us to get this taken care of for you?”

Coaching notes

- This script is written to match the 2-month email in your sequence, which had no call script of its own.
- Do not re-litigate the last two months. No “I’ve called twice,” no scorekeeping — it only makes patients defensive.
- “What would need to happen?” is deliberate. It invites the real obstacle instead of a yes-or-no answer.
- If they are genuinely not ready, ask permission to check back at a specific time, then set the reminder while you are still on the phone.

If they say...

“I want to wait until my benefits renew.”

“That can absolutely work. Let’s put a time on the calendar for January now and I’ll verify your benefits before you come in. It’s easy to move if something changes.”

“I’ve been going somewhere else.”

“Thank you for telling me — that’s genuinely helpful to know. Can I ask what prompted the change? And if you’d ever like us to take a look at that [Finding], the door is open.”

CONTACT 6 OF 6 • THE LAST WORD

2 MONTHS • EMAIL

The 2-month email

THE GOAL

Close the sequence the way you opened it — warm, unhurried, and clear about what waiting costs.

SUBJECT: THINKING OF YOU, [PATIENT]

"It's been a few months since your last visit! How quickly time passes. We wanted to let you know that we have been thinking about you, and appreciate the opportunity to serve great patients like you."

"As we review the last few months, we realized that we haven't yet completed your care. One thing we have learned is there are no dental problems that get easier or less expensive to fix over time. Please let us know if the timing is right for us to take care of you."

"Feel free to contact us at the office or by email if we can be of assistance."

"Have an amazing day, and we look forward to seeing your smile again soon."

Coaching notes

- That middle line is the whole sequence in one sentence: the consequence of waiting, stated plainly and without pressure.
- This is the last scheduled contact, not the last contact ever. Move the patient into your ongoing reactivation list, not into a black hole.
- Attach nothing. A clean, short email at this stage outperforms a brochure every time.
- Six touches and still no response? Note it, move on, and try again at the next recare cycle — timing changes, and so do patients.

BEFORE YOU HIT SEND

- Confirm all six contacts are logged in the chart.
- Move the patient onto your ongoing reactivation list.
- Set a reminder for their next recare cycle.

IMPLEMENTATION

Making the 2-2-2 stick

Scripts do not fail because they are the wrong words. They fail because nobody owns them, nobody schedules them, and nobody counts them. Assign these three things this week.

WHO OWNS IT	WHEN IT HAPPENS	WHAT GETS DONE
One named team member — not “the front desk”	A protected block, same time every day	Work yesterday’s unscheduled list: call, then email
A backup, named out loud	Whenever the owner is out	Same block, same list, no exceptions
The doctor	Weekly, 10 minutes in the huddle	Review the numbers below and remove the roadblocks

Count these four numbers every week

- **Dollars diagnosed but unscheduled.** If you only track one number, track this one.
- **Contacts attempted vs. contacts owed.** The gap between the two is the whole program.
- **Reappointment rate by touch.** Which of the six contacts is actually filling the schedule?
- **Dollars rescheduled.** Post it where the team can see it. People repeat what gets noticed.

A NOTE ON THE SCRIPTS

Read them out loud until they sound like you. A script is a floor, not a ceiling — it guarantees that nothing important gets left out, and it frees the team to actually listen instead of hunting for the next thing to say. Practice them in pairs at a team meeting before they are used on a live patient. The first three calls will feel awkward. The fourth one will not.



The 2-2-2 Follow-Up System

Scripts for the Unscheduled Treatment Sequence

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