

Effective Patient Referrals



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Have you had challenges referring patients to the specialist you want? Have your patients ever called you back reporting bad experiences with the specialist you recommended? Have you had difficulties with patients' treatment acceptance?

These are common challenges often caused by poor communication, poor understanding between you and your specialist, and referral strategies that do not produce results. I have faced these very questions during my own practice and have searched for answers that work.

The key to effective referrals to your team specialists and achieving high patient acceptance of recommended treatment lies in communication. In this article, I will discuss best practices in referrals and patient presentation that will give you results: Patients who gladly follow your recommendations, see the specialist you want, and accept your treatment.

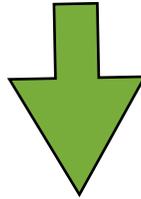


A 5-Step Process

- 1. Know Your Areas of 'Pain':** Discuss your specific needs from a specialist and what creates 'pain' in the referral process
 - Questions to reveal a patient's true challenge or obstacle: financial, anxiety, time, value for dentistry, or combination
 - Know their personality type and follow the platinum rule
- 2. Know Your Specialist**
 - Know your specialist, team members and their office, and their surgical results and quality of work, service protocols, emergency management, financial protocols, payment options, and communication protocols. The same is necessary for your specialist.
- 3. Know Your Patient**
 - Ask appropriate questions to discover your patients' needs and desires (Investigational questions: SPIN Strategy: Situational questions, Problem questions, Implication questions, and Need-Payoff Questions)
- 4. Educate**
 - Know benefits/risks of recommended procedures
 - Review what they might lose by not following your planned treatment
 - Relate the planned procedure to the specific needs of your patient
- 5. Recommend**
 - Make only one recommendation to your intended specialist
 - Demonstrate capability
 - Convey value and key benefits about your recommended specialist.
 - Emphasis importance of the relationship and team approach in overall success

What are your 'Areas of Pain' when referring patients?

- Lack of predictable surgical results / too many complications
- Specialist not available for emergencies or timely scheduling
- Lack of support when you need it
- Location 'too far'
- Specialist not participating with insurance programs
- Specialist too expensive
- Specialist does not have payment options
- Poor service from team
- Lack of communication



Consequences for you

- Unsatisfied patients
- Loss of patient confidence
- Loss of patients and other opportunities
- Loss of revenues
- Costly time in finding alternatives
- Your image



Our Solution

- Predictable, highly successful surgical results, with no to minimal complications Always available for emergencies; Our Credo: "Send them Right Over".
- Our team is aligned to "be there when you or your patient needs us, right away"
- Office centrally located, within 30 minutes from MD locations (Gaithersburg/Germantown); and VA locations (Herndon/Roslyn), and DC locations (downtown); and within 15-20 minutes from all other locations; office next to metro (Bethesda station); Communication approaches to prevent patient objection (see below)
- Insurance participation: Communication approaches to prevent patient objection (see below)
- Cost: Communication approaches to build value and prevent patient objection (see below)
- We have designed several payment options to make procedures possible for every individual; We understand special circumstances and we respond.
- Our service and Team is built for not only total satisfaction, but total loyalty. This is guaranteed
- We have adopted the most effective communication modalities, using systems and protocols as well as using technology (Client Relations Management) to keep you informed and in touch.

Common Obstacles to Treatment Plan Acceptance

Dentistry is considered a 'large sale' transaction and therefore follows a different 'buying' behavior than 'small sales' transactions. Generally speaking, patients have a significantly higher acceptance when the treatment plan is small, is relatively lower cost (\$100-\$1000), is less invasive, and does not require significant investment of time on their part. The decision making process and acceptance in a 'larger sale' transaction (e.g, crown and bridge, implants, grafting, veneers) is different due to increase in cost, increased time demand, as well as invasiveness. Therefore it requires a different approach and presentation. It has been shown that there is a significant decrease in percentage of obstacles presented by patients with utilization of best practices and skillful communication. The best way to manage obstacles is to prevent them. And this is only possible if you truly understand your patient's needs and desires, what is important to them, what solutions you can offer to address them, and creating trust and rapport.

However, even with best skills, patients can have various obstacles at the end of your presentation, designed to slow down the process. The key is to understand what is a true obstacle and what is a smoke screen. It is also important to have concise answers that address their concerns and present them with possibilities. Here are some key concepts for each type of obstacle:

Financial Issues

- **Build Values first:** Avoid discussing cost until you have asked all the right questions and established true understanding of their needs and solutions; Re-assure them that you will address the cost, but you need to ask some important questions first; It is not meant to avoid the conversation but to build value first.
- **Financing options:** Partner with two or three financial companies that specialize in dental financing. They offer interest free payment plans upon credit review and approval process. While there is a 6-10% fee for the transaction, it increases acceptance and most practices do not mind this fee.
- **Treatment staging:** If possible the ideal treatment plan can be staged to spread it over a longer period of time. For example completing phase I dentistry and veneers first (providing that is their chief complaint and first in order of importance to them); and then planning implants replacement in 6-12 months later. Or completing one side first to establish function and stability, and then the other side 6-12 months later.
- Sometimes, patients say the treatment is too expensive and they can not afford it, while the true reason maybe another (e.g. Anxiety). If you suspect that this is a smoke screen, a good question to ask is "hypothetically speaking, if this treatment was free of charge, would you have it and start tomorrow?" The answer may surprise you.
- Offer value packages offering services that are low cost to you, but have high perceived value to patient
- **Impact of Today's Economy:** There may be more caution in discretionary consumer spending. Therefore acceptance may go through a slower process or several stages and a combination of discussed strategies may be necessary.

Anxiety

- It is well known that dentistry is not exactly an “I love it, I can’t wait to do it” type of experience.
- Look for physical cues during consultation (sitting pattern, jitteriness, eye contact, direction of eyes, voice, etc).
- Inquire about previous experiences and how they feel about dentistry in general and specifically about your proposed treatment plan.
- Build rapport and trust, use selective vocabulary, playing to their personality type, show testimonials, and better yet, have them talk to an existing happy patient. Your team can be very helpful in this process as well.
- Ask them “From 1 to 10, how nervous are you about dentistry”. Ask them what in particular raises their anxiety and what helps to decrease it.

Time

- Patients with demanding lives and limited time: Offer after hours or weekends; This is not an issue if you already have office hours to accommodate them, but if you don’t, consider raising the fees for the added service.
- For treatments requiring multiple appointments, discuss the number and timing of the appointments in advance, scheduling them on the same day and time (providing their job has a structured time).
- For some busy individuals with non-structured job schedules (such as those who travel a lot, sales people, executives, etc) who might find themselves with free time on a given day, consider offering ‘same day scheduling’ per availability. Some dentists adjust their fees accordingly for this added service, as it offers an option that not many offices provide. In-addition, you will eliminate last minute cancellations that frequently occur with this type of patients.



Effective Approaches to Patient Communication to Prevent Objections in Your Referral System

There are key communication techniques to build value into your recommended procedure as well as the specialist you choose to work with. To demonstrate this principle, we’ll present two scenarios: third molars referral and dental implants referral. The same approach can be used for any procedure. Don’t roll the dice when it comes to this critical process. Use this well proven guide to get consistent treatment acceptance and referral to your team specialists.

Third Molar Surgery: Real Life Situation

You have just seen a patient with complaints of pain with their third molars or have diagnosed them with impacted and mal-positioned third molars during their examination.

You then make a recommendation that the third molars should be removed and discuss the risk / benefit aspect of third molar surgery:

Critical stage #1

Make your recommendation with conviction, suggest timeline, and present factual rational to support it

Recommendations: Extraction of all third molars at the same time under IV sedation anesthesia

Risks: Third molars are frequent causes of local infection, caries to themselves or adjacent teeth, periodontal disease, irreversible damages to adjacent second molar teeth, cyst, and tumors. They can also potentially push adjacent teeth and cause occlusal interferences resulting in shifting of other teeth. They are very difficult to maintain clean and are inaccessible even by hygienist for proper health maintenance.

Benefits: Once removed, the area heals and becomes accessible for proper hygiene and keeping the area healthy for life; preventing pain and other symptoms.

At this time, if communicated with conviction, patient realizes the importance of timely follow up regarding treatment. Answer any questions they have, present factual rational to support your recommendation, and suggest a timeline.

If patient is hesitant or appears to brush off your recommendations, reiterate why your recommendation is important and review risks with the associated third molar. Use educational tools such as software, brochures, flip-charts, etc. to demonstrate risks and rational behind your recommendation.

Critical stage #2

Make a clear recommendation based on best practices (extraction of all third molars with IV sedation) and use educational tools to demonstrate problems associated with wisdom teeth and your rational for recommendations.

When patients accept the importance and relative urgency of your recommendations, they often ask who you recommend. If part of your routine protocol, inform ***“Extraction of your wisdom teeth is best handled by an oral surgeon who specializes in this type of procedure. I recommend _____”***. Recommend only your intended oral surgeon and communicate it with conviction.

Critical stage #3

46% of multiple referrals go unfilled. Recommend only one oral surgeon to your patient. Introduce the oral surgeon by name and location and let them know he/she is the best doctor for this treatment.

There are several effective communication skills that will most likely align your patient with your recommendations. We'll discuss those in a minute.

But let's first review **what does not work**. The following dialogues will significantly weaken your referral process and effectiveness:



“There are several oral surgeons you can choose from. There is Dr. A, Dr. B, and Dr. C. and here is the referral forms for each one, you can call whoever you want to see. They are all good.” This approach makes the specialist a commodity. From the patient's standpoint, you have no real confidence in any one particular for any specific reason. It also conveys that there is not a strong relationship. If patient asks which you recommend, you might feel cornered to pick one of them for a nonspecific reason, such as :”well, go see Dr. A, they are good”. And the way that is communicated, they may not believe it, even if it is true and Dr. A is truly good. But why are they good?



“I will refer you to Dr. A. They accept your insurance, and that's who we send our patients to with this type of insurance”. While Dr. A might be a great choice and truly does wonderful work and you enjoy working with them, conveying insurance acceptance as seemingly a reason will devalue the true reasons of why you like Dr. A. It's always best to build confidence by discussing why they are good and why you trust them, and then indicate that yes, they also accept your insurance. While this is an important factor, it is a tertiary benefit and not the decision making one.

While there is good intention behind these approaches (giving patient options or concerned about their finances), they seldom result in choosing the specialist that you truly feel is the right person. For many of us, as dentists, we have valued relationships with our patients and would not want to risk losing it by not putting them in the right hands.

Now lets see an example of an **effective communication style**:



“For wisdom teeth surgery, we work closely with Dr. Kazemi in Bethesda and I am going to refer you to him for your surgery. He is board certified and very experienced with great results with extremely rare complications. He has a great office and a very caring team. Every patient we have referred to them has been most satisfied with their results and experiences. You are going to love it”.



If they have a PPO plan, inform: *“I do want to let you know that Dr. Kazemi’s office does not participate with your insurance program, but I do think he is the best person to treat you and I don’t want to compromise your care based on insurance guidelines. The difference in your out-of-pocket is not very significant and I think it’s more important for you to be in the right hands and have great results.”*

- Say it while you look at them in the eyes and be centered with your recommendation
- Write one referral form and give it to the patient.

To further build value, you can emphasis our signature service and highlight what may be important for them:

- | | |
|--|---|
| <input checked="" type="checkbox"/> On-Time appointments (3-minute rule) | <input checked="" type="checkbox"/> Follow-up calls by doctor and team |
| <input checked="" type="checkbox"/> Efficient office | <input checked="" type="checkbox"/> Thorough pre & post surgical instructions |
| <input checked="" type="checkbox"/> Personable service by our caring team | <input checked="" type="checkbox"/> In-house complimentary prescription service |
| <input checked="" type="checkbox"/> Pre-registration option to save time | <input checked="" type="checkbox"/> Appointment confirmations |
| <input checked="" type="checkbox"/> Immediate doctor response when in need | <input checked="" type="checkbox"/> Transportation assistance |
| <input checked="" type="checkbox"/> Home care kit- ice-pack; instructions | <input checked="" type="checkbox"/> Insurance and financial assistance |

How to Respond to Patient’s Objections

With the right approach, many patients accept your recommended treatment and the intended specialist. Objections do happen, but much less frequently with proper communication and understanding of patients needs as discussed. But you and your team must be prepared for objections and have responses that support your initial recommendations.

Let’s look at some common objections and examples of effective responses:

Critical stage #4

Be prepared for objections and have concise responses that will support your initial recommendations

“Fine, but can you also give me the name of another person?”

This is a common objection as patient may want to have several options. Options are good and we'll discuss how to best offer it. Here are some key points:

- Most patients have a relationship with you and trust you as their dentist, and they often do follow your first recommendations without questioning. However, some patients ask to have options.
- It has been shown that providing a second or third name, just because a patient has asked for it, immediately undermines your confidence in the individual who you've already recommended.

An effective response: ***“Well, I certainly can, but for now, Dr. Kazemi is the only surgeon that I am recommending for your third molars. I am certain you'll be very happy with him. But if for whatever reason, you want to see another person after you've met him, I'll be happy to give you our back up specialists”***

- It is best to adhere to your recommendation and do not give in to patient's repeated request.
- Assure them that they will be in good hands, but if necessary, you'll be happy to provide them with another name later. You will offer them options, but at an appropriate time.

“Do they accept my insurance?” or “Can you send me to someone who accepts my insurance?”

This is the most common objection. Here are some key points to remember before you respond:

- Finance is the main obstacle for many patients and they are concerned about out-of-pocket expenses.
- Insurance benefits for most oral surgery procedures is variable depending on type of plan. Generally speaking, third molars or extractions are considered as basic services and with PPO plans, they are covered at 80% of UCR, after deductible, and up to their annual maximum (\$1000-\$1500 for most plans)
- The out-of-pocket difference is not very significant between a provider and non-provider (see example below)
- We are not member provider of any insurance plans, but we can assist the patient with the claims and assist them in obtaining their maximal benefits available.
- Patient has an option of paying their approximate co-payment only while we submit insurance claims.
- We can not be of any assistance with HMO plans

An effective response: ***“Well, Dr. Kazemi's office is not a member provider of your insurance plan, but they accommodate it and assist you with the process. You will have the same benefits available to you and the difference in your out-of-pocket is not significant. Again, the reason I am recommending him to you is because of his unparalleled expertise and results as well as all the other benefits that we already talked about. Although, you might have a little more out-of-pocket expense, I can assure you that he is worth it and you will be very happy you went there. Please meet him first and they will help you with detailed information on cost and your insurance benefits.”***

A patient may respond: “I understand and appreciate that he’s great, but I must minimize the cost to me and I must see someone in-network. Who else do you recommend?” In this case, having already provided all the values you can, let them know that we might be able to provide them with the same in-network benefits. Advise them to call us and provide us with their insurance information, and we’ll be happy to assist them. You can also let us know of this special circumstance so we can be ready for when they call.

“Do they have payment plans?”

Patients with no insurance or poor benefits may need payment plans to make their treatment possible. Key points in your response

- We offer several payment plans.
- We can offer a 2 month payment plan through our office. Patient will sign an agreement and must present an active credit card and valid ID for automatic processing.
- We also offer short and long term payment plans through a third party (CareCredit and ChaseHealthAdvance); a prior approval is required. This can be done via phone or online. Approval takes a few minutes.
- For those with insurance plans, we do offer a copayment program and sending insurance claims on their behalf. Patients sign an agreement with a 60 day policy; in the event their insurance company has not processed their benefits, the balance will be automatically charged to their credit card account on file.
- If there are other unique circumstances, call us and let us know. We can make special arrangements.

“He is in Bethesda? Do you anyone closer?”

For some location and convenience is important, but usually not the ultimate factor and it can easily be resolved. Some key points:

- Location will only become a decision making factor if again, the oral surgeon you’ve recommended is perceived as a commodity.
- The key is to stand your ground and have a good reason for why you have recommended a surgeon 30 minutes away, while there are a number of others in the vicinity. Time to build more value.

An effective response: “Well, yes, I do know other oral surgeons who are closer, but if you want the best treatment and results then I recommend Dr. Kazemi. He is terrific and you’ll be happy you’ve seen him. Their office is only 30 minutes away and they might be able to arrange a Single-Visit treatment if possible. I can assure you they are well worth it. I trust his work and have seen amazing results and experiences from other patients, They are also located right next to Bethesda Metro and have plenty of parking.”

Dental Implants: Real Life Situation

You have just seen a patient with a missing tooth / teeth or a patient who needs an extraction and dental implant replacement is recommended.

You then make a recommendation that the tooth should be removed and discuss the risk / benefit aspect of implant placement:

Recommendations: Replacement of missing tooth with dental implant

Risks: Replacement of missing teeth are important in promoting overall oral health. Loss of a tooth with no replacement can have serious consequences:

1. Poor aesthetics and smile
2. Compromised chewing & function
3. Shifting of adjacent teeth causing disharmony of your bite
4. Loss (shrinkage) of your jaw bone
5. Excessive force on other teeth causing fracture or periodontal disease

Benefits of dental implants:

1. Re-creates function and aesthetics of **natural teeth**
2. Restore normal chewing and function allowing patients to enjoy their favorite foods
3. Prevent shifting of other teeth and therefore prevent increased chances of teeth fractures and periodontal disease
4. Preserve jaw bone and prevent bone loss
5. Simple procedure with **minimal discomfort** and quick healing
6. Very successful: **98%+ success rate**
7. **Life-long solution** and **standard of care** for replacing teeth
8. Conservative and non-invasive
9. **Prevent injury to adjacent teeth** caused by bridges / dentures

At this time, if communicated with conviction, patient realizes the importance of timely follow up regarding treatment. Answer any questions they have, present factual rational to support your recommendation, and suggest a timeline.

If patient is hesitant or appears to brush off your recommendations, reiterate why your recommendation is important and review risks. Use educational tools such as software, brochures, flip-charts, etc. to demonstrate risks and rational behind your recommendation.

When patients accept the importance and relative urgency of your recommendations, they often ask who you recommend. If part of your routine protocol, inform ***“Dental implant placement is best performed by an oral surgeon who specializes in this type of procedure. I recommend _____”***. Recommend only your intended oral surgeon and communicate it with conviction.

There are several effective communication skills that will most likely align your patient with your recommendations. We'll discuss those in a minute.

But let's first review **what does not work**. The following dialogues will significantly weaken your referral process and effectiveness:



“There are several oral surgeons you can choose from. There is Dr. A, Dr. B, and Dr. C. and here is the referral forms for each one, you can call whoever you want to see. They are all good.” This approach makes the specialist a commodity. From the patient's standpoint, you have no real confidence in any one particular for any specific reason. It also conveys that there is not a strong relationship. If patient asks which you recommend, you might feel cornered to pick one of them for a nonspecific reason, such as :”well, go see Dr. A, they are good”. And the way that is communicated, they may not believe it, even if it is true and Dr. A is truly good. But why are they good?



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Here is an **effective** dialogue.



“For dental implants, we work closely with Dr. Kazemi in Bethesda and I am going to refer you to him for your surgery. He is a board certified surgeon and he is a specialist and very experienced with this procedure with great results and success rate (\$99%+) and extremely rare complications. He uses unique approaches and techniques that make the entire experience for you easy, quick, and comfortable. He has a fantastic office and team and every patient we have referred to him has most satisfied with their results and experiences”.



If they have a PPO plan, then inform *“I do want to let you know that Dr. Kazemi's office is not a participating member with your insurance program, but even more importantly dental implants are not covered procedures by the majority of dental insurances. So it makes no cost difference whether you see an in-network or out-of network surgeon. I do think he is the best person to treat you and I don't want to compromise your care based on insurance guidelines.”*

- Say it while you look at them in the eyes and be centered with your recommendation
- Write one referral form and give it to the patient.

To further build value, you can emphasize our signature service and highlight what may be important to them:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Life-Time Guarantee for dental implants | <input checked="" type="checkbox"/> Home care kit- Ice-pack; instructions; |
| <input checked="" type="checkbox"/> Implant specialty practice | <input checked="" type="checkbox"/> Follow-up calls by doctor and team |
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How to respond to Patient's Objections

With the right approach, many patients accept your recommended treatment and the intended specialist. But some will respond by objections. Objections do happen, but much less frequently with proper communication as discussed above. But you and your team must be prepared for objections and have responses that support your initial recommendations.

Lets, look at some common objections and examples of effective responses:

“Fine, but can you also give me name of another person?”

This is a common objection as patient may want to have several options. Options are good and we'll discuss how to best offer it. Here are some key points:

- Most patients have a relationship with you and trust you as their dentist, and they often do follow your first recommendation without questioning. However, some patients ask to have options.
- It has been shown that providing a second or third name, just because a patient has asked for it, immediately undermines your confidence in the individual who you've already recommended.

An effective response: “ Well, I certainly can, but for now, Dr. Kazemi is the only surgeon that I am recommending for your dental implants. I am certain you'll be very happy with him. But if for whatever reason, you want to see another person after you've met him, I'll be happy to give you our back up specialists”

- It is best to adhere to your recommendation and do not give in to patient's repeated request.
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“Do they accept my insurance?” or “Can you send me to someone who accepts my insurance?”

This is the most common objection. Here are some key points to remember before you respond:

- Finance is the main obstacle for many patients and they are concerned about out-of-pocket expenses.
- Insurance benefits for most oral surgery procedures is variable depending on type of plan. Generally dental implants and bone grafting procedures are not covered by insurance.
- The out-of-pocket cost is no different between a provider and non-provider as there is no benefits either way.

An effective response: “Well, Dr. Kazemi’s office is not a member provider of your insurance plan, but dental implants are not covered by insurances anyway. So there will be no difference in cost between an in-network and out-of-network surgeon. Again, the reason I am recommending him to you is because of his unparalleled expertise and results as well as all the other benefits that we already talked about.”

Dental implants are not usually covered by dental insurances. Medical insurance may provide coverage if tooth loss is due to trauma or pathology.

“It’s too expensive. Is there a cheaper option?”

This objection arises when patient has no explicit needs for the implants and does not appreciate the inherent values and benefits of the recommended treatment. The following may help:

- Review their goal and objectives and what their expectation is from their treatment
- Discuss disadvantages of the alternative options and its high cost in long term.
- If they need payment options, discuss long term payment plans.

“There is not enough bone. Is a dental implant still possible?”

- Bone grafting is now a routine and highly successful procedure.
- Dental implants can be placed following 4-6 months of healing with equal long term prognosis.
- Indicate that Dr. Kazemi is a specialist in bone grafting and tissue regeneration and he is highly experienced with this procedure.
- The procedures may be done under IV sedation with maximal comfort.
- For patients who have hesitation about grafting procedures, re-emphasis the key benefits of bone restoration (improved aesthetics, allowing easier hygiene, providing proper support for implants for long term stability and success) and key benefits of dental implants.

“Do they have payment plans?”

Patients with no insurance or poor benefits may need payment plans to make their treatment possible. Key points in your response

- We offer several payment plans.
- We can offer a 2 month payment plan through our office. Patient will sign an agreement and must present an active credit card and valid ID for automatic processing.
- We also offer short and long term payment plans through third party (CareCredit or ChaseHealthAdvance); a prior approval is required. This can be done via phone or online. Approval takes a few minutes.
- For those with insurance plans, we do offer a copayment program and sending insurance claims on their behalf. Patients sign an agreement with 60 day policy; in the event their insurance company has not processed their benefits, the balance will be automatically charged to their credit card account on file.
- If there are other unique circumstances, call us and let us know. We can make special arrangements.

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- The key is to stand your ground and have a good reason for why you have recommended a surgeon 30 minutes away, while there are a number of others in the vicinity. Time to build more value.

An effective response: “Well, yes, I do know other oral surgeons who are closer, but if you want the best treatment and results then I recommend Dr. Kazemi. He is terrific and you’ll be happy you’ve seen him. Their office is only 30 minutes away and they might be able to arrange a Single-Visit treatment if possible. I can assure you they are well worth it. I trust his work and have seen amazing results and experiences from other patients, They are also located right next to Bethesda Metro and have plenty of parking.”

About Dr. H. Ryan Kazemi



Dr. H. Ryan Kazemi is an oral and maxillofacial surgeon certified by the American Board of Oral and Maxillofacial Surgeons. He received his dental degree from the University of Pennsylvania, School of Dental Medicine in 1990. Following a one-year internship at the Albert Einstein Medical Center in Philadelphia, he pursued surgical training at The Washington Hospital Center in Washington, DC, where he received his certificate in Oral and Maxillofacial Surgery. Dr. Kazemi has practiced in Bethesda, Maryland, since 1997, providing a full spectrum of oral and maxillofacial surgery procedures with emphasis on extractions, dental implants, bone grafting, and corrective jaw surgery.

Dr. Kazemi is a diplomat of the American Board of Oral and Maxillofacial Surgeons, and an active member of the American Association of Oral and Maxillofacial Surgeons, American College of Oral and Maxillofacial Surgery, Academy of Osseointegration, American Dental Association and Entrepreneur Organization.

He has served as the founder and president of several dental and implant study clubs in the Washington DC area. Dr. Kazemi has published and lectured extensively on dental implants, bone grafting, and practice management. His newsletter, *To-The-Point* is read by more than 2000 dentists every month. He is also the founder of DDSForums.com, a professional networking site for dentists.

Dr. Kazemi serves on the medical staff for D.C. United, the major soccer league team in Washington, D.C. and the US national soccer team for the care of their athletes.

Our expertise and service allows patients to:

- Be treated by a specialty trained and skilled doctor
- Achieve the results you expect
- Have a speedy recovery
- Make appointments easily and efficiently
- Be seen quickly and on time
- Feel safe and comfortable
- Experience a warm and personal service

Experience oral surgery care that...

Patients talk about

Referring doctors brag about

And our team delivers everyday



appointment
emergency
solutions

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