

Your no-shows and your “let me think about it” consults are arches you already diagnosed. Nobody in the building has time to work them — or to answer the 9 pm enquiry in Spanish. Lead Intelligence does, 24/7.

*He booked the consult at 9 pm and never arrived. Nobody called. Reactivate your unclosed and no-show cases. Answer every new enquiry in seconds, 24/7, in the patient's own language. Nothing gets dropped.*

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COUNTED · OUR OWN PRACTICE

|                                                                                     |                                                                                                                |                                                                                                  |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>15 sec</b><br>from a new enquiry to the first call; 17 seconds to the first text | <b>19</b><br>consults booked by the AI in five weeks — four from leads that had never once replied to a person | <b>472 → 1</b><br>leads said “too expensive”; one reached treatment. That is a follow-up problem |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|

SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

☐ A no-show is rebooked only if the front desk remembers

☐ A consult that leaves undecided is never called again

☐ Your new-patient line goes to voicemail at lunch and after five

WHAT LEAD INTELLIGENCE RUNS — TRIGGER, WHAT DION DOES, WHAT YOU SEE

| WHEN                                                 | DION                                                                                                                                                          | YOU SEE                                                                       |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| A full-arch enquiry arrives — form, ad, call, text   | Calls and texts back within seconds, holds a real conversation, qualifies on what matters — which arch, how soon, and whether financing is part of the answer | A scored lead with the transcript, and a consult on the schedule when it fits |
| The line is busy or it is 9 pm                       | Answers, qualifies, books; texts back the caller who hung up                                                                                                  | The booking, the recording, and a note on who still needs a person            |
| A consult no-shows                                   | Calls and texts the same day, rebooks, and keeps the case open on a cadence until it sits or says no                                                          | No-shows back on the surgical schedule                                        |
| A consult leaves undecided — “let me think about it” | Re-opens the conversation on the cadence you set — financing, the second opinion, the timing — until the case closes or says no                               | Unclosed cases closing, on a list you can read                                |
| “Too expensive”, then silence                        | Keeps the conversation open on a cadence for ninety days — call, text, call — and offers the consult again when the timing changes                            | Consults from leads your team had written off                                 |
| A consult is booked                                  | Confirms at 24 hours by text, 2 hours by call, 1 hour by text                                                                                                 | Fewer empty consult slots on a surgeon's day                                  |
| Every conversation                                   | Transcribes, scores intent and sentiment, attributes it to the campaign that produced it                                                                      | Which ads produce arches, not clicks                                          |

*Reactivate your unclosed and no-show cases. Answer every new enquiry in seconds, 24/7, in the patient's own language. Nothing gets dropped.*

#### THE LINES IT MOVES ON YOUR ANALYSIS

New-patient capture that currently goes to voicemail

[own-book proof](#)

Re-work of the dead-lead file in the first ninety days

[own-book proof](#)

#### IN AN IMPLANT PRACTICE

At \$20,000 an arch, one recovered case a month is \$240,000 a year — from consults you already booked and leads you already paid for.

#### WHAT YOUR TEAM KEEPS

- The consult — the surgeon's conversation, the plan, the trust
- The price conversation and the close
- Any clinical question, escalated warm with the context gathered

#### WHAT IS ACTUALLY BUILT

Answering our own practice line today. 41,317 leads have gone through it — captured, scored, routed and followed up. A clinical question never gets an AI answer: it is handed to a person with the conversation attached.

#### READS

Your lead sources: web forms, tracked numbers, ad accounts · Your schedule, to book straight into it · Your existing lead file — the quiet one

#### RETURNS

One lead record per person, with every call and text · Intent and sentiment scores on the actual conversation · Booked consults, attributed to source

#### YOUR FIRST THIRTY DAYS WITH IT

Tracked numbers provisioned · qualification criteria set with you · your lead file loaded and the re-work cadence started · booking connected to your schedule.

#### BEING STRAIGHT WITH YOU

We do not promise a number of arches. The gain comes from three places: cases you already have (the no-shows and the undecided from the last two quarters), enquiries answered in seconds, around the clock and in the patient's language, and nothing dropped between the first call and surgery day. We set the target with you in week one from your own consult book, and the first ninety days are the proof. It is a front desk for the phone, not a clinician; qualification criteria are yours.

#### COUNT YOURS

Full-arch consults last quarter that never arrived

Consults that left undecided and were never called

Calls that reach voicemail in a normal week

# Your first thirty days with Lead Intelligence.

Every office is onboarded in one month with a named person on our side. Lead Intelligence is one function of the nine; it reads the same practice record as the others, and your practice system is read in place — nothing migrated, nothing modified. It comes with a team: a dedicated account manager, training for each role, and the numbers delivered to you every morning, every night and every month.

- Tracked numbers provisioned
- Qualification criteria set with you
- Your lead file loaded and the re-work cadence started
- Booking connected to your schedule

## SOUND FAMILIAR? TICK WHAT IS TRUE OF YOUR PRACTICE

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### IN AN IMPLANT PRACTICE

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**Start with your numbers.** Three figures off your last P&L and the analysis returns your own addressable overhead and your own recoverable revenue, line by line. It cannot show a Dion price — that arrives only after we have read your numbers together.

[console.dionhealth.com/analysis](https://console.dionhealth.com/analysis)

## See it live, on the practice it runs today.

A 15-minute walkthrough with our team — no preparation, no commitment.

[www.dionhealth.com/pikos](https://www.dionhealth.com/pikos)

Or start with your numbers: [console.dionhealth.com/analysis](https://console.dionhealth.com/analysis)