Internal practice management

Jose Marin
Pacific University
Internal practice management

Abstract
A Doctoral dissertation reviewing the current literature concerning the methods employed in marketing of an optometric practice (from within), using an existing patient base; hence the term “Internal Practice Management.” The main objective of this thesis is to present several methods to effectively manage an existing patient base. Several marketing strategies are discussed, including specific information on preappointments, recall, referral and former patient reactivation. Discussions within will also include new patient treatment, exam marketing as well as newsletter and brochure “how to’s” in conjunction with telephone scripts prepared for your staff so all telephone inquiries will be handled with professionalism. Chapter Two describes the "Perfect practice to buy," and this thesis would be most beneficial for the new (looking for a practice) graduate who could be faced with the following financial terms from a retiring Optometrist: Net annual income for the next ten years during the buy-out period: -$30,000.00—Depressing isn’t it? But, if the practice in question was in a growth area and if the retiring O.D. has been doing limited or no recall and/or poor internal practice building techniques, then this seemingly meager net income could be turned around quite nicely in a relatively short time. Marketing an optometric practice requires attention to both INTERNAL and EXTERNAL communications with your patients. Patients have only a limited knowledge of optometry; they often form perceptions about the quality of care based on you and your staff’s communication skills. These skills are the focus of the chapters titled "Interreferral marketing and Staff marketing.” The management principles contained herein are modifiable to all optometric marketing situations. An integrative marketing approach must be developed before any capital is committed towards acquiring a new practice. The key to any new marketing idea is follow through and tracking. It is these two functions that will make or break your marketing bottom-line profits. Staff follow-through can be motivated with incentive and tracking methods. The dissertation concludes that the optometric training institutions should look beyond optics and health-related issues in their curriculum. Management and marketing must also be integrated so as to allow students the much needed insight to succeed on their own in the increasingly competitive profession of optometry. Internal practice management is basically “patient communication” at its finest. Relay to all your patients a sincere caring attitude and you will reap many rewards. Remember, patients don’t care how much you know, until they know how much you care.

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INTERNAL PRACTICE MANAGEMENT

BY
JOSE MARIN

A thesis submitted to the faculty of the
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Advisor:

Steven K. Fletcher
INTERNAL PRACTICE MANAGEMENT

By

Jose Marin

Advised by

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About The Author

Jose Marin and his wife Paola F. Vitiello, O.D. began their optometric careers a few years apart with Dr. Vitiello graduating in 1988 and Jose beginning optometry school in 1989. Jose was a 1987 graduate of Portland Community College Optician Program and is a nationally certified optician (NBOC) and contact lens technician (NCLC). From January 1987 to September 1987 he managed the Contact Lens Department at East Portland Eye Clinic in Portland, Oregon before deciding to return to complete undergraduate studies to fulfill the entrance requirements for Pacific University College of Optometry. In 1989 during his first month of optometry school, Jose and Paola opened a free standing optometric practice in a restored 1912 farmhouse along a busy road in Beaverton, Oregon. They converted the first floor to operate as a clinic and the upstairs became their home for the next four years. While attending Pacific, Jose developed a deep interest in practice management for obvious reasons, but unfortunately this subject is given very little coverage in optometry school and thus the reason for this thesis. His future plans are to join his wife in the private practice they have built over the years and provide the community with the best possible eye care.

Jose Marin
This paper is dedicated to those students who possess the willingness to boldly go where many students have gone before:

Private Practice

Unfortunately many have left private practice in recent years due to the fact that competition is mandating a high degree of marketing skills from doctors and their staff; hence, this thesis.

Jose Marin
ACKNOWLEDGEMENTS

I would like to acknowledge Steven K. Fletcher who is currently Director of Community Relations at Pacific University College of Optometry. Mr. Fletcher's contribution to this paper has been greatly appreciated. Thanks are also in order to Dr. John Rumpakis, Assistant Professor of Optometry and private practitioner. I'm sure he would agree that the optometric management curriculum in optometry schools would benefit from a minimum three-course sequence. And last but never least to my wife who has always been willing to try new marketing ideas in our joint practice.
ABSTRACT

A Doctoral dissertation reviewing the current literature concerning the methods employed in marketing of an optometric practice (from within), using an existing patient base; hence the term "Internal Practice Management." The main objective of this thesis is to present several methods to effectively manage an existing patient base. Several marketing strategies are discussed, including specific information on preappointments, recall, referral and former patient reactivation. Discussions within will also include new patient treatment, exam marketing as well as newsletter and brochure "how to's" in conjunction with telephone scripts prepared for your staff so all telephone inquiries will be handled with professionalism. Chapter Two describes the "Perfect practice to buy," and this thesis would be most beneficial for the new(looking for a practice)graduate who could be faced with the following financial terms from a retiring Optometrist: Net annual income for the next ten years during the buy-out period: $30,000.00--Depressing isn't it? But, if the practice in question was in a growth area and if the retiring O.D. has been doing limited or no recall and/or poor internal practice building techniques, then this seemingly meager net income could be turned around quite nicely in a relatively short time.
Marketing an optometric practice requires attention to both **INTERNAL** and **EXTERNAL** communications with your patients. Patients have only a limited knowledge of optometry; they often form perceptions about the quality of care based on you and your staff's communication skills. These skills are the focus of the chapters titled "Inter-referral marketing and Staff marketing." The management principles contained herein are modifiable to all optometric marketing situations.

An integrative marketing approach must be developed before any capital is committed towards acquiring a new practice. The key to any new marketing idea is follow through and tracking. It is these two functions that will make or break your marketing bottom-line profits. Staff follow-through can be motivated with incentive and tracking methods. The dissertation concludes that the optometric training institutions should look beyond optics and health-related issues in their curriculum. Management and marketing must also be integrated so as to allow students the much-needed insight to succeed on their own in the increasingly competitive profession of optometry.

Internal practice management is basically "patient communication" at its finest. Relay to all your patients a sincere caring attitude and you will reap many rewards. Remember, patients don't care how much you know, until they know how much you care.
FORWARD

Interest in the causes for and treatment of practice mismanagement has reached an unprecedented level during the last decade. It is not that optometrists are increasingly being infected with this anomaly. It is that commercial advertising is affecting the minds of their future patients. The surge in the middle 1980's of commercial optical chains has produced profound changes in once easily attainable practice dollars that now are hotly contested for.

The nature of optical chain store influences may be quite subtle or quite profound. There are two broad categories of patients in the market place: One is very receptive to newspaper and Yellow Page ads, two-for-one promotions and discount coupons when looking for a new doctor; the other type of patient looks for a new doctor by asking friends and family members who is "good." Both type of patients want thorough, professional health care in a friendly atmosphere.

Optometrists could spend all their efforts and dollars trying to compete for "chain store mentality" patients, but their success would be limited. Chain stores are much better at that type of marketing; they have much more expertise, money, and economies of scale in their favor.

Independent O.D.s have a much better chance of attracting and keeping the second type of patient than the first. Excellent care and personal rapport with patients provide the edge. In light of these facts, optometry students should make a philosophical decision now to focus marketing efforts "internally."

This thesis will demonstrate ways to look for new patients through existing patients instead of trying to "externally" market a practice. By incorporating the procedures and ideas found within these pages, the need for people who page through the Yellow Pages for a new optometrist will disappear.

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PART I

INTERNAL PRACTICE MANAGEMENT

Jose Marin
CHAPTER 1
INTRODUCTION

"There are 27,000 Optometrists in the United States, of which 70% are in private practice. Thirty-three percent of these O.D.s practice in communities of under 25,000 people. Nationally, there are 10.4 practicing Optometrists per 100,000 population. The 16 U.S. schools and colleges of optometry graduate approximately 1,100 new O.D.s per year. Attrition is estimated at about 600 O.D.s each year. At this rate, by the year 2000 the number of practicing Optometrists will approach 31,000"(1).

As any student of marketing knows, the most important aspect in achieving a record profit margin is perceived quality.

QUALITY IS THE KEY:

The key to quality is in the patient's perception of products and services. Most people are unable to judge the quality of work, so they tend to judge according to associated services. For example, the receptionist, the waiting time, if they feel they are being rushed, personal follow-ups, and so on. If a practice is viewed as being just a little bit better than the competition, it won't help to attract large numbers of patients. It appears that people lump the middle ground together. But when quality is viewed as significantly superior, that alone will improve your bottom line because word-of-mouth will lead to greater retention and higher fees.

It is apparent that people are willing to pay a premium for that last increment of perceived quality(2).

In some cases, a high market share can temporarily be achieved by external advertising, but sooner or later patients will seek out quality. External marketing buys a response to advertising, not building a patient base of repeat buyers or people willing to spread the word about excellent services, although advertising will help spread the word of superior quality much faster. But note, advertising price is not done.

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The following is an introductory list of ways to demonstrate a caring management style:

* Give all new patients a brief tour of the office and point out the numerous tests that will be performed for their eye exam. Do not forget to also introduce them to the staff. *(People mostly remember the welcome and the farewell).*

* Instant photos should be taken of all patients when they come to pick up their eyewear or contact lenses. This photo should be taken with the same background every time. See to it that the background has a sign with the office name. An office name label can also be affixed on the bottom. Take two photos and give one to the patient to show friends and put the other in the patient's file.

* Greet all former patients by name before they announce themselves. The front desk staff and the doctor should review all photos before the patient arrives.

* Just before the patient leaves, a carnation for all females and males should be given as a parting gift. Remember, a referral for excellent services has just been requested, so the flower is a nice touch.

* Serve refreshments in the waiting room. Hot liquids should be left out of this offer. Serving healthy alternatives will leave a healthy message.

* Fill out all forms for your patients. If there is one common complaint about doctors' offices it is that there are too many forms to fill out. Hint #1: The staff person in charge of working with the patient the most should be in charge of this task. They should explain **before** questions are asked that they personally will be working with the patient so that the new patient does not feel reluctant in answering many of the personal, medically relevant questions that the doctor may ask. Hint #2: When asking sensitive questions always preceed the question with a brief explanation of why it is pertinent to the doctor (i.e. "Are you pregnant?" = Corneal edema symptoms with contact lens wear and/or contraindication to diagnostic or therapeutic drugs).
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* Make arrangements for financing if needed without the usual hassles.

* Make all appointments at one time. This will minimize patients' at the front desk.

* Prevent all uncomfortable procedures or situations not only by technical means but also emotionally (explain all procedures carefully, especially contact tonometry and dilated fundus sensations).

* Mail helpful information to your patients.

* Call to check up on patients the same day they undergo a difficult procedure (this may actually shock people in a good way).

* Write short notes to patients using a practice, blank post card. It does not have to be a grave situation to motivate this card's use. This is a great bonding tool.

* Thank all patients personally by phone and/or letter, and give a small gift for each and every referral. Do not allow referrers to escape your royal treatment.

* Try to stay on schedule without making patients feel rushed. If running late, have the staff call ahead to let patients know, so that they need not wait; tell them that their time is just as important as the doctors'.

Providing these 13 high-impact ways to relay your perceived quality will help practices grow and prosper in today's saturated market place.

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Marketing Skills

The primary cause of marketing programs failure is **inconsistency**. For example, an intelligent new graduate might reveal the following: a colleague tells him how speeches and vision screenings at clubs or community centers could increase his practice; as a do-it-now type person, this would get him off and running at full tilt. Then another colleague advises the new grad how much he really needs a practice brochure. Then someone else... etc, etc,...

Our new grad bought it all. And of course started it all. The main problem is that he never executed any of the ideas in such depth so as to receive a return on this substantial investment of time and dollars.

**Why the failure?**

There are many reasons for failure. Two main reasons need to be studied. The first is lack of **TRACKING(3)**. If unsure what is working and what isn't, you can't stay with the winners and cut the losers. Second is an affliction common to many optometrists, but thankfully only when it comes to their marketing--**a nanosecond attention span**. If new marketing ideas are presented--off they go pursuing it. But low and behold, another "catchy" idea snags their lateral rectus and they're off in an exotropic direction. And another idea...and so on.

By the end of the year, the afflicted optometrist has attempted many new ideas with run-of-the-mill results. It seems that the only idea that stays is one which will produces monstrous profits. The problem is that 99% of marketing doesn't work that way. Incremental gains will add up consistently over the year. But a smart optometrist with a short attention span lacks the consistency and discipline to make a marketing program work. In fact, it can be said, they have no real program at all.
THE ANSWER

There is perhaps only one solution for this anomaly: A marketing plan with tracking to act as a feedback loop. With a written marketing plan, O.D.s end up where they would like to have been from the very beginning, without the usual hysteria, anxiety, and adrenalin that accompanies a more scatter-brained approach.

Management skills

The hyper active professional has been reviewed; now, let's look at the opposite end of the management spectrum: The Hermit O.D.(4)

This is a common type: He is the one who shows up five minutes before the first patient and then hides out in his exam room all day and doesn't come out until the end of the day. They rarely take the time to compliment staff on a job well done nor do they bother to explain eye care concepts or products. Some O.D.s stick to the exam room because they feel more comfortable in the role of eye doctor than in the role of personnel manager. Hermitic behavior will lead to staff resentment, moral problems and a high turnover rate of employees. All this leads to staff job depression and it also repulses patients. Hermitic behavior is a real problem to solve. Here are a few ideas that may help:

* Hold brief staff meetings each morning before patients arrive. Review each patient on the day's docket and discuss any special patient needs that can be anticipated. For example, a patient with a prosthetic eye obviously does not need visual acuities or tonometry and staff members would seem incompetent if such attempts were made.

* Discuss the previous day's schedule and try to point out areas of communication weaknesses that may have happened either between the doctor and the staff or staff and patient. Patient no-shows or cancellations should be of prime importance in these discussions because the staff made all the appointments and these problems severely affect the bottom line. The benefits of daily staff meetings are obvious: not only do they force productive interaction between doctor and staff but they also encourage a sense of teamwork and make the office a better place to work.

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Conclusion

In this chapter, ways to demonstrate to patients that "Quality is paramount" have been discussed in conjunction with a brief review of marketing and management styles or a lack thereof. Optometrists should also ask themselves: "What do my new patients think of me and my staff?" Previous patients have information to go on with regard to this question but what about those who don't?

One way reputation is moulded is through promotional and informational materials(5). Because it is through these materials that new patients will get to know the optometrist, it makes sense for these materials to be of the highest quality. Remember:

* If materials look high quality, people will think the doctor is high quality.

* If materials look retail, people will think the doctor is retail.

* If materials look boring, people won't read them.

Quality is the key to all long-term, successful practices, so substitutes should never be accepted. If patients leave with only one impression after their visit, let it be the following:

"YOU WON'T BE RUSHED, YOU'LL BE CARED FOR"

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PERFECT PRACTICES TO BUY

Getting started on the right foot begins with purchasing the right practice. Plenty of help with financially verifying the soundness of the prospective practice will be available. But how about the analysis of the potential marketability of this new venture? In order to achieve the maximum possible appreciation, look for these characteristics:

* Look for a practice with a non-functional recall system. Installation of a highly efficient system as found in this thesis will boost profits dramatically.

* If the practice is in a free-standing location, then look for one that has poor signage. Outdoor signs are the number one return on investment (R.O.I.) for an external promotional dollar(6).

* Try buying a practice from an older O.D. who has been sitting on his laurels for years and who doesn't worry about management or marketing, and has not kept the practice up to date. A quick interview with the staff in conjunction with a file inspection will reveal the status of these items. Young energy and modern thinking always improves bottom line profits.

* If the practice is in an expanding area, be willing to accept a lower annual net on the buy out. Plenty of mistakes can be made in a growing market without endangering success.

* If the prospective practice is in a mall that is surrounded by the double anchors of a supermarket and drug store, don't be turned off just because of expensive rent payments. Look at this location as freeing cash that would have been spent on external marketing programs due to the walk-by traffic you will see.

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* Big practices are tough to sell so look for these to be heavily discounted.

* Never, purchase a practice from a doctor who's a great salesman. This type is obvious: He's the one whose smooth style and smile can sell you the world. The practice's numbers were built on this ability and cannot be duplicated. The high price pays for the historical profits his sales ability produced, numbers that will probably never be seen again.

* The same is true for the "Optometrist's" Optometrist. Highly specialized O.D.s have beyond normal loyal patients, especially if the practice's specialty is functional vision. There are good reasons for this loyalty, so filling someone's shoes will require a special slow release of the selling or retiring O.D. His patients must love the new optometrist as much or more and this may take two to five years, so initial buy out options must reflect this consideration.

Conclusion:

Try to find the O.D. who has been doing everything wrong (except making complete enemies out of his patients) so that you can take over and do everything right. If the practice is a destination location with no other anchor tenants, then insure that signage is excellent or can be improved. Again, location is paramount.

Jose Marin
HOW TO MOTIVATE PARTNERS

Although later chapters deal with the specifics on referrals and how to ask patients for referrals, I thought now would be a good opportunity to instill the fact that partners or staff may have objections to asking for these referrals. Older optometrists may resist marketing for a number of reasons—all of them emotional:

1. A colleague may be fearful of what their other colleagues may think. They should be told that their so-called "colleagues" are competitors and that they are not the ones paying the bills.

2. Next, they may feel that marketing projects a poor image to other colleagues. You need to educate them to the fact that good internal promotions actually enhance the credibility and respectability of a practice and that's what attracts patients.

3. Next, partners should be convinced that marketing is not unprofessional. Professionals need to inform patients about their practice and about the benefits their services provide.

4. The partner may feel uncomfortable about marketing due to ego (if I ask for business this means I need it) or because he personally doesn't need additional business. Make them aware that by marketing, you will increase the entire value of the practice so that it will be worth much more than it is now.

Conclusion:
It may also be necessary to show how others promote their practice and explain marketing plans step-by-step so that the partner thoroughly understands them and appreciates the effort it will take. Begin a few marketing programs at first and when one program has been fully implemented, initiate the next one. Show partners each aspect of the plan through role playing. When he does something to support the program, recognize and encourage him for it. Keep mentioning it so that the practitioner keeps repeating the same program over and over. Most important of all, have an accurate method for tracking that shows results. If a colleague believes in the scientific method, nothing motivates like numbers.

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Before beginning the technical aspects of laying out a marketing program, let's take a moment to realize exactly why WORD-OF-MOUTH (WOM) marketing referrals are important to successful practices. **WOM should be a BIG part of a total practice marketing program.** And WOM is a shapable behavior; it does not have to be an accidental occurrence. To improve WOM: 1) establish an image of an expert in a specific field, 2) ask for referrals, then 3) give referrers personal recognition in the form of a phone call/gifts, etc... **These are the key elements.**

Next, systematize the key elements into separate marketing strategies, including: asking for referrals, frequent referral program, internal prospecting (in order to farm the patient base for WOM and repeat visits), waiting room resume and also a practice brochure(8). All of these topics are contained within this thesis.

Typical costs for the above are as follows:

* Professionally created office brochure: $2,000-$3,000 to create and $2,000-$2,500 to print 5,000 pieces.
* Waiting room resume: $100 if created in-house or $900 for a powerful resume done by a truly talented professional.
* Frequent referral gifts run about $5 for WOM referrals.
* Internal prospecting cost $1.20 per year per household on active and past(inactive) patient lists going back five years. This covers communicating with each household by mail four times per year.

For a typical practice with 1,000 active patients and 2,000 inactive patients, the cost breakdown is as follows:

* Sales brochure: $4,000
* Waiting room resume: $900
* Frequent referrer: $1,000
  (for 200 new WOM patients)
* Internal prospecting: $3,600
  $9,500 -- Total for 1st year
For the second year costs will obviously drop to \(-\$4,600\) or so because the supply of office brochures and office resumes should last about four years. **Remember:** "**Internal Marketing**" should receive priority over any **external marketing** because the return on investment is always greater than most external marketing.

Another word-of-mouth booster idea is the "**Personal Service Contract**"(9). It seems that O.D.s give away many so called "free services" and they think nothing of it. Free services should be recorded and listed on a **printed fancy contract** that spells out all the services that patients receive. Examples are:

* Free Rx troubleshooting for six months.
* Free eyeglass ultrasonic cleaning.
* Free eyeglass adjustment for the life of the frame.
* Free replacement screws for frames.
* **Most eyeglass repairs for $15.00.**
* Free contact lens polishing and/or professional cleaning.
* Free contact lens solution samples.
* Free emergency pair of (two week modality style) frequent replacement contact lenses.
* Double the warranty on each eyeglass frame.
* No charge three-month (three payments) financing on all services.
* Free vision screenings with advanced appointment.
* Free blood pressure check with advanced appointment.

etc, etc, etc, ...

Next, to make sure this personal service contract is appreciated, the contract should be personally signed in front of the patient and **have the patient sign it.** Put one copy in the patient's file and hand the original back to the patient.

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Putting their signature on the contract encourages patient involvement and makes it an "official document"—at no cost. Now tell the patient to keep their copy for quick reference just in case they have any problems. Mention that you are the only optometrist in town with this contract.

Result: A super practice being created from word-of-mouth alone.

DEVELOPING A FOUR-STEP MARKETING PROGRAM:

Marketing will be divided into four major steps(10). These are:

ANALYSIS---PLANNING---IMPLEMENTATION---CONTROL

STEP #1: ANALYSIS:
The "analysis" step is made up of two major phases. The first is to: A) evaluate what the practice is like today and the second is, B) goal setting phase.

A) Evaluating what the practice is like today:

In order to help understand exactly what the practice is like today we must:

1) Complete the "Practice self-study" form located in Appendix A. The form will help in the analysis of all aspects of the practice. This form should be completed by the doctor and all staff members. Afterwards, consult with a trusted impartial colleague to review the results. Operational office trends will be revealed and plans should be laid out to correct deficiencies.

2) Mail a patient questionnaire to past patients who have not returned in the past two years. The title of the letter might be "So that we might serve you better." For more information, refer to questions from the self-study form previously mentioned and refer to chapter 8 for a form letter used to reactivate patients. Conduct the mail study of about 100 randomly-selected patients.

3) Determine patient profile. To do this, simply collect data on all appointments for the next three or four weeks.

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Have every patient complete a form with the following questions: *age and sex, *new or returning patient, *full care or emergency patient, *home and work zip codes, *marital status *occupation and education, *number of other family members also associated with your practice, *patients opinion of your services and caring nature of doctor and staff *insurance patient and *referred by whom.

The office manager can collect the following statistics:
A. How many patients were lost each year due to moving or death.
B. How many patients lost for "other reasons."
C. How many new patients see each month.

From these stats it will be possible to calculate how my new patients will be needed each month to maintain the present size of the practice. Let's say for example 10% of patients are lost due to moving or death and another 10% for other reasons. Let's also assume that new patients make up 20% of monthly appointments. The result will be that the optometrist is just breaking even and will be showing ZERO growth at the end of the year at this new patient rate, considering loss ratios. Returning and referring patients are going to be the key to continued growth and economic survival.

B) Goal setting:

Now that the practice's strengths and weaknesses have been analyzed by working through the previous section; the focus can be on practice goals. It is important to get these goals in writing and to clarify them so that they are:

**Specific, Achievable and Measurable.**

Listed below are but a few specific goals:

* Net income goals for the practice.

* Preferred number of patients to be seen per day and number of hours to be worked.

* The "ideal" type of patient, or mix of patients, desired for the practice.
* Desired number of new patients to be seen each month and year.

* Whether or not the optometrist would like to retain current practice location and/or make changes in the physical facilities.

* Ideal staffing; i.e., are associates or more employees desirable.

Now that the practice analysis is complete, we are now able to move on to step #2 "Planning".

Before turning the page, take a moment to write down what you feel are your practices Strengths, Weaknesses and Outside Variables (external forces that shape your practice). By listing these now, you will be unbiased in your thought processes toward planning your practice's future direction.

STRENGTHS:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

WEAKNESSES:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

OUTSIDE VARIABLES:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

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STEP #2: PLANNING:

This step may be approached very simply by dividing a sheet of paper into two parts. On the left, variables that affect the practice should be listed. On the right, the potential actions to change these variables should be listed.

The variables should be further divided into three parts:

*Strengths: The good things about the practice that should be emphasized and capitalized upon, i.e., if a family practitioner, then families living within a five mile radius should be the target market.

*Weaknesses: These are the problem areas previously identified in this analysis.

*Outside variables: These are the community forces that are affecting the practice.

STRENGTH EXAMPLES:

Variable #1: My practice has an established good reputation in the community.

Potential action #1: Increase participation with more service organizations, for example, Rotary and Lions clubs, or work to increase community awareness of my practice through talks to PTA, scouting groups or participation with a local health fair or establish an ongoing plan to maintain visibility and community awareness in eyecare.

Variable #2: Most patients seem satisfied with the quality of care.

Potential action #2: Continue to emphasize that you provide quality care, or look for ways to enhance this "quality" image in all outside contacts, or at the next staff meeting, have each staff member bring at least three ideas on how to do this. These will be evaluated and action planned accordingly.

Variable #3: Many new patients come to the practice through referrals from other patients.

Potential action #3: Encourage patients to refer friends and family to you. Do this by starting a "thank you" program for referrals by patients.
Variable #4: Patients perceive "we care" attitude.
Potential action #4: Continue to work on "we care" images and involve the staff on generating a list of ideas to be tried, or start having staff wear name tags and introduce themselves to patients and to address patients by name.

Variable #5: The office has a good location near several office complexes, residential areas, and we also have adequate parking.
Potential action #5: Increase office visibility by improving office sign, or include map on business cards and patient brochures. Also include in brochure that there is reserved parking for patients, or mark parking spaces reserved for patients.

WEAKNESS EXAMPLES:

Variable #6: Often behind schedule. Patients see this as not respecting their time.
Potential action #6: Improve scheduling and always inform patients that their time is respected. Try to see patients within 15 minutes of their appointment. Keep patients informed of all delays.

Variable #7: Patients perceive that it is difficult to get an "emergency appointment."
Potential action #7: Reserve buffer times, or make patients aware that emergencies are never looked upon as an inconvenience, and inform patients through updated "welcome to our practice" brochures. In this brochure, emphasize the importance of being seen by "your doctor" who knows you and your history for these "everyday" emergencies.

Variable #8: Hours not convenient for working families.
Potential action #8: Rearrange office hours, or reschedule office lunch hour to after the normal working people lunch hour. For three months try having a test day, once a week (start later, work later), or notify patients of these changes in terms of "for your convenience."

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Variable #9: Need to make patients feel welcome in the practice.
   Potential action #9: Open slots in appointment book so as not to make new patients wait too long for their first visit. Do not overwhelm new patients with rules and regulations on first visit, provide a patient brochure and use a "how was your visit?" survey form to monitor results of your efforts, or test, sending a "new patient" follow-up letter to half of your new patients for one month. If you get a reasonable response, do it for all patients.

Variable #10: Patients do not understand the need for ongoing treatment and follow-up.
   Potential action #10: Establish a patient education program, or include educational materials with recall notices.

Variable #11: Younger patients perceive practice as possibly being "dated"/"old fashioned."
   Potential action #11: Seek professional help to improve practice image, read and heed the information in this thesis, give the interior/exterior of the practice a "face lift," display current continuing education certificates for all to see of both doctor and staff, or have staff take a communication skills course at a local community college.

OUTSIDE VARIABLES:

Variable #12: Mobile population in practice area.
   Potential action #12: Develop practice growth program to make up for lost patients (may need professional help in this area), consider using a "Welcome wagon" type service to reach new families, or upgrade Yellow Page listing if feasible or place listing in other directories.

Variable #13: More practices are moving into the area.
   Potential action #13: Establish ongoing marketing plan to target current strength, consider a practice newsletter and/or regular mailings to build patient recognition and loyalty, or investigate attracting a segment of the population not currently served to any great degree.

The planning phase of the marketing plan has been completed. Now let's consider the implementation in step three.

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STEP #3: IMPLEMENTATION:

Implementation of the specific marketing plan will of course depend on the practice's strengths and weaknesses as identified in the previous steps. For lack of a better example, let's assume that the new practice was proven to be deficient in the following areas: practice image, community awareness, and communications with patients.

Practice Image: This will be the most complex aspect to implement but there are a few general guidelines to follow. First, the idea is to convey a "we provide quality care" and/or "we care for our patients" message. Images are created by: the practice's physical appearance inside and out, by the staff's appearance, by selection of quality stationary/office brochure layout, and by numerous other seemingly small details. A great way to obtain an objective opinion of your office and staff is to find a local student who is specializing in marketing. Offer them a free eye exam and/or services if they would come in for an eye exam to evaluate your office. Once they have agreed, have them call the office and set up an appointment and tell them to start evaluating from the very first phone call. After the exam, set up an appointment to review their findings and observations but be prepared for a "good news, bad news" evaluation from the marketing student.

Community Awareness: This involves carrying out the activities as outlined in the planning stage. Examples include: club memberships, health fair participation and submitting news items that talk about involvement in these activities. These stories will help maintain an awareness of the practice and will aide in creating the image of the practice as being modern.

Communications with patients: Doctors may find that this aspect of plan implementation is the most rewarding. Aspects of this section include: "thank you" programs for referrals, practice information brochures using new logo, and follow-up letters, to mention just a few. The most important part of "patient communications" is staff attitude. Special efforts must be made to encourage the staff to always reflect a friendly and responsive attitude towards patients and to answer questions and share their enthusiasm for the practice.

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This step concludes with the realization that all of these marketing ideas should not be implemented at the same time. There are two reasons for this: First, as much as possible should be accomplished without totally disrupting the practice, and disorientating the patients. Second, always take the time to test ideas as they go along so as to know which idea works and which one doesn't.

**STEP #4: CONTROL:**

In step three, the implementation program was started and it should be noted that there is no clear-cut transition between this and step four—control. The reason for this is because the "control" phase must begin as soon as the program starts and because "implementation" and generating ideas are ongoing processes. Control covers both monitoring success in achieving stated goals and in refining the program.

It is this step which will make it possible to determine:

- **#1. How well the program is working.**
- **#2. Whether or not it was cost effective.**
- **#3. What needs to be changed.**

**#1: How well the program is working** can be analyzed by accurate TRACKING. Tracking is simple to perform but the methods employed vary depending of what is being tracked. A tracking log must be initiated for every different idea implemented, and it is for tracking reasons that several marketing strategies should not be implemented all at once. Tracking will place additional work loads on staff but they must realize the vital nature of its accuracy. If it's unclear why a patient has chosen one practice over the competitors, then it's time to keep better records. This thesis could devote several pages, showing how to track every single marketing idea but most tracking methods are common sense.

As an example, suppose someone wanted to track how well their "Welcome to our practice" letter was doing. This letter explains to the new patient what to expect during their eye exam and is mailed to the patient before their first visit. It states their exam appointment time and also tells them a few things about the optometric services provided.

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One way to track the effectiveness of this letter is by simply asking the patient a few specific questions on the registration form. Having these questions on all inventory of registration forms would not make sense so during the "control" period simply add these questions to only a month's worth of forms. Some of the questions patients could be asked are:

#1. Did you receive the "welcome to our office" letter?

The answer to this question will let the doctor know if the staff is implementing his plans by mailing the letter to the new patient.

#2. Are you aware of our optometric services?

If the answer to question #1 above is "yes" and the answer to this question is "no" then it will be apparent that patients are not taking the time to read the message and this may cause second thoughts about this program.

If accurate tracking is not done, then money and time are being wasted. The worst part is that staff will lose faith in your ability to manage the marketing program and compliance will die. One way to maintain staff excitement about plans is to graph results and display them in the staff lounge so that everyone can see "how well we are doing." If a staff member is not going to implement the plans, then either motivate them to change by using incentives or let them go.

#2: Whether or not the program is cost effective deals with what is called "Return-On-Investment" (ROI) (11).

CALCULATING RETURN ON INVESTMENT

To calculate ROI, simply multiply the number of converted (i.e., new) patients by the total dollars an average patient spends during their first complete year of care. Then divide the total by the cost that the marketing costs.

Example: A coupon mailer brings in 20 new patients and the average patient spends about $250.00 per year, so, 20 x 250 = 5,000

Second, the marketing effort costs $800.00, so, 5,000 / 800 = 6.25
So, the ROI calculates out at [6.25:1]. In other words for every dollar spent, 6.25 dollars are returned. What is a good ROI? That's a tough question to answer because financial situations vary, and it is difficult to put a price tag on time. Some people feel that if they put one dollar in and get two back that this is a good deal, but speaking from experience, a 6:1 ROI is necessary, otherwise, it's not worth the huge effort of **ANALYSIS -- PLANNING -- IMPLEMENTATION -- AND CONTROL.**

#3: What needs to be changed will be obvious after obtaining a poor ROI. Again, we are back to the importance of accurate **TRACKING.** The best advice on marketing changes is to "**cut losses early in the game.**" There is no room for egos or hurt feelings simply because plans did not work. Of course, it is important to know why a plan did not work, but if the paperwork has been done the answer to this question will be clear.

The entire marketing process should be an ongoing part of the practice. This will involve **monitoring programs and constantly generating new ideas.** Repeat the self-study and goal setting portions of the marketing project on a regular basis.

One of the most important things to learn is that a marketing program is not a static entity. It, and the people in it, change. Do not be surprised if what works for the colleague across town, does not work for others. There are many variables to consider and people and their ways of thinking are always in a state of flux. If homework is done, one will be pleased with the marketing program. The practice will be healthier than ever and the staff will have found a renewed enthusiasm for their work. One may reflect: "**It wasn't an easy undertaking. However, it was important to the success of my practice and I'm glad that I did it.**"

**REMEMBER: TRACK ALL MARKETING PLANS CAREFULLY.**

Jose Marin

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MARKETING DIRECTORS AND HOW TO MOTIVATE THEM

Marketing professionals, in order to make a name for themselves, must be success oriented or they don't last. It is for this reason that they respond well to incentives. If applicants are interviewed that are not keen on an incentive program but whose interest is aroused by a secure, high-base salary, DON'T HIRE THEM!!! And if a marketing director won't work on that basis, fire them. If not, they probably will never produce big numbers. As the saying goes "If you can't produce, they'll cut you loose." Or as my ex boss used to say, "there are two can'ts on this job, if you can't do it, you can't stay."

STEPS YOU SHOULD TAKE TO KEEP EM' JUMPIN:

1. Pay the director with a low base salary and high monthly incentive.

2. Set a minimum goal of new patients per month. The goal should be a reflection of the trend line that could have been achieved if the marketing director did not work there.

3. Adjust the goal for "seasonality" by calculating the average new patients by month for the past three years.

4. Pay the director $X for each new patient over the determined goal. This incentive can approximate $10 to $25 or more depending on average patient expenditure.

5. As an added incentive, throw in an additional "high kick" bonus. If the goal was 40 new patients and the incentive is $20 for each over 40, then add an extra incentive of $10 for each over 60. This method works every time.

In conclusion, you should remember two points: First, pay incentives on a monthly schedule and second, there are two types of marketing directors--the good and the fired. Do not accept any excuses, only good hard profits.

Jose Marin
REQUIRED READING

For those O.D.s who wish to become accomplished students of professional marketing, there are "classics" that need to be read(13). What follows is a partial list of suggested readings that will be helpful in achieving practice management goals:

1: Successful Direct Marketing Methods, Bob Stone, published by NTC.

2: Tested Advertising Methods, John Caples, Published by Prentice Hall.

3: Winning Direct Response Advertising, Joan Throckmorton, Published by Prentice Hall.


8: How To Make Your Advertising Twice As Effective At Half The Cost, H. Gordon Lewis, published by Nelson Hall


10: Talk Is Cheap, Godfrey Harris, published by The Americas Group.


The books mentioned above are normally available through most bookstores. Good Reading and prosper!

Jose Marin
PART II

NEW PATIENT TREATMENT
Red carpet treatment will raise case size and leave patients with the message that they are #1. (14)
By giving patients this special treatment, they will feel good, attended and special. They will be more receptive to recommendations for a specific treatment plan and closing rate on recommendations will be much higher than most others'.

What follows is a list of ideas to use in practices. Don't forget to track efforts so as to cut the losers.

1: Have a special staff person fill out all forms for the new patient. The staff person will greet the new patient and interview them in a private office. The purpose is to make the patient feel relaxed, comfortable, well-attended, and "special." The staff should explain all the practices special features, and this special treatment will "sell" the new patient and generate lots of referrals.

2. When a patient is "handed off" to a different staff member or to the doctor, this should be done with courteous professionalism. Formally introduce the patient to the next medical personnel and relay medical findings that are beyond the "normals" expected. This will demonstrate to the patient a continuity of communications between staff and doctor.
Many patients are reluctant to tell staff members their personal case specifics because it is felt that they will have to repeat the same information all over again to the doctor. When a patient begins to tell a staff member about a problem that is apparently complex in nature and beyond the scope of their medical knowledge, the staff member should use the following script: "Mrs. Johnson, from what you are telling me, I feel that you may want to hold on to your thoughts and wait until you visit the doctor so that you can personally relay this important information. This is so that you will not have to repeat yourself. Would that be okay?"
3. If procedures (like a dilated fundus exam) are performed where the patient must wait for the diagnostic agent to take effect, provide the patient with head phones and CD music so as to have the patient feel relaxed. Everything and anything to distract, entertain, and please.

4. Never leave the patient with nothing to do. Provide them with electronic entertainment, an electronic puzzle-solver or gizmo, or provide them with the most unusual magazines in the world.

5. A nighttime check-in phone call after a difficult procedure.

6. A carnation for every woman on every visit at the check-in.

7. A full compliment of waiting room refreshments that are served to all your patients.

8. A call to let people know if the doctor is running a bit behind schedule.

9. Free cab service for those who can't or don't drive (promoted by a yellow page ad and also a sign in the waiting room).

10. Convenient appointments in the early morning, early evening and on Saturday.

11. A phone call to all patients the night of their first visit letting them know how much the office manager and doctor enjoyed working with them.

12. Serve a hot lunch to the staff every day so they can talk over lunch. This will save the staff lunch money and allow for better staff communications.

13. Low cost umbrellas are available for patients as well as free, inexpensive raincoats.

14. Referring professionals and their spouses are invited for a yearly buffet party held in late September to avoid the Christmas rush.

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15. Hold piano or violin recitals in your office one afternoon each week or month. Place the recitals on slow periods and you will be amazed how patients will come in just for the music and end up scheduling for services. By the way, all of the musicians should be patients.

16. Have an irresistible bedside manner. Use the following tips:

   a. Have a section in the chart for personal notes: e.g., has dog, wife ill, etc. On the next visit, always make sure to reference these notes.

   b. Always ask your patient the following questions about any problem under discussion:

      * What happened?
      * What do you think?
      * What do you feel?
      * (look them in the eyes and say, "how bad is it?")

17. Direct front desk staff to always stand and greet patients when they arrive. Offer to hang their coats for them and offer them refreshments as previously mentioned.

   In conclusion, it would seem that these ideas are obvious, even light-weight, but when they are used in a sincere manner, the bonding between patient and doctor/staff will be solid. Patients will feel truly cared for and understood... and that's why they will never leave you. They will refer people in again, and again.

The professional who becomes indispensable due to their understanding is the one who prospers more than any other.

Jose Marin
WAYS TO CONNECT WITH PATIENTS

Everybody loves to attract new patients, but how can they be attracted without us seeming too aggressive or commercial? The following innovative networking techniques will build a private practice quickly and also professionally:

1. **Have an open door policy for accepting new patients.**
   You will be amazed at the number of new patients that ask "Is the doctor accepting new patients?" Capitalize on this hint and display in your waiting room and exam rooms the following saying: "Our practice is growing, thanks to you. We welcome your recommendations to your family and friends..." Repeat this message verbally before the patient leaves to re-emphasize this point.

2. **Emblazon your spectacle and contact lens cases with the practice name and phone number.**

3. Give patients a **small box of chocolates.** Have the office label adhered on the outside of the box. Don't be surprised to find out that a new patient found out about the practice when a co-worker returning from an exam offered her a piece of the free chocolates.

4. **Stuff mail communications to patients with a note describing special services.** Examples include: 24-hour help line, extended hours, an added staff specialist and assistance in filling out medicare forms for patients who are caring for spouse, parent, or grand parent.

5. **Treat "school teacher" patients like gold.** They are great potential referrers of young people to the practice. Develop in-house seminars to educate them on how to spot budding vision problems in students.

Jose Marin
6. Donate to patients' school free trial-size contact lens solution and cases for students who, for emergency reasons, must remove their lenses. Attach practice labels on free gifts and when the student takes these home, he'll show his folks. School districts, too, appreciate the assistance.

7. Fit dilating patients with a free sample of disposable contact lenses. This will allow them to "see" the spectacles you normally would be fitting them with during this period. Don't tell your chain doctor colleague about this idea, for he may start performing routine dilations like you have been doing all along.

8. Honor the telephone. The phone will be the most prospective patients' first experience with the practice. Make it count! Harriett Stein, a practice management consultant (read everything she writes), has a few tips:
   a. Alot enough for the receptionist's salary to hire a polished, sales-oriented person.
   b. To really impress phone shoppers, instruct the receptionist to either refer the call immediately if the doctor is not busy, or take a number so that the call may be returned. People are impressed when their call is treated as important enough to interrupt the doctor.

9. Send our ambassadors. Staff offer another connection to large groups of patients but first untie their hands. Do this by using the following ideas:
   a. Print professional cards for all staff members and give them a nice (not plastic) business card holder.
   b. Give them specific vision benefits. Not just a free pair of glasses or contact lenses for themselves but give them a specific number of free exams or eyeglasses that they can give away at their discretion to friends who are not yet patients. Remind them that they should give these perks away to prospective patients who they feel could best be benefitted, the same way you would.

10. Decrease traditional slow periods (usually Christmas and when the sun begins to shine in Spring) by offering a 20% professional courtesy in the dispensary. Do this for a few years and you may find yourself booked solid through the holidays and Spring.

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11. **Offer companion screenings.** Take advantage of patients' friends who accompany them to the office. Personally invite them to tag along and if you have a auto-refractor and auto-lensometer you can verify their friend's prescription and demonstrate your office's importance on routine eye care. While no substitute for a full exam, the auto-refractor is a wonderful tool for converting patients.

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**WELCOME TO OUR PRACTICE LETTER**

What follows is a "welcome-to-the-practice" letter(17). A strong positive impression will be created by the letter example. Note that it contains two main points: First, it's very warm in its wording. Second, it has a multitude of benefits, plainly and sincerely stated. One without the other is bland. Refer to the end of this section (Part II) for some general tips on creating a more effective letter-writing campaign.

Dear ________________:

I'm writing to you today because I want you to know something. And today it's not something you often hear from my profession.

It's simply that I'm extraordinarily happy you chose me as your Doctor of Optometry. Quite frankly, I think it's an honor.

You see, Optometry has undergone immense changes from what it was just a few short years ago. Technologically, we're way ahead, but not all of the changes are good. To me, it feels as if a lot of the caring has gone out of the profession, as it has in many professions.

It's similar to sports. Sports is no longer just sports. It's more of a business. An impersonal business.

But I've made a vow to myself that I wasn't going to let that happen to my practice. I became a doctor because I cared and I don't want to lose that.

Jose Marin

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Here's what this means to you: It means that if you have an emergency, we're always available. Just call 324-2020 anytime and I or one of my most trusted people will get back to you post haste. Because an emergency's an emergency.

It means that if you work, we have early morning hours on Tuesday, late hours on Wednesdays and all day Saturday, in addition to our regular daytime hours. Because I'd want that from my practitioner.

I've also expanded the frames and contacts we carry in stock to make it more convenient for you. Because you shouldn't have to make endless trips to any office.

Also, if you refer a friend or loved one to me, I'm going to treat them with the same conviction and energy with which I'm helping you. Perhaps it's a little hokey to say these days, but a friend of yours is a friend of mine.

And it means that if you have any problems or concern at all, I'll work with you in any way I can. Because that's what caring means.

Again, just let me say how glad I am -- and how appreciative the whole staff is -- that you've chosen us over everyone else. It's an honor. Thank you.

Sincerely,

______________________________

APPOINTMENT CONFIRMATION LETTER

What follows is an "appointment confirmation letter" developed for the office:

Welcome to our office! We appreciate your selection of our office to serve your vision needs. Your trust is important to us; we'll do our best to provide you with personal, sincere and professional vision care.

______________________________

YOUR APPOINTMENT IS SCHEDULED FOR

______________________________

Jose Marin
If possible you may want to come in ten minutes early to provide us with some preliminary medical and visual history information. Your appointment time above has been set aside specifically for you! If a conflict arises in your schedule, please let us know at least 24 hours in advance of your appointment time, if possible.

Your comprehensive vision exam will take approximately one hour. We perform a very thorough examination, which includes: field of vision testing, an internal eye health exam (during which your pupils will be dilated) and a photograph of the internal tissue of the eye for annual monitoring.

If you have any insurance that might cover your services, we'll be happy to process and mail these claims for you.

Eyeglass prescriptions are ready to be picked up within two to three days, but one day and same-day service are available for most prescriptions.

If contacts are prescribed, we usually can dispense right out of our stock. If your prescription requires a specialty lens, most lenses are available within two days.

We are looking forward to assisting you with your vision care needs and again our sincerest thanks for selecting our practice.

With care,

EXAM RESULTS LETTER (WITH SURVEY)

In Part XIII of this thesis you will find for your review the information concerning O.P.I.S. (Optometric Patient Information System). This system quickly generates information specific to your patients case. What follows is a long, form letter informing them of your exam findings but also note that a patient survey is also attached. Patient input should always be a part of internal practice management goals and this letter does that nicely. Note the subtle recall notice.

Jose Marin
Dear: ______________________

Thank you for visiting the practice on _____________. I wanted to write you a brief note to reconfirm the findings of your examination.

Your eyes appear to be in excellent health. My examination revealed a slight change in your prescription, but since the change is not a significant one, I do not recommend changing your lenses at this time. I'll check for additional change during your next annual examination.

I'm happy to report that your blood pressure was 120/80, an excellent reading, and that your diabetes shows no signs of impairing your vision. I encourage you to continue to follow your physician's instructions for diabetic care.

Once again, thank you for visiting the practice. I look forward to seeing you in the future. If any problems should arise concerning your eye health, please feel free to contact me at the office or through my emergency exchange.

Sincerely,

P.S. I am always interested in the opinions of my patients. Please take a few moments to answer the following questions. I have provided a self-addressed, stamped envelope for your convenience. Thank you.

--- cut or tear here ---

1. Did you find it easy to obtain an appointment?
   Yes ___ No ___

2. When you arrived for your visit, were you greeted and seen promptly?
   Yes ___ No ___

3. Were the staff and optometrist courteous?
   Yes ___ No ___

4. Were you satisfied with the explanation you received of your vision condition and/or any eye problems?
   Yes ___ No ___

5. Overall, would you rate our service: (please check one)
   Excellent? ___ Good? ___ Fair? ___ Poor? ___

6. Do you have any suggestions on how we might improve our service to our patients?

__________________________________________________________

Thanks you for your input.

Jose Marin
Internal Practice Management

Tips for a more effective letter writing campaign(20):

1. **Avoid the 'Computerized' look.** Don't get caught up in all the junk mail appearing in the information maze we all receive. Today, an individually-planned and written letter can be exceedingly refreshing. It shows you care.

2. **Write as you talk.** The more conversational your letter is, the more it will flow into the mind of your reader. Avoid using words and phrases you wouldn't ordinarily use. And use the person's name in the body of the letter. The word "you" is magic; use it freely. Even on a form greeting, include a personal note. It's more meaningful to patients.

3. **Keep letters short.** Short words, short sentences, and short paragraphs are best to convey your message. Don't use lengthy reports to impress, but instead use concise comments.

4. **Pick an occasion, and be timely.** Write a letter of congratulations at the time of the occasion, not a week or two later. Look for birthdays, weddings, an anniversary, and graduation to send your personal note. If one of your patients has been featured in the newspaper or magazine this is a great time to send them a letter.
PART III

INTERNAL SIGNS
INTERNAL SIGNS PROMOTE AND EDUCATE

Has this ever happened to you: You're in the local grocery store and you suddenly bump into one of your active patients. The patient has a patch over his eye and you ask, "what happened?" He states that while out working in the yard a branch lightly touched his eye. Your office was open when it happened but instead he went to see the local ophthalmologist. Why? You could have helped him right away. You make it a point to leave slots open during the day to accommodate such emergencies. So why did the patient not make your phone ring? The answer: You did not educate your patient as to the scope of your services.

This is where the "internal office sign" can help(21). Signs will work in this situation and in many others by getting the word out to your patients that you have many special services.

Patients who don't know all you can do for them will go someplace else, even though they like and respect you. The internal office sign will educate and repeat your message to all your patients. Time restraints cause us to forget to inform our patients of all that we can offer but use of the interior sign will reduce this communication problem.

Choose those services you want to promote (hours, financing or specialties) and place multiple tasteful and professional looking signs around the entire office. The types of signs you should choose to promote include:
* Wall frames for posters  * Table tents  * Staff badges
* Counter cards  * Danglers  * Banners  * Balloons
* "Take one" displays  * Electronic message bars

Place signs in all rooms and mix and match the type of signs you use. Don't forget to also periodically change the services that you are trying to promote. Sample promotions include back-to-school type specials and other seasonal events.

Jose Marin
WALL OFF APPRECIATION

Try using a marketing tool called "The bandwagon effect"(22). The purpose is to increase the word-of-mouth effect that will build the practice inexpensively. Ask loyal, long-time patients to come in for a photo sitting at a professional photographer so that their portrait can be displayed in the waiting room. Don't be surprised if over 75% say okay, especially if the request is accompanied by free copy of the framed portrait.

A sign next to the photo should read, "The Wall of Appreciation." And the copy next to it explains that its presence is to show appreciation for those who have been particularly supportive of the practice.

Results. Many patients will recognize neighbors and acquaintances and the "Wall" will make many want to have the same recognition. The cost of such a marketing tool is approximately $1,500.00. But if word-of-mouth jumps 15% within the next six months, then it may well be worth consideration.

"WHAT TO EXPECT TODAY" PHOTO JOURNAL

Do people really remember all that they experience during an eye exam? Chances are, if patients were asked if they were suprised by the number of procedures performed, they would say "Yes." Why not show them what they will experience before the procedure is actually performed? In your waiting room, place a photo journal labeled "What To Expect Today." Patients will immediately want to preview the event about to occur and allow them to appreciate the thoroughness of the comprehensive eye exam.

Jose Marin
As an added benefit, the patient flow will improve because explanations at the entry of each test will be supported by the photo journal they have just reviewed. Don't forget to add lots of explanations under the photos for those 1,001 question-asking patients. We love them but patient flow is patient flow.

"ABOUT YOUR DOCTOR"

Having read the previous section on the exam photo journal, how about creating an additional section in the front labeled "About Your Doctor"? In it, you can have professional photos of the doctor performing various duties and working with patients. Don't forget to also show the public side of the doctor such as giving speeches or meeting with public officials.

This section's purpose is to have the patient get to know the doctor as more than just an optometrist. It is to convey to the new patient that the doctor is also a valued member of the community. Friendships are important to the doctor as well as professional relationships and relaying this impression to patients is vital to economic survival.
Internal Practice Management

PART IV

EXAM MARKETING
There is no better time to market yourself and your practice than when the patient is in the exam chair(23). Studies show that this is the time when a patient will be most receptive to instructions. Incorporate the following suggestions into an exam routine and record observations as to their effectiveness:

1. Listen and watch body language.
   a. When addressing the patient, use his or her name.
   b. Emphasize what is said with your own body language.
   c. Observe how the patient reacts to comments and adjust presentation accordingly.

2. Use demonstration materials.
   a. Use eye models.
   b. Use a chalkboard, paper and pen, or cross sections to help demonstrate a point.
   c. Have brochures within reach that discuss the patient's condition. Personalize them by underlining pertinent information, thus giving them something to take home.

3. Use office equipment.
   a. Instead of just looking through the slit lamp microscope and grunting, explain to the patient what you see and it's relevance. If a family member is present, let them look through the instrument also. It will leave a lasting impression.
PATIENT REGISTRATION FORMS

Exam marketing relates to much more than just relaying a high-tech image or the ability to read body language. By following the previous suggestions, a vast amount of new information will be "unloaded" onto the patient's lap. Instead, why not let your staff help you with your exam room marketing program?

I have developed a "patient registration form" to assist in this goal(24). Note that this form is completed by the patient, then reviewed by the optometric technician before the pre-testing phase of the exam.

The goal of exam marketing is to educate the patient to services and available materials that will serve their vision needs. The problem of oversaturation of information can be solved by letting the patient hear the information more than once. What follows is an example of "flow of information" that may be used to introduce products and services to patients:

**Question #1: Do you have an emergency pair of glasses or contact lenses?**

Yes ___ No ___

Your comment: For a back-up pair of eyewear. Your patient will always lose or break their eyewear when your office is closed. Murphy's law.

**Question #2: Do you own prescription sunglasses?**

Yes ___ No ___

Your comment: For glare reduction, to decrease the sun's harmful rays (cataracts), to improve contrast and driving safety.

**Question #3: Are you using a reflection free coating on your glasses?**

Yes ___ No ___

Your comment: To reduce eyestrain by increasing depth of focus due to smaller pupils. Anti-reflection coatings allow up to 8% more light to reach the eye and reduce night driving problems associated to glare. Improve cosmesis for eye-to-eye communications. They reduce interior lighting, glare and reflections.

Jose Marin
Question #4: Are your glasses presently tinted? Yes ___ No ___

Your comment: Tints reduce photophobia, retinal fluorescence in aphakes and soften fluorescent lighting.

Question #5: Does your prescription contain a ultraviolet coating? Yes ___ No ___

Your comment: Research has shown that the sun's UVB rays may increase the probability of cataract and macular degeneration.

Question #6: Do your glasses have a factory anti-scratch hard coating? Yes ___ No ___

Your comment: We have a one-time free replacement guarantee available for your prescription, in case your lenses get scratched for any reason.

Question #7: Do you play racketball or any other contact sports? Yes ___ No ___

Your comment: Polycarbonate lenses have been proven to be the most impact resistant lenses available today. We feel their use is mandatory with children. Please sign the form in the section provided below, so as to prove that you received this safety information.

Question #8: Do you currently take any supplemental vitamins that contain anti-oxidents? Yes ___ No ___

Your comment: Research into anti-oxidants is indicating that their use may reduce the incidence of macular degeneration.

Closing comments:
Here's an additional idea you may want to incorporate into your exam room evaluation:

Idea #1: Show the patient a two-minute slide presentation that demonstrates peripheral retinal pathology that had initially developed within a twelve month period.
Recall appointments are the key to success in private practice. Make the patient aware that "peripheral" means dilation. Not just direct ophthalmoscopy. And that, "12 months" means, 12 months. Not two or three years. Eye disease, like any other disease, must be diagnosed early in order for treatment to be most effective.

Idea #2: Always let the last words in the exam room be:
"Have I answered all of your questions today?"

Jose Marin
"THE KEY TO A SUCCESSFUL PREAPPOINTING SYSTEM IS THE DOCTOR'S EXPLANATION OF WHY IT'S NECESSARY FROM A VISION WELLNESS STANDPOINT" (25).

Achieving a 70% recall rate is possible if preappointing is performed professionally and effectively. Many Optometrists are living with recall rates of approximately 20% (26). If asked what they feel their recall rate is, they may say: "about 50%." Under the conventional recall systems, your results may approximate the following:

* 5% success with postcards.
* 15% with personalized letters.
* 20% when followed up with phone calls.

Successful preappointment programs target the patient at the perfect time: right after they've been educated about the importance of routine eyecare, and before they are exposed to chainstore advertising.

PREVIEW OF PREAPPOINTMENT STRATEGIES.

1. Do not increase recall frequency when initially preappointing. Be honest with patients. If they need to be seen every two years, then preappoint for two years.

2. Staff compliance and belief in the system. If the receptionist thinks patients are recalled, "just for the money", s/he may convey that belief to the patients.

3. Relay to each patient a legitimate eye health reason for the preappointment.

4. Don't push too hard. If a patient says no to a preappointment, the receptionist should keep that patient on a conventional recall.
5. Do not just drop the recall "BOMB" on patients. If you are going to walk them to the front desk and have a staff member make them a preappointment, you'd better tell them beforehand. Otherwise, they may resent the suggestion.

PREAPPOINTMENT PROCEDURES (A four step process)

Step 1:
Carefully sow the seeds for recall. No recall system works unless the tone is set for the next appointment. The goal is to tell each patient—specifically and repeatedly—why they should return within a specified period of time. Let them hear preappointment recommendations at least three times! An optometric technician can assist in this program by also mentioning the importance of routine eyecare during the pre-testing phase of the eye exam.

Step 2:
Having cemented the reason for recall in the patient's mind, the second step should be making the appointment a painless procedure. Accompany the patient to the front desk and tell the receptionist when and why you would like to see the patient again. When she is ready to schedule the appointment, she should state the following: "Mrs. Smith, Doctor Jones has stated that he would like to see you in one year for an eye health exam. How about if we reserve some time for you on Wednesday, May 21st, 1994. Would 3 p.m. be convenient?"

In her next breath, your receptionist should eliminate the patient's concerns about the advanced appointment by stating the following: "Please realize that this is an advance appointment. We will be calling to confirm the date and time when it gets closer."

To make calling easier, the receptionist should then ask the following questions:

a) When is the best time to reach you?
b) May we call you at work?
c) What are your home and office phone numbers?

Finally, the receptionist should pencil in the letter "A" next to the advanced appointment. This will differentiate advanced appointments from all others.
Step 3: 

**confirming the appointment.** Few patients will remember an appointment a year or two down the road. Call patients a month before the appointment to confirm the date and time. It can take a week just to get a hold of everyone, so plan ahead! If the assistant calls too close to the appointment time, patients will have other plans and there will be many cancellations.

On the telephone, the assistant should be direct. Do not ask questions. **Verify that the patient will be there; do not ask if he would like to come in.** Try using the following script for this phone call: "Hello, this is Vicki from Doctor Smith's office. If you recall, you asked me to call you to reconfirm your appointment for your eye health exam on Wednesday, May 21st at 3 p.m. Can the doctor expect you?"

**ONE MORE TIME:**

Calling the patient a second time, a day before the appointment, will decrease the problem of last minute no-shows. Direct your receptionist to call and say: "We are calling to confirm your appointment at 3 p.m. We are looking forward to seeing you." If the patient tries to back out of the appointment, try to reschedule. If the patient refuses, put them on a list for follow-up in three months.

In conclusion, preappointing puts you back in control. The preceding steps may seem complex, so what follows are the steps that I use at Walker Road Vision Clinic for our preappointing procedures(27).

On our patient registration form, you will find the following question: **WOULD IT BE OKAY TO PLACE YOU ON OUR RECALL SCHEDULE SO AS TO REMIND YOU OF YOUR ANNUAL EXAM APPOINTMENT? YES____ NO____.** Over 90% of our patients indicate yes to this question and the remaining usually convert to our preappointment program after the doctor and staff stress the importance of routine eyecare. We then mail the patient a postcard one month ahead of the preappointment time that states the following:

Hello ____________________,

At the time of your last vision exam, you indicated on the registration form that you would like to be placed on our yearly advanced recall schedule. To fulfill your request, we have tentatively reserved an appointment for you on:

Day__________ Date__________ Time__________

Jose Marin
Internal Practice Management

If this appointment is not convenient for you, please call our office at 645-8002 or wait for our confirmation call to reschedule. Please do not feel obligated by this advanced recall program; this is simply our way of providing the best possible eyecare by monitoring your eye health on a routine basis. Thank You.

After mailing the preappointment recall card, we also call the patient two weeks before the appointment to verify that they have received our notice, and again the day before their visit, as a courtesy.

Additionally, we schedule routine recalls to fall in our traditionally slow times of the year, slow times of the month and slow times of the day. Please note that this is a soft-sell approach. We've developed this approach from experience in dealing with the patients in this part of the Pacific Northwest.

Responding to patient feedback with all your marketing ideas is the key to successful internal practice management.
PART VI

REFERRAL MARKETING
CHAPTER 6

STIMULATE PERSONAL RECOMMENDATIONS

The ideal marketing plan should place a major emphasis on stimulating personal recommendations for the doctor and his staff.

THE GREATEST COMPLIMENT OUR PATIENTS CAN GIVE IS TO RECOMMEND US TO THEIR FRIENDS AND FAMILY.

Achieving a high volume of referrals depends on the patient's perception of the doctor and staff. Patients place varying emphasis on various aspects of the practice. Just because the practice is "high tech," does not mean all patients will be persuaded to make referrals. People return to doctors who are compassionate and competent, and whose staff left them with a "we were glad to see you" attitude.

How is a patient going to judge competence? It's very hard to make these judgements, but it's very easy to remember how you were treated.

What follows are twelve points that can stimulate personal recommendations:

1. My products or service is the best it can be.
2. I'm prepared to handle an increase in the number of patients smoothly and efficiently.
3. The physical appearance of my practice and all of my products encourages patients to trust my management skills.
4. My pricing is clear, complete, and fair.
5. The people around me, including employees, suppliers, and friends, are treated as honestly and professionally as possible: If they don't agree with my business practices, they have clear and easy access to communicate with me.
6. I'm open about my finances and other aspects of my practice.
7. I can clearly describe my practice and so can most of my patients and suppliers.
8. My patients know as much as they want about my products or service, including what is superior and unique about the way I conduct my practice.
9. Current and future customers can locate my practice with ease.

10. **Patients who have problems with me or my practice are aware of my recourse procedure and they feel they will end up satisfied.** This may be frequently a forgotten item on most doctors' list. This will serve to diffuse any apprehensions that patients have. Patients must feel in control. Stay in tune with these feelings.

11. I have a complete and current list of all my patients and a file of activities that will be of interest to them.

12. I schedule and carry out marketing activities on a regular basis.

Here are a few more points that involve the doctor-patient relationship(29):

**Be an authority figure.**

Build your expert power. Patients love to refer others to a doctor if they feel the doctor is an "expert." Knowing someone who's an authority on a particular area makes you feel important, too. One way you can have your staff help with this expert image is to call the patient about a week after they receive their new eyeglasses. Don't just ask the patient if they are "happy with their new glasses" but reinforce that spectacles and contacts are prosthetic medical devices. Ask the patient, "Have you been experiencing any eyestrain, headaches, or problems with depth perception or peripheral vision?" And ask contact lens wearers: "Have you been experiencing any redness, irritation, tearing or discomfort?" Finally, also promote your staff's expertise. Delegate tasks such as visual fields and autorefraction so that patients feel that there's more than one expert available.

**Develop a rapport.**

For patients, part of what makes doctors "good" is their manner. They want their doctor to show an interest in them and to empathize with their problems. When a patient comes in, don't just ask "Mrs. Jones, what brings you in today?" Instead, try saying, "Mrs. Jones, it's so nice to see you again. How was your trip to Hawaii last winter? How is your son Tom enjoying college?"
If you're wondering how to remember such minute details for every patient, start recording such important details in a special "personal" section of the exam form. Now that you're a "marketing expert," such details that once seemed trivial to medical training are now becoming very important to economic training.

Listen for opportunities.

If a patient says "I have a friend who could really use your services," this would be wonderful and you would be off the hook in having to ask for a referral. Unfortunately, this does not occur as often as we would like, so you may occasionally have to do some "prompting" to help the situation.

If done in good taste, this technique will relay your caring attitude towards your patient, their friends and family. As an example, let's say a patient mentions during the case history that her mother has glaucoma. It will be only natural for you to show concern, for two reasons: personally, because the patient is a friend, and clinically, because the family history affects how you will medically treat the patient.

You should inquire about the mother's current medical care with no reservations. If the woman is being treated by another physician, and is satisfied, drop the subject. But if the patient says "Gee, I don't think my mom has seen anyone in years," then you should recommend that she come in as soon as possible. You're not being overly aggressive, you're just showing true concern.

HOW TO ASK FOR A REFERRAL

Every day, you have at least a dozen growth opportunities walk right through your door. They're your patients. Don't miss out on the opportunity to ask patients for referrals, but asking in the right way will make all the difference.

If practitioners are asked why they don't consistently ask for a referral (the best way ever devised to build a practice), they will probably give the following reasons (30):
1. It's unprofessional.
2. I don't want to put the patient on the spot.
3. I meant to, but forgot.

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If we look further into the thought process of this type of thinking, or lack thereof, we will perhaps find the real reason: the fear that their patients will say "NO" when asked for a referral. There is an easy way to eliminate this fear and to guarantee a positive and productive response. This process asks for an expression of satisfaction before asking for a referral. It is a three-step process:

1. First ask for a "Level #1" expression of satisfaction. This is a "does-it-still-exist" question. EXAMPLE: "Are you still experiencing any pain from your corneal abrasion?"

2. Then ask for a "Level #2" expression of satisfaction. This is a 'What-can-you-do-now-that-you-couldn't-do-before' question. EXAMPLE: "Are you now able to go outside without squinting?"

3. Now ask for a referral using these exact words:

"NOW THAT I'VE DONE THIS FOR YOU, I'D LIKE TO ASK YOU FOR A FAVOR. IF YOU'VE LIKED WHAT I'VE DONE, I'D LIKE YOU TO SEND ME SOMEONE WHO I CAN HELP IN THE SAME WAY I'VE HELPED YOU. I KNOW THEY WOULD APPRECIATE IT AND SO WOULD I. WOULD YOU DO THAT FOR ME?"

These positive associations, elicited immediately before asking for a referral, will predispose them to answer with a smile and a "YES!"
Internal Practice Management

CONTACTING A REFERRAL

Once a referral is received, there are two possible outcomes: First, the original patient will contact a friend and recommend you for their eye care. Second, you can contact their friend in a letter. Contacting a prospective patient in this manner requires a delicate and professional touch. Always seek the approval of your referring patient before mailing this letter. By asking for approval, your patient will not be surprised when their friend calls and thanks them for caring enough to help them with their vision problem.

What follows is a two-step method to assist in contacting a referral professionally and courteously(31).

Step#1:
First you should send a letter formatted as follows:

Dear__________:

Your (friend/cousin/brother/...) {name} has asked us to contact you with some important information about (dry eyes/computer eye strain/headaches) and how to get relief. {He/She} did this out of concern for you and as {his/her} doctor, we're happy to oblige.

If this description of your problem isn't accurate, please give me a call at _________ and I'll quickly send you the correct details or explain them over the phone.

INTRODUCE HERE HOW YOUR PRACTICE CAN SOLVE SPECIFIC EYE PROBLEMS AND HOW THIS DIFFERENTIATES YOU FROM ALL OTHER COMPETITORS AND SUBSTITUTES.

As a professional courtesy to you and your (friend/cousin/brother...), I'd like to extend to you a vision screening and consultation about your problem at no charge. That will give me an opportunity to visually inspect your eyes and specifically decide the best way to relieve your situation and get you back enjoying life again...without any restrictions.

Jose Marin

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And it will give you the opportunity to find out how to solve your problem—because without a screening and consultation, it's impossible to do that for certain. Again, there is no obligation and the service is free as a consideration to you and {the referrers name}. Please call at your earliest convenience. I look forward to helping you anyway I can.

Sincerely,

Step #2:

If you do not hear from the prospective new patient in seven days then instruct your staff to call. Your staff person should ask if they've received the letter and should reiterate the letter's main focus. They should also say how qualified you are, offer a free consultation and ask for an appointment.

Tele-marketing is far more powerful than the mail so the follow-up phone call usually works. But mail first because it's less expensive.

EMPLOYEE REFERRALS

Employees are a powerful referral source if you can tap into this resource. Creation of an employee referral contest may produce surprising results for your practice(32). This marketing effort, like any other, must be performed with specified goals and careful tracking.

FIRST:

Print up special VIP cards for employees to give out to family and friends.

EXAMPLE:

*You have a friend at the office of Dr. Rogers, Optometrist.

[SAVE HALF OFF YOUR NEXT EYE EXAM]

Expires June 15, 1994

Just because your friend is a valued staff member at the office of Dr. Rogers, you can save 50% off the regular professional fee for a complete eye exam. Isn't it nice to have friends in important places!

Jose Marin

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The contest is voluntary and lasts only one month. And the coupons are to be given to new patients only. Prizes are rewarded based on several criteria, but all employees who bring in at least one new patient will win something. Some of the low end rewards may include a CD of their choice, movie tickets for two and free pizzas. Give these rewards weekly during the staff meeting, as this will help stimulate the rest of the staff.

For bigger recruiting efforts, the prizes are a dinner for two, an individual family portrait and a CD player. For the grand prize, try giving away a color TV. Also try giving away a day off with pay so that they're thinking in dollar terms.

Note the suggestion earlier about making the contest run only one month, and run this program about once every three months. The staff will lose their enthusiasm after a few consecutive months, so stick to a quarterly marketing plan.
REFERRAL PROMOTIONAL CARD

Try the following marketing idea for a few months and track its progress in creating new referrals. I've had mixed results with its use but I know of other colleagues that swear by its effectiveness. I call it the "Referral Promotional Card" (33).

Take business card-size stock and have the following promotional information printed on the front:

---------------------------------FRONT---------------------------------
* By sharing with your friends your opinion of how we care and referring them to our office, you will receive a five dollar credit to be applied towards future services at Walker Road Vision Clinic. 645-8002.

---------------------------------BACK---------------------------------
* In appreciation of your selection of our office for your vision care needs, this card entitles {new patient's name} to fifteen dollars, to be applied toward services at Walker Road Vision Clinic.
Referred by: {referring patient}

ENCOURAGE AND REWARD REFERRALS

If you properly thank and reward patients for telling friends and family about you, the results can be astonishing (34).

If you encourage referrals from your patients, but then fail to properly thank them when they do refer, these patients will begin to assume that their referrals are not very important. Even worse, they may no longer refer. The main point in thanking a referrer is to never let the enthusiasm die. Here is a four-step follow-through program that thanks the referring patient:

Step #1: When a new patient makes an appointment, insure that your staff asks who referred them to your office. This is the validation stage. HINT: Schedule referrals quickly. Nothing can kill your professional referrals more quickly than those referred not being able to see you fast enough. Smart professionals leave special slots in their schedules just to see those referred.

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Step #2: **Immediately** send out a thank you card or letter to the referrer. (Refer to the next section for an example).

Step #3: Two days later, the doctor should make a personal phone call thanking the referrer (and getting more referrals).

Step #4: When the referred patient arrives in the office give them the red carpet treatment. At the end of the exam, say to the new patient the following phrase: "You know Mrs. Jones, you probably should give Mrs. Smith a call tonight and let her know how pleased you are that she let you know about us."

Let's take a look at all that has happened to Mrs. Smith in the last few days. First, she got a "thank you" card or letter. Then she got a nice phone call from her favorite doctor, and then the friend she referred has called. Now that's quite a lot of validation for someone to experience. Your patients will love it. People love to get those "thank you's."

**SECOND REFERRALS:**

But how about those patients who keep referring new patients over and over again. How are you going to thank them? With another old news "thank you" card? I hope not.

Patients who refer more than once are demonstrating a loyalty that should never be overlooked. These patients have taken it upon themselves to be your ambassadors. Treat them like gold and shower them with gifts. Let your imagination lead you to repay these patients in creative ways. What follows are but a few ideas you can use to shower these ambassadors with admiration:

1. Send them a gift they can use, such as a potted plant or gift certificate.
2. From your registration form, you know their hobbies and special interests. This will lead you to an appropriate gift.
3. Give your female referrers a day of beauty at a full service salon.
4. Gift certificate for a family photograph.
5. Send a balloon and flower to their office, with a short note thanking for the referral. The mylar balloon should say "thanks for the referral" on one side and your office name on the other.

Jose Marin
This floating "thank you" will display your message all day long, so send it in the morning for the maximum effect. Cost: $4.50. If you can't get your florist to meet this price, try a party balloon specialty shop. They will usually contract at a lower fee if they know that you will be a frequent buyer.

REFERRAL "THANK YOU"

Reproduced here for your use is our "referral thank you card" that we use at our own clinic. It gets the point across nicely. On one side of the post card is the word "Thanks" which is written in a beautiful script style. On the other side is the copy reproduced below.

Dear ____________,

Thank you for referring ____________________________:

It's always a pleasure to receive referrals from happy and satisfied patients. A referral tells us you are pleased with our true caring attitude and personalized service. Everyone needs a "pat on the back" for work well done and your faith in our professional abilities is greatly appreciated by all of us. We are looking forward to your next visit to our office so that we may express our gratitude to you in person.

"THANKS AGAIN"

DR. PAOLA F. VITIELLO AND STAFF

HOW DOES YOUR PRACTICE MEASURE UP?

There's one major observation I've made during optometry school. Optometry students love formulas. Page 31 contains the Return on Investment (ROI) formula. And you are about to learn the second formula as it relates to patient referrals.

Jose Marin
Are your patients good referral sources? Are they still active in referring their friends and relatives to your practice? These are questions that need to be answered. You and your staff's motivation to continuously promote any marketing program depends on positive feedback. Without it, enthusiasm will decrease and the numbers will fall.

There's an easy way to determine the effectiveness of your patient base annual referral rate (PBARR). The use of this formula will allow you to compare your practice with other practices around the country (36).

Here is the formula: $PBARR = \frac{NP}{PB}$. NP is the number of new patients referred to you within the past 12-month period and PB is the total patient base that you've seen in the past three years.

EXAMPLE:
1993 new patients: 700
Total patients seen in last three years: 4,500

so, $\frac{700}{4,500} = 0.11$ (The larger the number, the more successful your referral program)

The national ranges are between 0.05 to 0.18, with 0.096 being the average. How does your PBARR stack up with these figures? If your figures are not doing so well, maybe it's time for a change. Read this part over with your staff and see if they can come up with some additional referral ideas that are worth trying.

Never underestimate staff importance. You can diagnose and successfully treat a patient from sight threatening diseases but if the staff adjusts a temple that makes the patient's ears glow red the patient will forget all the great things the doctor has done and focus on the lousy job done by "your" staff. If you've got great people surrounding you, then thank your lucky stars and if not, either rehabilitate or make changes.

Jose Marin
Internal Practice Management

PART VII

RECALL MARKETING

Jose Marin 72
In chapter five, preappointments were discussed and how they can be professionally performed. In this chapter, some of the finer points of a successful recall program will be discussed, in addition to providing a listing of suggested sources of recall materials.

To build a practice, new patients must be brought in, but they also must be kept as patients. A practice will not prosper if your patients do not return on a regular basis. Recall marketing adds value to practices in two ways. First, recall assures that patients will return regularly and remain satisfied. Second, active patients are referring patients.

Educating the patient as to the importance of routine eye evaluations should begin in the reception room. As they thumb through the "What to expect today" photo journal, they will start reading about the value of routine eye care.

The next step takes place in the pretesting room. The pretester goes through each test, taking care to point out that these tests need to be performed once a year. The staff should work from a written script.

"Every single pre-test they do should be handled in the same way; the once-a-year message is repeated over and over again.

Occasionally monitor what the staff is telling patients. Some technicians, for instance, sometimes say, "You should have this done every year," or "It's a good idea to have this done." They must use the imperative "must."

Follow the guidelines below to assist in keeping patients.

1. Always indicate specific reasoning for making the recall appointment. Example: "Mrs. Smith, glaucoma can destroy up to 50% of the nerve fibers within your retina before you will notice any changes in your vision. For this and many other reasons, I would like for you to return for an evaluation in 12 months."

Jose Marin
2. **Watch your language.** The word "recall" has negative connotations. Try using the words "reexamination," "reevaluation," and "regular visits" (or appointments). The message you are trying to emphasize is that your patient will **want** to see you, not **have** to see you.

3. Tell your patient the **month** they're due for recall, not just the **number** of months. "You'll want to see us again in July," **not** you'll want to see us again in six months." July will now become a mnemonic device for the patient.

4. **Link recall dates** to easy to remember events. Example, "You'll want to see us again in June, right after school lets out."

5. When you **mail a recall reminder**, mention in the copy exactly **who** will be calling them and **when**. This will make appointment scheduling seem more important.

6. Try to **make the recall phone calls** when your chances of reaching the patient are the greatest: after 5:00 p.m. on weekdays or on Saturday mornings.

7. **Your recall phone call should contain three main points:**
   - **First**, Remind the patient that he already knows he needs the appointment by saying, "As the doctor suggested to you at your last visit, you will want to see him this month."
   - **Second**, review the exact purpose of the recall, and **third**, give the patient a choice of **two** appointment times.

8. **Don't give up.** Your staff must make every attempt to reach the patient by phone and send letters if the phone calls are unsuccessful.

9. If the patient refuses to come in for recall, **try to identify the reason. Send a letter and/or personally call all those who do not show.** If you find out the true nature of the problem, then you can institute changes in your marketing plan or recall technique.

**Suggested sources of recall materials (39):**

1. American Optometric Association (314) 991-4100
2. The Drawing Board 1-800-527-9530

Jose Marin
As has been said a thousand times before, "It's not what you say, but how you say it." Telephone recall is most successful, but it requires a good caller so patients are not upset by what may appear to them as a "pushy" way to get business(40). Many doctors are squeamish about telephone recalling. If this sounds familiar, try using the following recall letter examples.

**Recall Letter #1:**

Letter #1 is enclosed with a glossy color photograph of a fundus. The photo will motivate the patient to read your message. If you routinely take fundus photos of all patients, have your photo lab make dual prints, so that you can send one to the patient at time of recall. If you do this marketing technique, then modify this letter to suit your needs.

Dear 

We are often asked what we see when we look so closely in patients' eyes. The best reply might might be "The most spectacular sight in the world" but it goes further than that.

Jose Marin
Enclosed with this letter is an actual photograph of a normal fundus, the inner lining of the back of the eyeball including the retina. It is the only place in the body that allows us, without surgery, to inspect blood vessels (both arteries and veins) and view them as they actually are. When we look at the blood vessels in our hands, for instance, we see them through skin, muscle and other tissue, and not the naked blood vessels themselves.

The fundus tells us a great deal about the health of the eyes and about the health of the body. We can often detect systemic diseases such as high blood pressure, diabetes, blood disorders, multiple sclerosis, kidney disease, tumors, and others. We can see the signs of glaucoma, retinal holes, tears and detachments, retinitis pigmentosa (night Blindness), and more.

In our office, the doctor performs a comprehensive eye health evaluation on every patient, young and old, during every full eye examination. It is one of the most important things we do.

It is now time for your next eye examination. Please call us soon to set up a convenient time.

Sincerely, Dr. ____________

Recall letter #2:

Dear ____________,
There are four myths about vision that never seem to go away:
* Sitting close to the television will harm your eyes.
    People cannot physically harm their eyes by sitting two or three feet from the TV. However, they can put stress on their eyes. A good viewing distance is about five times the width of the TV screen.
* 20/20 means perfect vision.
    Seeing 20/20 means a person can see at 20 feet what he or she should be able to see at that distance. It does not mean that the eyes work together as a team, can judge depth, change focus properly, see close objects, etc.
* Welding arcs and electric sparks can fuse a contact lens to the eye.
    Contact lenses could never concentrate heat from a welding arc or electrical sparks to affect the contacts. This is simply a physical impossibility!

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You only need an eye examination when you notice problems with your eyes and vision. Most vision changes are so subtle and gradual that they often go unnoticed. And most eye diseases have no early symptoms.

The last myth is the most important to disregard. Neglect of good, professional eye care can cause serious problems. It is now time for your regular eye exam. Please call us now for an early appointment.

Sincerely, Dr. __________________________

If you feel that your patients will be turned off by a formal letter then try this short recall message printed on office postcards:

Dear __________________________,

As time passes, our bodies change. Changes in our eyes can occur, which in their early stages, do not adversely affect vision or are not noticeable to us. Unlike the rest of the body, the eyes rarely hurt when something is wrong. A program of preventative eye examinations and prompt treatment of problems can keep our eyes at their best throughout our life. Please call us to schedule your yearly eye exam at your convenience.

"I thank you, my staff thanks you and your eyes thank you."

RECALL SCRIPTS

Telephone recall messages are more easily communicated when they're short, clear, and direct. The staff caller must explain, educate, and direct your patients to make appointments.

If the patient begins to give excuses as to why they cannot come in, your assistant should do three things:

1. Acknowledge the patient's excuse.
2. Try to educate the patient or come up with a solution to the problem.
3. Get the patient to commit to an appointment.

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Internal Practice Management

Having a prepared recall "telephone script" marketing program, will give your staff confidence in handling all sorts of sticky phone situations.

As one patient explained: "I knew I should have made an appointment when I got your first letter, but who has the time? A week later, when your second letter came, I decided I would, but I just forgot. When your assistant called, I felt I had to do something, so here I am."

SCRIPTING FOR TELEPHONE RECALL:

Phone Introduction:
"Hi! This is Katherine calling from Winding Waters Vision Clinic. Dr. Peterson asked me to give you a call. Did you receive the two letters we sent you reminding you that it is time for your exam?"

Answer:

*If yes:
"Dr. Peterson is concerned about you and asked me to call and make an appointment because of your (condition). What day is better for you to have your eye examination, Tuesday or Friday?"

*If no:
"You didn't receive them? We've already sent you two letters because Dr. Peterson wants you to make an appointment. Could you please confirm your address for me? Thank you. What day is better for you, Monday or Thursday?"

*If too busy:
"Can anything be more important than your sight? Shouldn't you slow down a little and have an eye examination? How about next Tuesday or Saturday."

*If unsure they'll have time:
"Shouldn't you really make time to take care of your eyes? Dr. Peterson would like to make sure you're doing fine."

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*If no insurance coverage:
"We can schedule a consultation and screening to cover your health and if Dr. Peterson finds other changes you can decide then whether to schedule additional tests. The fee for this is only(??%). If needed, we will be able to make special payment arrangements".

*If not feeling well:
"When you're not feeling well don't you appreciate how much more a little prevention is worth than the cure? How about scheduling you for next week, Friday or Saturday?"

*If no money right now:
"Dr. Peterson values your eyesight. Wouldn't you agree that your sight is worth a very small investment to have Dr. Peterson make sure everything is all right? We could schedule a checkup for your eye health only."

OR:
"Perhaps your insurance plan will pay for part of the visit. If not, Dr. Peterson would be happy to work out another arrangement--maybe paying in three installments--if that will be easier for you."

*If not interested:
"Wouldn't you agree that your eyes are worth just a few minutes of your time for Dr. Peterson to make sure all is okay?"

*If having no problem:
"I'm glad to hear that you are not experiencing any problems with your vision. Dr. Peterson is interested in keeping things that way. There's much more to an eye exam than glasses. You'd agree, wouldn't you, that an ounce of prevention is worth a pound of cure? Why don't we schedule an eye exam for you on Monday or Tuesday? Your eyes are really worth it!"

OR:
"Your eye exam is not just a check for a prescription change; in fact, you may not even need new glasses. Dr. Peterson wants to make sure that your eyes are as healthy as they were last year, and to pick up any problems in their early stages."

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*If they can only come in on Saturdays:

"Dr. Peterson sees patients one Saturday each month, and we can see you in three weeks. If you'd like to come in sooner, we also offer evening appointments that may fit into your schedule. Would you prefer Saturday three weeks from now, or next Monday night?"

*If they say "My child doesn't need her eyes examined. The school nurse says they're 20/20."

"The school nurse probably did a 'vision screening', which means she checked that Alyssa can see clearly. But that test is not a substitute for a full exam. Dr. Peterson would like to check other aspects of Alyssa's vision, such as her ability to track objects, and her eye health."

*If they say "I don't need a contact lens check-up. I just need a new lens to replace this ripped one."

"Since contact lenses rest on the cornea, there are eye health implications to wearing them. Sometimes an eye disease starts or the lens damages the cornea and the patient doesn't know it. Dr. Peterson wants to check these things for you since you haven't had a check-up in six months. If you need a replacement lens while waiting for your appointment, we'll be happy to dispense one."

*If they say "I prefer going to a place that can give me glasses in about an hour."

"That's fine. But how about if Dr. Peterson gives you a complete eye health exam first? Then you're welcome to take your prescription anywhere. And since glasses from some optical shops are of lower quality than the ones we offer here, he would gladly check your new glasses--for free--to make sure they meet your needs.

*If they say, "I'd rather see an ophthalmologist."

"That would be fine, Mr. Collins. We want you to get the care that you need. But perhaps we never told you that optometrists are actually better trained to prescribe glasses, fit contact lenses, are less expensive and do routine checks for eye diseases than are ophthalmologists."

Jose Marin
PART VIII

REACTIVATION
After you've purchased your practice, it will benefit you immensely to review your inactive files. Rather than let them continue to sit there, why not put them to use? How? Have your assistant go through them and make "reactivation" phone calls or letters, to see if you can persuade some of them to return to your practice.

Plenty of these patients need additional services, even if they've gone elsewhere in the meantime. Some will be disenchanted with their new professional. Some will now realize they should come in for a recall. You will be only guessing unless you try to reactivate professionally.

Before we discuss the structure of the reactivation program, you should also be aware of what is called "Patient Deactivation." This marketing technique notifies an inactive patient and threatens to deactivate their file. I personally do not feel that threatening a patient is in the patient's best interest. This technique may work for retailers such as Sears but its use in Optometry may be limited. It's your decision.

A carefully orchestrated reactivation program will help you accomplish three goals:

1. It will bring back some of your patients for overdue care.

2. It will help you identify those patients that are permanently lost from your practice. This will save you money and time by eliminating them from your recall program.

3. It will help you identify practice problems that are causing you to lose patients.

PROCEDURE:

After you have identified your inactive files, have one of your staff review and separate them so as to ascertain the following information:

* The length of time between their last exam and the one that preceded it, a good indication of the patients track record.

Jose Marin
* An indication that the patient has a progressive visual problem or a physical problem that has ocular complications, such as diabetes or hypertension.

* An indication that the patient could benefit by a new product or service, such as disposable toric soft contact lenses.

* Whether the eyewear prescribed has been discontinued.

* Whether or not the patient paid his bill in a timely way.

NEXT: Have a staff member with the most pleasant voice call the patient. Your aide should state to the patient that they are calling on behalf of the doctor and that the doctor has reviewed their file and has come up with some possible recommendations. For example, if the patient file indicated early cortical cataracts three years ago, your aide might say: "You showed signs of beginning cataracts three years ago. The condition may have worsened since then. Dr. Smith feels that, for the sake of your eye health, you should have an evaluation."

Your aide must be prepared for a multitude of questions and possible complaints about the practice. Pick a staff member that is known for thinking on their feet. The aide should keep accurate notes of conversations with the patient, so that you can obtain feedback on why patients are not returning to the practice.

No matter how good a doctor you are, you'll always have patients who don't come to your office as regularly as you'd like. This "reactivation" process benefits both your patients and your practice.

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**REACTIVATION LETTER**

It will happen to you! You'll just lose them. You can't fulfill everyone's needs all the time, so some patients simply go elsewhere or stop getting needed services altogether. But there is something you can do. Send them a reactivation letter(45).

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This letter should ask them what went wrong. Admit that you or a staff member may have made a mistake, but you'd like to correct it.

Dear ______________,

You have probably found yourself in the same position as I am in now.

You have been dealing with someone for some time and suddenly you hear no more from them. It causes you concern. And you begin to wonder why, because you did your best to keep them satisfied.

I haven't seen you in quite a while. And, it is possible that something we may have done—or did not do—has disturbed you. Or, it could be it's just a misunderstanding, though I might make a thousand guesses as to what it was. So all I can do is ask, "What happened?"

In this world we can't get anywhere by ourselves. We all need someone else's help from time to time. So won't you be good enough to help me and tell me just why I haven't heard from you? Be absolutely frank. Don't be afraid of treading on anyone's toes—facts can only iron out a troublesome spot. Your goodwill is worth much to me, and I want to keep it. Please use the enclosed, postage-paid envelope for your reply. And thank you in advance for your response.

Sincerely, Dr. ____________________________

P.S. Is there any service I could perform for you at this time, even just providing you with more information? Just let me know. I'm happy to help.

Jose Marin
CHAPTER 9

NEWSLETTERS: "A GREAT PRACTICE BUILDER"

A quick look at successful practices will reveal their use of a practice newsletter. Their return on investment comes from producing educated patients who are familiar with what services the practice provides, the areas of the doctor's expertise, and the value of professional periodic eye care. The practitioners' return also is reflected in the confidence projected by the office staff, which use the newsletters to reinforce their message to the patient.

Newsletters can help you build and expand your practice(47). It is a personalized image-builder that, when used with other image builders, will give your practice the up-to-date professional status you will need to compete in the 90's and beyond. Here is a list of other image building ideas for comparison:

* Logo * Welcome Brochures * Vision Reports * Thank you's * Customized Contact Lens Bags * Contact Lens Presentation Folders * Stationery * Business Cards * Yellow Pages Ads * Eyewear Warranties * Print-shop-quality Instruction/educational Forms * Recalls, Reminders, Contact lens policies, and so forth * Service Agreements * Patient information forms * Name Tags

NEWSLETTER TIPS:

1. In a solo practice, the doctor may spend from five to ten hours writing and editing each issue. This is a very conservative figure. Calculate spending twice this amount on your first copy.

2. The size of the average newsletter is about 300 to 400 words per topic and about four pages in total length.

3. Mailing frequency is approximately four times a year.

4. The costs approximate $970.00 to print 2,000 copies(48). This estimate assumes that you did all the leg work(in house production), and to this figure you will need to add the current postal rates.

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Internal Practice Management

5. If you decide to use photographs in your newsletter they should be taken in black and white for better reproduction and use a 35 mm format only.

6. Use the following tips for printing:

* Leave plenty of blank space on each printed page. Uncrowded pages invite the eye to read on.
* Use capital letters for titles and headings only. All other copy is easier to read in upper and lower case lettering. Use a few underlines and use short indented paragraphs, but not too many which create the feeling of shouting.
* Make your first three paragraphs no more than two short sentences each, and short. The first page must "look" easy to read.
* Break up your first page of copy with at least one subhead centered on the page. The subhead should contain the biggest benefit of the letter.
* If the letter is more than two pages, on the first page tell the reader what to expect later on: "In a moment I'll tell you about..."
* Never end a page with a complete sentence. Break the sentence. (Then, in parenthesis, tell the reader to turn to page 2 for more details)
* Use one color of ink and a screen of that same color. It will appear as if you used two colors and is cheaper.
* Be consistant on paper selections. Keep all of your printed materials in "office" colors.
* Use plenty of photos. They create action and interest.
* Make sure all printed materials carry your name, degree, address, zip, and phone number with area code. Phone numbers should always appear larger.
* Color-code your forms for easy identification.

7. Include "Word games and puzzles" in your newsletter. They are very popular with young patients and including them in your newsletter guarantees that the whole family will get involved in reading it.

8. Start with a problem. Provide the solution. State why a patient should choose you for the solution and offer them a low-risk way to try a bite-sized piece of service by a given date. This is the construction that not only gets read, but forces people to respond quickly(53).

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9. After you write your first draft, delete 25% of the words in each sentence without changing the meaning. You're probably too wordy.

10. Write in the first person singular.

11. Use the words "you'll + verb", such as "You'll find that...", "You'll discover...", "You'll like...". Especially do this prior to "I," "we" or "our." Example: "You'll discover our extended hours are far more convenient than the 'normal' professional's hours."

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**HOT BUTTONS**

A powerful copy will be needed to hit the patients "Hot Buttons"(49). Hot buttons are motivating concepts. They are the reason your patient will get up and dial. And they're different depending on whom you're addressing. The key to all promotion is to know your audience's hot buttons before you sit down to write your copy. (They're rarely the same as yours).

Let's look at three separate people with whom you regularly deal with and then categorize three primary professional aspects of you and your practice.

**Referring Physicians:**
1. Modern skills
2. Bedside manner
3. Cost efficient

**Third Party Payers:**
1. Cost efficient
2. Modern skills
3. Bedside manner

**Patients:**
1. Bedside manner
2. Modern skills
3. Cost efficient

If you correctly target your copy, you will know exactly what lead should start every market segment. From this example, it's obvious that patients' hot button is "bedside manner." I have listed the other two areas for comparison.

Remember: List your market's hot buttons and make sure they're dominant in every promotional effort.

Jose Marin
WAYS TO USE NEWSLETTERS

Here are but a few ways you can use your newsletters to your practice's advantage(50):

1. Enclose them with your examination recall reminders.
2. Use them as recall notices by imprinting "it has been ________ months since your last examination with Dr. ________ ."
3. Use them as "statement stuffers."
4. If you have printed a schematic eye within your newsletter, you and your staff can use them in explanations. Don't forget to just hand it to the patient afterwards so that they can take it home and read.
5. Mail them one or two months prior to sending re-examination notices.
6. Send them to all your patients at one time.
7. Make a general mailing in your drawing area. This is external marketing but it's worth mentioning.
8. Mail to specific patients depending on the emphasis of the copy.
9. Send them out when things are slow.
10. Mail with a supplement that contains specific information you want your patient to know about your practice.

NEWSLETTER SOURCES

What follows is a list of sources for pre-printed newsletters(51&52). Give consideration to their use, especially if your writing savvy is lacking or you simply do not have time. They are very professional in content but that may be a disadvantage depending on your type of clientele. It will not cost anything to review samples of the various companies' work, so call or write today and get the marketing ball rolling.

1. Southern Council of Optometrists
   4461 N. Shallowford Rd.
   Atlanta, Ga 30338
   (404) 451-8206

2. Walman Optical Company
   P.O. Box 5440
   Minneapolis, Mn  55440
   (612) 520-6000

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3. American Optometric Association
243 North Lindbergh Blvd.
St. Louis, Mo 63141
(314) 991-4100

4. Eyecare Communications
P.O.Box 349
Beaver Falls, Pa 10501
(412) 843-3111

5. Optometric Extension Program Foundation, Inc.
2912 South Daimier St.
Santa Ana, Ca 92705
(714) 250-8070

6. The Doctor's Press
Carter Lane P.O.Box 11177
Lancaster, Pa 17605
(800) 233-0196
(800) 233-0191, in Canada

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**NEWSLETTER ALTERNATIVES**

Always be open to new ideas and off-shoots from the traditional newsletter.

Examples:

1. Postcards are quick, cheap and profitable if done correctly. Try testing several versions such as "Tip of the Month." Some will be losers, some winners, some really big winners. Testing and tracking is the only way to find out.

2. Letters vs. Newsletters:
   If you're of the opinion that patients will trash newsletters and read professional letters then this idea's for you(54). Here is a sample:

Dear Friends,
Happy new year! I hope you had a pleasant, safe holiday season. My staff and I are excited about some changes we're making in 1994, and we wanted to let you know what's new.

Jose Marin
See Inside Your Eye

We're proud to announce the acquisition of a retinal photography system. It's equipped with a polaroid camera so we can take instant color photographs of the inside of your eyes.

If we take photos, we'll keep them in your chart and compare them with future exam findings. Many vision-threatening diseases can be diagnosed on the basis of changes in the retina, optic nerve, and other structures inside the eye.

Patient Education Services Expanded

Todd Bowersock, formerly one of our optometric assistants, has been promoted to the newly created position of patient education coordinator. Todd's duties will be to: (1) educate patients and their families about preventative eye care and to any treatment they require; and (2) conduct educational programs for the entire community.

Parking Pointers

We apologize for any trouble you may have had finding a parking space during December. The holiday shopping season always seems to bring out lots of well wishers and overflow parking lots never seem to be large enough.

Eye Injuries from Elastic Cords

Be very careful when using "bungee" type elastic cords with metal or plastic hooks attached. A number of serious eye injuries have been attributed to these cords, including cases in which the hook penetrated the eyeball. The injuries usually occur while the cord is being tightened to attach the second hook. When doing this the first hook slips or straightens out, allowing the cord to whip around.

Jose Marin
Discard Old Medications

Here's a tip that may save your eyesight: Go through your medicine cabinet and throw away eye medication that is of date or not currently being used. Old and expired eye medications may harbor bacteria that can aggravate an eye problem and even result in permanent vision loss.

A common abuse of old medication is in the self-treatment of red eyes. All red eyes are not the same. The wrong medication in a red eye may aggravate and even be detrimental to the condition.

If we prescribe eye medication to be used for a specific period of time, discard any remaining medication at the end of that treatment program.

Best Wishes for a productive new year! As always, we welcome new patients, so if you have friends or relatives who might benefit from our services, please tell them about us. We look forward to seeing you soon.

Sincerely yours:

Jose Marin
PART X

BROCHURE MARKETING
As users of complex products and services, patients need the support of professionally written and printed information (55). The services optometrists provide are complex, and in a cost range that justifies the use of a practice brochure explaining what these services are and how to obtain them. The goal of the brochure should be to engage interest, inform, and motivate.

The brochure should outline the following in a logical, smooth, and flowing format:

1. Phone Number. Remember to use larger type.

2. Address, map, or a short description of location. You may use a locator, tag line. An effective locator, tag line is a brief statement that relates your location in relation to some well-known, prominent feature of the local geography.

3. Office hours.

4. List of services.

5. Why your services are important.

   * Patients want to know, "What's in it for me?" What really rivets their attention are benefits such as improved quality of lifestyle, better appearance, and other real or perceived benefits.

7. Benefits vs. Costs. People are always weighing the benefits vs. costs. You should not state exact prices in the brochure but include such statements such as "A nominal fee is charged for..." or "The initial examination cost ranges from $42 to $58." You can also use open-ended statements such as "Frame costs start at just $25, with designer frames starting as low as $45, and high fashion frames starting at $95."

   Always provide readers with concise statements of "SERVICES-BENEFITS-COSTS."

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8. Advantages of patients in coming to you for that care. Your specialties, your staff's specialties, emergency service, special hours of operation, etc.

9. Make it user friendly.
   * Make specific information easy to find. Use of clear indexing and subheads will help patients find information fast.
   * Present topics that are of interest to people with a minimal knowledge about vision care.

10. Call the patient to action. Ask the patient to call you. This may seem obvious, but you "ask" the patient to call. Do not just list your phone number without making the statement "Please call 645-8002 for an appointment or for more additional information."

**TOPICS TO INCLUDE**

Below are just a few high interest topics that you can include in developing your own marketing brochure:

1. Available services
2. Appointment information
3. Check-ups
4. Children's vision
5. Contact lenses
6. Continuing vision care
7. Consultation services
8. Costs for vision care
9. Examinations
10. Eye emergencies
11. Eye health
12. Eyewear-Fashion design
13. Eyewear-lower cost
14. Glasses alignment
15. Glasses repair
16. How to find us
17. New patients
18. Office hours
19. Perceptual motor testing
20. Problems of limited vision
21. Safety glasses
22. Staff information
23. Transferring records
24. Vision screenings

**OTHER BROCHURE TIPS:**

1. This is not the area to skimp on set up or printing costs. I would personally recommend using a professional firm to format and print your marketing brochure. Rewrite your draft several times and have lay people read it, and listen to their suggestions. Your brochure is a direct reflection on you, your staff, and your practice in general.

Jose Marin

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2. Send a copy of the brochure along with your appointment confirmation letter.

3. Mail a brochure to all telephone inquiries. Annotate and identify the caller's area of interest on the brochure. This will personalize your office and develop a rapport between caller and receptionist.

4. Send your brochure, accompanied by a well-written personal cover letter, to community officials and health care professionals. It can be very effective in establishing good interprofessional relations.

5. If you do develop an office brochure, be sure that your staff reads it thoroughly, and give them all the preparation they need to supplement the information that you provide.
PART XI

TELEPHONE MARKETING

Jose Marin
CHAPTER 11

PHONE SHOPPERS

When a phone shopper calls to ask, "How much?" or calls questioning how good a practitioner is, most front desk staff feel an immediate attack of bile. I'm sure they would like to hang up, or at least sneer into the phone. They hate these types of callers.

If your receptionist does not answer the question, the caller's assumption - right or wrong - is that your office is too expensive. And you still lose. But most shoppers really aren't shopping just price. They may come across that way, but what they're really looking for is value. That means the right person for the right price. You must script the conversation to guard against poor responses and unintentional attitudes(56). Here are some examples for you:

When a caller asks the price, do not answer this question right away. First, establish value.

SCRIPT:

Say, "I'd be happy to tell you that, but first I need to ask you a question for clarification. What exactly do you need to see Dr. Peterson about?"

After the caller responds, the front desk staff opens the script log to the specific problem or need. Your script should list reasons why you're the one doctor to see for that problem or need.

Example: "I'm glad you called. Did you know that Dr. Peterson has special expertise in keratoconus? Yes. He's studied under Dr. Schnider, one of the most famous people in the field of keratoconus. And he's taken several special courses in this area. Plus, over the years he's helped over 200 with the same problem. I don't think you could have called a better Optometrist than Dr. Peterson for this. And he charges just $65 for your evaluation and consultation. Luckily I have an opening in his schedule tomorrow at 3:30 or the next day at 2:00 p.m. Which would be best for you?"
Here are some other examples to prove that you're good for a specific problem:

* X number of years of experience with that problem.
* You use a new technique or equipment for that problem.
* You make this a special area for you by studying all the journals and books on this problem.
* You attend special meetings concerning this problem.
* You've written an article or book on the subject.
* You've conducted research on the problem.
* Other professionals seek your opinion on this problem.
* Other professionals specifically refer people to you for this problem.
* You've received a certificate in this area.
* You teach other professionals about this problem.
* You are or were an instructor or professor at a professional school.
* Numbers of hours of continuing education about this problem.
* You studied under a respected teacher.
* You have helped X number of people with this need.

With this list and a little imagination, you can show expertise in the things you do.

PROCEDURE:

A) Write a script for each problem you get phone calls about.
B) Type them in double-spaced CAPS.
C) Mount them under plastic sleeves, and index tab them for quick referral.
D) Place them for instant referral when questions arise.

Tip: Make sure the front desk follows the script. You may want to role-play for a few days to smooth things out. Modify and upgrade scripts regularly. Remember, marketing programs must fit like a well-tailored suit in order for the bottom line to be affected.
EFFECTIVE TELEPHONE TECHNIQUE

Assistants should think of themselves as the front line of your office, the initial patient contact. When the telephone rings, make sure they:

* Answer it promptly, and **put their best voice forward.**
* Speak with a pleasant tone of voice, directly into the transmitter. Nothing starts off a conversation worse than an expressionless or inaudible greeting.

What follows are a series of "Instead of this, say this" areas for your staff to study. Make several copies and give one to all phone handlers. Keep a copy within phone reach and conduct occasional tests on the material to keep your staff on their toes.

ANSWERING THE CALL:

**Instead of this...**
Hello. Doctor's office.
**Say this:**
Good morning, Dr. Peterson's office. May I help you?

**Instead of this...**
Hello.
**Say this:**
Dr. Peterson's office. This is Todd. May I help You?

SCREENING CALLS:

**Instead of this...**
He wants to know who this is.
**Say This:**
May I say who's calling, please?

**Instead of this...**
Dr. Peterson can't come to the phone.
**Say this:**
Dr. Peterson is with a patient. May I take a message?

After calls are screened, your assistant should get back on the line and prepare the line for you.
Instead of this...
Dr. Peterson says he can talk to you now, but only for a moment. Hold on.
Say this:
Dr. Peterson will be with you in just a moment.

DETERMINING CALL PRIORITIES:
Your staff should notify you immediately when emergencies, other doctors, and important test results are received by phone.

Instead of this...
Hold on. I'll see if I can get him.
Say this:
Please hold on. The doctor will speak with you as soon as possible.

Instead of this...
Let me check if Dr. Peterson can come to the phone.
Say this:
Oh, hello Dr. Olson. I'll let Dr. Peterson know that you're on the line. Do I need to pull a patient's record while you're waiting?

WHEN THE DOCTOR IS OUT:

Instead of this...
Dr. Peterson isn't in. What do you want me to do?
Say this:
Dr. Peterson is out of the office. He'll be back in an hour. Can he get back to you then?

EMERGENCY:

Instead of this...
Then maybe you should go to the hospital. What do you think?
Say this:
Then please go to the hospital emergency room. Dr. Peterson will call you to find out how everything is.
RETURNING NON-EMERGENCY CALLS:

Instead of this...

He's busy now. Can you call back later? I think he'll be available around three o'clock.

Say this:
The doctor is with a patient. Can he call you back at 3 this afternoon?

RESCHEDULING APPOINTMENTS:

Just a word here about this next subject area. There is no word a doctor hates to hear more than the word "canceled." As in, a patient called and cancelled their appointment. Canceled is such a harsh word. It sounds like the patient heard some bad news about you and now they are afraid to see you.

Receptionists like to use the word canceled in place of rescheduled. Be very picky about the words your staff uses on the phone and around patients. Tell staff you are not trying to mould them into play acting but you are trying to instruct them into having a great bedside manner.

When a patient walks in, unless you're the only one in a lab coat, the patient never knows who is the doctor and who isn't. In a great practice, everyone's the doctor in a way. And the sooner your staff realizes this the sooner "your" practice will become "their" practice.

Instead of this...
Would you like to make another appointment?

Try this:
I'm sorry you have to reschedule your appointment. Would next Monday at 10 a.m. be good, or would next Thursday at 7 p.m. be more convenient?

OBTAINING PATIENT INFORMATION:

NEW PATIENT:

Instead of this...
Okay, what's your name? And your number? What do you want the doctor to do?
Try this:
May I have your name please? And your phone number? What are you coming in for? And how did you hear about us?

NOT CERTAIN IF NEW PATIENT:

Instead of this...
Have you been to see the doctor before?
Try this:
When was the last time you saw the doctor?

KNOWING WHEN TO BACK DOWN:

Some patients may become embarrassed in talking to someone other than the doctor. Persistence on the part of your staff will only get an angry response.

Patient: Uh... I'm not sure

Instead of this...
You'll have to tell me the problem.
Try this:
The doctor will be free at three this afternoon. Would you like him to call you back then and talk to you personally?

ANTICIPATING QUESTIONS:

Patient: May I speak to the doctor?

Instead of this...
No, he's too busy right now. Can you call back?
Try this:
He's with a patient at this time. If it's urgent, I'll have him call you back at 4 p.m. (or whatever time you've designated for call backs).

Patient: How soon can I get an appointment?

Instead of this...
We can't see you until March 21st.
Say this:
We can see you on March 21st. Would you be available for an earlier appointment if we have a rescheduling?

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Internal Practice Management

Patient: My brother visited your office yesterday. Can you tell me what the doctor found?

Instead of this...
I don't think I can tell you that.
Try this:
I'm sorry, but we're not allowed to provide such information without a release signed by your brother, unless you are his legal guardian.

GETTING THE MESSAGE:

Failure to follow-through on a request is the most common telephone problem, according to a nationwide survey conducted by Xerox Learning Systems. Here's what your assistants can do to make sure they receive and relay messages:

1. Keep a "telephone call" pad handy and be prepared to take a message.
2. After confirming the correct spelling, record the caller's name, telephone number, and date and time of call.
3. Repeat the message to the caller to ensure the information is correct.

Instead of this...
Dr. Peterson is away and I don't know when he'll be back. There is no one else here but me.
Say this:
Dr. Peterson is away from the office at the moment. May I take a message and have him get back to you?

Instead of this...
What name did you say? I can't hear you. Talk a little louder.
Say this:
Would you repeat the name and number please? I want to make sure I have the information right.

Instead of this...
I'll tell him as soon as I talk to him.
Say this:
I will be glad to give the message to him right away.

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Internal Practice Management

HOLDING THE LINE:

Placing the patient on hold must be done politely and professionally. Have your staff follow these steps:

1. Explain to the caller what you are going to do before you do it, then excuse yourself.
2. Tell the caller how long you are going to be away. Otherwise, the caller may get impatient and hang up.
3. Place the handset on hold. If you do not have this function, lay the handset on a piece of paper or other soft surface; this will buffer other office noise.
4. Return to the line about every 30 seconds or so to let the caller know of your progress.
5. When returning to the line with the information, thank the caller for waiting patiently.

Instead of this...
Just a minute. Let me look around for it.

Say this:
Would you mind waiting while I get that information for you? It will only take a moment or so.

CALLER WANTING TO SPEAK TO ANOTHER STAFF MEMBER:

Instead of this...
She's been on the telephone all morning. I don't know how long she'll be... maybe a few more minutes.

Say this:
I'm sorry, but she is still on a call. Would you care to wait, or may I take a message?

COMPLETING THE CALL:

There are also a few common courtesies that need mentioning. The best way to end a conversation is with a pleasant "good-bye." Here are a couple of others:

1. Remain on the line until the other party hangs up.
2. Hang the receiver gently back on the phone.

Instead of this...
Is that all you want?

Say this:
Is there anything else I can help you with, Mrs. Gall?
Instead of this...
Bye-bye. See you later.
Say this:
Thank you for calling, Mrs. Marin. I'm glad I was able to help you.

These scenarios illustrate techniques your staff can use to impress patients through efficient and courteous telephone call handling.

Without a guide, however, your staff may revert back to old habits. Keep this guide, improve on it, and maintain it as a handy reference. The end result will be satisfied patients who will call your office again and again.

In conclusion, here are a couple of tips for telephone marketing and training:

1. If a caller does not make an appointment immediately, get their address and mail them your practice brochure with a list of patient references(58). These are "happy campers" who've agreed to have people call them. And their credibility has converted many an unconverted, a big return on investment for very little effort.

2. The company, Career Track, Inc., has an a two-volume video set of training programs(59). The program is called, "Professional Telephone Skills", and is available for $149.95. The company claims that these videos will teach staff how to handle callers with tact, confidence and professionalism. Your phone is your main line of contact with a large percentage of patients. This seems like a small price to pay for such important skills. Consider it.

Career Track, Inc.
3080 Center Green Drive
Boulder, Co 80301
(800) 334-1018

Jose Marin

Professional Telephone Skills
V20393 ............ $149.95
PART XII

MISCELL ANEOUS MARKETING IDEAS
CHAPTER 12

PROMOTING WITH THIRD-PARTY ENDORSEMENTS

If there are any sports teams in your drawing area try treating any team member for free. In exchange, request that you be named the "Official Team Optometrist" (60). Next, use this status in all informational materials and in Yellow Page ads. But don't stop here. Offer this program to dance groups and to symphonies at local colleges. In exchange for the free services, your referral rate will go through the roof and don't forget about all the parents of those Little leaguers.

RECALL WITH SOLUTIONS

Recall notices sent to contact lens patients who have not been in for some time often get discarded (61). Instead of just sending a recall card or letter, send a small package containing sample-size bottles of contact lens solutions, which are often available to you from representatives at no charge. Enclose your recall notice and watch your recall rate soar.

BIRTHDAY CARD SCRIPT

In your office birthday cards, try using the following warm poem (62). Our patients have commented on its originality and style.

There couldn't be a better time
to wish nice things for you,

Beginning with a birthday
that's happy all day through--

And after that the very best
of luck and health and cheer,

and everything it takes to make
a very happy year.

Jose Marin

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"PLEASE CONTACT OUR OFFICE" CARD

Notifying patients that their eyeglasses are ready is always done by phone, but for those times that you can never seem to reach them, try using the following card (63). This card may also be used to remind patients that some type of eye care follow-up is needed.

**PLEASE CONTACT OUR OFFICE TO SCHEDULE AN APPOINTMENT FOR THE FOLLOWING:**

[ ] YOUR EYEGLASSES ARE READY  
[ ] YOUR CONTACTS ARE READY  
[ ] YOUR REPAIRS ARE READY  
[ ] FOLLOW-UP EYE HEALTH EVALUATION NEEDED

---

**PRACTICE ANNIVERSARY LETTER**

Sincerity and good feelings go a long way in retaining and reactivating patients (64). You won't be able to track it directly, but you can do so indirectly through increased monthly production. So at each significant anniversary, send a letter to your existing and past patient base showing your appreciation for their support. Use a format like this:

Dear ________________,

In the month of ______, in the year of 19____.

A young man set out on the noble quest of earning a living and supporting his family. In the profession which appealed to him most, he cast his lot.

It took but a very short time for this young man to learn that earning a living was not his primary goal.

He found that other things mattered far more - unselfishness, consideration of others, conscientious service, and truly caring about his patients.

He learned, too, that his most valuable asset was not his bank account, nor worldly goods, nor material things, but rather his loyal friends - his patients.

Jose Marin

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Internal Practice Management

Having personally played the role of this young man, I have learned these things, and I have learned them well.

I therefore want to express my sincere thanks for your loyal friendship and your genuine support during these past years. It may not have seemed like a lot to you, but it has been for me.

And you have made it possible for me to pass the milestones - one by one - and contributed toward making my tenth anniversary in practice possible.

Thank you.

Sincerely,

Studies show that response to the letter will increase if you include a special, limited-time offer on your services. If you do offer this, be sure to include it on a separate certificate.

EXTENDED HOURS

The traditional household, with the husband working and the wife taking care of the kids, accounts for just 3.5% of households today(65). Meanwhile, some 72% of women work full time. And the average person's amount of leisure time has declined from 15.6 hours a week to just 14. These time constraints may mean it's time to review your practice's operating hours. Extended hours mean big overhead, but if you're the only practice in the area offering extended hours, your practice will blossom.

Promotion of new hours is vital to becoming established as the front runner. As an interesting sidelight, you may find that you can raise your prices with little resistance. It seems people appreciate this convenience so much that they won't complain about prices the way you find in most other practices.

Jose Marin
RECRUITING ALL IN THE FAMILY

Parents are funny people. They use their kids as guinea pigs. They send their kids to a new optometrist and if they come back in one piece, then the parents will try the practice. Increase the odds that you will see their parents by doing the following: Send a letter home with the child stating how much you enjoyed working with their son or daughter. Also mention that yours is a family practice and that you usually care for every member of the family. It's very comforting for parents to have the same optometrist for themselves as they do for their children. Therefore, to motivate parents in trying your practice enclose a special gift.

A limited time discount on eye exam and frames, or a contact lens free trial fitting are two possible gifts. Extend this offer not only to the parents but also to other children. Promote the offer in your letter and on a separate, enclosed certificate.

BUSY SIGNALS

Busy signals are deadly for your practice but so is the cost of a large phone system. Before making any changes to your existing system try the following idea.

* Have the phone company monitor your lines to determine the number of incoming calls that receive busy signals. If the numbers scare you, then it's time to act.

OPTOMETRIC CARD LAMINATING

Laminating cards that contain important patient information is a good way for your patients to carry your practice with them everywhere they go. On the front of the card feature practice information and on the back try using various data that the patient will feel is important enough to carry around.

Jose Marin
Some examples include:

1. Blood pressure
2. Active medications list
3. "I am a contact lens wearer" with style of lenses data.
4. Discount information
5. Warranty information
6. Service agreement information
7. Special medical condition
8. Spectacle or contact lens prescription. Your decision!

To obtain professional equipment for laminating, check in your Yellow Pages under "laminating". If none are near by here is a list of some national companies:

1. Thermal Laminating Corp. (IL) (708) 869-6010
2. Americam Laminating Co. (MO) (314) 524-3012
3. Laminex, Inc. (NC) 1-800-438-8850
4. Azevedo's Laminating Inc. (CA) 1-800-462-2328

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**FLY FOR FREE**

This area doesn't have much to do with practice management but it does deal with the boss who works hard at making the management work. You're paying bills all day long it seems, so why not let those bills fly you away?(69). Start charging all practice bills on a credit card like Citibank AAdvantage Mastercard, which is co-sponsored by American Airlines. Many other airlines also offer this type of program. For every dollar you charge you will get one free air mile. When you've collected 20,000 miles they will fly you for free to any city in the U.S.

Some accounts will charge you a percentage for charging their services. If this happens to you you can:

1. Find another supplier if they won't drop the percent charges.

2. Look at the small interest charges as your vacation fund. One of our biggest accounts is a buying group that charges 1.9% for credit card payments. This works out to be cheaper than if I had to buy seasonal airfare to many cities within the U.S.

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Jose Marin

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Internal Practice Management

TEACHER OF THE YEAR

Here is a great promotion that lets you do something nice for someone and also garner lots of local publicity. Create a "Teacher-of-the Year" award for local teachers. This will allow you to honor a valuable member of the community. By making the event an honorary awards lunchon, with the press and local politicians invited, you can turn small scale dollars into large scale publicity.

Teachers have colleagues. They also have students. And the PTA, too. So social ties are immediate and far reaching. Politicians will accept because many voters will be present and the press shows up because the politicians did. The end result: A photo and story that you can mail to your patient base. A wise move since nationally only four in ten people read a newspaper on any given day. You should also make a poster of the article for your waiting room.

ANSWERING MACHINES

Live vs. dry? This is the question we ask when we discuss answering services. Which should you choose. In the ideal world, a live, afterhours operator would be efficient, courteous, caring, and would screen emergencies effectively, putting through calls you need poste haste. But this dream is far from reality. The most you can hope for is a correct name and phone number.

If the above sounds familiar, then maybe it's time you've tried automated paging. Those who have used both systems report patients are more conservative than services in determining what's an emergency - providing the outgoing message clearly states that pages are for emergencies only.

Automated paging is instantaneous but if you do automate, make sure to return all non-emergency calls at the beginning of the next business day.

GREAT GIFTS

Making people feel special always works in generating referrals. And small, unexpected gifts work wonders, far in excess of their actual cost. Here are a few gift ideas you may want to try:

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Internal Practice Management

1. Give every woman a carnation and also ask men if they want one to give to a friend.

2. Give away discount coupons from a local fast food chain to kids in your practice. Chances are the parents are "required" to take them there anyway, so you score a big hit with everyone.

3. Have your receptionist give each patient a state lottery ticket at the end of the visit. Put strict inventory controls on the tickets to dissuade staff pilferage. It's an unexpected gift with great perceived value - the hope of fortune.

4. If you live in a big college sports town, try giving away a key chain with your patients' favorite team emblem.

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SMALL TOWN MARKETING

How do you enhance goodwill and visibility of your practice in a small community? Answer: Show your support for the local high school team. Hang a banner over your practice that reads, "Good luck Bulldogs - Beat em!" You can also ask your staff to wear T-shirts that read "Go Bulldogs" on the day of the big game. Don't be surprised if one of your recent referrals says it's easy to find your practice - it's the one with the big banner on it!
BIRTHDAY SPECIALTIES

Make it easy for your patients whose spouses are about to have a birthday(74). Have your optician keep an index card record on patients' birthdays and their eyewear desires. Then when that special day approaches, an optometric aide calls the patient's spouse and suggests eyewear the patients been eyeing. Most spouses are grateful, especially when all they need to do is give you a credit card number.

CHARITABLE TIE-INS

If you would like some free publicity when marketing your practice, try a practice promotion that ties in a charity(75). Provide eye exams for five dollars that you will donate to a local charity helping visually challenged children. The charity, with your assistance, will promote your effort through their newsletter, radio and through public service announcements.

You should also send press releases to local media because you can't expect the charity to be as efficient and effective as you want. Your selection of the charity is critical to the effort, so choose a local, well-known firm for maximum effect. The great part of this idea is that it is a "feel-good" promotion.

MARKETING TO SENIORS

There are key points to remember when targeting senior citizens(76).

1. Mature people spend more time browsing and gaining information than do younger people.

2. They are very loyal once they have found a good professional, as long as they receive satisfactory service.

3. They are less likely to complain about unsatisfactory service.
4. They're more likely to stop returning if dissatisfied and they're quick to tell their friends and relatives...and authorities.

**IMPLICATION:** Call all non-returning seniors to find out about any problems with your practice and to diffuse bad word-of-mouth. Always provide seniors with lots of information on procedures and services.

---

**PREMIER PATIENT CLUB**

Making your products or services feel "exclusive" can increase your patients' perceived value and actually create a demand to be a member of an "exclusive" club(77). Here's how: Print up wallet-size cards that have the title "Premier Patient Club Member." Have your office's information on the back and also the member's name imprinted and a space to sign--just like a credit card. The Premier Patient membership will entitle the patient to have special treatment at your office. Examples include:

1. Discounts on products and services.
2. Ability to refer these discounts to friends and family members, if they register the names with you beforehand.
3. Advanced notification on any special offers or programs.
4. Invitation for member and guest to a special holiday party during December.

**WHAT DOES A PATIENT HAVE TO DO TO BE A MEMBER OF YOUR EXCLUSIVE CLUB?**

* Refer at least five people to your practice.

As an added incentive, try creating a "Premier Patient Plus" membership. This membership kicks in when they refer ten new patients to you.

Granted, this is not a lot to offer, nor does it cost much. But it seems most people may want to get their friends and family in on something exclusive. And as American Express repeatedly states, "membership has its privileges."

Jose Marin
ATTRACTIONg THE MOVERS AND SHAkERS

In every community, there are important people for your practice. They're called the "Movers and Shakers"(78). These people can arrange speaking engagements and can help spread the word regarding your practice. Your registration form should have a blank space where the patient will place his occupation and title.

This will give you an indication of whom to invite into your program. Send each prospect a letter and invite them to a lunchon so they may get to know each other and trade information or services. You will guest-host the affair. Offer all attendees a courtesy of free services for them or any immediate family member for an entire year. Eyewear, of course, is not included.

You will probably not make a huge killing from this promotion, but lots of smaller successes together make for a big year.

OPEN HOUSE

Have you ever heard of an open house for a new practice being a flop? Well most of them are(79). Why not have a free eye care screening.

Send a letter and flyer to your existing patient base and follow it up with a phone call to announce the free screening at your open house.

Next, place a free standing insert(FSI) measuring 8 1/2" x 11" into the local paper's Sunday edition. You'll find that the cost of all this would have equaled the standard boring catered open house.
DOCTOR REPORTS

Since you take blood pressure on every patient why not let the patients systemic physician know how they're doing. At the same time, send them a synopsis of your visual findings(80). You are doing this for two reasons:

First, your patient will know you have a personal relationship with many medical professionals. And second, you will be establishing a vital rapport with the patient's doctor. Chances are your patient's doctor knows nothing about optometrists other than they "make glasses."

This is your golden opportunity to help the optometric profession and yourself by doing non-referring patient reports.

CONSULT BEFORE REFERRING ON

This is more of a "What to do" than a "How to do" suggestion. The scenario is as follows: A professional sends you a referral, but the patient needs to be referred on to a third professional.

Don't act before you consult with the original referrer! If you do, you'll have broken a trust and you'll never see another referral from that professional again(81).
INVITE PROFESSIONALS TO SPEAK

Invite high-potential referral sources to your office to speak. Ask them to present to your staff an update on their specialty. By hosting them at your office, you have an opportunity to impress them with the quality of your operation, as well as a chance to fill them in on all the wonderful reasons their patients would be well-served by you and your top-notch staff.

FAMILIARITY BREEDS REFERRALS

When your office manager attends medical insurance seminars, have them introduce themselves to other office managers from potentially referring physicians. Instruct them to set up a free lunch meeting once a month, at your office, so that they can discuss the latest changes in insurance billing.

The attending office managers will see your wonderful operation and watch how fast new referrals start popping through your door. Don't forget to thank the referring office manager by sending a nice fruit basket.

BEATING THE CHAINS

When comparing your practice to the chain store down the street, you will need to educate your patients as to the real differences. Use some of the following comparisons in your next flyer:

<table>
<thead>
<tr>
<th>PRIVATE PRACTICE GLASSES</th>
<th>ONE-HOUR GLASSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Made at the finest optical lab.</td>
<td>Made in Mini-Lab.</td>
</tr>
<tr>
<td>Each pair is different—many glasses require over 16 hours for all steps to insure highest quality.</td>
<td>Made in a hurry—shortcut may be taken.</td>
</tr>
</tbody>
</table>

Jose Marin 119
Almost every type of eyeglasses including complicated prescriptions.  
Fit your eyes the first time

No complicated prescriptions
High prices to support small inefficient lab and high advertising budget.

MEETING EXPECTATIONS

Keeping promises should be a high priority in your practice. Do everything you can to avoid letting patients down. You can fill a book with lab horror stories but let's assume you've got a great lab, and look at the other variable in this equation: Your frame supplier. Like most offices, you are going to have several frame suppliers that can lead to lots of headaches for you and your patients.

Headaches in the form of "Backorders"(85). There are procedures your optical department can follow to cut down on this problem:

1. Dispense out of stock.

2. Before you promise a "need to be ordered" frame to a patient, call the frame company and confirm that the frame is in stock. If the frame is on back order, put a positive spin on it. Have your optician say, "this is good in one sense, because it means that your frame is a very popular style. Unfortunately, it may take a bit longer to get it."

3. If the frame company is closed (After 2:00 p.m. for West Coast optometrists) tell the patient, "We have had some back order problems with this company in the past. I'll call them first thing tomorrow and try to get your frame, but just in case it's not available, are there other styles that interest you?"
   
   You are now prepared with an alternate choice to offer the patient just in case of a back order.

4. There are usually more back orders at the end of the year, because companies decrease their stocks to make room for the new year's styles.

Jose Marin
5. Call your frame rep and ask them to locate the frame for you. If they are a bit uncorporative tell them that you allocate space on your frame board based on the past month's dispensing. The rep will quickly calculate that every time they lose a sale this month, they will actually be losing future sales.

6. Here's an easy way to impress patients whom you have to bring in for a second fitting: At the initial fitting, have your optician write down one or two other styles the patient was considering. If the patient does have to come back again, your optician can have the other frames ready and waiting.

   The patient isn't likely to remember what they saw the first time, so think of how impressed the patient will be when your optician says, "Mrs. Wilson, I'm sorry that your frame isn't available, but here are the other two styles that I noticed you were interested in the other day". But don't make the same mistake twice. Be sure that those other choices are immediately available before you call the patient in.

---

**COMPUTER MINING**

Using your computer to its maximum efficiency will pay big dividends if you program the right questions. The following products and services will appeal to specific segments of your patient base. Matching these needs with the patient is the computer's job.

1. Contact lenses, especially bifocals.
2. Progressive lenses.
3. Anti-reflective coatings.
4. Computer user refraction techniques, "PRI0" system.
5. Acceptance of medicare coverage.
6. High-index or polycarbonate lenses.

   Once you decide what products to offer, target patient groups that would most benefit from them.

Jose Marin
Next, enter your one, brief line of commands needed to identify the appropriate patients. Use the computer's search or sort functions to search for patients who:

1. Fall between the ages of 40 and 50.

2. Either do not wear RGP lenses or who already wear monovision soft contact lenses.

3. Have moderate or high amounts of correction.

4. Have been examined in the last three years but not in the last four months.

5. Patients that fall into the medicare bracket.
Internal Practice Management

PART XIII

OPTOMETRIC PATIENT INFORMATION SYSTEM (O.P.I.S.)
CHAPTER 13

INTRODUCTION TO O.P.I.S

I was first introduced to the Optometric Patient Information System in 1989, during the period when my wife and I opened our joint practice. I was impressed with O.P.I.S. for two main reasons: First, O.P.I.S. gives your patients something of great value. A personalized "hard copy" report on their specific vision problem, which is very impressive to the patient. Second, it does this in a matter of seconds. If time constraints are the main reason that you are not effectively implementing your marketing programs, then O.P.I.S. is for you.

A review of the information enclosed will demonstrate the potentials of this remarkable system. Take a moment to review the page marked "Titles of Pre-Written Menu Selections." Of interest here are the vast menu options available with just a key stroke on your computer. Also, be aware that the menu titles listed contain additional subheadings that include greater detail on a selected vision topic. The complete O.P.I.S. program will arm your practice with an arsenal of communications by providing comprehensive treatment of the following areas:

* **Patient communications:** These include general optometry, ocular diagnosis and treatment, contact lenses, Rx dispensing, glaucoma, vision therapy, low vision therapy, and sports vision therapy.
* **Professional correspondence:** These include school nurse-teacher-parent reports, pediatrician reports, physician reports, co-management reports, and patients record reports.
* **Manifestations and interactions:** These include pharmaceutical manifestations, ocular manifestations, and ophthalmic drug manifestations.
* **Specialty programs:** These include miscellaneous letters, office policy statements and VT letters, and reimbursement.

The result of this plethora of information is that you will never be at a loss to provide your patients with up-to-date, accurate and timely data for which they will be most appreciative. When selecting any computer marketing program, be cautious as to the availability of support for the system. O.P.I.S. has withstood the test of time in the competitive marketplace and the reasons are product support, and product effectiveness.

Jose Marin

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I would like to order all 18 OPIS programs.
I would like to order the 8 special OPIS programs listed on reverse side.
I would like to order the 3 OPIS programs listed below.
I would like to order the 1 OPIS program listed below.
I would like to add ____ OPIS programs to the above order at... $100.00 ea.

**PLEASE [X] ALL DESIRED PROGRAMS**

<table>
<thead>
<tr>
<th>General Optometry</th>
<th>Sports Vision</th>
<th>School Nurse/Teacher Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Lenses</td>
<td>Low Vision</td>
<td>VT Letters/Reimbursement</td>
</tr>
<tr>
<td>Ocular Diagnosis/Treatment</td>
<td>Physicians Reports</td>
<td>Ocular Manifestations</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Patient's Record Reports</td>
<td>Pharmaceutical Manifestations</td>
</tr>
<tr>
<td>Rx Dispensing</td>
<td>Co-Management Reports</td>
<td>Office Policy</td>
</tr>
<tr>
<td>Vision Therapy</td>
<td>Pediatric Reports</td>
<td>Letters, Letters, Letters</td>
</tr>
</tbody>
</table>

Total amount of the above order... $_____
MA residents, add 5%... $_____
Add $5.00 for postage & materials... $5.00
Add $25.00 for second office address... $_____
Add $50.00 for duplicate diskettes... $_____
Total payment due... $_____

[ ] Check enclosed  [ ] Check to come  [ ] Lease  [ ] Mastercard/Visa  [ ] American Express
Credit Card #: _________________________ Expiration: _________________________

**REPORT HEADING (LETTERHEAD):** Type or print clearly your report heading. This is the information to be programmed in as your report heading... (Dr. name(s), practice name, address, phone#, etc.)

**DISKETTE FORMAT:** [ ] 5 1/4"DD  [ ] 5 1/4"HD  [ ] 3 1/2"DD  [ ] 3 1/2"HD  [ ] ? Call

**SIGNATURE FORMAT:** We program in your name into OPIS as it will appear on a report to a patient and also, as it will appear in a professional letter. Please write your name for both signature formats.

**EXAMPLE:** Dr. Opis I. User, Optometrist & Opis I. User, O.D.

<table>
<thead>
<tr>
<th>NAME #1</th>
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<tbody>
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<td></td>
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<tr>
<td>NAME #2</td>
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<td>NAME #3</td>
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<tr>
<td>NAME #4</td>
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<td></td>
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</tbody>
</table>
Seven years in the making. OPIS has grown to 18 powerful practice building programs. One out of every 20 optometrists in the USA currently use OPIS to maximize their communication potential. OPIS contains a massive file library of over 5000 pre-written text file options, making it a unique software product. Buyers have the creative option to purchase one OPIS program or any combination of our 18 programs.

INTERNAL MARKETING AT ITS HIGHEST LEVEL!
Communication is the key ingredient in any successful relationship.

ALL 18 OPIS PROGRAMS... $1795.00
See our demonstration materials for a complete listing of available OPIS programs.

THE 8 MOST POPULAR PROGRAMS... $995.00
- GENERAL OPTOMETRY
- OCULAR DIAGNOSIS & TREATMENT
- CONTACT LENSES
- Rx DISPENSING
- SCHOOL NURSE / TEACHER REPORTS
- PHYSICIANS REPORTS
- CO-MANAGEMENT REPORTS
- PHARMACEUTICAL MANIFESTATIONS

SUBSTITUTIONS CAN BE MADE... YOU CAN ADD ADDITIONAL PROGRAMS AT $100.00 EACH

ANY 3 OPIS PROGRAMS... $495.00

ANY 1 OPIS PROGRAM... $195.00

IF YOU DON'T MAIL PROFESSIONAL CORRESPONDENCE WITH CONFIDENCE AND WITH FREQUENCY,... YOUR NOT AN OPIS USER!

- No licensing fees and no yearly support charges.
- No extra charges for our network version or additional stations.
- Free 800 # phone support.
- Two equal payments possible on any order $995.00 and over.
- Credit cards accepted: Mastercard, Visa, American Express
- Availability... OPIS will be shipped within 3 days of payment.

OPIS is a product of Bright Eye-Deas, Inc. P.O. Box 1412, South Dennis, MA 02660
1-800-272-OPIS Outside continental USA... 1-508-760-3937 FAX... 1-508-398-4471

SEE OPIS ORDER FORM... ON REVERSE SIDE.
TAGAMET

PROPRIETARY NAME: Tagamet

GENERIC NAME: Cimetidine

PRIMARY USE: Used in the short term treatment of active duodenal ulcers, chronic duodenal ulcers and the treatment of hypersecretory conditions.

OCULAR SIDE EFFECTS & SYMPTOMS

1. DECREASED VISION
2. VISUAL HALLUCINATIONS
3. PHOTOPHOBIA
4. EYELIDS & CONJUNCTIVA........Hyperemia, Erythema, Conjunctivitis, Purpura, Urticaria, Exfoliative dermatitis, Loss of eyelashes or eyebrows.
5. DECREASED ACCOMMODATION
6. PUPILS.........................Mydriasis may precipitate narrow angle glaucoma, Decreased reaction to light.
7. SUBCONJUNCTIVAL HEMORRHAGE....Secondary to drug induced anemia.
8. RETINAL HEMORRHAGE............Secondary to drug induced anemia.
9. MYOPIA
10. OBJECTS HAVE YELLOW OR PINK TINGE ?
11. DECREASED LACRIMATION
12. FOREIGN BODY SENSATION.......Possible decreased tolerance to contact lenses.

* ADVERSE OCULAR SIDE EFFECTS ARE UNCOMMON. VISUAL HALLUCINATIONS HAVE OCCURRED IN HIGH DOSES, WITH RETINAL IMPAIRMENT, AND IN THE ELDERLY.

EFFECT OF TAGAMET ON OTHER DRUGS:

- Alcohol +
- Beta-blockers +
- Local anesthetics +
- Salicylates +
- Tricyclic antidepressants +
- Anticoagulants +
- Digoxin -

EFFECT OF OTHER DRUGS ON TAGAMET:

- Antacids -
- Barbiturates -

- FROM PHARMACEUTICAL MANIFESTATIONS REPORT -
Dear Mrs. Shopper:  

January 11, 1994

THANK YOU FOR CALLING OUR OFFICE WITH YOUR QUESTIONS ABOUT CONTACTS.

Enclosed you will find background materials on contact lenses, which I hope will be helpful to you. Today contact lens options are numerous. No longer are your choices simply a decision between hard or soft contact lenses. You may be a candidate for disposable contact lenses, astigmatism lenses, tinted lenses, bifocal lenses, semi-soft lenses and so on.

As a service to prospective patients, our office offers a no-charge contact lens consultation examination, by appointment. This consultation provides me with an opportunity to evaluate your visual status and life-style needs. A consultation visit gives you an opportunity to satisfy all of your contact lens questions and express any concerns. This no obligation consultation will narrow your contact lens options and provide you with a clear explanation of our fees. Our office is pleased to offer you this professional service.

Our total contact lens care is based on professional, individualized attention, modern diagnostic instrumentation and the highest quality contact lenses available. Please feel free to call our office for additional information or to schedule a contact lens consultation or an examination appointment. We look forward to the opportunity to welcome you to our family of contact lens patients.

Respectfully submitted,

Frank D. Puzio, O.D.
APPLANATION TONOMETRY (mm Hg): O.D.: 25 O.S.: 20 Time: 3 p.m.

FINDINGS/Dx: Primary open angle glaucoma suspect. Right eye.

FOLLOW-UP-CARE: I have scheduled further evaluation in my office so that I can carefully monitor the visual and ocular status of this patient.

It is indeed a pleasure to join with you in the care of this patient. If I can be of any further service, or if you desire additional information, please feel free to contact my office.

Respectfully submitted,

Frank D. Puzio, O.D.
Dear Dr. Bickford:

Re: LAURA ANN TAYLOR
Examination Date: January 10, 1994

This report will provide you with a summary of my clinical findings and observations. It is a pleasure to have the opportunity to share with you in the care of our mutual patient.

TYPE OF EXAMINATION: Comprehensive eye health and vision examination.

CHIEF COMPLAINT: Halos around lights.
Photophobia.

CURRENT MEDICATIONS INCLUDE: Vasotec
Mevacor

OCULAR/FAMILY HISTORY: Glaucoma, mother.

MEDICAL HISTORY: Past history is remarkable for hypertension.

BEST CORRECTED VISUAL ACUITY: O.D.: 20/25 O.S.: 20/20-

OCULAR EXAMINATION: All internal and external adnexa are normal and free of any signs of pathology. The pupils are round and equal and respond normally to light and accommodation.

DILATED EXAMINATION: Normal optic nerves, maculae and vasculature.
Normal peripheral retinal structures in both eyes.
Examination fails to reveal any open retinal breaks.
No diabetic retinopathy was present in either eye.
Optic nerve appearance and symmetry are satisfactory.

GONIOSCOPY: Technique, three mirror lens.
Right eye is open 360 degrees to ciliary band.
Trace pigmentation of trabecular meshwork, right eye.

FIELD STUDIES: Early glaucomatus localized field loss.
Right eye involvement.
OCULAR-MOTOR DYSFUNCTION: SACCADES - The ability to change fixation from one point to another (as required in reading) is reduced or delayed.

DEPTH PERCEPTION: Two-eye (binocular) judgement of depth is normal at distance and close range.

COLOR DISCRIMINATION: Color discrimination is REDUCED. This common condition will not significantly effect school performance. However, this student may have confusion with tasks involving color naming or color comparison.

FOCUSED DYSFUNCTION: ACCOMMODATIVE DEFICIENCY - The ability to focus at near or at far or to change focusing rapidly between these two distances is REDUCED. This deficiency can cause visual discomfort, loss of concentration and may cause blurry vision at all ranges.

ACCOMMODATIVE DEFICIENCY: INFACILITY - Difficulty in re-focusing from one distance to another.

VISION RECOMMENDATION: First prescription has been advised.

PRESCRIPTION SHOULD BE WORN: (AT ALL TIMES) - During all classroom & all leisure activities.

CLASSROOM SEATING RECOMMENDATION: As a PRECAUTION only, I advise that this student sit no further back than the middle of the classroom.

VISUAL-MOTOR SKILLS: This patient exhibits an inability to integrate the visual system with the motor system. Poor copying of figures is to be expected.

VISION THERAPY: The functioning of this student's visual system is inadequate for the visual demands of the classroom or other highly visual situations such as sports. (Vision Therapy has been advised).

RETURN FOR FURTHER OPTOMETRIC CARE: Advised 1 MONTH from this time.

I hope you have found this report helpful and informative. If you are in need of additional information or if you care to personally discuss the visual welfare of this student, please do not hesitate to call my office.

Respectfully submitted,

Frank D. Puzio, O.D.
January 10, 1994

Dear Ann:

Re: LAURA ANN BOYD
Examination Date: January 10, 1994

The following eyecare report is designed to provide school nurses, school teachers or those responsible for this student's welfare, with information addressing both eye health and visual status. It is indeed a pleasure to provide you with a report of my clinical findings and recommendations.

* * * COMPREHENSIVE EYE HEALTH AND VISION REPORT * * *

REASON FOR EXAMINATION: Complaints of visual difficulties and/or symptoms of ocular discomfort.

UNAIDED DISTANCE VISUAL ACUITY: RIGHT EYE: 20/40-
LEFT EYE: 20/30

REFRACTIVE DIAGNOSIS: FARSIGHTED (Hyperopia) with ASTIGMATISM
An uncorrected farsighted-astigmatic individual is in a constant state of extra-effort. Vision at all distances is typically uncomfortable and generally blurred.

REDUCED VISUAL ABILITY: My findings indicate a reduction in visual ability even with the optimum vision correction in place. This patient's visual abilities may improve with time. The vision CORRECTION MUST BE WORN AS INDICATED.

BINOCULAR DYSFUNCTION: ESOPHORIA - (Convergence Excess)
An eye-muscle imbalance is present causing both eyes to aim closer than normal. The eyes typically appear straight but the constant effort to maintain eye teaming (FUSION) may cause discomfort, fatigue, inefficiency in school performance, reduced concentration and blurry vision.

- FROM SCHOOL NURSE AND TEACHER REPORT -
Exposure of the eye to ultraviolet radiation can result in CUMULATIVE PHOTOCHEMICAL DAMAGE DURING OUR LIFETIME. A protective coating has been applied to your new lenses so that 99-100% of all ultraviolet radiation is blocked from penetrating your eyes.

AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE!

CARING FOR YOUR NEW PLASTIC LENSES

GOOD..... First rinse your lenses with warm water to remove potentially abrasive particles. Apply a liquid hand soap or liquid dish soap and gently rub both sides of your lenses. Rinse thoroughly with warm tap water and DRY WITH A GOOD QUALITY TISSUE.

BETTER... Apply a commercial eyeglass cleaner to both sides of your lenses and DRY WITH A GOOD QUALITY TISSUE. Repeat daily or whenever necessary.

To AVOID SCRATCHING your lenses, never lay your eyewear down on the front surface of your lenses. It is good practice to place your eyewear in a clean eyeglass case when you are not wearing them.

Always remove your eyewear with TWO HANDS. Your new prescription eyewear may require periodic adjustments.

COMPLIMENTARY EYEWEAR CHECKUP

As a further service to our patients, we encourage you to return to our office for periodic eyewear checkups. In this NO CHARGE visit we will tighten all screws, ascertain proper alignment and if needed, perform a thorough ultrasound cleaning of your eyewear. Periodic checkups will preserve the life and looks of your eyewear.

NEXT EYE EXAMINATION - 12 MONTHS

In order to confidently ensure your eye health and maintain optimum visual performance, I have instructed my staff to schedule your next examination... 12 MONTHS FROM THIS TIME.

My goal and that of my staff is to provide EXCELLENCE IN EYECARE. THANK YOU for the valued opportunity to participate in your care.

Respectfully,

Dr. Frank D. Puzio
Doctor of Optometry
To utilize your new progressive multifocal comfortably for all close-range tasks, YOU MUST FACE YOUR READING MATERIAL DIRECTLY. If you gaze into the lower (side) edges of your progressive lenses, your vision may appear distorted or "WAVY."

It may be helpful to POINT YOUR NOSE directly at your reading task. The closer the range of your visual task, the lower you must progress into the bottom of your lens. This is accomplished by raising your chin slightly and/or moving your reading material down, and closer to your body.

The advantages of this form of lens correction are numerous. Comfortable adaptation to this advanced visual system typically takes one to two weeks. Notify my office if you experience longer than expected adjustment difficulties.

PROGRESSIVE MULTIFOCALS... THE MODERN BIFOCAL ALTERNATIVE!

CAUTION – ADJUSTMENT EXPECTED

Your prescription lenses are made from a new ophthalmic plastic polymer called polycarbonate. Polycarbonate materials are desirable because they provide a thinner, lighter and safer lens. Since polycarbonate is a denser material than conventional plastic, it refracts or bends light rays quickly using less lens thickness. Patients with high prescriptions and/or patients wearing this lens material for the first time may experience distortion in the lens periphery (away from the center of the lens) or side vision. This distortion WILL SUBSIDE WITH WEARING TIME.

The advantages of this lens type far outweigh the initial adaptation period. If you feel that your peripheral vision is more distorted than expected or if satisfactory adaptation does not take place within two weeks, call my office for additional consultation.

SCRATCH-RESISTANT COATING

Your new prescription lenses have been SCRATCH-COATED for their protection. Modern ophthalmic technology makes it possible to bond a QUARTZ PROTECTIVE COATING to the surface of your new prescription lenses. Under normal conditions this special coating will protect your lenses to a much higher degree than non-coated lenses.

NO LENS MATERIAL IS SCRATCH-PROOF. For example, even glass lenses can scratch. Follow our recommended wear and care procedures carefully to obtain optimum lens life and performance.

SCRATCH RESISTANT COATING... NO PLASTIC LENS SHOULD BE WITHOUT IT.

ULTRAVIOLET PROTECTIVE COATING

Your eyewear contains a special lens coating designed to protect your eyes from harmful ultraviolet radiation. In the last few years, medical research has revealed the many hazards of ultraviolet radiation. Science has proven that invisible UV radiation is the most dangerous component of solar energy to the human eye. Manmade sources of UV emission also increase the danger to us all.

- FROM Rx DISPENSING REPORT -
Your Eyewear Report

Prepared especially for: LUCILLE

THIS IS YOUR PERSONALIZED EYEWEAR REPORT. The contents of this report will address the primary aspects of your prescription needs and eyecare recommendations. We are committed to making sure you get the full benefit and enjoyment from your prescription eyewear. We urge you to contact our office if we can be of further service.

HOW TO ADJUST TO A PROGRESSIVE MULTIFOCAL

The technical (optical) name for an "INVISIBLE BIFOCAL" is PROGRESSIVE MULTIFOCAL. Conventional bifocals and trifocals have a visible line of demarcation between the upper distance section and the lower reading section. A progressive lens has NO VISIBLE LINES of demarcation, thus making it the cosmetic lens of choice.

As in conventional bifocals, the distance section is in the top portion of the lens. The reading section, however, is not uniform in power as in all other conventional bifocals. At a measured location just below your distance line of sight, the close-range power of the lens PROGRESSIVELY INCREASES, reaching maximum potential or power in the very bottom of the lens. Progressive multifocals also provide clear visual function at intermediate distances because of their unique graduated power range.

A PROGRESSIVE LENS SCHEMATIC DIAGRAM

D = DISTANCE VIEWING
I = INTERMEDIATE VIEWING
C = CLOSE-RANGE VIEWING
w = WAVY AREA

- FROM Rx DISPENSING REPORT -
Microcysts usually indicate corneal hypoxia (lack of oxygen to the cells of the cornea). In general, microcysts themselves are not harmful; however, they indicate that your contact lenses are being worn too long, your lenses need replacement due to fit or age of the lens or you have built up a hypersensitivity to your contact lens solutions.

Corneal microcysts do not cause symptoms and will generally resolve with decreased or discontinued contact lens wear. In more advanced cases, pharmaceutical treatment may be necessary.

CAUTION - DECREASED WEARING SCHEDULE IS ADVISED

My observations during your contact lens progress evaluation today indicate a need to decrease your contact lens wearing schedule at this time. Providing your eyes are comfortable and symptom-free, I ADVISE THAT YOU WEAR YOUR LENSES NO LONGER THAN 8 HOURS EACH DAY.

Allergies, changes in eye tear film chemistry, your environment, etc. may periodically affect your contact lens wearing capabilities. I will reevaluate your recommended lens wearing schedule during your next scheduled contact lens progress evaluation.

PLEASE FOLLOW MY RECOMMENDATIONS CAREFULLY!

COMPLIANCE REQUIRED - PROGRESS EXAMINATIONS

All contact lens wear requires additional responsibility. Your attendance at all scheduled progress evaluations is strongly recommended. A contact lens is a medical device. The fit of a contact lens and the surface of the most sensitive tissue in the body, the cornea, can change. Periodic follow-up visits are just as important as your original examination.

During these progress evaluations all your questions will be addressed, your eye integrity will be evaluated and I will make certain that your vision and lens performance are optimum. In order to continue providing you with contact lenses, it is a requirement in my office for you to attend periodic progress exams.

WE WILL SCHEDULE YOUR NEXT EXAMINATION 2 weeks from this time.

I hope you have found your REPORT helpful and informative. I and my staff THANK YOU for the opportunity to participate in your care. Feel free to CALL MY OFFICE AT ANY TIME if abnormal symptoms arise or if we can be of any further service.

Respectfully,

Dr. Frank D. Puzio
Doctor of Optometry
Your Contact Lens Report

Prepared especially for: Lisa
Examination Date: February 18, 1994

THE FOLLOWING CONTACT LENS REPORT HAS BEEN DESIGNED FOR... YOU.
The contents of your personalized report will outline advised contact lens procedures and care recommendations. It is indeed a pleasure to provide you with this... EXTRA MEASURE OF CARE.

YOUR CONTACT LENS PROGRESS EVALUATION

You have expressed some degree of difficulty with your contact lens comfort and/or your visual ability. A specific cause or a combination of factors may interfere with optimum contact lens performance. The lubrication capabilities of your eyes, uncorrected refractive error such as astigmatism and presbyopia, allergies, smoking, work environment, eye cosmetics and contact lens care product compatibility are a few of the factors that require special attention when problems arise.

I have made an attempt to localize the source of your reported difficulties. I advise that you follow all of my recommendations carefully. Continue to pay close attention to your symptoms. Do not wear your contact lenses if you experience discomfort or excessive redness. I will instruct my staff to schedule a contact lens check in the near future to follow-up on your progress.

FEEL CONFIDENT THAT YOUR COMFORT AND SAFETY IS MY FIRST CONCERN.
MY OFFICE IS ALWAYS AVAILABLE TO ANSWER YOUR QUESTIONS.

DIAGNOSIS - CORNEAL MICROCYSTS

Examination of your eyes reveals a common manifestation of contact lens over-wear called corneal microcysts. With this condition, numerous translucent (like frosted glass) dots are seen in the outermost layer of the cornea. Each dot represents a collection of a watery fluid that fills the space where cells have died. These degenerative dots can only be seen with careful examination using a slit lamp (biomicroscope).
Your diagnosis requires intervention to help ensure your eye health and ocular comfort. Since your diagnosis is not serious, I expect that you will quickly return to a normal healthy ocular status. Careful attention to your treatment plan as well as careful attention to your symptoms is wise practice. Contact my office if you do not experience improvement or if you have additional questions.

MEDICATION: Gentamicin - Instill Ointment in Right eye 4 times a day.

The advantage of ointments is that they stay in contact with your eye for a longer period of time than solutions. To apply an ointment, gently pull your lower eyelid down with one hand while using your other hand to place a line of ointment along your lower eyelid margin. Try not to touch the tip of the applicator to your eye. Blink a number of times to spread the ointment on your eye. Caution: Ointments will blur your vision for a short time upon application. If ointments are recommended during daytime hours, wait until your vision clears before resuming normal activities, especially before driving.

NEXT APPOINTMENT: I advise re-examination in 3 days.

This primary care plan is provided as an advanced level of service to you. If you have any questions after reading this report or if your condition does not improve, please contact my office immediately. Thank you for allowing me to participate in your care.

Respectfully,

Dr. Frank D. Puzio
Doctor of Optometry

- FROM OCULAR THERAPEUTICS REPORT-
Your Eye Care Report

Prepared especially for: MR. DAVIS
Examination Date: January 9, 1994

This primary care plan is designed specifically for you. By reading and following these instructions carefully, you will gain a better understanding of your diagnosis and treatment. It is indeed a pleasure to provide you with this reinforcement of my care.

**DIAGNOSIS - BACTERIAL CONJUNCTIVITIS**

The conjunctiva is a thin, clear layer of tissue that covers the white portion of the eye as well as the inside of the upper and lower eyelids. Conjunctivitis is a term that describes an inflammation of this tissue.

Bacterial conjunctivitis is a condition where this inflammation of the conjunctival tissue is a direct result of a bacterial infection. It is normal for some bacteria to exist on the surface of the body and in the eye, which is kept in check by the normal chemistry of the eye's tear fluids. Bacterial conjunctivitis can stem from a tear chemistry imbalance, allowing the normal bacteria in the eye to grow at a higher rate than usual. It can also occur as a result of an infection by bacteria transmitted to the eye via airborne bacteria, cosmetics or touching the eye with your hand.

Bacterial conjunctivitis is characterized by a white or yellowish discharge that seems to be more prominent in the morning. This discharge tends to dry along the lashline and may remain present to a lesser degree throughout the day. It is not uncommon for bacterial infections to be passed throughout a household as a result of using common towels or face cloths. With this condition, eyes must be kept clean while taking special care that towels and face cloths are separate from those that others may use.

- FROM OCULAR THERAPEUTICS REPORT-
The inconvenience of eye dilation drops will diminish gradually. It will typically take two TWO TO SIX HOURS for the effects to wear off. During this time, reading ability may be more difficult and your sensitivity to light may increase. For a short time, wearing sunglasses may be a necessary comfort. Notify my staff if you feel your distance vision is excessively blurred before attempting to drive home. Thank you for your patience during this important procedure.

CALL MY OFFICE IMMEDIATELY...
IF YOU EXPERIENCE EXCESSIVE PAIN, DISCOMFORT OR NAUSEA.

COMPUTER VISUAL FIELD EXAMINATION - PERIMETRY

Perimetry (visual field testing) is one of the most important clinical functions of a complete eye examination. Perimetry refers to the testing of peripheral vision of the eye. Analysis of data from the visual field computer allows us to construct a map of the visual responses of your retina and other neurological tissues. This detailed map is called a visual field.

Visual field testing gives the doctor essential information about major blindness-causing diseases. Field testing is a primary tool in diagnosing and monitoring glaucoma as well as many other ocular and neurological diseases. Comprehensive or threshold visual field testing allows early detection and close monitoring of the progress of these diseases, significantly enhancing the chances for successful treatment.

Visual field testing is a fast and easy way to ensure that your eye examination includes the most sophisticated testing available. Modern computerized perimetry optimizes the chances for accurate results and effective eye care. Computer visual field testing can identify subtle problem areas long before symptoms arise or serious damage is done.

YOUR NEXT EXAMINATION DATE HAS BEEN PRE-APPOINTED

In order to confidently ensure your eye health and maintain optimum visual performance, I have instructed my staff to reserve your next eye examination in our office... 12 MONTHS FROM THIS TIME. Your appointment will be confirmed two to three weeks prior to this examination date.

I hope you have found your eye examination report interesting and informative. This exclusive, educational report has been motivated by my goal to provide EXCELLENCE IN EYE CARE. I THANK YOU... FOR THE VALUED OPPORTUNITY TO PARTICIPATE IN YOUR CARE.

Respectfully,

Dr. Frank D. Puzio
Doctor of Optometry

- FROM GENERAL OPTOMETRY REPORT -
Your Eye Care Report

Prepared especially for: MRS. CONCERNED
Examination Date: January 21, 1994

THE FOLLOWING EXAMINATION REPORT IS ALL ABOUT YOU. The contents of your personalized eye care report will address principal features of your current eye health, vision findings and eyecare needs. It is indeed a pleasure to provide you with this "EXTRA MEASURE OF CARE."

REPORTED SYMPTOM - LIGHT FLASHES

During today’s examination you reported the presence of noticeable light flashes. They are typically caused by a normal aging change that takes place in most eyes. In some cases, however, it may indicate potential retinal problems. It is very important to pay close attention to the frequency and duration of their occurrence. More frequent testing is recommended which may include pupil dilation and/or retinal visual field examination.

Two-thirds of the globe of the eye is filled with a clear transparent gel called vitreous. The vitreous body fills the back portion of the eye. It gives the eye its shape and holds the delicate retina in place. NATURAL and EXPECTED AGING CHANGES of the eye allows for some shrinking of the vitreous body, thus placing less holding pressure on parts of the retina. With less pressure holding it in place, a portion of the retina may occasionally flutter or vibrate. When a portion of the retina moves and as the vitreous pulls away from the retina, it triggers the visual sensation of a light flash. You may notice that this symptom occurs especially if you move suddenly, bend over or get up quickly from sitting or lying down.

Most people who experience occasional flashes have no permanent damage. If, however, the retina moves too much, there is possible risk of retinal damage. If the frequency and/or duration of light flashes increase, call my office without delay.

ALWAYS PAY CLOSE ATTENTION TO YOUR SYMPTOMS.

YOUR EYES HAVE BEEN DILATED

Dilation of your eyes is a TEMPORARY INCONVENIENCE; however, the benefits far outweigh the inconvenience. The pupil of the eye is the "window of the human body." The use of dilation drops temporarily increases the size of your pupils, which allows us to accurately investigate the health of your eye and many important aspects of your general health. With this valuable procedure, I am providing you with the most thorough examination possible.

- FROM GENERAL OPTOMETRY REPORT -
HOW TO PRODUCE A PROFESSIONAL REPORT...

1. Select the desired OPIS program by # (one keystroke).
2. Type in your patient's name.
3. Access your OPIS correspondent menu and select your correspondent by number. Name, address and salutation will print automatically.

IMPORTANT

Professional reports are produced in the same fashion as patient reports; however, most menu selections dynamically expand to reveal an extension of a particular menu selection. For example, when reporting chief complaint, reported medications, field studies, dilated exam findings, diagnosis, etc., the easy way out would be for us to prompt you to type in your findings for each field. In OPIS; however, the user will find multiple choice fields already created containing a host of pre-written selections. An individual menu selection may have 13 pre-written options within, others have 30 and others have 60. Users simply pick pre-written fields by placing an [X] before the item or picking them by number. If the pre-written text is inappropriate for a particular report, users have the option to type in the desired text. Other types of OPIS fields simply prompt you to type in the visual acuity, tensions, etc. We have all learned that if reports take too long, they don't get done. This is one of the very reasons why OPIS was created in the first place.

With OPIS, users send professional correspondence all day long.

THE FOLLOWING IS ONE EXAMPLE OF AN OPIS PRE-WRITTEN MENU SELECTION. IN THIS CASE, THERE ARE 13 PRE-WRITTEN OPTIONS AND 4 CUSTOM OPTIONS. USERS SIMPLY PLACE AN [X] TO SELECT DESIRED PRE-WRITTEN TEXT AND/OR TYPE IN CUSTOM TEXT. NOTE THE ACTUAL PRINTED RESULT.

```
OPIS (tm)
REPORT CUSTOMIZATION FOR
Hx/CHIEF COMPLAINT

1. Photopsia, right eye involvement.
2 X Photopsia, left eye involvement.
3. Photopsia, bilateral involvement.
4 X Onset of this troublesome symptom has been sudden.
5. Onset of this troublesome symptom has been gradual.
6. Onset of this reported symptom is long-standing.
7. Occurrence, occasional.
8. Occurrence, frequent.
9. Sensation; colored rings around lights.
10. Sensation; bright colored lightning.
11. Sensation; bright lightning with zigzag lines.
12. Sensation; scintillation in the area of fixation.
13 X Sensations are accompanied by vitreous floaters.
Custom 1 Mr. Kay has reported two episodes of this symptom.
Custom 2
Custom 3
Custom 4

Hx/CHIEF COMPLAINT: Photopsia, left eye involvement.
Onset of this troublesome symptom has been sudden.
Sensations are accompanied by vitreous floaters.
Mr. Kay has reported two episodes of this symptom.
```
HOW TO PRODUCE A PATIENT'S REPORT...

1. Select the desired OPIS program by # (one keystroke).
2. Type in your patient's name (first name only or Mr./Mrs. Lastname).

THE AVERAGE PATIENT REPORT TAKES ONLY 10 SECONDS TO PRODUCE!

SAMPLE OPIS MENU

<table>
<thead>
<tr>
<th>Contact Lenses Menu #1</th>
<th>GENERAL</th>
<th>INSTRUCTION</th>
<th>INSTRUCTION</th>
<th>FOLLOW-UP</th>
</tr>
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<td>GENERAL</td>
<td>INSTRUCTION</td>
<td>INSTRUCTION</td>
<td>FOLLOW-UP</td>
</tr>
<tr>
<td>1 EXAM - 1ST FIT</td>
<td>21 WEAR DW BEGIN 4</td>
<td>41 SOFT - RINSING</td>
<td>61 EYELID SCRUB</td>
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<tr>
<td>2 EXAM - RE-FIT</td>
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<td>42 SOFT - RE-WET</td>
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<tr>
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<td>44 ENZYME ULTRAZYM</td>
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<tr>
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<td>26 WEAR DW PLANNED</td>
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<td>7 SOFT EXTENDED</td>
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<td>51 SOFT PROB/SOLUT</td>
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<td>12 RGP BACK TORIC</td>
<td>32 SOFT - CLEANING</td>
<td>52 RGP HANDLING</td>
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<td>56 RGP SPECT. BLUR</td>
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<td>39 OXYSEPT</td>
<td>59 RGP BAD HABITS</td>
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<td>40 THERMAL</td>
<td>60 RGP PROB/SOLUT</td>
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WE HAVE HIGHLIGHTED FIVE FILES TO DEMONSTRATE AN AVERAGE REPORT.

FEATURES

* Any OPIS report can be previewed to the monitor before final printing.
* Any individual OPIS file can be displayed to the screen.
* Menu selections can be selected by number or by arrow keys.
* Reports may include files from numerous OPIS programs.
* Each OPIS program has 80 open areas for custom file creation.
* Any pre-written OPIS file can be easily re-edited by the user.
* Users can utilize a supplied heading or utilize letterhead stationary.
* Multiple doctor practices select reporting doctor by number.
* Users are supplied with a multiple menu template for doctor/staff coordination.
ACKNOWLEDGMENTS, CONTINUED...

DR. DAVID FRIEDEL: "Thank you for your OPIS program. It has truly helped us with patient education and inter-professional relations. You have made it possible to provide timely, personalized, well organized synopses of the information I want to provide. I have recommended your program not just to the computer literate, but to the new practitioner who wants to reinforce his or her recommendations. Thanks again for all your assistance."

DR. JACK YANDOW (INTERNIST): "I want to congratulate your office on your timely and comprehensive reports. Our mutual patients have nothing but high praise for your office. I will look forward to many years of service to our mutual patients."

EYE CARE TECHNOLOGY MAGAZINE: "Experts and doctors applaud this program. The program is a practice builder. It's strength is in the unbelievable number of reports which can be accessed, edited or created from scratch. OPIS is a definite thumbs up."

DR. LOREN MILLER: "I just want you to know that I am thoroughly enjoying the many benefits of my OPIS system. Every office should have it with the exception to the ones in my town. Let me know if you ever need an acknowledgment from a satisfied user."

ANNE B. IRWIN, R.N.: "The report you now use to inform the school nurses and teachers of your examination findings is wonderful. The wording is understood by the lay person and does not need special interpretation by the nurse. It is most informative regarding diagnosis and special needs in the classroom. I am not alone when I express my appreciation for this valuable information."

DR. EDMUNDO FIMBRES: "Just want to let you know I really love this new toy! The first day we had it my staff and I were doing high fives in the office at the end of the day. Thank you for your help and for conceiving this fine communication tool. OPIS is truly outstanding."

MRS. HAROLD THOMPSON: "I would like to compliment you and your staff on a job well done. I was especially impressed with the personal eye care report I received in your office. Most doctors don't explain enough to their patients and when they do, patients simply can't be expected to remember everything said to them during an exam. As a result of my experience in your office, I will not hesitate to recommend you to my friends and family."

WITH OPIS,...
WHEN A PATIENT LEAVES THE OFFICE,
THEY HAVE THEIR FEE SLIP IN ONE HAND
AND A PERSONALIZED EYE CARE REPORT
FOR REINFORCEMENT IN THE OTHER HAND.
WHAT DO PEOPLE SAY ABOUT OPIS?

DR. HENRY GREENE: "Actions speak louder than words. OPIS makes it convenient to communicate effectively with my patients and demonstrates a level of care beyond anything I can tell them in the office. Our patients' reaction has been most gratifying."

DR. DAVID CLER: "To retain patient confidence today, you have to show that you're different and you're better. Unlike some generic pamphlet, the OPIS report is (me) telling a patient what I've found in (their) specific exam. OPIS reports help me distinguish myself from my peers."

MRS. MARY MAXWELL: "I have just finished reading my eye care report. It is so informative. I will not have to try and remember all the information you gave me verbally, which I tend to forget quickly. With my report I can re-read it at any time. If my family asks questions regarding my eye health, I have all the answers at hand. Thank you for your care and concern."

DR. ROBERT EASTON: "Your OPIS software program allows us to write our co-management letters quickly, accurately and timely. OPIS has opened up communication from my practice to the key professionals in my community. You should be congratulated on this great program."

DR. ROBERT FLEISCHER: "We all give verbal explanations to our patients, however, our explanations are quickly forgotten or misunderstood. OPIS allows me to reinforce my verbal explanations. Every patient leaves our practice with an OPIS eye care report."

DR. BRUCE SCHENKER: "I have just begun using the OPIS correspondence programs. I now use it regularly to write to primary care physicians and internists. I must say that the quality of these reports has put us in a different league. In addition, the patient report programs of OPIS has resulted in a significant rise in our patient recall. It is the best marketing tool I have used. My patients love it."

DR. KURT MINGLEDORFF: "OPIS is something I have wanted for my practice for a long time. Since the day I installed OPIS, I have loved it. It is extremely easy to use and it is fast. I commend you on an excellent product."

OPIS COMMUNICATION SOFTWARE ALLOWS YOU TO DEMONSTRATE... A PROFESSIONAL DIFFERENCE!
SHOULD I MAIL OR HAND AN OPIS REPORT TO A PATIENT?
Most experienced OPIS users prefer to personally hand a report to each patient. It provides a natural way to conclude your time with your patient. It is a welcomed extension of your care. An OPIS report should include all of the key points discussed during your examination. All findings, cautions and treatment explanations are in your patient's hand to read at their leisure and share with others. Since verbal cautions and treatment explanations are especially important to the patient on the day they are presented, so then is the written re-inforcement of those discussions.

DOES OPIS INTEGRATE WITH MY MANAGEMENT SOFTWARE SYSTEM?
OPIS can be installed side-by-side on your front-office management system and/or as a stand-alone program on an alternate computer. If desired, your management software vendor can provide you with easy access to and from OPIS. In addition, OPIS provides all management software vendors with the capability to share all pertinent patient demographic information. Since OPIS reports take just seconds to create, they do not impose excessive time burdens for staff members.

HOW DOES OPIS HELP ME WITH MEDICAL / LEGAL ISSUES?
When a health care provider goes the extra distance in regard to patient education, by providing written re-inforcement of care and instruction, they are in a much better medical/legal position than if they relied solely on the inconsistencies of verbal communication. OPIS users have powerful protection in this regard. OPIS permanently records the entire printed report. This information is periodically archived onto floppy diskettes for convenient storage and legal peace of mind. If needed, a patient's report or a professional letter can be easily re-printed.

CAN I PUT OPIS ON OTHER COMPUTERS, NETWORKS, WINDOWS, MACS?
You can load OPIS on as many personal computers as you like (at home and in your office) without penalty. In addition, OPIS will work very well on network systems and in a windows environment. Many Mac users use OPIS with DOS emulators or a stand-alone IBM compatible for OPIS use only.

WHAT COSTS ARE INVOLVED IN SUPPORT AND SOFTWARE UPGRADES?
800# telephone support is free. Since OPIS is in a constant evolution and change, software upgrades are highly recommended, however, not mandatory. Yearly, we inform our users of their option to attain our latest version. Currently this fee is only $150.00. Updated users receive the latest programming features and also, hundreds of the text file refinements and additions. We pledge to you that OPIS will keep up with the ever changing needs of the eye care professional.

WILL I SAVE MONEY USING OPIS IN MY PRACTICE?
If your time is money, OPIS will save you money. If your staff's time is money, OPIS will save you money, but don't lose sight of the true value of OPIS software. If you educate patients, impress patients and if you show other professionals why you should receive their referrals,....

...you will receive something more valuable than money.
**COMMONLY ASKED QUESTIONS...**

**HOW IS OPIS DIFFERENT FROM PRODUCTS LIKE INFOTRONICS & OCS?**
The concepts are similar but the products are worlds apart. First of all, read the text. OPIS is an eight year evolution of original text file creation. 16 eye care practitioners have joined this effort. You will find that OPIS stands alone when measuring the scope of included topics, text file expression, professional accuracy, simplicity, speed and simply the numbers of files included (Infotronics 150, OCS 587, OPIS 5000+). Despite the fact that OPIS is thousands of files larger than Infotronics or OCS, what you hand to a patient and mail to a physician is essentially the whole product. To the observant practitioner with concerns for professional content and value received...

...OPIS stands alone!

**CAN I EDIT OPIS PRE-WRITTEN TEXT FILES?**
All 5000+ pre-written text files can be edited by our users. OPIS contains a powerful internal text editor. This easy to use editor has many features including word-wrap, insert, delete, centering, indent and a handy utility section. Users can also add an additional 1300 user created custom files.

**HOW CAN I COORDINATE DESIRED REPORT FILES WITH MY STAFF?**
Since any OPIS report can be generated in seconds, many doctors desire to step up to the keyboard themselves. However, for those that wish their staff to generate the report, we provide users with a convenient OPIS menu template. These templates contain shrunken OPIS menus. Doctors simply circle the report files desired for a patient and present the template to a staff member for report generation. Templates can be saved for legal backup; however, OPIS has the capability of storing all report data permanently.

**HOW IS OPIS DIFFERENT FROM MY MANAGEMENT SOFTWARE?**
OPIS is not a substitute for management software. **OPIS has three very specific & unique goals:**

1. **Reinforce your care beyond the exam room.** Every patient that leaves the office, leaves with a personalized examination report highlighting the key issues and guidelines discussed by the doctor and staff. OPIS users soon find that this form of patient education and internal marketing is an indispensable ingredient in the maintenance and promotion of today's practice.

2. **Send frequent correspondence** to the referral source of professionals in your area. All too often, reports are sent to other professionals only when they have to be sent. For most, professional letter writing is a drudgery. With OPIS; however, a professional letter can be generated by the doctor and/or staff member with speed and simplicity while presenting the highest professional image.

3. A patient reports symptoms, medications, personal history and family history, however, with the fast pace environment of our practice, how often do we take the opportunity to look up the possible interactions and side-effects of these issues? **OPIS users have a built in formulary at their fingertips.** They can instantly access the ocular side-effects of 160 systemic medications and 160 systemic conditions.

**OPIS communication has now become the standard of care!**
Patient's Record Reports
This report program is especially helpful when a patient is moving, when patient examination date must be sent to another office or for optometric inter-referral. Spectacle Rx, K-readings, contact/Rx parameters, eye health status, testing results, diagnosis, impressions, etc. Users have used this flexible OPIS program for the generation of their patient's exam record.

MANIFESTATIONS & INTERACTIONS

Pharmaceutical Manifestations
This powerful OPIS program provides the eyecare practitioner with immediate access to the eye-signs and symptoms associated with 160 common systemic medications. This program is best utilized at the time of patient history or during pre-testing. Users simply print or display the eye-signs and symptoms associated with each reported medication.

Ocular Manifestations
This OPIS program provides the eyecare practitioner with immediate access to the eye-signs and symptoms associated with 160 common systemic conditions (examples: Lupus, Gout, Rheumatoid Arthritis, etc.). Use and function of this program is similar to the pharmaceutical manifestations program. These reports may become part of the patient's permanent exam record.

Ophthalmic Drug Manifestations*
This program provides reliable and objective ophthalmic drug information to facilitate therapeutic decision making. Ophthalmic professionals will find this program particularly valuable in their daily practice. Users will find ophthalmic drug facts in a concise format. Use and function of this reference program is similar to the other OPIS manifestations programs.

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Mitchell Scheiman, O.D., F.A.A.O., F.C.O.V.D.

System Designer and Author:
Frank D. Puzio, O.D.

SPECIALTY PROGRAMS

Letters-Letters-Letters
This program contains an assortment of eighty pre-composed letters designed for both practice marketing and practice efficiency. Instantly access letters addressing: thank you for patients and professionals, delinquent accounts, sympathy, get well, phone shoppers, missed appointments, details issues, records release, office intro's, consents, marketing, exam reminders, etc.

Office Policy
This program provides guidelines on a variety of office procedures and policies. The OPIS text editor is utilized to simply alter the policy selections. Examples include: office philosophy, probationary employment, sick leave policy, overtime policy, performance reviews, sick leave guidelines, dress code policy, vacation policy, grievance procedure, etc.

VT Letters & Reimbursement*
The main thrust of this OPIS program provides users with the lucrative ability to generate reports to insurance companies and agencies. VT and Sports Vision specialists will use this program for all reimbursements issues. In addition, this program contains numerous selections addressing office policy and reinforcement of your care to patients and those responsible for their care.

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Call (800) 272-OPIS Fax (508) 398-4471
PATIENT COMMUNICATION PROGRAMS

General Optometry
This program is the cornerstone of the OPIS system. These reports may contain laymen explanations of refractive findings, RX reports may contain laymen explanations of refractive findings, RX wear recommendations and adaptation cautions, explanations of specialty testing, dilation examinations, general health cautions, explanations of symptoms, family history precautions, diagnosis explanations, medicare and major medical explanations, recall, etc.

Ocular Diagnosis & Treatment
Double program, divided into four equal parts, external eye disease, anterior segment, posterior segment and ocular treatment. Provides clear written reinforcement of a patient's ocular diagnosis/findings and associated treatment. This program is a must for all optometrists. Contains palliative therapies as well as pharmacetical treatment. Patients receive written instruction on dose, frequency and instillation of drops and ointments.

Contact Lens
Personalize a report for each contact lens patient detaining all instructions and recommendations. Introductions to lens wear, explanations of all lens types, materials and fitting techniques, specific wearing schedules, insertion-removal-reversal instruction, cleaning-disinfection-lubrication procedures, soft-RGP and planned replacement, express cautions, informed consent, etc.

Rx Dispensing
Explain the benefits to each patient. Reinforce RX wear recommendations, describe RX materials and the benefits of lens protective properties, reinforce refractive diagnosis, reinforce RX adaptation precautions, include a patient's RX, occupational-leisure-lifestyle recommendations, safety explanations and cautions. RX care instruction, multifocal instruction, reinforce recall, etc.

Glaucoma
50% of contained files will be appropriate for any optometrist; however, the full compliment of topics will be used by the OD treating glaucoma. File selections cover the entire spectrum of topics from predisposition, to cautions, to explanations of test results, to diagnosis and to treatment. Specific medications and associated side-effects are explained as well as written instructions of dose and frequency.

Vision Therapy
Provide patients/parents with comprehensive instruction and guidance. Users may confidently provide patients in need of VT with diagnosis explanations, philosophy explanations, insurance coverage explanations, detailed home-office instruction procedures, treatment plans for all VT diagnosis including accommodation, accommodative-convergence, ocular-motor, amblyopia, etc.

Low Vision Therapy
Low vision patients receive comprehensive instruction, recommendations and guidance. All reports are in CAPS and double spaced. Address the advantages of low vision therapy, diagnosis explanations, descriptions of low vision aids, instructions on the use and care of low vision aids, explanations of government assistance, insurance, treatment plans, recommendations, etc.

Sports Vision Therapy
This program is designed to give the primary care optometrist an opportunity to expand his or her practice to include this untapped optometric specialty. Explanations of sports vision philosophy and explanations of tests, insurance considerations, home and office testing procedures, descriptive treatment plans, on the field/court recommendations, advised eyewear, recall, etc.

PROFESSIONAL CORRESPONDENCE PROGRAMS

School Nurse-Teacher-Parent Reports
For every child examined, a report is mailed to both a nurse and a teacher. Reports may include: reason for visit, uncorrected and corrected VA, refractive diagnosis, RX wear recommendations, eye health status, motility, binocularity, accommodation, suppression, depth perception, color vision, classroom seating, affect on school performance, therapy recommendations, etc.

Pediatrician Reports
For every child examined, a special report is generated to this all important referral source. The OPIS nurse-teacher report program contains inappropriate laymen discussions for this purpose and the OPIS physicians report program is geared more for adults. These reports may include all of the topics contained in the nurse-teacher program, however, professional expression is very specific.

Physicians Reports
For each adult patient examined, a report is mailed to other professionals responsible for their care. Reports may include: reason for exam, reported medications, patient history, acuity and refractive findings, eye health status, pharmaceutical contraindications, your specific diagnosis, treatment and impressions, tests performed including fields, tensions, dilation, etc.

Co-Management Reports
This program contains specific differential diagnosis considerations for detailed co-management reporting. Menu selections are expanded utilizing special fill-in-the-blank fields and multiple choice fields. This program covers all of the topics included in the physicians program and more. Users always have the flexibility to create new topics or change OPIS text files.
COMMUNICATION SOFTWARE FOR THE OPTOMETRIC PRACTICE

These OPIS programs represent thousands of pre-written text file options:

PATIENT COMMUNICATION
- General Optometry
- Ocular Therapeutics
- Contact Lens
- Rx Dispensing
- Vision Therapy
- Low Vision Therapy
- Sports Vision Therapy

MANIFESTATIONS & INTERACTIONS
- Pharmaceutical Manifestations
- Ocular Manifestations
- Ophthalmic Drug Manifestations

PROFESSIONAL CORRESPONDENCE
- School-Nurse-Teacher-Parent Reports
- Pediatrician Reports
- Physicians Reports
- Co-Management Reports
- Patient's Record Reports

SPECIALTY PROGRAMS
- Office Policy
- VT Reimbursement & Policy

Hardware Requirements
- Will run on any IBM compatible computer utilizing a DOS operating system.
- Requires 512 bytes of RAM memory and 8 MEG of hard disk storage.
- Will run on any available monitor, however, we advise color.
- Will support any compatible printer, however, we advise laser or ink jet.
- Will run on on network systems that allow full DOS function.

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Call (800) 272-OPIS  Fax (508) 398-4471
Communicate

Every patient leaves your office with a personalized examination report in hand. Patients welcome the opportunity to review their explanations of their diagnosis, treatment, and specific instructions, because it gives them greater piece of mind.

We are all searching for a creative means to project a professional difference. Those of you who take a close look at this innovative new practice building concept will find that OPIS is the key ingredient to keeping your patients informed and enthusiastic. The depth, professional content, and simplicity of OPIS communication software stands alone in the eye care industry.

Professional Correspondence

The excessive time requirements of the busy practice prevents most of us from communicating effectively with important, professional referral sources in our community. For every child examined, a letter should be generated to the school nurse, to the school teacher, and to the pediatrician. For every adult examined a letter should be generated to a patient’s physician and any other professionals responsible for their care.

Frequent professional correspondence is part two of the OPIS practice building concept. With OPIS, letter writing is no longer drudgery. Highly professional reports, complete with your correspondent's name, address and salutation, can be generated by doctors or staff in seconds!

Text Editor

OPIS has a powerful text editor built into the system. Users can add hundreds of additional report topics, or they can reword any of the pre-written OPIS text files with ease.

Formulary

OPIS users can instantly access the eye-signs and symptoms of systemic medicines and systemic conditions. These timesaving reference programs are best utilized at the time of patient history.

Utilization

OPIS works best as a stand-alone system; however, it can be installed side by side with your present office management system to transform it into an instrument capable of much more than merely collecting and storing patient data.

The OPIS system can be accessed chairside. However in most cases, the doctor circles all desired selections on an OPIS menu template. The template is given to a staff member who then generates the desired report before the patient leaves the office.

OPIS SOFTWARE

Ophthalmic Patient Information System

(800) 272-OPIS
Examine

Day after day, hundreds of eye care explanations are discussed with patients by doctors and staff, but how much of these verbal explanations are actually retained by our patients? Unfortunately, it's only a small fraction. And when we follow up with impersonal generic pamphlets and inconsistent office-generated handouts, we still fall far short of our communication and internal marketing capabilities.

Imagine the impact. For every patient examined, a personalized eye care report is generated to reinforce your care beyond the verbal constraints of the exam room. This report is specific in regard to findings, cautions, treatment, and recommendations.

Select

OPIS is an extensive file library containing over 5000 pre-written text file options. This seven year effort, written by 16 ophthalmic professionals, is the most powerful practice building instrument in the eye care industry today.

In one step, you can communicate effectively with your patient and also satisfy all of the legal considerations of practice.

OPIS is very fast and extremely easy to use. Each desired report topic is represented by a number. The doctor or staff member simply selects an average of 6 or 7 numbers and presses [P] to print the desired report.
In 10 seconds, OPIS® will tell your patient what it took you years to learn.

OPIS COMMUNICATION SOFTWARE
In 10 seconds, OPIS® will tell your patient what it took you years to learn.
PART XIV

CONCLUSION
CHAPTER 14

WHERE DO I START?

The answer to the question, "Where do I start," with respect to your marketing program, should be answered by "Where do you want to finish?" The old saying "You don't know where you're going, until you've known where you've been," is fitting for internal marketing. Assessing your current practice, as outlined in chapter one, should be your first order of business. By doing this, you may find all that is needed is a "face lift" and not a general overhaul.

Next, determine your long-term personal goals. How much income will satisfy you? How many hours do you want to work per week? What type of patients would you like to serve? How much personal control do you want over your practice? Can you be happy delegating control over major decisions to others? And finally, how important is peer approval to you?

Create a plan to help you attain these goals. Be specific, realistic, comprehensive, and flexible. A good plan fits your management style and is tailor-made to fit you, not the consummate marketing pro across town. Do not be scatter-brained in approach. Narrow your choice of projects. Remember, your goal is to improve your practice, not turn your staff's world upside down.

If you think that you're the key to successfully implementing all of your marketing ideas, then you may be in for a rude awakening. Treat your staff like gold. Their enthusiasm will make all the difference in the world, because they are your first and usually last line of communications with your patients.

Seek out opinions of your marketing promotions with your staff and especially your patients. Remember, there will be lots of "keepers" and "losers" along the learning curve highway, so survey and track results with great conviction.

There is one thing I would like to impress upon you after reading this work, and that is, you must read these concepts over and over again. Why do you think medical students are exposed to the same imformation, in somewhat similar forms, so many times during their training? And why is it that we all complain about this aspect of our training until we are sitting, pencil-in-hand, completing those difficult questions on the National Optometric Board exams?

Internal practice management requires the same dedication you placed on studying for all those courses that got you to where you are today, an eye doctor. Good Luck!

Jose Marin
APPENDIX A

Practice Self-Study Form

We need your help in making this a better practice! Please rate the following areas of the practice using a scale from 5 as high (strongly agree and/or excellent) to 1 as low (strongly disagree and/or poor). If you cannot rate an item, mark N/A (no answer). Your answers will be anonymous and will remain confidential—we need your honest opinions! Please place the completed form in a sealed envelope on my desk by ______________. Thank you.

A. THE DOCTOR:

  1. Doctor is enthusiastic about the practice, wants to make it better and to provide high quality patient care.
  2. Doctor obviously cares about, and enjoys working with, the vast majority of our patients.
  3. Patients comment on how gentle, yet thorough doctor is in his treatment.
  4. Doctor is aware of changing patient attitudes and has adjusted his way of relating to patients to accommodate these new attitudes.
  5. Doctor keeps up with the latest techniques and clinical developments.
  6. Doctor is willing to invest in the equipment needed to maintain a modern practice.
  7. Doctor has expanded the range of services offered by the practice.
  8. Doctor often seems bored, rushed or preoccupied.
  9. Frequently, doctor is impatient or gruff with patients and/or staff.
 10. Doctor gives the impression that he is in practice only to make money.

Suggestions and comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Jose Marin

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B: THE STAFF:

1. Staff members are technically competent and perform well.
2. Staff members get along well together and work harmoniously.
3. Staff morale is high and turnover is low.
4. Staff members obviously care about our patients and enjoy working with them.
5. Staff members are enthusiastic practice boosters.
6. Staff members often seem overworked, rushed, too busy or preoccupied.
7. Staff members are frequently impatient or gruff with patients and/or other staff members.
8. Staff members give the impression that they are here only because it is a job.

Suggestions and comments:

C: COMMUNICATION SKILLS:

1. I'd rate the doctor's communication skills as 5 (excellent), 4 (good), 3 (fair), 2 (so-so), 1 (poor)
2. I'd rate the communication skills of staff members as 5 (excellent), 4 (good), 3 (fair), 2 (so-so), 1 (poor).
3. This is a patient-centered practice and we are able to communicate this to our patients.
4. Arriving patients are greeted politely and made to feel welcome.
5. Staff members wear name tags, greet patients by name and make an effort to help the patient feel relaxed and at ease.
6. When doctor is with a patient he makes that patient feel that he or she is important and is receiving 100% of the doctor's attention.
7. Practice policies are clearly spelled out and are designed to be fair to both patient and practice.
8. Patients are informed of these policies at the first visit and encouraged to ask questions.
9. Fees and payment policies are tactfully explained to patients before there is a problem with an overdue account.

Suggestions and comments:

Jose Marin

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D: PATIENT RELATIONS:

1. Patients are treated with courtesy, dignity and respect.
2. Doctor spends time getting to know patients.
3. Doctor listens to patients, encourages questions and takes time to answer these questions.
4. Patient feedback is encouraged and acted upon.
5. Patients express satisfaction with the care provided here.
6. Current patients often refer new patients to us.
7. Office hours are designed to accommodate patient needs and patients are informed of this.
8. Doctor makes a point of arriving early and staying on schedule to minimize patient waiting time.
9. Emergency coverage is readily available and patients are informed as to how to get this care when it is needed.

Suggestions and comments:

E: PHYSICAL FACILITIES:

1. The office is conveniently located for our patients and is easy to find.
2. There is adequate parking and/or public transportation available and we keep bus route information available.
3. The reception area is welcoming and comfortable.
4. The practice has good handicapped access.
5. All areas of the office are kept neat, clean and in good repair.
6. The general appearance of the office is slightly run down and out of date.
7. The treatment/exam rooms are routinely cleaned and prepared before the patient enters.
8. The atmosphere in the office is cold and impersonal.
9. The amount of space available for patient care is sufficient for the size of the practice.
10. Sound control is adequate so that conversations cannot be heard from one room to the next and the doctor is careful not to project his voice too loudly when with patients.

Suggestions and comments:

Jose Marin
Internal Practice Management

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