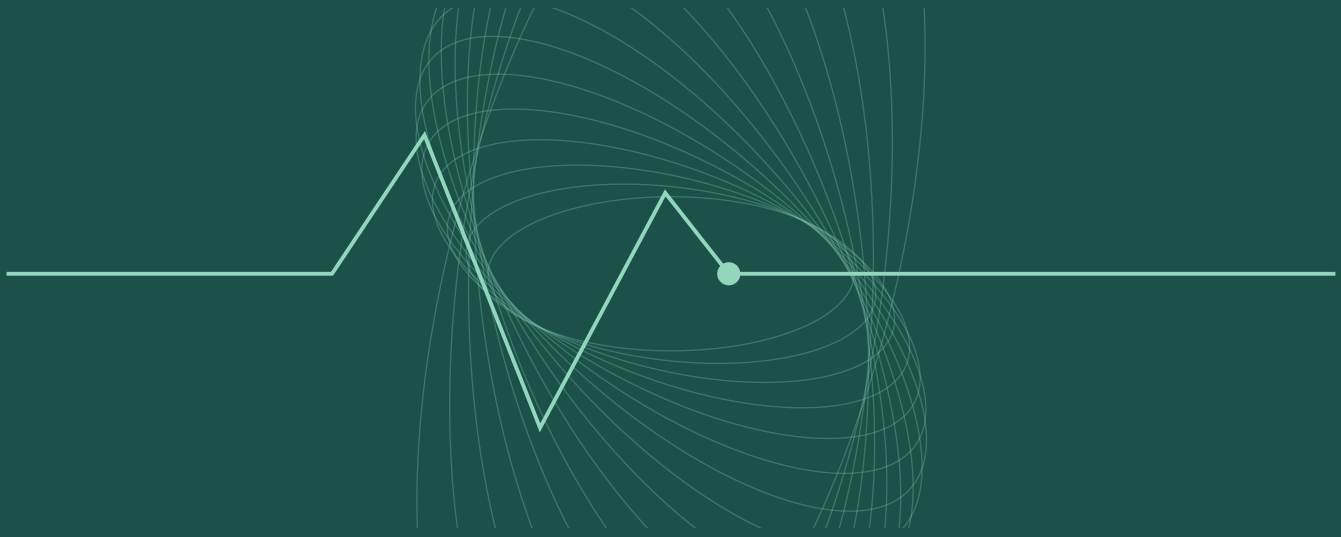
DENTAL OPERATIONS



From recall list to conversation

Designing thoughtful recall and appointment workflows for US dental practices

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Build a dental recall workflow with practice-approved timing, patient preferences, honest booking states, and a practical measurement scorecard.

01 / DENTAL OPERATIONS

Start with the right recall list

The practice decides who is due and what comes next.

ADA practice-management guidance describes using practice software and staff follow-up to support recare appointments [1]. For an AI-assisted workflow, a staff member should first verify the cohort: current patient status, the clinician-approved interval, existing appointments, contact preferences, and exceptions. Do not treat every patient as due at a universal six-month interval.

Keep the outreach purpose narrow. A routine recall invitation should not become an unsolicited discussion of treatment, insurance benefits, or financial eligibility. Establish the permitted contact channel, frequency, opt-out process, and calling windows before outreach. Have the practice review the legal requirements that apply to its calls. A record in the practice system is not, by itself, permission for every kind of automated contact.

01 Staff approve cohort > 02 Check preferences > 03 Invite a conversation > 04 Record the response

Remove avoidable confusion	Exclude patients already scheduled, records requiring staff review, and numbers flagged as wrong or restricted before the next contact attempt.
Use approved wording	Introduce the practice and AI assistant. Keep voicemail limited. HHS guidance highlights discretion in messages and confidential communication requests [2].
Respect a no	Make it easy to decline, request a person, or change contact preferences. Confirm how staff review and propagate that preference across relevant systems.

BRING THIS TO YOUR TEAM

The AI should work from a staff-approved recall cohort; it should not decide when a patient clinically needs care.

02 / DENTAL OPERATIONS

Give each answer a clear path

Confirm, reschedule, decline, or ask a person.

A useful appointment conversation reduces uncertainty. Read back the agreed date, time, location, and visit type after a verified booking. If the connection can only submit a request, explain that staff will confirm availability. Set limits for provider changes, linked family appointments, interpreter requests, longer visits, and other exceptions the office already handles manually.

The workflow below is a proposed design, not an observed outcome. Use fictitious patient records for testing. Try an unavailable slot, a patient interrupting the readback, an ambiguous date, a parent calling for a child, and someone asking about pain or medication. Staff determine representative-access rules and clinical escalation scripts; the assistant should not answer treatment questions from general model knowledge.

01 Understand preference > 02 Check permitted slots > 03 Verify or mark pending > 04 Read back the next step

Ready to schedule	Offer only approved visit types and available slots from an assessed connection. Keep an appointment request distinct from a confirmed appointment.
Needs another time	Use the office's rescheduling rules. If no suitable option exists, capture a callback request rather than repeatedly offering unsuitable times.
Needs the dental team	Route clinical questions, uncertainty about treatment, or a request for a human to the approved team. Record only the permitted context.

BRING THIS TO YOUR TEAM

A conversation can end usefully without a booking: a corrected number, respected preference, or well-owned staff handoff is meaningful work.

03 / DENTAL OPERATIONS

Follow the whole appointment journey

Bookings and attended visits are different outcomes.

Report a sequence of distinct counts: approved records, eligible contact attempts, reached patients, scheduling requests, verified appointments, and attended visits. Use unique patients or episodes where appropriate, so repeated calls do not inflate success. Track declines and wrong numbers separately from unreachable patients. Define a consistent follow-up window before comparing cohorts.

Illustrative example: 200 approved records produce 120 reached patients and 36 verified appointments. The booking rate among reached patients is 30%; among all approved records it is 18%. Neither number is an attendance rate or an incremental lift. To estimate incremental value, compare with a suitable baseline, account for appointments that would have happened anyway, and use contribution after variable care costs rather than treating gross production as profit.

01	>	02	>	03	>	04
Approved records		Patients reached		Verified appointments		Attendance reviewed

Patient experience	Review requests for a person, complaints, preference changes, and repeated contacts. A higher dial count is not a better patient experience.
Office workload	Measure staff review, cleanup, callback handling, and corrections alongside time released. Separate implementation effort from ongoing operations.
Scheduling quality	Audit duplicate bookings, incorrect visit types, wrong locations, and unconfirmed requests. Have a staff owner reconcile exceptions.

BRING THIS TO YOUR TEAM

Judge a recall pilot on accurate scheduling, respectful contact, staff workload, and eventual attendance together.

SOURCES & METHODOLOGY

Research, with its limits visible.

A recall list is a starting point for patient communication. Turning it into a useful conversation takes current records, appropriate timing, a respectful contact plan, and a clear scheduling outcome. This playbook outlines an administrative workflow for a supervised voice AI pilot. Care intervals and treatment decisions stay with the dental team.

[1] American Dental Association

Recare Appointments

Practice-management guidance on recare tracking and follow-up; not evidence for AI recall effectiveness.

https://www.ada.org/resources/practice/practice-management/recare-appointments

[2] U.S. Department of Health and Human Services

May providers leave messages for patients?

Patient message privacy and confidential communication requests.

https://www.hhs.gov/hipaa/for-professionals/faq/may-health-care-providers-leave-messages/index.html

How to use this whitepaper

This paper combines the listed sources with original operational recommendations by Vatsal Patel. It is not a systematic review, clinical study, or report of measured Voicesis outcomes. Diagrams are proposed workflows; calculations are illustrative.

It is operational education, not clinical or legal advice. Capabilities, integration access, contracts, and safeguards must be verified for the proposed deployment. No endorsement by the cited organizations is implied.

Sources reviewed September 24, 2026. External guidance may change.

Turn the next conversation into a useful next step.

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