

The Three Places DSO Margin Leaks

A field guide for owner-led dental groups

01 · The Three Places DSO Margin Actually Leaks

Every dental conference in 2026 has an AI panel. Most explain nothing about what to do Monday morning. This guide is the opposite: the three operational places where margin actually leaks in a multi-site group, what to measure in each, and what to fix first.

It is written for **owner-led groups and DSOs** — the person who signs the software contract and also knows which office is quietly underperforming.

Nothing here replaces a hygienist or a front-desk lead. Every fix below assumes your existing team stays and gets faster.

02 · Leak One — Patient Flow

The schedule is the P&L. A chair that sits empty at 2pm cannot be recovered later.

What to measure this week

- Same-day cancellation and no-show rate, split **by office and by provider**
- Time-to-third-available-appointment for a new patient
- How many inbound calls go unanswered, and at what hours
- Waitlist backfill rate — of the slots that opened, how many refilled

What usually shows up: the variance between your best and weakest office is larger than anyone expects, on the same services at the same price. That gap is process, not demand.

03 · Leak Two — Treatment Acceptance

The most expensive moment in the practice is between diagnosis and scheduling. Work is diagnosed, presented, and then never booked.

What to measure this week

- Presented-to-accepted rate by provider and by treatment category
- How long between presentation and the follow-up attempt
- Whether financing is offered at presentation or after the patient leaves
- Unscheduled treatment sitting in the PMS right now, in dollars

Ask your team one question: when a patient says "let me think about it," what happens next, and who owns it? In most groups the honest answer is nothing and nobody.

04 · Leak Three — Dormant Patient Reactivation

The cheapest patient to book is one who already trusts you and has stopped coming.

What to measure this week

- Patients with no visit in 18 months who have no scheduled recall
- Of those, how many have outstanding diagnosed treatment
- Last time a reactivation campaign ran, and what it produced

05 · What To Do With The Numbers

Do not buy software first. Rank the three leaks by dollars, pick the single largest, and fix the process before automating it. Automating a broken recall process produces a faster broken recall process.

The order that works: **measure** → **fix the process** → **then automate the fixed process**. Governance last, not first, and never AI for its own sake.

06 · Questions Worth Asking A Vendor

1. What exactly does this write back into my PMS, and who reviews it?
2. Who owns the output when the model is wrong?
3. What happens to my data if I leave?
4. Can you show me the same metric before and after at a group my size?
5. What is the smallest version of this I can run in one office for 60 days?

07 · The Honest Note

This guide contains no vendor benchmarks and no industry averages. Numbers quoted about "typical" acceptance rates are almost never sourced, and a number you cannot trace is worse than no number. The measurements above are the ones you can pull from your own PMS this week — those are the only figures that should drive a six-figure decision.

"No budget this year." — The two-week operating audit is \$3,500 — three ranked bottlenecks with the numbers behind them, ROI per fix, a 90-day plan, and a live readout. Reserve with a \$1,750 deposit (credited in full toward the build): <https://buy.stripe.com/4gM5kC3Vi5UkeWn0jTgfu0i>