

PLAYBOOK

Cosmetic Dentistry Clinics

Handshake Outreach email sequence, adapted.

Four messages, one sequence. Mail-merge ready.

ADAPTATION 9

Category notes

Sensitive category. Patients researching veneers, Invisalign, or full smile makeovers are often emotionally invested and quietly self-conscious. The category is also full of questionable practitioners — general dentists with weekend-course certifications doing porcelain work that requires real cosmetic training, or aggressive over-prepping that destroys healthy tooth structure. Honest cosmetic dentists differentiate by talking openly about minimally invasive options, sequencing (Invisalign first vs. veneers first), and what NOT to do.

Insider terms: veneers (porcelain vs. composite), no-prep / minimal-prep veneers, Invisalign vs. traditional braces, smile makeover, digital smile design (DSD), bonding, gum contouring, prep amount, AACD accreditation (American Academy of Cosmetic Dentistry — stricter than “cosmetic dentist” claim alone), Cherry / CareCredit financing, shade selection, occlusion (bite). Critical adaptation: don't reference specific page views (“your veneers page visit”); stay at the category level.

MESSAGE 1 OF 4 / SEND WITHIN 4-24 HOURS

Message 1: The Honest Hello

Acknowledge the cold contact. Defuse the cosmetic-clinic flinch. Give one useful insight.

Subject: A note from [Dr. First Name] at [Practice]

Hi –

You stopped by [Practice]'s site recently and didn't get in touch. People researching cosmetic dentistry usually take their time – it's a deeply personal decision, often years in the making. I'm not going to push you toward a consultation you're not ready for.

I'm [Dr. Name], [role] at [Practice]. One short note.

The most useful thing I can tell anyone in the early phase of a smile decision is this: the order matters. If your teeth are crowded, rotated, or have any bite issue, doing veneers first is usually the wrong sequence – you end up with veneers placed over a foundation that's still moving or misaligned, and the long-term result is shorter than it should be. Aligners or orthodontics first, veneers second, is the conservative path. It takes longer, but it preserves your natural tooth structure and produces a result that lasts.

Some practices skip this conversation because veneers are a faster, higher-margin procedure than aligners. I want you to know about it before you book a consultation anywhere, including with us.

I'll send two more short notes over the next couple of weeks. Easy unsubscribe.

– [Dr. Name], [credentials]

[Direct line, reply-to]

MESSAGE 2 OF 4 / SEND 3-4 DAYS LATER

Message 2: The Inside Knowledge

The costly signal: the question almost no one asks first — but should.

Subject: The cosmetic question that's almost never asked first

[Name],

Following up. The question most patients ask first when researching cosmetic work is what's the cost. The question that decides whether the result lasts a decade or three decades is different: how much of your natural tooth structure is being removed?

Here's the part most cosmetic dentists won't volunteer in a sales-oriented consultation. Traditional porcelain veneers require removing about 0.5-0.7mm of tooth enamel. Once that enamel is gone, it doesn't come back. The tooth is permanently committed to having a restoration on it — not necessarily that veneer, but always something. Some aggressive practices over-prepare, removing more than necessary, sometimes filing teeth down to small posts. That's not cosmetic dentistry, that's a different procedure (full crowns) marketed as veneers, and the long-term consequences are real.

Two patient-protective options worth knowing about. No-prepare or minimal-prepare veneers (Lumineers and similar) require little or no enamel removal — they bond on top of your existing tooth. Not everyone is a candidate, but if you are and your dentist isn't offering the option, that's a question worth asking. Composite (resin) bonding is even more conservative, generally cheaper, and reversible — which makes it a great starter option for chips, small gaps, and minor shape corrections, even if you might do porcelain later.

What I'd tell a family member: ask any cosmetic dentist these three questions before you commit. (1) How much tooth structure are you removing, in millimeters? (2) Am I a candidate for no-prepare or minimal-prepare options, and if not, why? (3) What does my smile look like in 15 years if we do nothing? A practitioner who answers all three clearly is someone you can trust.

[Practice]'s plain-English guide on veneer prep, sequencing, and conservative-vs-aggressive cosmetic philosophies is at [\[link\]](#). No form.

— [Dr. Name]

MESSAGE 3 OF 4 / SEND 5-7 DAYS LATER

Message 3: The Story

One patient who waited fourteen months. Sequencing matters.

Subject: The patient who waited 14 months – and got a better result

[Name],

Wanted to share a patient story (used with permission, name changed).

A patient I'll call Anya came in two years ago. She'd been thinking about a smile makeover since her wedding photos came back five years earlier. She'd already had a consultation at another practice that had quoted her ten porcelain veneers and a full upper-arch transformation, ready to start in three weeks. She came to us for a second opinion.

On exam, two things were going on. Her front teeth were mildly crowded – not severely, but enough that veneers placed on them would have either required aggressive prepping (to file the rotation flat) or accepted the rotation underneath, which gives a less-than-ideal result. And she had a slight crossbite on one side, which over time would have stressed any porcelain restoration on that side.

We didn't sell her veneers. We told her: do Invisalign first, eight to ten months, and then we'd do six veneers (not ten) on what was actually visible in her smile, plus minor bonding on two adjacent teeth. The total was about \$4,000 less than what the first practice had quoted, with significantly less tooth structure removed and a more conservative long-term plan.

Anya wasn't thrilled with the timeline. She'd wanted to be done. But she said yes. The Invisalign took ten months. The veneers took two visits. Fourteen months total – versus the three weeks at the other practice. Her photos look better than the original quote would have produced because the foundation was right, and the veneers we did place are bonded to teeth in their proper positions.

The follow-up matters more than the result. She came back two years later for a routine cleaning, and the veneers looked exactly the same as the day they went in. Restorations placed on properly aligned teeth last longer because they're not being chewed against in unnatural directions.

I'm sharing this because cosmetic dentistry is one of the few categories where slowing down is the actual upgrade. The dentist who tells you to wait, do orthodontics first, or do less is more likely to be the dentist whose work is still beautiful in fifteen years.

If you want to talk through your situation, reply or call [number]. We do complimentary consultations including a digital smile preview – you see what the result could look like before any work is committed to. One more note and I'll leave you alone.

– [Dr. Name]

MESSAGE 4 OF 4 / SEND 5-7 DAYS LATER

Message 4: The Clean Close

Three options. The exit is graceful. The questions are theirs to use — with anyone.

Subject: Last note from me

[Name],

Last email unless you want to stay in touch. Three options:

If you want a consultation: Reply or call [number]. Complimentary first visit, includes a digital smile design preview so you see the potential result before committing to anything. We'll tell you the most conservative option that gets you to your goal, even if it's a smaller treatment than you came in expecting.

If you want to keep learning: [Practice] sends a once-a-month note for patients in the research phase — conservative options, real before-and-afters with treatment notes, and one piece of education per email. [link].

If [Practice] isn't the right fit: Whoever you end up choosing, five questions matter: (1) are you AACD-accredited (the most rigorous cosmetic credential), and how many cases like mine have you treated? (2) how much enamel will you remove, in millimeters? (3) am I a candidate for no-prep or minimal-prep options? (4) what's the most conservative path to my goal, and what would you recommend if cost weren't a factor? (5) what's your warranty and your protocol if a veneer fails or chips? The answers separate cosmetic artists from sales-oriented practices.

Either way, good luck with the decision — it's a big one and a personal one.

— [Dr. Name]

How to ship this

- **Replace the brackets.** [Practice], [Dr. Name], [role], [number], [link] — every placeholder filled, nothing left in template form.
- **Pick a real dentist as the sender.** Not a treatment coordinator. Use the doctor's direct line and reply-to that reaches them.
- **Render the body as plain text.** HTML email part, slightly large font (~16-17px), warmer-than-white background. Looks typed. Reads typed. People scan plain text differently.
- **Mind the cadence.** Message 1 within 4-24 hours. Message 2 at day 3-4. Message 3 at day 8-11. Message 4 at day 13-18. Then stop.
- **Honor the promise.** If you said “last email,” it's the last email. Reactance kills the relationship faster than silence.