

PLAYBOOK

Cosmetic Surgery Clinics

Handshake Outreach email sequence, adapted.

Four messages, one sequence. Mail-merge ready.

ADAPTATION 10

Category notes

High-sensitivity. The category is full of “double board certified” claims that mean little, social media-led marketing that emphasizes results over safety, and surgeons performing procedures outside their training. The American Society of Plastic Surgeons (ASPS) is consistent on the one credential that matters: certification by the American Board of Plastic Surgery (ABPS), the only board recognized by the American Board of Medical Specialties for plastic surgery. Patients who know to ask for ABPS certification are massively under-represented; the practice that educates them well builds enormous trust.

Insider terms: ABPS (American Board of Plastic Surgery — the only legitimate board), ASPS member, AAAASF accreditation (the gold standard for outpatient surgical facilities), hospital privileges, revision policy, before-and-after gallery, VECTRA 3D imaging, “wish pictures,” consultation fee structure, anesthesia provider (CRNA vs. board-certified anesthesiologist), “undetectable” aesthetic trend (the move away from overdone results). Critical adaptation: stay at category level, never mention specific page visits, never name body areas the visitor browsed.

MESSAGE 1 OF 4 / SEND WITHIN 4-24 HOURS

Message 1: The Honest Hello

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

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

Hi –

You stopped by [Practice]'s site recently. People researching plastic surgery typically take months – sometimes years – from first interest to first consultation, and that's the right pace for a procedure of this importance. I'm not going to follow up with calls or pressure.

I'm [Dr. Name], a board-certified plastic surgeon at [Practice]. One short note.

The single most useful thing I can tell anyone in the early phase of a research process is this: the credential to look for is certification by the American Board of Plastic Surgery (ABPS). Not “board-certified cosmetic surgeon.” Not “double board-certified” in two things that aren't plastic surgery. Not membership in a society. ABPS is the only certifying board recognized by the American Board of Medical Specialties for plastic surgery, and it requires six years of post-medical-school training including plastic surgery residency. Surgeons certified by other boards – including some that sound similar – may be skilled, but they have not completed the same training pathway. You can verify any surgeon's certification at certificationmatters.org in about 30 seconds.

I'll send two more notes over the next couple of weeks. They're written for someone in the research phase, not someone ready to book. Easy unsubscribe.

– [Dr. Name], MD, FACS

Board-Certified Plastic Surgeon, ABPS

[Direct line, reply-to]

MESSAGE 2 OF 4 / SEND 3-4 DAYS LATER

Message 2: The Inside Knowledge

The costly signal: the questions a surgeon should welcome — and what answers should worry you.

Subject: The questions a surgeon should welcome (and what an evasive answer means)

[Name],

Following up. Most plastic surgery consultation guides give you a list of questions to ask. The more useful question is what the answers should sound like — and what an evasive or vague answer is telling you.

These five questions matter most, in order:

First: are you certified by the American Board of Plastic Surgery? The answer should be a clear yes or no — not “we're board-certified” and a redirect. ABPS is the only board that matters for plastic surgery.

Second: where do you have hospital privileges, and is the surgical facility AAAASF-accredited? Hospital privileges are a real check on a surgeon's competence — hospitals only grant them after credential review. AAAASF accreditation is the gold standard for outpatient surgery facilities. “We operate in our office” without accreditation is a red flag.

Third: how many of this specific procedure have you performed in the last twelve months? Not lifetime — last twelve months. Surgeons who do five rhinoplasties a year and surgeons who do fifty are not the same surgeon, even with the same credentials.

Fourth: can I see before-and-afters of patients with my body type or features? Curated galleries showing only the best results don't tell you what to expect for your case. A good surgeon will show you the typical range, not just the highlights.

Fifth: what's your revision policy? Even excellent surgeons have occasional revisions. A surgeon who claims they've never revised a case is either inexperienced or not telling the truth. The right answer is something like “revisions within X months are at no surgical fee, you cover anesthesia and facility.” That's transparency. “We don't typically need revisions” is not.

[Practice]'s consultation prep guide — with each question annotated for what a strong answer sounds like — is at [link]. No form.

— [Dr. Name]

MESSAGE 3 OF 4 / SEND 5-7 DAYS LATER

Message 3: The Story

One patient told to wait six months. Sometimes the right answer is no.

Subject: The patient I told to wait six months

[Name],

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

A woman I'll call Camille came to me about two years ago for a consultation. She was 38, recently divorced, going through a difficult life transition, and ready to schedule the procedure she'd been thinking about for years. We talked for ninety minutes. She was thoughtful, well-researched, knew exactly what she wanted. By every clinical measure, she was a good candidate.

I told her to wait six months.

Not because of any medical reason. Because of a softer one. The single best predictor of long-term satisfaction with cosmetic surgery, in my experience and in the literature, is whether the patient is making the decision from a place of stability or a place of transition. People who decide during a major life upheaval – divorce, bereavement, career disruption – are more likely to be unhappy with results that, on objective measures, are excellent. The surgery isn't going to do what they're hoping it will.

I told her this directly. I said: come back in six months. If you still want the procedure, your insurance situation is more stable, you've had time to settle, and we'll do beautiful work. She was annoyed. She wanted to be done with the decision.

Eight months later she came back. She did the procedure. She loved the result – but she also told me at the one-year follow-up that what she'd actually needed during those eight months wasn't the surgery. It was the time. The surgery was an accelerant for things she'd been working on. If she'd done it in the divorce, it wouldn't have helped.

I'm sharing this because the most important thing a plastic surgeon can do is sometimes nothing. The surgeons most worth trusting are the ones who tell patients no – not because the patient isn't a candidate, but because the timing is wrong, the motivation is fragile, or the expectations are unrealistic. Ask any surgeon you're considering: when have you turned a patient away, and why? The ones who can name a specific case are the ones to take seriously.

If you want to come in for a consultation, reply or call [number]. We do complete consultations – typically 60-90 minutes – with VECTRA 3D imaging so you can see realistic projected outcomes. We don't do high-pressure same-day booking. 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 to schedule a consultation: Reply or call [number]. Consultation fee is [\$X], applied toward surgery if you proceed. We do not do same-day surgical booking — every surgical patient gets at least a week to consider after the consultation. Complete privacy throughout, and you'll never be contacted by anyone other than my team without your written permission.

If you want to keep researching: [Practice] sends a quarterly note for patients in the research phase — honest discussion of recovery realities, the “undetectable” aesthetic trend toward more conservative results, and Q&As from prospective patients. No before-and-afters in the email itself — you have to opt in to view them on the secure portal. [link] to subscribe.

If [Practice] isn't the right surgeon for you: Consult with at least two ABPS-certified plastic surgeons before scheduling. Verify board certification at certificationmatters.org. Check whether the surgeon has AAAASF-accredited facility access and hospital privileges. Ask about revision policies in writing. And trust your instincts on chemistry — the relationship with your surgeon will be one of the most important medical relationships in your life. The right surgeon for your friend may not be the right surgeon for you.

Either way, take your time. The decision is worth it.

— [Dr. Name], MD, FACS

Board-Certified Plastic Surgeon, ABPS

How to ship this

- **Replace the brackets.** [Practice], [Dr. Name], [role], [number], [link] — every placeholder filled, nothing left in template form.
- **Pick a real surgeon as the sender.** Not a patient coordinator. Use the surgeon's actual direct line and reply-to.
- **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.