You've Got Your Blueprint. Now What?

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Your report just showed you red, amber and green across booking, visibility and wording. This is the Monday-morning guide to reading it right — what each colour really means, what to fix first, and what to ignore.

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> **Prepared for Example Dental Clinic, Sydney** · 15 Jun 2026 · part of your private Dental AI Blueprint. Review and adapt before adopting — general guidance, not legal advice.

Your Blueprint just gave your practice a red, amber or green read across three lenses — booking, visibility, and website wording. Keep the PDF, save the private link, and give this guide fifteen minutes before you act. The order you fix things in matters more than how fast you start.

What the colours actually mean

Green means "we looked and found nothing worth flagging" — not a certification, just a clean pass on publicly visible signals. **Amber** means "worth a look this month": a pattern that costs patients or invites questions, but isn't urgent. **Red** means "this is actively costing you or worth reviewing now" — an invisible practice, a booking dead-end, wording in the riskiest category. None of it is a legal finding or a compliance verdict; every flag is a *review trigger* — a place to look, with your context, before deciding.

Fix in the order that pays, not the order that scares

Counter-intuitively, the wording findings — the AHPRA-sounding ones — usually go *second*, not first.

1. **Booking dead-ends first.** A missing after-hours path or absent online booking loses real patients tonight, and the fix is usually configuration, not construction: one paragraph of after-hours guidance, one visible booking link. Days, not months.
2. **Wording second.** Testimonial-style quotes, superlatives, outcome promises — these are editorial fixes: rewrite or remove. They matter, but a regulator complaint is a *possible* future cost; a 9pm patient bouncing to the practice up the road is a certain present one.
3. **Visibility third.** Schema markup, named-dentist bylines, answer-shaped pages — the compounding work. It pays for years, but nothing breaks while you schedule it properly.

What to ignore (for now)

A Blueprint full of ambers can feel like a to-do avalanche. It isn't. Pick the single red with the clearest fix and do only that this week. A practice that fixes one real thing a week is ahead of nearly everyone — and far ahead of a practice that bought a new AI tool instead of reading its own report.

When to get help — and when not to

Most fixes here are free and internal: our library has the templates and walkthroughs, and your web person can implement the rest from the report's specifics. Get help when the findings cross into judgement — wording you're unsure about after reading the guidance, or when you want the whole picture sequenced properly (that's the Readiness Review). And if the report's revenue questions are the ones that stung, the read-only pilot exists precisely for what a public scan can't see.

Practice-workflow education, not legal or compliance advice. Blueprint findings are review triggers built from publicly visible information — interpret them with your own context, and seek qualified advice where it matters.

Disclaimer: Educational guidance only, not legal advice. This guide is intended for practice workflow education. Do not enter patient-identifiable information into public AI tools.
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