DATA & INSIGHTS

Quarterly Insights Report

Your own operational data, turned into the three decisions that matter this quarter.

Prepared for: Harborview Dental — a two-location dental practice (Bayport & Sayville, Long Island, NY), Q2 2026 (fictional illustrative client)

SAMPLE DELIVERABLE

Harborview Dental is a fictional business and every number in this report is synthetic — generated to show exactly what Fortera's quarterly analysis of a real client's data looks like.

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1. Three Decisions This Quarter's Data Supports

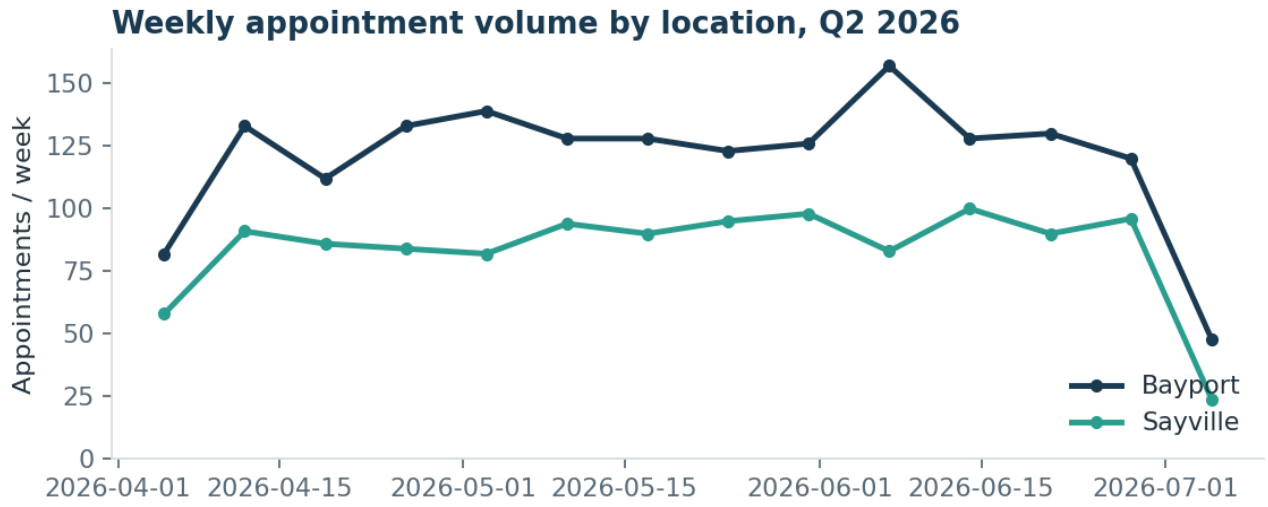
Q2 2026: **2,858 scheduled appointments** across both locations, **$925,009** in realized revenue, and a practice-wide no-show rate of **8.4%** (239 missed appointments, ≈ **$79,103** in unrealized revenue).

Decision 1 — Change how Monday late-afternoons are confirmed. That single block no-shows at 25%, nearly triple the 6% baseline elsewhere in the week. A targeted confirmation protocol for that block alone addresses the single largest concentration of lost chair time.

Decision 2 — Run a recall re-engagement push before year-end. 700 active patients are 7–24 months overdue for hygiene. At the average realized hygiene fee ($170), recovering even one in five is ≈ $23,747 of high-retention revenue — and hygiene is where restorative and cosmetic needs get found.

Decision 3 — Ask for referrals deliberately, not incidentally. Patient-referred appointments are your most valuable ($308 per kept visit) and most reliable (lowest no-show rate, 7.8%), yet they are only 17% of volume. A simple, consistent post-visit referral prompt is the cheapest growth lever you have.

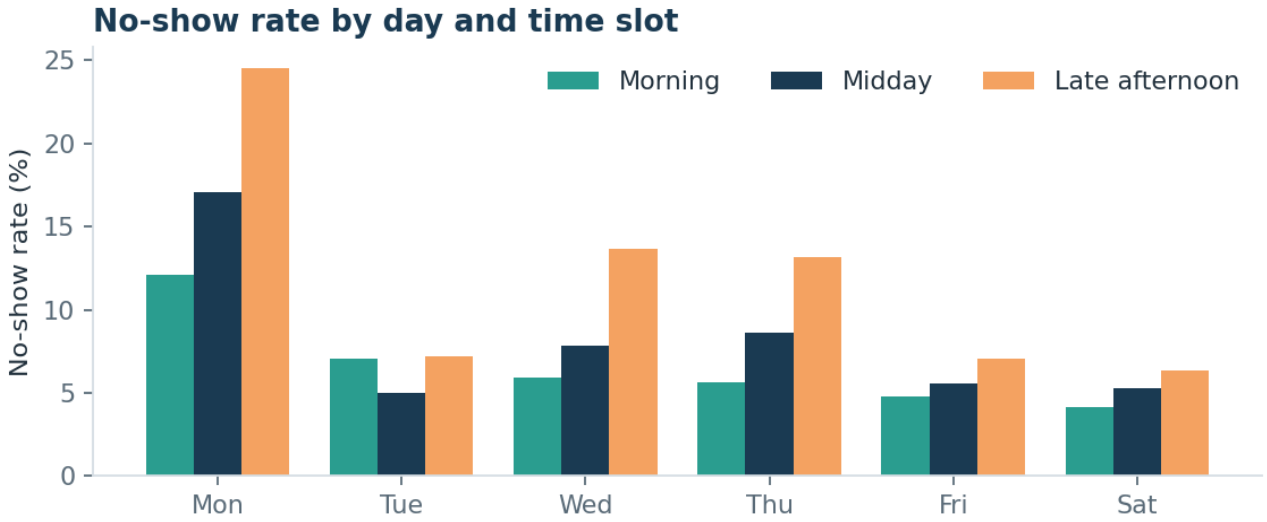
2. The Quarter at a Glance



Volume is steady and seasonally normal; Bayport runs ≈ 40% larger than Sayville. Capacity is not the constraint this quarter — keeping booked chairs filled is.

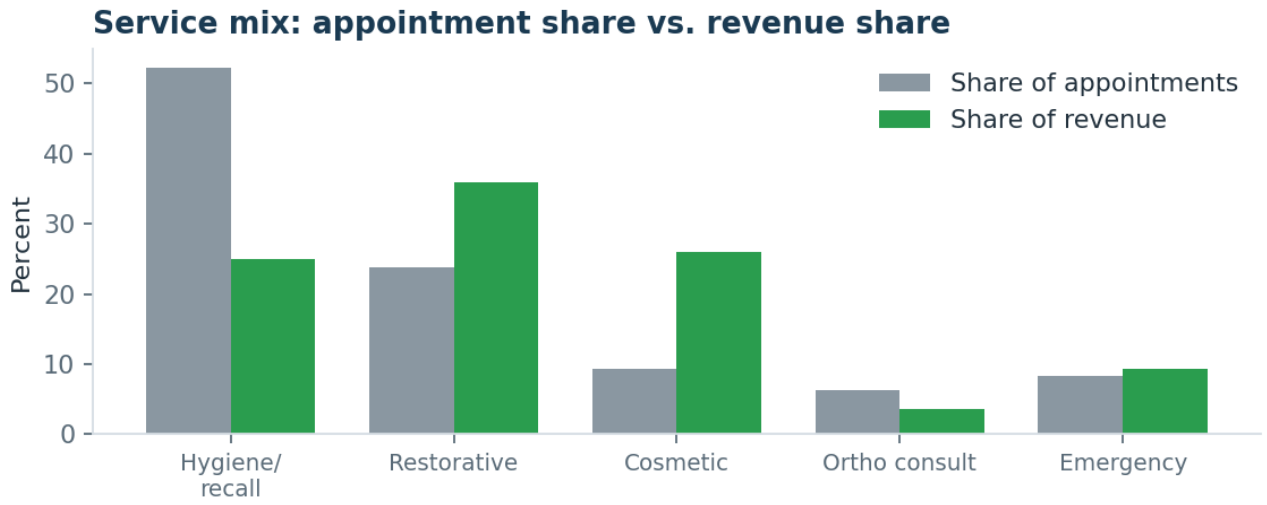
3. Findings

Finding 1 — No-shows are a schedule-shape problem, not a patient problem



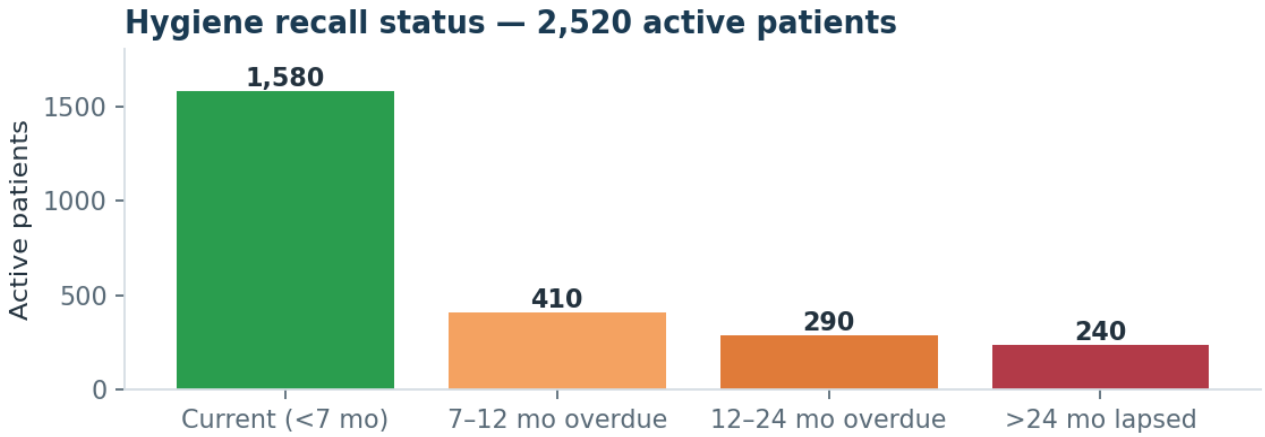
The overall 8.4% rate hides the real story: no-shows concentrate in Monday and late-afternoon slots, peaking where the two overlap. **What it means:** weekend-made plans and end-of-day fatigue drive misses — blanket reminder blasts won't fix a concentrated pattern. **What to do:** personal confirmation calls (not texts) for Monday late-afternoon bookings, and hold those slots for shorter, lower-prep visits so a miss costs less.

Finding 2 — Hygiene fills the schedule; restorative and cosmetic pay for it



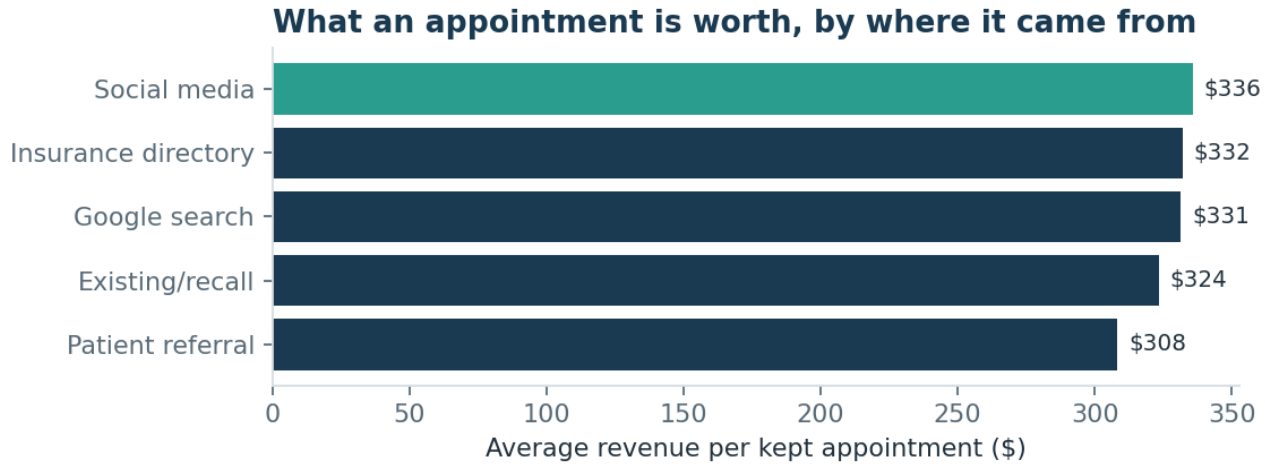
Hygiene/recall is 52% of appointments but 25% of revenue; cosmetic is the mirror image (9% of visits, 26% of revenue). **What it means:** hygiene is not the profit center — it is the discovery engine that feeds the profitable chairs. **What to do:** protect hygiene capacity (see Finding 3) and track case-acceptance on exam findings as the number that converts hygiene volume into restorative revenue.

Finding 3 — The recall base is quietly eroding



940 of 2,520 active patients (37%) are past due; the 7–24-month band is the recoverable core. **What it means:** each lapsed year compounds — patients past 24 months rarely return without a prompt, and their next visit is likelier to be an emergency. **What to do:** a sequenced re-engagement (text → email → one call), warmest band first, before the >24-month group grows.

Finding 4 — Not all appointment sources are worth the same



Referred and recall patients out-earn directory and social-sourced visits per chair hour and miss appointments least. **What it means:** before spending more on acquisition, the higher-yield move is converting the goodwill you already have into referrals. **What to do:** a standard ask at checkout for visibly satisfied patients, tracked so next quarter's report shows whether it moved the number.

4. What We'd Watch in Q3

• Monday late-afternoon no-show rate — target: cut it to the weekday baseline. The confirmation-protocol experiment is the one controlled change we'd run this quarter.
• Recall recovery rate by lapse band — the leading indicator for Q4 hygiene volume.
• Referral count per 100 completed visits — the cheapest growth number on this page.

5. How This Works as a Service

Fortera's Data & Insights service produces this report from your practice's own systems every quarter (monthly on request) — no new software for your staff, no data entry. Your data stays in governed storage, is used only for your engagement, and is never shared, sold, or used to train anything. Every report ends the way this one does: decisions first, with the evidence attached, and this quarter's recommendations scored honestly in the next report — including the ones that didn't work.

About this sample: Harborview Dental is fictional and all figures are synthetic, generated programmatically so every number, chart, and table reconciles. A real engagement applies this exact discipline to your actual operational data.