

Sample Form: Objection Crusher Form

Use this form during or immediately after a treatment plan discussion when a patient hesitates. Keep a printed copy at your TC desk or front desk binder.

Patient Name: _____

Date of Discussion: _____

Proposed Treatment: _____

What Was the Patient's Initial Objection?

Check all that apply:

- ☐ "I need to think about it."
- ☐ "It's too expensive."
- ☐ "I need to talk to my spouse."
- ☐ "I'm scared / nervous."
- ☐ "It's not urgent, right?"
- ☐ Other: _____

Follow-Up Questions (Use at least one)

- "Just so I understand, is it the treatment itself, the timing, or the cost that's giving you pause?"
- "Would it help if I broke this down into steps or payment options?"
- "Can I answer any questions while it's still fresh in your mind?"
- "Would it help if the doctor gave a bit more clarity on why this was recommended today?"

Notes from the Conversation

(Use this space to write any key points or emotional cues from the patient)

Follow-Up Plan

Check all that apply:

- ☐ Sent email with treatment + financing breakdown
- ☐ Scheduled a follow-up call (date: _____)
- ☐ Offered CareCredit or in-house financing
- ☐ Printed a copy of treatment + visual aid for spouse
- ☐ Provided comparison of "wait vs. treat now" outcome
- ☐ Booked phased treatment
- ☐ Patient requested no follow-up

continued...

Sample Form: Objection Crusher Form (continued)

Internal Reflection (Treatment Coordinator or OM)

- Was I clear about the urgency?
- Did I provide confidence, not pressure?
- Did I confirm understanding?
- Did I handoff properly to the front desk?

Things I'll improve next time:

Keep this on file in the patient's notes or scan it into the chart if needed.

Want to improve team objection handling? Review this form during monthly meetings and role-play responses!

This sample form is published by Dental Manager Connect LLC for illustrative purposes only. Your clinical procedures, documentation practices, and associated risks may differ from those described here. We strongly encourage you to adapt this form to fit the unique needs of your practice and your patients. The information provided in this document is not intended to serve as legal advice. Each dental practice presents unique circumstances, and laws or regulations may vary by state. For this reason, we recommend consulting with your attorney before using this or any similar form within your practice. © 2025 Dental Manager Connect LLC. All rights reserved.