

Dental PPC Patient Acquisition Kit

A practical, step-by-step checklist to reduce wasted ad spend, improve lead quality, and increase booked appointments.

Use this kit to launch a new campaign or tighten an existing one.

The 5-Step Dental PPC Checklist

Quick start (5 minutes)

Practice name:

Date:

Primary goal (pick one): New patient inquiries Appointment bookings High-value cases (implants/cosmetic)

Core service to build first:

Service area (city/ZIP or radius):

Front desk coverage (call hours):

Primary conversion to track (pick one):

Calls Forms Booked appointments (ideal)

Why this matters:

PPC becomes a patient acquisition system when you connect ad spend to **booked appointments**, not just clicks.

Step 1: Build your goal and ROI baseline

Outcome: You know what success looks like and what you can afford per lead and per booking.

Checklist

- Set a monthly goal (example: "10 implant consult requests/month")
- Tie the goal to one service line (implants vs cleanings vs emergency)
- Set a target **CPL** (cost per lead): \$ _____
- Set a target **cost per booked appointment**: \$ _____
- Define what counts as a conversion: Call Form Booked appointment confirmation

Quick formulas (use for planning and reporting)

- **ROI** = (return – investment) / investment × 100
- **CPC** = total cost of clicks / number of clicks
- **CPL** = ad spend / number of leads gained
- **CVR** = conversions / number of clicks

Pro tip:

Start with conservative assumptions like lower booked rates or higher costs. If the forecast works conservatively, you're less likely to overspend.

Common mistake to avoid:

Launching campaigns without a target CPL or cost-per-booked-appointment benchmark makes it hard to tell whether PPC is working or just generating activity.

Step 2: Choose the right mix of PPC campaign types

Outcome: You're using the best campaign types for your goal, and your tracking can support them.

Campaign type selection (check what applies)

- Search Ads (Google/Bing):** Capture high-intent service searches
- Local Services Ads (LSAs):** Local lead unit focused on calls/messages and trust signals
- Performance Max (PMax):** Multi-placement reach (Search/Maps/Display/YouTube/Gmail) only if tracking is solid
- Google Display (prospecting):** Awareness in competitive markets
- Google Remarketing (Display/YouTube):** Bring back visitors who didn't book
- Paid Social (Meta/Instagram):** Awareness and offers (not always high intent)

Audience targeting setup

- Google Ads:** Add relevant audience segments to refine reach
- GA4:** Create **remarketing audiences** (example: "visited implants page, didn't contact")
- Exclude prior converters where possible (so you're not paying for the same action twice)

Pro tip:

If you're new to PPC, start with **Search and optionally LSAs** first. Add PMax, Display, or Social after tracking is reliable.

Common mistake to avoid:

Expanding to additional campaign types before tracking is set up can inflate spend without proving which channel is producing booked appointments.

Step 3: Master keyword targeting

Outcome: Your ads show for the right searches in the right areas — and you block irrelevant traffic fast.

Keyword research workflow

Tools: KeywordsFX and Google Ads Keyword Planner

Checklist

- Choose your seed keyword (example: “dental implants”)
- In **KeywordsFX**, generate related keyword ideas and questions
- Sort ideas into intent themes:
 - Price or financing**
 - Location and intent**
 - Consultation**
- Validate your shortlist in **Keyword Planner** (forecast volume and competition)
- Build ad groups by intent (don’t mix “cost” and “near me” in one group)

Pro tip:

One service and clean intent groups make it much easier to match ad copy and landing pages, often improving lead quality.

Local targeting setup

Tools: Google Ads

Checklist

- Select the exact areas you serve: city/ZIP radius around your practice
- Review advanced location settings so ads prioritize people **physically in your area**
- Add location exclusions (towns/ZIPs you don’t serve)
- Set an ad schedule so call-focused ads run when staff can answer
- Use different radiuses by service:
 - Emergency = tighter radius
 - Implants/cosmetic = wider radius (patients may travel)

Common mistake to avoid:

Targeting too broadly can produce clicks you can’t convert, especially if you’re paying for out-of-area traffic.

Negative keyword targeting

Outcome: You stop paying for searches that won’t become paying patients.

Starter negative themes (customize to your practice)

- Jobs/careers (job, hiring, salary, resume)
- School/training (school, course, program, classes)
- DIY/info (how to, at home, kit)
- Free/low-cost intent (free, low income, charity)
- Services you don’t offer: _____
- Insurance types you don’t accept: _____

How to know it’s a negative

- Ask: “If someone searched this, would they realistically become a paying patient here?”
- If it repeatedly gets clicks but no leads, add it to negatives.

How to build the list

- Start with your starter themes
- Use the **Search Terms report** to find real searches triggering your ads
- Month 1: review weekly Ongoing: review monthly
- Add negatives at the right level:
 - Campaign-level (wrong for the whole practice)
 - Ad group-level (wrong for one service line)

How to use the list

- Add negatives to a **shared negative keyword list** in Google Ads
- Apply that shared list across campaigns for consistency
- Update the shared list as you scale new services

Pro tip:

Your Search Terms report is your wasted spend detector. Review it early and often, especially in the first month.

Step 4: Craft high-converting ads and landing pages

Outcome: Clicks turn into qualified calls and appointment requests.

Landing pages (must-haves)

- Dedicated landing page per service
- Message match (ad promise matches page headline)
- One primary CTA: Call Request appointment
- Simple form (if used): name, contact, and service needed
- Trust signals: reviews/testimonials, credentials, awards
- Location essentials: address, map/directions, hours
- Mobile-first checks: click-to-call button, fast loading

Ads and USPs (what to include)

- Pick 2–3 USPs to highlight (don't list everything):
 - Reviews/ratings
 - Experience/certifications
 - Same-day availability
 - Comfort/sedation options
 - Financing options (if applicable)
- Use a clear CTA that matches the page (example: "Call to schedule," "Request an appointment")
- Add call-focused elements if calls matter most (phone number/call assets, schedule by office hours)

Ad assets and extensions (quick setup)

- Location asset
- Call asset
- Sitelinks (service pages)
- Structured snippets (services)
- Images (where available/appropriate)

Common mistake to avoid:

Sending all ad traffic to a generic homepage makes it harder for patients to take action and makes PPC performance harder to measure.

Step 5: Track results and train your front desk for conversion

Outcome: You can prove ROI and consistently turn leads into booked appointments.

Tracking and reporting checklist

- Confirm tracking for: calls forms booked appointments (ideal)
- Set your reporting cadence: weekly (month 1) monthly (ongoing)
- Track these metrics:
 - CPC (what you pay for traffic)
 - CPL (what you pay for leads)
 - CVR (how often clicks become leads)
 - Cost per booked appointment (lead → booked)
 - ROI (revenue vs spend)

Use performance data to improve results (monthly routine)

- Identify winners (best CPL or best lead quality) and protect budget there
- Find waste (high spend, low/no leads) and fix it with negatives or better targeting
- Make one controlled improvement per cycle:
 - Add negatives
 - Tighten geo targeting
 - Improve landing page message match or CTA
 - Refresh one underperforming ad

Front desk conversion checklist (print and use daily)

- Answer calls or respond to forms quickly
- Confirm the service needed
- Confirm the best callback number and email
- Offer the next available appointment option
- Confirm location, directions, and what to bring
- Set follow-up steps for missed calls and voicemails

Why this matters:

Paid leads are time-sensitive. If a patient can't reach you quickly or doesn't get a clear next step, they'll often contact another practice.

Quick Launch Plan (a realistic timeline)

Expectation: The early weeks of your PPC strategy are for tracking and tightening. Most campaigns need **4–6 weeks** of data before major optimization decisions.

Week 1: Build and launch

- Goal and ROI baseline complete
- One service campaign live (Search, LSAs optional)
- Dedicated landing page live
- Tracking verified (calls/forms/bookings)

Week 2: Tighten targeting and eliminate obvious waste

- Search Terms review and negatives added
- Geo targeting and exclusions confirmed
- Ad schedule aligned with call coverage
- Message match check (ad → landing page)

Week 3: Improve lead quality (controlled changes)

- Expand keywords within the same service
- Split ad groups by intent if needed (cost vs. near me vs. consult)
- Add assets and extensions
- One landing page improvement
- Front desk checklist in daily use

Week 4: Early optimization (small and data-driven)

- Shift budget modestly toward early winners (if enough conversion data exists)
- Pause or refine obvious underperformers
- Add more negatives from Search Terms
- Refresh one ad (one variable at a time)

Week 5: Confident optimization

- Stronger budget shifts based on real lead and booking data
- Test one bigger lever (ad variation OR landing page update)
- Add remarketing or PMax only if tracking is solid and goals are clear

Week 6: Scale and systemize

- Expand to the next service line using the same structure
- Apply shared negatives and proven templates
- Set ongoing cadence: weekly checks (if high spend) and monthly optimization

Compliance reminder

- Ensure ad copy/landing pages follow platform healthcare policies and avoid misleading claims.
- Keep lead handling and tracking consistent with your privacy expectations and internal processes.

Fill-In Worksheet (Print & Use)

1. Goal and ROI baseline

Primary goal: inquiries bookings high-value cases

Core service: _____

Monthly ad budget target: \$ _____

Targets

- Target CPL: \$ _____
- Target CPC: \$ _____
- Target cost per booked appointment: \$ _____
- Estimated value per booked patient (avg): \$ _____
- Estimated lead → booked appointment rate: _____ %

Pro tip:

If you're unsure, start conservative: lower the booked rate and raise the CPL target, then refine after 4–6 weeks of real data.

2. Campaign mix

Check what you'll run first:

- Search Ads LSAs PMax Display prospecting Remarketing Paid Social

Audience targeting

Examples of GA4 audiences to build:

- Visited _____ page, didn't convert
- Started form, didn't submit
- Time on page: Spent _____ seconds or more on _____ page

3. Keyword plan (single service)

Seed keyword: _____

Theme 1: Price/financing

- _____
- _____
- _____

Theme 2: Location/intent

- _____
- _____
- _____

Theme 3: Consultation

- _____
- _____
- _____

Ad groups (by intent)

Ad Group 1: _____ Landing page: _____

Ad Group 2: _____ Landing page: _____

Ad Group 3: _____ Landing page: _____

4. Local targeting plan

Target method: ZIP/city radius

Primary radius/area: _____

If different for high-value services: _____

Location exclusions: _____

Ad schedule (call hours): _____

5. Negative keyword plan

Check starter themes to include:

- jobs school DIY/info free/low-cost

Other exclusions to add: _____

Search Terms review cadence

Month 1: weekly Ongoing: monthly

6. Tracking and front desk readiness

Tracking enabled for:

- calls forms booked appointments (ideal)

Front desk checklist:

- printed trained used daily

Follow-up process for missed calls/leads:

- documented assigned consistent

Monthly KPI tracker

| Month | Spend | Clicks | Leads | Booked appointments | CPC | CPL | CVR | Cost/ booked | Notes |
|-------|-------|--------|-------|---------------------|-----|-----|-----|--------------|-------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
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| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |

Common mistake to avoid:

Tracking clicks and leads but not following through to booked appointments makes it hard to judge true ROI.