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# The Dental Clinic Guide to Agentic AI

From a front desk that cannot answer every call to a digital receptionist that picks up day and night, books and reminds, works your recalls, and knows exactly where the clinical line sits.

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AI voice agents & digital workers

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**FOREWORD**

# The chair is full. The phone is not.

**T**here are more than twenty thousand dental practices in Australia, in a market worth around fourteen and a half billion dollars a year.<sup>1</sup> Most of them are small businesses, the average practice employing only a few people, and almost every patient relationship begins the same way: with a phone call. The trouble is that the call often arrives while the same small team is chairside, processing a payment, or settling an anxious patient, and there is no one free to answer it.

Demand is rarely the problem. The problem is capacity at the one point where demand arrives. Calls ring out at lunchtime. New patients give up on hold and try the practice down the road. The recall list, the patients due for a check-up and clean, sits untouched for another week. Treatment a dentist recommended last month is never booked because no one followed up. None of it shows up on a profit and loss statement, which is exactly why it goes unaddressed for years.

This guide is about a specific, practical answer to that problem: an agentic artificial intelligence (AI) voice agent that works the phones and the routine administration around them, so your people can do the parts of the job that actually need a human. It is written for practice principals, practice managers and dentists who want to understand what this technology does, what it must never do, and how to put it to work without compromising patient care, breaching the rules that govern health information, or crossing the advertising rules that bind every registered practitioner in this country.

We have tried to be honest throughout. There is a clear line we keep coming back to, the line between handling an enquiry and practising dentistry, and a good deal of this guide is spent making sure the technology stays firmly on the right side of it.

**Brad Riley**

CEO, Agntic.ai

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1. IBISWorld, Dental Services in Australia, 2025: market size around \$14.5 billion, with 20,347 dental services businesses and an average of roughly three employees per practice.

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**WHAT IS INSIDE**

# Contents

<b>01</b>	<b>Agentic AI, in plain language</b>	<b>06</b>
	What a digital worker is, how it differs from a chatbot, and the one thing it must never do.	
<b>02</b>	<b>A day at the front desk</b>	<b>09</b>
	The hidden cost of the phones, told the way your reception team lives it.	
<b>03</b>	<b>The five jobs a digital receptionist does best</b>	<b>12</b>
	Where an AI voice agent earns its place in a practice.	
<b>04</b>	<b>What a ringing-out phone really costs</b>	<b>15</b>
	The four quiet leaks, totalled.	
<b>05</b>	<b>Privacy, advertising and the line you never cross</b>	<b>17</b>
	Health information, the AHPRA rules, and the boundary with clinical care.	
<b>06</b>	<b>Under the bonnet</b>	<b>21</b>
	How a digital receptionist actually works, in six parts.	
<b>07</b>	<b>Before you switch it on</b>	<b>23</b>
	The groundwork that makes the difference, mapped for two weeks.	
<b>08</b>	<b>Building the business case</b>	<b>25</b>
	An illustrative model for calls, recalls, no-shows and treatment.	
<b>09</b>	<b>What you don't need</b>	<b>27</b>
	The myths worth retiring before you start.	
<b>10</b>	<b>In practice</b>	<b>29</b>
	Three composite practices and what changed.	
<b>11</b>	<b>Questions practices ask</b>	<b>32</b>
	The honest answers to the common ones.	
<b>12</b>	<b>Your first seven days</b>	<b>35</b>
	A short, concrete path to a live agent.	

# Agentic AI, in plain language

Before the benefits, the basics. What a digital worker is, why it is different from the chatbots you have already met, and the single boundary that makes it safe to use in a dental practice.



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**THE IDEA**

## A worker, not a chatbot.

**Y**ou have used generative AI already. You type a question, it writes you an answer, and the conversation ends there. It is a clever tool, but it waits for you and does nothing on its own.

Agentic AI is the next step. An **agent** does not just talk. It is given a goal, a set of rules and access to the tools it needs, and it carries the task through from start to finish. For a practice, the goal is usually simple to state: answer the call, understand what the patient needs, and complete the booking or the request, the same way a capable receptionist would.

That is why we call it a **digital worker** rather than a chatbot. It speaks naturally on the phone, it listens, it asks the follow-up questions your team would ask, and then it acts: it finds the right appointment type and length in your practice management system, books it, confirms it, and sends the reminder. When something falls outside its rules, it hands over to a human.

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## A chatbot answers. A digital worker finishes the job, then knows when to step back.

The difference matters most after hours and at the busy hours of the day. A chatbot on your website might capture a message. A digital receptionist actually picks up the phone at 7am, at lunchtime and at 9pm, holds a real conversation, and leaves a confirmed appointment in the book by morning.

None of this replaces your team. It removes the repetitive, interruptive work that stops your team from doing the parts of reception that genuinely need a person: reading the room, reassuring a nervous patient, handling the complex or the sensitive.

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**THE ONE RULE**

## What it must never do.

A digital receptionist in a dental practice is built around a boundary that does not exist in most other businesses. It handles the administration around care. It does not, under any circumstances, practise dentistry.

That means it does not assess symptoms, it does not decide how urgent a problem is, it does not diagnose, and it does not give clinical or treatment advice. If a caller starts describing a dental problem, the agent's job is not to interpret it. Its job is to recognise the situation, take the booking or the message, and where there is any sign of urgency, such as facial swelling, trauma or uncontrolled bleeding, to direct the caller to the right help straight away and escalate to your team.

**THE LINE, IN ONE SENTENCE**

**The agent handles enquiries and bookings. Clinical judgement always belongs to a person.** It does not diagnose, it does not triage, and it does not quote a treatment price as if it were a diagnosis. If a caller may be in danger, the agent is built to say so plainly, direct them to call triple zero (000) or attend an emergency department, and escalate to your team. It never tries to assess the emergency itself.

This is not a limitation we apologise for. It is the design. A practice that adopts this technology should be able to say, hand on heart, that no patient was ever triaged, advised or diagnosed by a machine. Everything in the rest of this guide is built on top of that promise, and Section Five sets out exactly how it is enforced.

# A day at the front desk

The cost of an overloaded reception does not appear on any report. It shows up as a tired team, a half-empty afternoon and a patient who quietly went elsewhere. Here is the day as your reception staff actually live it.



## — RACHEL'S TUESDAY · A BUSY THREE-DENTIST PRACTICE

# One desk, two hands, a full waiting room.

Rachel runs reception at a three-dentist practice. Nothing here is unusual. That is the point.

## MORNING

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8:05 **Doors open, phones already lit.** Rachel checks in three patients, takes a payment and answers what calls she can between them.

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8:50 **Two callers give up on hold. One wanted to book a check-up and clean. One was a new patient ringing three practices. Neither leaves a message.**

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10:30 **A toothache call.** A patient rings in pain. Rachel cannot assess it, books them an emergency slot and reassures them, which is correct, but it takes time she does not have.

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12:30 **Lunch. One person covers the desk. Twelve calls come in over the hour. Five are answered.**

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## AFTERNOON

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2:00 **Recalls.** Rachel meant to start phoning patients overdue for a check-up this morning. She has not had a clear ten minutes. The list rolls to tomorrow, again.

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3:40 **Unbooked treatment.** A patient was quoted for a crown two weeks ago and never booked it. Following up was on the list. It is still on the list.

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6:10 **Phones to message bank. From now until 8am, every caller hears a recording. Some will ring the practice down the road, the one that picked up.**

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**THE INVISIBLE COST**

## None of it was anyone's fault.

**R**achel is good at her job. The practice is well run. And yet by the end of the day a handful of bookings never happened, the recall list did not move, a crown went unbooked, and a slice of tomorrow's schedule is quietly at risk because the reminders went out late.

This is the trap of front-desk work. The losses are real but invisible. A missed call is not recorded as a missed call; it is simply a call that never reaches a person. An overdue recall does not announce itself; it just sits on a list. Unscheduled treatment does not complain; it simply never gets booked. A no-show looks like one empty chair, not like the chain of small omissions that led to it.

Because nobody can see the cost, nobody can justify hiring against it, and the team is asked to absorb a little more each year. The work that gets dropped is always the same work: the calls at the edges of the day, the recall list, the treatment follow-up, the gentle reminder. The work, in other words, that a digital receptionist is built to pick up.

The rest of this guide is about handing that specific layer of work to an agent, so the next Tuesday looks different: every call answered, the recall list worked through, every reminder sent, the unbooked crown followed up, and Rachel free to do the human part of her job properly.

# The five jobs a digital receptionist does best

Not everything should be automated, and a good deal of reception never will be. These five jobs are where an AI voice agent is genuinely strong, and where practices see the change first.



## — WHERE IT EARNS ITS PLACE

# Five jobs, done properly, every time.

**JOB 01****ANSWERED**

## Answering the phone and the overflow

Every call picked up on the first ring, at every hour, including the lunchtime spike and after close. No hold queue, no message bank, no caller lost to the practice down the road.

**JOB 02****BOOKED**

## Booking, rescheduling and cancelling

The agent finds the right appointment type and length, offers real times from your live book, and writes the booking straight into your practice management system. It handles changes and cancellations the same way, and fills gaps from a waitlist.

**JOB 03****FOLLOWED UP**

## Recalls, recare and reminders

Patients overdue for a check-up and clean, worked through patiently by phone, and tomorrow's reminders sent without fail. The slow, repetitive outreach that always gets dropped first, and the single biggest lever on no-shows.

**JOB 04****HANDLED**

## Fees, health funds and treatment follow-up

Routine questions about fees, gap payments, health-fund cover and payment plans, answered from your own policies. It also follows up unscheduled treatment, inviting patients to book what their dentist has already recommended, never pressuring and never advising.

**JOB 05****CAPTURED**

## New-patient intake and form completion

The agent welcomes new patients, captures the details your team needs before the first visit, and guides them through registration and medical-history forms by phone, so the appointment starts on time with the paperwork already done. Sensitive information is collected only with clear consent and stored to your practice's privacy rules.

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 WHY THESE FIVE

## High volume, low judgement, high impact.

The jobs worth handing over share a shape. They happen often, they follow rules you already have, and getting them wrong costs you patients. That is precisely the shape an agent handles well, and where a person is wasted.

# 20,347

dental practices operate in Australia, so the patient who cannot reach you usually has another practice to ring.

IBISWORLD, 2025

# ~2 in 10

people who needed dental care delayed it or went without because of cost, so the fee and booking conversation often decides whether a patient proceeds.

AIHW, PATIENT EXPERIENCE SURVEY 2023-24

# 15-20%

is the commonly cited range for missed dental appointments, the gap that reliable reminders and recare are built to close.

INDUSTRY BENCHMARKS

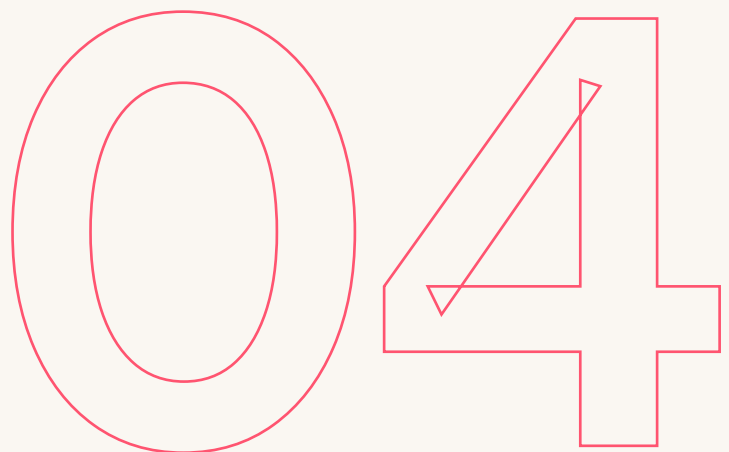
Read those numbers together and the case is straightforward. The market is large and competitive, the patient is price-sensitive and quick to try elsewhere, and a meaningful share of booked chairs are lost to no-shows. The moments that decide all three, answering the call, having the fee conversation well, and reminding reliably, are exactly the moments an agent handles best.

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Sources: IBISWorld, Dental Services in Australia, 2025 (20,347 businesses). AIHW, Oral health and dental care in Australia, drawing on the ABS Patient Experience Survey 2023-24 (around 18% delayed or did not see a dental professional due to cost). No-show range reflects commonly cited industry benchmarks, not a single peer-reviewed Australian figure.

# What a ringing-out phone really costs

A missed call feels like nothing. A handful of them, every day, for a year, is a different story. Here are the four quiet leaks, and what they add up to.



## — THE LEAKS LEDGER

## Four leaks, one total.

The weekly figures below are illustrative drivers for a three-dentist practice, not a quote. Every practice's numbers differ. The value of laying them out is that the leaks stop being invisible.

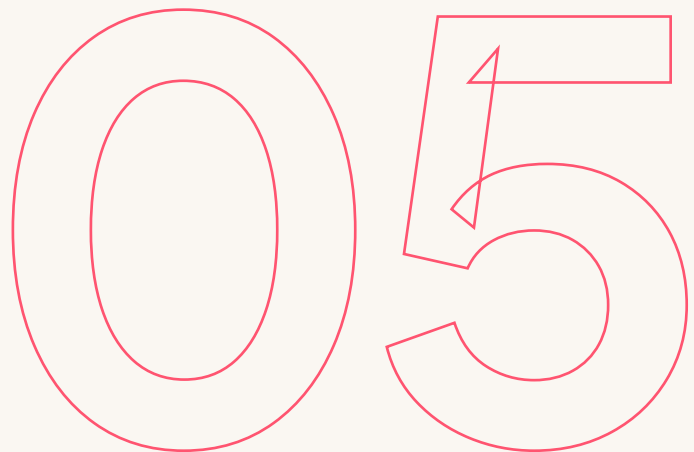
<p><b>Calls that ring out</b> ~20 a week unanswered at the lunchtime peak and across the day; about 6 in 10 were patients ready to book (\$150 each).</p>	<b>\$1,800</b> /wk
<p><b>Callers who give up on hold</b> ~10 a week who leave no message; about 6 in 10 were ready to book. New patients in this group simply try the next practice.</p>	<b>\$900</b> /wk
<p><b>After-hours enquiries</b> ~10 a week hit a recording between close and open; about 6 in 10 of the motivated book elsewhere overnight.</p>	<b>\$900</b> /wk
<p><b>No-shows from missed reminders</b> Reliable reminders recover ~14 chairs a week that would otherwise sit empty (\$150 each).</p>	<b>\$2,100</b> /wk
<p><b>The combined leak</b></p>	<b>\$5,700</b> /wk

That is roughly \$274,000 a year leaking quietly through four holes, none of which shows up on an invoice, and that is before a single unbooked crown is counted. You do not need these exact numbers to act; even at half the assumptions the annual cost dwarfs the price of closing it. A digital receptionist addresses all four at once: it answers the calls that ring out, it removes the hold queue, it works after hours, and it sends every reminder. Section Eight builds the full model with your own numbers.

Appointment value is illustrative and conservative; new patients and restorative treatment are worth considerably more. No-show recovery reflects commonly cited industry benchmarks of 15 to 20 per cent missed appointments.

# Privacy, advertising and the line you never cross

This is the section that matters most in dentistry and the one most guides skip. How health information is protected, how the advertising rules that bind every practitioner apply to an agent, and exactly how the clinical line is held.



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**HEALTH INFORMATION IS SPECIAL**

## Treated as sensitive, by law.

In Australia, dental records and the details a patient gives you are health information, which sits in a protected category. Under the Privacy Act 1988 (Commonwealth) and the thirteen Australian Privacy Principles (APPs) that flow from it, it is classed as **sensitive information**, carrying a higher standard of consent, handling and security than ordinary personal details.<sup>2</sup>

That framework has just been strengthened. The Privacy and Other Legislation Amendment Act 2024 introduced, among other reforms, a requirement that takes effect from 10 December 2026: organisations must tell people in their privacy policy when decisions that significantly affect them are made by substantially automated means. A practice using an AI agent should plan for that disclosure now rather than scramble for it later.

A digital receptionist has to be built to that standard, not retrofitted to it. Information is collected only for the purpose the patient is contacting you about, and only with their clear knowledge and consent. The agent tells callers, plainly, that they are speaking with an automated assistant. Recordings and transcripts are handled under your practice's privacy policy, with access limited to the people who need it.

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## Patients should never have to wonder who, or what, they are talking to, or where their information goes.

Data stays inside boundaries you control, which for Australian practices usually means data held in Australian data centres, encrypted in transit and at rest, with a clear record of what was collected and why. The agent integrates with your practice management system through controlled, permissioned access: it can see and write the appointment book and contact details, and nothing beyond that. It is not given the run of the clinical record.

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2. Privacy Act 1988 (Cth) and the Australian Privacy Principles; health information is sensitive information. Reform and automated-decision transparency: Privacy and Other Legislation Amendment Act 2024 (Cth), with the privacy-policy requirement commencing 10 December 2026.

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**THE ADVERTISING RULES APPLY TOO**

## What it is allowed to say.

A digital receptionist speaks to prospective and current patients, so it is, in effect, advertising your service. That brings it under the Health Practitioner Regulation National Law and the Australian Health Practitioner Regulation Agency (AHPRA) advertising guidelines, which bind every registered dentist. The agent is built so it cannot breach them.

### THE AGENT WILL

- + Describe the services you offer, in plain, factual terms

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- + State your published fees and policies where you authorise it

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- + Explain appointment types, hours and what to expect

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- + Invite patients to book treatment a dentist has recommended

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- + Hand over to a person for anything clinical or out of the ordinary

### THE AGENT WILL NOT

- Use testimonials or patient success stories, which the law prohibits

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- Claim to be the best, or better than another practice

---

- Promise or guarantee a clinical outcome

---

- Create an unreasonable expectation of benefit, or offer inducements without terms

---

- Encourage treatment a patient does not need

### HUMAN IN THE LOOP

The practice is the advertiser and remains responsible for what is said. A person is never removed from care: the agent works to rules you set, escalates the moment a conversation needs clinical judgement, and keeps a full record of every call, so you can show exactly what was said and stay on the right side of both the clinical line and the advertising rules.<sup>3</sup>

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3. Health Practitioner Regulation National Law; AHPRA and the National Boards, Guidelines for advertising a regulated health service. Section 133 prohibits, among other things, false or misleading advertising, the use of testimonials, claims that create unreasonable expectations, and inducements offered without their terms. The advertiser is responsible for compliance.

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**THE CLINICAL BOUNDARY, ENFORCED**

## How the line is held, and shown.

**S**ection One set the rule: the agent handles administration, never clinical judgement. In practice that means it takes bookings, changes and cancellations, sends reminders and recalls, and answers policy questions about hours, fees and health funds. It does not assess symptoms, decide urgency, diagnose, give treatment advice, or quote a treatment price as though it were a diagnosis.

When a caller raises something clinical or urgent, the agent recognises the cues and acts on a simple instruction: take the booking or the message, direct the caller to the right human help, and where there is any sign of danger, tell them plainly to call triple zero (000) or attend an emergency department, then escalate to your team. It never tries to manage the situation itself.

Because every interaction is logged, transcribed and summarised, you end up with a clearer record of front-desk activity than most practices keep today, when a phone call leaves no trace at all. That record supports the obligations you already meet: your privacy and consent practices, your handling of sensitive information under the APPs, and your duties as a registered practitioner. You can listen back, read transcripts, and adjust the agent's rules in plain language, so consistency becomes a setting rather than a hope.

This guide is general information, not legal, privacy or clinical advice. Before you go live, your own obligations should be confirmed with the appropriate adviser. What the technology gives you is a front desk that is easier to govern, not harder.

# Under the bonnet

You do not need to be technical to use this, but it helps to know what is happening when the phone rings. Here is the whole thing, in six parts.



## — HOW IT WORKS

# Six parts, one conversation.

**PART 01****It picks up and listens**

The agent answers in a natural voice, on the first ring, and tells the caller they are speaking with your practice's automated assistant. It understands ordinary speech, accents and interruptions.

**PART 03****It writes to your system**

It connects to your practice management software through permissioned access, reads live availability, and writes the confirmed booking straight in. No double entry.

**PART 05****It works after hours**

Evenings, weekends and the lunchtime gap are covered without extra rostering, and the recall and treatment follow-up runs in the quiet hours. The book that greets your team in the morning is already filled.

**PART 02****It follows your rules**

Appointment types and lengths, which dentist sees what, fee and health-fund policy, opening hours: it works from the rules you set, in plain language, not from guesses, and stays within the advertising rules.

**PART 04****It escalates cleanly**

When a call needs a person, or shows any sign of urgency or trauma, it hands over to your team or directs the caller to triple zero (000). It never tries to manage a clinical situation itself.

**PART 06****It reports back**

Every call is logged, transcribed and summarised. You see volumes, outcomes and anything escalated, and you tune the rules from there.

# Before you switch it on

You can stand up a working agent quickly. The practices that get the most from it spend a little time first, getting the groundwork right. Here is what to map across two weeks.



## — THE GROUNDWORK

# An hour of mapping saves a month of patching.

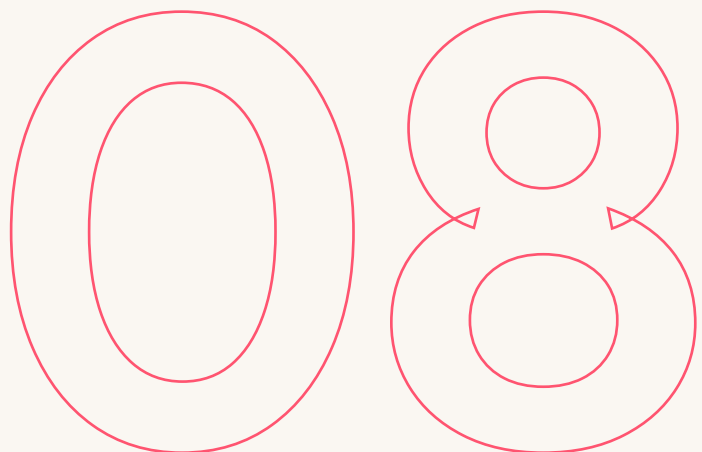
Getting an agent live is fast. The difference between a good launch and a frustrating one is whether you have written down the things your reception team currently hold in their heads. Work through this list before you go live.

- Your top ten reasons patients call, in order
- Appointment types, lengths and which clinician takes them
- Your booking rules: new vs existing, emergencies, buffers
- Fees, gap and health-fund policy, plain enough to read aloud
- What must always go to a human, and to whom
- Your urgency cues and the exact words for escalation
- The recall and recare lists you want worked, and how often
- Your reminder timing and message wording
- Consent wording, and your privacy and advertising boundaries
- Who owns the agent's rules and reviews its reports

This is a fortnight of light work, not a project. Most of it is writing down decisions you have already made informally. Once it is on paper, the agent can be configured to match exactly how your practice already runs, which is the whole point: it should sound and behave like your practice, on its best day.

# Building the business case

An illustrative model, not a promise. Plug in your own numbers and the shape of the return tends to hold: it pays for itself on captured calls and recovered chairs alone, before you count the treatment.



## — AN ILLUSTRATIVE MODEL

## Where the return comes from.

A worked example to show the mechanism, not a quote. The numbers are illustrative and rounded; replace them with your own. The point is that the returns stack, and the first two usually cover the cost several times over.

### THE SCENARIO · A THREE-DENTIST PRACTICE

Takes roughly 250 calls a week and misses about 30, mostly at the lunchtime peak and after hours. Around 6 in 10 of those missed calls were a patient trying to book. Average value of a booked appointment, conservatively, \$150. The practice runs at about a 15% no-show rate, and a handful of recommended treatments go unbooked each week.

Where the return comes from	Illustrative annual figure
<b>Captured bookings</b> 30 missed calls/wk × 60% who wanted to book × \$150 × 48 weeks. After-hours calls alone often cover the fee.	<b>\$130,000</b>
<b>Recovered no-shows</b> Reliable reminders and easy rebooking recover ~14 chairs/wk × \$150 × 48 weeks.	<b>\$101,000</b>
<b>Treatment followed up</b> Inviting patients to book treatment a dentist already recommended captures ~2/wk × \$700 × 48 weeks. Conservative; restorative work is worth more.	<b>\$67,000</b>
<b>Cost of the agent</b> Indicative annual platform cost for a practice of this size, plus the groundwork time in your first fortnight.	<b>(\$14,000)</b>
<b>Net illustrative return</b> Recovered revenue, less the cost of running it. Reception hours returned are a further gain, not counted here.	<b>\$284,000</b>

Read it conservatively and the case still holds. Halve every assumption and the model clears the cost of the agent several times over, on captured calls and recovered chairs alone, before the followed-up treatment and the returned reception hours are counted. We will build this with your real numbers in a short call rather than ask you to take a generic figure on faith.

# What you don't need

Some of what holds practices back is not cost or risk, but a set of assumptions that are simply not true. Here are the ones worth retiring before you start.



## — MYTHS WORTH RETIRING

# Less than you think.

## YOU DON'T NEED

- To replace your reception team. The agent takes the repetitive layer, not the people

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- To rip out your practice management software. It connects to what you already run

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- To be technical. The rules are written and changed in plain language

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- A long IT project. A working agent is a matter of days, not quarters

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- To let it near clinical decisions. By design, it never goes there

## YOU DO NEED

- + A clear picture of why patients call, and your booking rules

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- + Agreement on what always goes to a human

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- + Your fee, privacy and consent wording confirmed

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- + One owner inside the practice who watches the reports

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- + A willingness to start with one job and grow from there

The honest summary is that the barrier is smaller than the reputation of "AI in healthcare" suggests. You are not rebuilding your practice. You are adding a reliable, well-governed layer to the front desk and keeping a firm hand on what it is allowed to do and say.

# In practice

Three composite practices, drawn from the kinds of deployments this technology suits. The names are illustrative; the situations are not.



## COMPOSITE CASE STUDIES

# What changed, and how fast.

## COMPOSITE · GENERAL DENTISTRY

### A three-dentist suburban practice

High call volume, lunchtime drop-offs, recalls always behind.

# 0

calls to message bank after going live, day or night

## The lunchtime gap, closed.

The practice's worst hour was the middle of the day, when one person covered the desk and most calls went unanswered. The agent now picks up every call at the peak and after close, and books straight into the practice management system.

Within the first fortnight the recall list, which had been rolling over for months, was worked through in the quiet hours, and the team noticed the morning book arriving fuller.

## COMPOSITE · SINGLE-CHAIR PRACTICE

### A solo dentist with one assistant

No cover for the phones when chairside; new patients lost.

## After hours

new-patient bookings now captured instead of lost

## The overnight enquiry, kept.

Most new-patient calls came when the dentist was chairside or after close, and went to voicemail while the caller rang the next practice. The agent now answers, explains fees and books the first visit, so the practice wakes up to confirmed appointments rather than a silent message bank.

COMPOSITE · MULTI-SITE  
GROUP

## A three-location dental group

Shared phone line, treatment  
follow-up always slipping.

**3→1**

sites, one consistent front desk,  
every call answered the same way

## One front desk for three sites.

Calls bounced between locations and were handled differently at each. The agent gave the group a single, consistent front desk: it routes to the right site and clinician, books against each diary, and applies the same fee, consent and advertising wording everywhere.

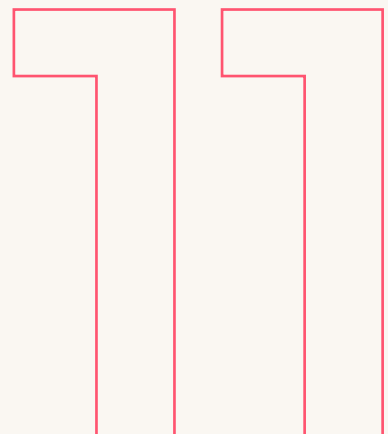
It also worked the unscheduled-treatment list the group had never had time to call, inviting patients to book the care their dentist had already recommended, and giving leadership one clear view of every call across all three sites.

### A NOTE ON THESE EXAMPLES

These are composites built to illustrate common patterns, not named clients. Your practice's results depend on your call volume, your booking rules and how you choose to use the agent. We are happy to talk through a realistic picture for your specific practice.

# Questions practices ask

The questions that come up in almost every first conversation, with straight answers.



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**FREQUENTLY ASKED**

# The honest answers.

## **Will patients know they are talking to an AI?**

Yes, always. The agent tells callers plainly that they are speaking with your practice's automated assistant. Transparency is a requirement, not an option, and patients can ask for a person at any time.

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## **Can it give dental advice or assess a toothache?**

No. It does not assess symptoms, triage, diagnose or advise, by design. If a caller raises something clinical or urgent, it takes the booking, directs them to the right help or triple zero (000), and escalates. The whole guide is built on that boundary.

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## **Does it keep us compliant with the AHPRA advertising rules?**

It is built so it cannot use testimonials, claim superiority, promise outcomes or offer inducements without terms. You remain the advertiser and set the rules; the agent keeps to them and logs every call so you can show what was said.

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## **Does it work with our practice management software?**

It connects to common dental booking and practice management systems through permissioned access, reading live availability and writing confirmed bookings. We confirm compatibility with your specific system before you commit to anything.

### **Where does our patient data go?**

It is treated as sensitive health information under the Australian Privacy Principles, handled to your privacy policy, encrypted, and held within boundaries you control, which for Australian practices typically means Australian data centres. Every interaction is logged.

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### **Will it replace our reception staff?**

No. It takes the repetitive, interruptive layer of the work so your team can focus on the patients in front of them and the calls that need a human. Practices generally redeploy their people rather than reduce them.

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### **Can it really work our recalls and treatment follow-up?**

Yes, and this is often where practices feel the change first. Overdue recalls and recommended treatment that was never booked are exactly the patient, repetitive outreach an agent does without fail, inviting the patient to book without ever pressuring or advising.

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### **What happens when a call is complicated or upsetting?**

It hands over. The agent is built to recognise when a conversation has left its rules or needs human judgement, and to escalate cleanly to your team. You decide in advance which situations always go to a person.

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### **How long until it is live?**

Days, not quarters. The groundwork in Section Seven is the main task, and most of it is writing down how your practice already runs. After that, configuration and testing are quick.

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# Your first seven days

A short, concrete path from reading this guide to a live agent answering your phones. Three steps, one week.



## — FROM HERE TO LIVE

# Start with one job. Grow from there.

**DAYS 1-2****Map the basics**

Work through the Section Seven checklist. Pin down your top call reasons, booking rules, escalation points, fee policy and consent wording. This is the real work.

**DAYS 3-5****Configure and test**

We set the agent up to match your rules, connect it to your booking system in a controlled way, and test it together against real call scenarios until it sounds like your practice.

**DAYS 6-7****Go live on one job**

Start with a single job, often after-hours calls or recalls, watch the reports, then widen its remit once you trust it. Small start, fast confidence.

**THE ONE DECISION TO MAKE THIS WEEK**

You do not need to commit to a full rollout. Pick the single job that hurts most right now, the lunchtime gap, the after-hours calls, or the recall list that never moves, and let an agent take just that. The rest follows from what you learn.

When you are ready, the best next step is a short walkthrough where we build a realistic picture for your practice: your numbers, your rules, and a clear view of what the agent would and would not do. No generic figures, no pressure.

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# Answer every call. Never cross the line.

A digital receptionist that works your phones, your recalls and your reminders, governed by your rules and kept firmly clear of clinical care and the advertising rules. Built for Australian dental practices.

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## TALK TO US

Agentic.ai  
Book a 20-minute walkthrough for your practice

## ABOUT THIS GUIDE

General information only.  
Not legal, privacy or clinical advice.  
Confirm your obligations with the appropriate adviser.