MARKETING, MODULE 5

Reviews, referrals and social

The three sources of new patients that cost almost nothing and convert better than anything you can buy. After this module you know how to earn two reviews a week, how to build a referral program that patients actually use, and what social media is for in a medspa (and what it is not).

Reviews

A 4.8 with 300 recent reviews beats a 5.0 with 20. Volume, recency, rating and your replies all count, to Google (Marketing 2) and to the patient reading them at 10pm. The clinic that gets two reviews a week is not lucky; it asks.

1. **Ask after the visit that went well, the same evening, by text**, from the provider's name, with the direct review link. Not a sign at the desk (Operations 1).
2. **Make it easy.** One tap to the review form. If it takes three, the rate drops by half.
3. **Reply to every review within a day.** Thank them, name the treatment if they did, no medical detail. For a bad one: a short apology, no argument, an invitation to call you directly. Then call them first.
4. **Never buy, trade or gate reviews.** Incentives for reviews break Google's rules and, in some states, advertising law. Asking is fine; paying is not.
5. **Track new reviews and reviews answered** on the scorecard, by provider. The provider whose patients review most is doing something the others can learn.

> **Patient information in replies.** Confirming that someone is a patient, or what they had done, is a disclosure. Reply to what they wrote; do not add to it. "Thank you for the kind words about your visit with Ava" is fine. "Glad the filler settled well" is not, unless they said it first, and even then keep it short.

Referrals

One in four new patients from referrals is achievable for an established clinic, and referred patients rebook and spend at the rate of returning patients, not new ones. Most referral programs fail because nobody remembers they exist.

Design	Rule
The reward	Something real for both people: a treatment credit or banked units, not a percentage off. A $50 credit costs you less than $50 and feels like a gift; 10% off feels like a coupon.
The ask	At checkout, after the rebook, to patients who just said something nice: "If you have a friend who'd like this, give them this card and you both get $50." A physical card works better than an email.

The tracking	The referrer's name on the new patient's record. Referral new patients counted on the scorecard as their own source, with their rebook rate.
The thank you	A text to the referrer the day the friend books, not the day they visit.
The rules	Your attorney checks the program once against state rules on inducements for medical services; a few states restrict them.

Social media, honestly

Social is where patients check that you are real, current and good at what you do. It rarely produces a booking on its own, and it can eat ten hours a week. What it is for: proof. What works: real before and afters with written consent, the team at work, a provider explaining one thing in thirty seconds, a member's story. What does not: stock images, daily discount posts, and anything that looks like every other clinic's feed.

- **Two posts a week, consistently**, beats seven one week and none the next.
- **Every post has a next step**: a booking link in the profile, "text us," a treatment page.
- **DMs are leads.** Answered in five minutes during hours, with the after hours auto reply the rest of the time (Operations 4). A DM answered the next day is a patient at the clinic that answered.
- **Measure leads from social, not followers.** Followers are not on the scorecard. Leads are.
- **Consent and claims** apply here exactly as on the website (Marketing 3, Operations 5).

The order of spend

Reviews and the profile first, referrals second, reactivation of lapsed patients third (Operations 7), paid search fourth, paid social fifth (Marketing 4). The first three cost a text, a card and an hour a week, and they compound. The last two cost money every month and stop the day you stop paying.

> **Where Benchmark comes in.** The review request, the referral card and the checkout ask are built with your team as a monthly initiative; reviews, referral new patients and leads by source are on your scorecard. Brand and marketing rebuilds, including the social plan, are a service we quote when a clinic needs one.

Try it yourself

- [ ] Count your Google reviews from the last 30 days. If under eight, set up the same evening text this week.
- [ ] Pull last month's new patients. How many have a referrer's name on the record? If you cannot tell, that is the first fix.
- [ ] Send your clinic a DM at 7pm. Time the reply.

Check yourself: Marketing 5

The best time and way to ask for a review is

- A sign at the desk
- A text the same evening from the provider, with a one tap link
- An email a week later

Same day, personal, easy.

Offering $20 off for a five star review is

- Smart marketing
- Against Google's rules and, in some states, advertising law
- Standard practice

Ask freely; never pay.

A referral reward should be

- 10% off
- A treatment credit for both people
- Nothing; referrals should be organic

A credit costs less than its face value and feels like a gift.

The number to measure social media by is

- Followers
- Leads from social, and how fast DMs are answered
- Likes

Followers are not on the scorecard. Leads are.

Replying "glad the filler settled well" to a review that only said "great visit" is

- Friendly
- A disclosure of what the patient had done; reply only to what they wrote
- Required

Confirming a treatment is patient information leaving the clinic.

Pick an answer for each question.

Want this done, not just explained?

The 10-Day Sprint finds the leaks for $1,000, one time. After that, on the plan, the scorecard keeps coming and at least one growth initiative is executed with you every month. Plans from $2,299 a month. Everything in this module is part of that work.

See the sprint and pricing | Text Nate

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