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The five-part method for clinically capable, commercially invisible dentists to become the ones patients choose

DR MANRINA RHODE

DENTIST OF THE YEAR · OVER 14,000 VENEERS

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BDS, Dentist of the Year 2022. On dentistry's Top 50 Most Influential list every year since 2019. Judge of the UK's major dental awards. Founder of DRMR, Knightsbridge, and DRMR Academy. Over two decades and more than 14,000 veneers in.

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A pattern I see *every week*

A dentist writes to me. They are ten, fifteen, twenty years into their career. Their work is genuinely good; I have seen the cases. And their message is some version of the same sentence:

> *"I feel like my potential is wasted."*

They are busy, but busy with the wrong diary. The cosmetic cases they trained for go to somebody else, sometimes to a younger colleague down the corridor, sometimes to a louder dentist across town whose work they privately know is not as good as theirs. When patients Google them, nothing meaningful comes up. They have thought about posting, about entering awards, about putting themselves forward, and something always stops them.

If that is you, this short book is for you, and I want to say the most important sentence in it right now:

Your dentistry was never the problem.

Nobody fails at this because their margins are poor. You are clinically capable. You are commercially invisible. Those are two different problems, and dental school only ever addressed the first one.

This book is about the second one. It is the method I use myself, every day, in my own clinic, and the one I teach the dentists I mentor. I am not going to give you theory I read somewhere. I am a working clinician running a luxury practice right now, so everything here is what is working right now.

We will cover the five mistakes that keep excellent dentists invisible, and then the five principles that reverse them: **Backed, Proven, Chosen, Trusted, Known.**

None of it requires you to become someone you are not. Most of it requires less time than you think. All of it starts with permission, so let us deal with that first.

CHAPTER ONE

The other half of *your career*

Previously the deal was simple. Do good work, be pleasant, and the practice fills. Reputation travelled by word of mouth, and the only person who ever saw your best cases was the nurse standing next to you.

That world has gone.

Today a patient who is considering veneers, or aligners, or even just moving practices, does three things before they ever call your reception. They Google you. They look for you on Instagram. And increasingly they ask an AI to summarise who you are. If those three searches come back thin, it does not matter how good your dentistry is, because the patient never gets far enough to find out. They book with whoever they could actually see.

Here is the uncomfortable arithmetic: being excellent stopped being enough. Excellence gets you the case once the patient is in the chair. Something else entirely gets them into the chair.

I learnt this in reverse. Patients started arriving at my clinic already decided. One had read a lot of what I'd written and watched what I had posted, and by the time she sat down she was not asking whether to go ahead. She was asking when we could start. I had not convinced her of anything in the room. The work had been done months earlier, by content she found at home, by reviews other patients had left, by a name she had seen attached to one type of dentistry over and over again.

> *That is what authority is. Not fame. Not showing off. Authority is when the trust arrives before you do.*

The fear, named

I know what may be happening in your head right now, because I hear it from almost every dentist I mentor: *"My work is strong, but if I put myself forward, people will think I care more about profile than the clinical work. I worry about how it will come across, and whether I'll be judged."*

Let me take that fear seriously rather than wave it away.

First: building your name is not vanity. Your name and face are professional assets, the same way your loupes and your scanner are. There is nothing showy about maintaining an asset. A patient who can find you, read you and trust you before they book is a patient who arrives calmer, consents better and says yes to the right treatment plan more often. Visibility is a clinical courtesy as much as a commercial one.

Second: the judgement you fear mostly does not arrive. The dentists in my mentorship who started posting braced themselves for their peers' scorn. What actually arrived was referrals. Dentists refer to the colleague they have seen talking about a topic, because exposure reads as competence and enjoyment. The profession does not punish visibility. It rewards it, quietly and constantly.

And third, this one matters: waiting until you feel ready is not a neutral act. Every month you wait, patients who should have found you found someone else. Someone less careful, sometimes. You know exactly who I mean.

So the question this book answers is not "should you build authority?" The patients answered that for you. The question is how to do it in a way that feels like you, and that is a method, not a personality transplant.

CHAPTER TWO

The five *mistakes*

In over two decades of being a dentist, I have watched the same five mistakes appear in almost every stuck career. They are behaviours, but underneath each behaviour is a belief, and the belief is the part that has to change.

Mistake 1: Staying in the safety net. Holding on to the NHS list, the plan list, the associate day that no longer serves you, because the steady path feels safer than backing yourself. The belief underneath: *security comes from the institution, not from me.* Mentees describe it as being stuck in the 'plan patient' comfort trap. Comfortable, and shrinking.

Mistake 2: Believing the results speak for themselves. Delivering beautiful work and capturing none of it. No consistent photography, no consent to share, no structured way of asking for reviews. Your best cases live on a hard drive, or worse, only in your memory. Results do not speak. They sit in the dark, or in the mouth, until you give them a voice.

Mistake 3: Taking whatever work comes through the door. The belief underneath is that you cannot afford to be known for just one thing. The opposite is true. The dentist known for everything is chosen for nothing. Patients do not look for a good all-rounder; they look for the person for their problem.

Mistake 4: Focusing only on the clinical result and neglecting the experience around it. The patient cannot judge your margins. They can judge how the phone was answered, whether they understood their treatment plan, and how they felt walking out. When the experience is ordinary, even excellent dentistry produces a satisfied patient. It takes something more to produce a recommending one.

Mistake 5: Never putting yourself forward. No award entries, no articles, no stages, no podcasts. The belief underneath is the deep one: *recognition should find me; chasing it looks self-promotional.* I judge many of the UK's major dental awards, and I can tell you what that belief costs. The winners are not the best dentists in the country. They are the best dentists who entered.

Five mistakes, and notice what none of them are: clinical. Clinical is important, but that is the pattern. Capable hands, invisible name.

The rest of this book takes the five mistakes in order and reverses each one. The five principles together are the method: **Backed, Proven, Chosen, Trusted, Known.** Read them in order the first time, because each one makes the next easier. But every one of them stands alone, and you can start wherever your gap is biggest.

Backed

Back yourself, with one clear plan and real accountability.

Everything in this book is easier with confidence and nearly impossible without it, so we start here.

I want to be precise about what confidence is, because dentists tend to treat it as a personality trait that others were issued at birth. It is not. Confidence is a structure. It is built out of three things, and all three can be acquired.

The first is a plan. Where there is no plan, worry moves in. The dentist who feels overwhelmed is almost never lazy; they are running fifteen priorities with no order. One clear plan, with a first step small enough to take this week, dissolves most of what people call fear. You do not need more information. Most stuck dentists are the best-informed people in the building. You need a sequence.

The second is backup. It is remarkable how brave you become when you are not alone. Knowing there is somewhere to take the complex case, the awkward contract, the "am I being unreasonable?" question, changes what you say yes to. Isolation makes every decision feel enormous. A professional support network shrinks decisions back to their real size. This is why I built a specialist panel and a members' community into everything I do: because clinical courage is a team sport, and because supporting you is important to me.

The third is modelling. My mentees have a phrase: "be more Manrina." What they mean is not "become her." They mean that some behaviours are learnt by watching someone do them: how to hold a price without flinching, how to say no to a patient who is wrong for your book, how to walk into a room you are about to own. Find the person a few steps ahead of you and study how they move. That is not copying. That is how every clinical skill you have was learnt too.

And then there is the first real act of backing yourself, the behavioural milestone I watch for in every dentist I mentor: **letting go of the thing that no longer serves you.** The list you keep out of guilt. The day that pays least and drains most. You cannot build the diary you want on top of a diary that is already full of the work you do not.

One of my mentees, Elizabeth, did this work, sold her practice and now plans to work purely as a cosmetic dentist. Not because someone handed her a cosmetic diary. Because she decided what she was building, made the plan and let go of what was in the way.

START THIS WEEK

- Write down the one professional commitment you would drop tomorrow if you were braver. That is your negotiation to plan, not this week, but soon and on your terms.
- Answer this in one sentence: what does your working week look like in three years if it goes right? If you cannot answer, that is the empty space the worry moves into. Fill it.
- Find your backup. One colleague, one group, one mentor you can take the awkward questions to. Isolation is a choice, and it is the expensive one.

Proven

Proof that sells before you say a word.

Here is a sentence I read, in one form or another, almost weekly from talented dentists: "Apologies for the blurry photos." A dentist shares a genuinely lovely case, and opens with an apology, because the photography does not do the dentistry justice.

Stop apologising for your photos. Fix the system that produces them, because proof is a system, and it has four stages.

Capture. Consistent, well-lit, repeatable before-and-afters of every case you are proud of. Same angles, same exposure, every time. This is not photography as art; it is photography as protocol, and it takes a fraction of the time dentists fear once it is embedded in the appointment. Your work deserves evidence that matches its quality. So does your career.

Consent. Permission to share, built into your patient journey as standard rather than requested awkwardly after the fact. Far too many dentists sit on beautiful cases they can never show anyone because nobody asked at the right moment. At DRMR, consent to share is part of how we work: it sits on our medical history form, agreed early, documented properly, and patients say yes far more often than you expect. They are proud of their new smile. Most of them want it seen.

Reviews. Every happy patient asked, every time, without you having to remember. The ask is systemised: who asks, when, with what words, with what link in their hand. A dentist with brilliant work and eleven Google reviews is invisible next to an average dentist with three hundred. Unfair? Completely. Also entirely fixable, and faster than you think once asking is nobody's memory and everybody's process.

Content. The stage most dentists never reach: turning the proof into something that works for you while you sleep. A before-and-after with the story told well. A patient's journey from nervous consultation to the reveal. This is the point where your best work stops sitting in a folder and starts bringing you patients.

Notice what this whole chapter is: Mistake 2, reversed. The results do not speak for themselves. You set the system up once, and from then on every case you finish builds your name automatically.

START THIS WEEK

- Photograph every case on your list this week, before and after, from the same angles in the same light each time. Do not wait for the perfect camera. Begin the habit; upgrade the kit later.
- Write the photography consent conversation into your new-patient paperwork so it happens by default.
- Count your Google reviews. Then count last month's genuinely happy patients. The gap between those numbers is the system you have not built yet.

Chosen

See the patients you want to see, for the treatments you want to do.

There is a question I ask every dentist I mentor, and I want you to answer it before you read on:

> *What is your favourite part of your job?*

Not the most lucrative part. The part where the day disappears. The case type you would happily do all week. Answer it honestly, because your favourite work is almost always your best work, and your best work is what you should be known for.

Most dentists cannot answer in one sentence what they want to be the name for. That is Mistake 3 doing its work: the fear that narrowing means shrinking. So they present as good all-rounders, and the market treats them accordingly, sending them a bit of everything, mostly the everything they do not want.

Being chosen works the other way. You declare the work you want, you talk about it consistently, and a reputation forms around the repetition. Here is the mechanism from the inside: when I refer a patient for treatment I do not do, I think, "who have I seen talking about that?" Exposure to someone discussing a topic, over and over, reads as evidence that they understand it and love it. That is how dentists choose who to refer to. It is how patients choose too.

This is why colleagues send me veneer patients. Not because they have audited my work (though I like to think it would hold up), but because veneers are written all over everything I do, so the referral feels safe. Your reputation is built out of repetition, and you control the repetition.

What do you actually produce? Simpler than you fear:

Answer the questions you are already asked. Every question a patient asks you in surgery is content. You answer it once in the chair for one person; answer it once online for thousands. One question can become a post, a reel, a blog and a talking point, five formats from one thought.

Tell patient stories. With consent (chapter 4 built you that system), the journey from embarrassed smile to reveal is the most powerful content in dentistry. Education tells; stories sell.

Show your knowledge in your own voice. Not polished, not scripted. The introvert version of this works too: you do not have to dance on camera. You have to be findable, saying informative things about the work you want.

And to the question underneath, the one a mentee once asked me almost word for word, "am I in the right position to start posting, even though I'm still early in my career, without coming across as trying to position myself as an expert?": yes. You are allowed. You are not claiming to be the world's best. You are showing your work and your thinking. Patients are not comparing you to the top of the profession; they are comparing you to silence.

START THIS WEEK

- Write the sentence: "I want to be known for _____." If you cannot fill the blank, your favourite-part answer above is the blank.
- List the ten questions patients ask you most about that work. That is your first ten pieces of content, already researched, by you, over years.
- Post one of them. This week. Ready is a decision, not a feeling.

CHAPTER SIX · PRINCIPLE FOUR

Trusted

Patients understand every step, so saying yes is easy.

Now we get to the chapter where the money lives, and I say that plainly because this is the pillar that pays for every other one.

Two numbers define the commercial health of your book. The first: how many of your consultations actually go ahead. For most dentists presenting bigger plans it is around one in four. The patient nods along, says "I'll think about it," and books somewhere else, or nowhere. The second: how many of your new patients arrive because an existing patient sent them.

Both numbers are driven by the same engine. Your clinical skill is important, but so is how you make your patients feel: the experience around the dentistry.

The five-star journey. I run a luxury clinic, and here is what luxury actually means, because it is not marble and gold sinks (although I do have a gold sink). It means the patient is expected, by name, at every touchpoint. It means the phone answered the way a five-star hotel answers. It means nothing about their visit was left to chance, from the first email to the follow-up call the next evening. None of this needs Knightsbridge rent (although I have that too). It needs the journey mapped, stage by stage, and someone owning each stage. Most practices have never once walked their own journey as a patient. Do it. It is humbling, and it is a treatment plan for your business.

The consultation that converts. Patients do not say no to treatment. They say no to confusion. When a patient leaves "still thinking about it," what they usually mean is that somewhere in the conversation they got lost, and no one buys what they do not understand. The fix is language: no jargon, options explained the way you would explain them to someone you love, and a clear structure so the patient always knows where they are. Different patients also need genuinely different conversations; the analytical patient who wants every detail and the anxious patient who wants reassurance should not get the same consult. This is a learnable clinical skill, exactly like any other, and it may be the highest-value one you have never been taught.

Treatment plans people understand. The document you send after the consult is usually where cases go to die: a wall of codes and prices. Mine leave as beautiful branded documents a patient could proudly show their partner, and increasingly they leave with a short video of me talking them through their own plan, so at home, at the kitchen table where the real decision happens, I am still in the conversation. Patients decide with whoever is present at the kitchen table. Be present.

Exceeding, not meeting. Satisfaction produces silence. Recommendation is produced by the moment the patient did not expect: the call after the big appointment, the detail remembered from three visits ago. And there is a deeper mechanism here. Your patients want to refer their friends; it makes them look good, but only if they are certain the friend will be looked after. Every touchpoint that exceeds expectation is you making your patients safe to recommend you. That is what they are checking, whether they know it or not: will my friend thank me for this?

> *Patients stop shopping your prices, because they are not buying an item; they are buying you.*

Trust built this way compounds. Which means you finally get to charge what the work is worth, and do it without a flicker of apology.

START THIS WEEK

- Walk your own patient journey, from Googling yourself to the post-treatment follow-up. Write down every moment that is just fine.
- After your next big-case consultation, ask the patient to tell you the plan back in their own words. Wherever they hesitate is where your consult is leaking.
- Record one short video walking a patient through their treatment plan and send it with the document (we use Loom at DRMR; your phone works too). Watch what it does to your conversion. This one habit alone has transformed dentists I mentor.

Known

Sought out; your name carries weight.

Everything so far builds your authority with patients. This final pillar builds it with the profession, and it is the one dentists defer the longest, usually forever.

I judge many of the UK's major dental awards, and from the judge's chair I can tell you the field's biggest secret: **the winners are the ones who entered.** Every year, brilliant clinicians talk themselves out of applying. One dentist I mentor sat over her finished application asking "am I too ambitious? Is it good enough to press send?" and was ready to give up at the final step. That is Mistake 5 in its purest form: treating recognition as something that should find you, and fearing that reaching for it looks like trying too hard.

Meanwhile the entries that do arrive are sometimes ordinary. Good judges are actively hoping to find your case in the pile. Awards are not a lottery; they are a craft with rules (tell the story, show the journey, evidence the outcome), and the rules can be taught. Vicky, one of my mentees, put an award submission together through the mentorship and was shortlisted. Devisha won. John was published, and then wrote a column for dentistry.co.uk. None of them were different dentists afterwards. They were the same dentists, finally on the record.

Think of Known as a ladder.

Borrowed stages first. A guest slot on someone's podcast. A short talk at someone else's event. An article in the dental press, which wants clinical voices far more than clinicians realise; editors need pages filled by people who actually do the work. These are low-stakes reps on platforms someone else built, and they let you test how it feels before you commit to more. I build all three into my mentorship for exactly this reason: every mentee gets the offer of a podcast seat, a speaking slot at our annual mini-conference, and introductions to the dental press.

Earned recognition second. Awards entered and won, media features, invitations that arrive because your name has begun to circulate. Each one is a credential that keeps selling you forever. "Award-winning dentist" appears in every patient search result for the rest of your career; that is a remarkable return on one weekend spent writing an entry.

Owned platforms last. Your own talk, your own course, your own way of earning that does not require your hands in a mouth. This is further down the road, but I want you to know the road goes there, because several dentists I mentor are already on it, building programmes and teaching of their own. The skills are the same ones this book has been building all along.

One more thing, and it echoes chapter 3: every rung feels frightening until you have done it once, and then it is simply something you do. The fear does not get talked away. It gets displaced by a rep. Borrowed stages exist so your first rep is a safe one.

START THIS WEEK

- Find the awards with entry deadlines in the next six months. Pick one category. Diarise the writing weekend.
- Pitch one article to one dental publication about the work you want to be known for. One page. Editors say yes more often than you would ever believe.
- Say yes to the next stage you are offered, however small. If nobody is offering, ask one podcast in dentistry to have you on. That is allowed too.

CHAPTER EIGHT

The *gap*

Let me guess where you are right now.

You have read five principles and recognised yourself in at least three chapters. You have also quietly filed this book alongside the other things you know you should do. So before you go, I want to name what actually separates the dentists who build authority from the dentists who only read about it, because it is not talent and it is not knowledge.

It is unfinished bridges. And you of all people would never leave a bridge unfinished.

The before-and-afters sitting on a hard drive. The delighted patient who was never asked for a review. The award entry that is "basically drafted" from two years ago. The Instagram account with four posts, the newest from last spring. The website you launched and never wrote another word for. Each one is a bridge that was prepped and never fitted: all of the work, none of the function. In the mouth you would call that unacceptable. In your career, you have learnt to live with it.

You do not have a talent gap. You have an asset gap: a set of nearly-finished things that would change your career if they were done, wired together and working while you sleep.

And here is the honest bit about why they are not finished. It is not laziness; you are one of the hardest-working professionals in the country. It is that you have been trying to do this alone, in the gaps of a full clinical week, with no plan and nobody expecting anything of you by Friday. Information was never your missing ingredient. You are, again, probably the best-informed person in your building. What finishes bridges is the same thing that finishes them in clinic: a treatment plan and a fit appointment. A sequence that says what happens in what order, and a date in the diary where someone expects to see it done. Your career deserves the same.

That is true of everything difficult, and you already know it. Nobody gets fit from reading about the gym. Environment dictates performance. Choose one where the standard is finishing.

CHAPTER NINE

Where you *start*

You now have the method: **Backed, Proven, Chosen, Trusted, Known.** Five mistakes, five reversals. What you do with it next is the only thing that matters.

If you want to see how I teach this properly, everything I run for dentists sits in the courses section of my website: my mentorship, the in-clinic veneer courses, and the online courses.

Go and have a look, and take the one that fits where you are.

DRMR.CO.UK/COURSES

Your dentistry was never the problem.
The other half of your career is.

A word about the mentorship

Since I have mentioned it: my mentorship, Manrina's Mentorship, is where I teach everything in this book live, alongside a community of dentists building the same thing, with my eyes on your cases, your content, your award entries and your plans. Three in four members stay beyond a year, which tells you more than anything else I could write here. If this book felt like it was written about you, the mentorship is where it gets finished.

But whether we ever speak or not, hear the one thing I most want you to take from these pages:

You were never one more qualification away. The dentistry was always good enough. Build the other half of your career, and go and be chosen for the work you love.

OWN THE ROOM.

Manrina

ABOUT THE AUTHOR

Dr Manrina *Rhode*

Dr Manrina Rhode is a cosmetic dentist with **over two decades of experience** and more than 14,000 veneers placed. She is the founder of DRMR, her clinic in Knightsbridge, London, and of DRMR Academy, through which she mentors dentists across the world.

She was named **Dentist of the Year 2022**, has appeared on dentistry's Top 50 Most Influential list every year since 2019, judges many of the UK's major dental awards, and featured in the BBC's documentary on dental tourism.

She is still in clinic every week, doing the work she teaches.

24+	14,000+	Since 2019
YEARS IN COSMETIC DENTISTRY	VENEERS PLACED	TOP 50 MOST INFLUENTIAL, EVERY YEAR

"I'm not teaching you what worked in the past. I'm showing you what's working right now, because I'm still doing it."

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