

**FriendlyBots**

2026 INDUSTRY BENCHMARK REPORT

# The 2026 Australian Dental Practice Benchmark

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Where practices quietly lose patients and revenue, what the numbers say, and how AI agents close the gap.

**Compiled by FriendlyBots**

Specialist AI agents for Australian dental practices  
[friendlybots.com.au](https://friendlybots.com.au)



## About This Benchmark

This report draws together publicly available data on the operational and commercial performance of dental practices, with a focus on the areas where practices most commonly lose patients, appointments, and revenue without always realising it.

It is designed for practice owners and managers who want a structured way to assess their own performance against industry figures and to understand which improvement areas carry the most financial weight.

### What this report covers

- No-shows and last-minute cancellations
- Recall retention and patient reactivation
- Front-desk capacity, staffing pressure, and after-hours enquiries
- Treatment acceptance and the financial value of a retained patient
- The operational metrics every practice should be tracking

**An honest note on the data.** Australian dental practice benchmarks are not widely published in granular, publicly available form. Where figures are drawn from international studies (primarily US sources), this is clearly labelled. Where financial illustrations are provided, they are labelled as illustrative and based on stated assumptions. We have not fabricated Australian-specific survey data. The goal is a credible framework, not false precision.

### Source organisations

The following organisations and publications are cited in this report:

- **Planet DDS** (2025 Dental Industry Report, international, ~3,400 practices)
- **LocaliQ** (call and lead handling in dental and health practices)
- **Cast Hub** (dental recall and reactivation benchmarks)
- **mConsent** (treatment acceptance and patient barriers)
- **BDO Australia** (healthcare workforce and operational benchmarks)
- **Gorilla Jobs** (2025 Australian dental recruitment and staffing survey)
- **Australian Dental Association (ADA)** (Dental Fees Survey, AU)
- **Dental-sector vendor and clinical sources** (SMS reminder effectiveness)

This report is for general information and benchmarking purposes. It does not constitute clinical, legal, or financial advice. Practice results will vary.

# The Leak Map

Six operational areas where dental practices lose patients and revenue, often gradually and without a single obvious cause. Each tile shows the headline figure for that area.

## 1st call

### Missed Calls

A missed first-contact call typically means a lost new patient. Most callers do not call back a second time.

Source: LocalIQ

## 7.4%

### No-show Rate

Of confirmed appointments, on average (international benchmark).

Source: Planet DDS 2025, ~3,400 practices, international

## 15.5%

### Cancellations

Of confirmed appointments cancelled (often late), on average (international benchmark).

Source: Planet DDS 2025, international

## 35-45%

### Recall Lapse

Roughly 35 to 45% of patients do not return for their next recall appointment. Retention sits around 55 to 65%.

Source: Cast Hub

## 15-35%

### Reactivation

Of inactive patients re-engaged through structured multi-touch recall campaigns.

Source: Cast Hub

## 3 in 4

### Staffing Constraint

Practices unable to operate at full clinical capacity due to staff shortages.

Source: BDO; Gorilla Jobs 2025, AU

## #1

### Treatment Barrier

Cost is the primary reason patients decline or delay recommended treatment.

Source: mConsent

**Reading this map.** These seven figures sit across six operational areas. They are not additive because the same patient can appear in more than one. The point is that each area represents a separate, addressable gap. Closing even partial portions of each produces compounding improvement.

# Section 1: No-shows and Cancellations

## INTERNATIONAL BENCHMARK DATA

The Planet DDS 2025 Dental Industry Report, which surveyed approximately 3,400 dental practices internationally, found that no-shows average **7.4%** of confirmed appointments and late cancellations average **15.5%**. Combined, roughly **one in four appointments** either does not proceed or is not filled in time to recover the chair time.

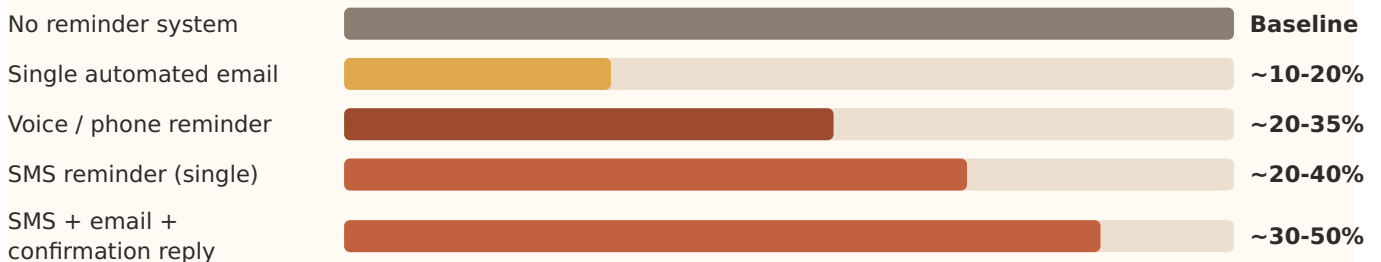
These figures are drawn from an international (predominantly US) sample. Australian-specific published benchmarks are limited, but anecdotal evidence from practice management consultants suggests Australian practices sit in a similar range, with some urban markets experiencing higher no-show rates among new patients.

**What it costs.** A single 60-minute appointment slot at an average Australian hourly rate of roughly \$300 to \$400 represents \$300 to \$400 of lost chair time per no-show. At five no-shows per week across 48 operating weeks, that is \$72,000 to \$96,000 per year in unrecovered capacity (illustrative, based on ADA fee data and assumed appointment mix).

## Reminder channel effectiveness

The research consensus, drawn from dental-sector vendor and clinical sources, is that structured automated reminders meaningfully reduce no-show rates. SMS reminders show particularly strong results, largely due to open-rate and response-time characteristics: SMS open rates are broadly cited at approximately 98%, with most messages read within 90 seconds of delivery.

### ESTIMATED NO-SHOW REDUCTION BY REMINDER APPROACH



Bars show estimated reduction in no-show rate relative to no reminders. Figures are indicative ranges drawn from dental-sector vendor and clinical literature. Results vary by practice type, patient demographic, and timing of reminders.

## HOW AN AI AGENT CHANGES THIS

An AI agent handles the full reminder workflow without front-desk involvement: sending reminders at configured intervals (e.g. 72 hours, 24 hours, 2 hours before appointment), receiving and logging confirmation replies, flagging non-responses for human follow-up, and filling cancelled slots from a short-notice waitlist. The agent does not make clinical decisions. It manages the coordination layer that front-desk staff typically handle manually, freeing staff for higher-value patient interactions.

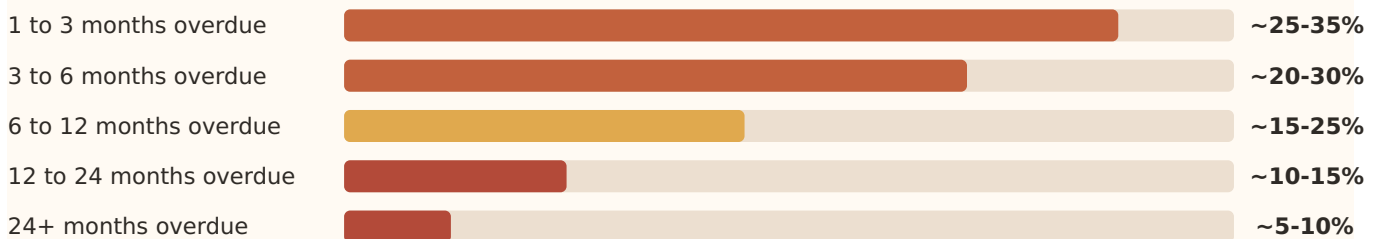
## Section 2: Recall Retention and Patient Reactivation

### INTERNATIONAL BENCHMARK DATA

Recall (the process of bringing existing patients back for routine preventive appointments) is one of the most reliable revenue streams in a dental practice and one of the most commonly underleveraged. According to Cast Hub benchmarks, dental practices retain approximately **55 to 65%** of their patient base through active recall. The remaining 35 to 45% lapse at varying intervals.

Patients who have lapsed are not necessarily lost permanently. The challenge is that reactivation success drops significantly the longer a patient has been inactive.

### APPROXIMATE REACTIVATION SUCCESS RATE BY TIME SINCE LAST VISIT



Indicative ranges based on Cast Hub dental recall and reactivation benchmarks. Rates reflect multi-touch outreach campaigns. Single-contact outreach typically yields materially lower rates. AU-specific published data is limited; international data applied directionally.

The consistent finding is that **multi-touch campaigns** (a sequence of contacts across SMS, email, and where appropriate phone) materially outperform single reminders. The aggregate reactivation range across all overdue segments, with structured campaigns, is approximately **15 to 35%** of the contacted inactive list.

**The timing implication.** Patients who are 1 to 6 months overdue are significantly more likely to rebook than those who have been inactive for over a year. Practices that recall at the 3-month mark rather than waiting until the annual notice capture a materially higher proportion of their lapsing patients.

### HOW AN AI AGENT CHANGES THIS

An AI agent can run a continuous recall programme without manual list management. It identifies overdue patients in the practice management system, initiates timed outreach sequences, handles booking replies conversationally (including preferred times and any updated contact details), and escalates unresponsive or complex cases to front-desk staff. The agent prioritises recently lapsed patients, where reactivation rates are highest, automatically.

## Section 3: Front-desk Capacity and Staffing Pressure

### AUSTRALIAN DATA (BDO, GORILLA JOBS 2025)

Workforce availability is now one of the primary constraints on practice revenue in Australia. According to BDO's Australian healthcare benchmarks and the Gorilla Jobs 2025 Dental Recruitment and Salary Survey (both Australian sources), approximately **3 in 4 dental practices** report being unable to operate at their intended clinical capacity due to staff shortages, across both clinical and administrative roles.

The front desk is a particular pressure point. Administrative staff handle a high volume of transactional, repeatable tasks alongside genuinely complex patient interactions. This combination leads to task overload, higher error rates during busy periods, and, over time, elevated turnover.

### 3 in 4

#### Practices below full capacity

Due to staffing shortages across clinical and admin roles (AU, BDO / Gorilla Jobs 2025)

### After hrs

#### Enquiries go unanswered

Most practices have no structured after-hours response. Enquiries after 5pm or on weekends are typically lost.

### ~40%

#### Front-desk tasks are repeatable

Rough estimate: FAQs, appointment confirmations, directions, opening hours, fee queries (illustrative, based on practice workflow analysis).

Staffing pressure means the tasks that require human judgement (complex patient concerns, insurance queries, clinical questions directed to a dentist) compete with entirely automatable tasks (appointment confirmation replies, after-hours FAQ, recall reminders). When both land on the same overloaded front-desk team, the lower-complexity tasks consume time that should be reserved for patient-facing value.

**After-hours as a growth channel.** A patient who cannot reach a practice after hours often books with a competitor who answers. This is a straightforward acquisition failure rather than a service quality issue. Capturing after-hours enquiries through an AI chat agent converts what is currently a leak into a booking opportunity.

### HOW AN AI AGENT CHANGES THIS

- Handles FAQs 24/7: opening hours, parking, fees, what to expect at a first visit, insurance, etc.
- Captures new patient enquiries outside business hours and routes them for morning follow-up or direct booking.
- Manages confirmation replies and routine scheduling changes without front-desk involvement.
- Always hands off to a human for clinical questions, distressed patients, or anything requiring judgement.

The result is not a replacement of front-desk staff. It is the removal of a category of repeatable tasks that currently prevent staff from focusing on the interactions that genuinely require a person.

## Section 4: Treatment Acceptance and the Value of a Retained Patient

### What patients say no to, and why

#### INTERNATIONAL DATA (MCONSENT)

According to mConsent, which analyses patient-facing consent and communication data across dental practices, **cost is the number one barrier to treatment acceptance**. This applies to both elective and recommended treatment. Secondary barriers include lack of urgency ("it doesn't hurt yet"), anxiety, and insufficient understanding of the treatment plan.

Treatment acceptance rates vary significantly by practice, patient demographic, and how treatment plans are presented. Practices that provide written treatment plan summaries and payment plan options report materially higher case acceptance than those that discuss treatment verbally only.

### What dental care costs in Australia

#### AUSTRALIAN DATA (ADA DENTAL FEES SURVEY)

The Australian Dental Association's Dental Fees Survey provides the most reliable public benchmark for Australian dental fees. For a standard **check-up and clean** (items 011 + 114), the national average is approximately **\$233**, with a range of roughly **\$162 to \$309** across practices and states.

**ADA FEE RANGE: CHECK-UP & CLEAN (ITEMS 011 + 114) : NATIONAL AVERAGE ~\$233**



Source: Australian Dental Association Dental Fees Survey (AU). Item codes 011 (periodic oral examination) and 114 (scale and clean) combined. Figures represent a national range; individual practice fees vary.

### Illustrative annual value of a retained patient

**These are illustrative calculations only**, based on the ADA average check-up and clean fee of \$233 and common appointment assumptions. They are not projections or guarantees. Label: Illustrative maths.

## \$466

#### Annual value of 2 visits

2x check-up & clean per year at ADA average \$233. No additional treatment included. Illustrative.

## \$2,330

#### Value of 5 recovered patients

Five lapsed patients returning for a single visit at \$233 average. Illustrative, check-up/clean only.

## \$5,616

#### Annual value per active patient

\$233 x 2 visits x 12 patients reactivated across the year (1 per month). Illustrative.

### HOW AN AI AGENT CHANGES THIS

On treatment acceptance, an AI agent can deliver post-consultation follow-up: sending the patient a written summary of the treatment plan, a link to payment options, and a prompt to book. This closes the gap between verbal discussion and decision. On patient value, the agent improves retention by ensuring the next appointment is always booked before the patient leaves and that recall contacts are timely.

## Reading Your Own Numbers

Benchmarks are only useful if you know where you sit relative to them. The six metrics below are the ones that matter most for the areas covered in this report. Most practice management systems (PMS) capture the raw data; extracting it in a useful format is the common gap.

Metric	Benchmark range	Where to find it in your PMS	What to do with it
<b>No-show rate</b> % of confirmed appointments not attended	Target: below 5% Industry average: ~7.4% (international)	Appointment reports, filtered by "did not attend" or "no-show" status over a rolling 90 days.	If above 7%, review reminder workflow. Check whether reminders are going to current mobile numbers.
<b>Recall retention rate</b> % of active patients who returned within 13 months	Strong: above 65% Average: 55-65% Concern: below 50%	Recall reports, patients with last visit date within 13 months as a share of total active patient list.	Segment by how long patients have been with the practice. Recent lapsed (under 6 months) are the priority to contact first.
<b>After-hours enquiry capture</b> % of after-hours contacts that result in a booking or response	Most practices: near 0% With automation: 30-60%	Phone system missed-call logs plus website contact form or chat logs. Often not tracked at all.	If not tracked, start. The gap between after-hours contacts and bookings is often the single easiest revenue gain to identify.
<b>Call answer rate</b> % of inbound calls answered during business hours	Target: above 85% Common actual: 60-75%	Phone system or VoIP dashboard. Some PMS systems integrate call logs.	New patient calls that go to voicemail are almost always lost. Monitor Monday mornings and Friday afternoons specifically.
<b>Case acceptance rate</b> % of treatment plans accepted and scheduled	Strong: above 85% Average: 65-80% (varies by treatment type)	Treatment planning module. Track accepted vs. presented by treatment category if possible.	If acceptance is low, examine whether written summaries and payment options are being offered consistently.
<b>Reactivation rate</b> % of lapsed patients who rebook after contact	With structured outreach: 15-35% Without: typically 5-10%	Run a report of patients with no appointment in 14+ months. Track how many respond to an outreach campaign.	Compare response rates by contact method (SMS vs email vs phone). Prioritise the channel that works for your patient base.

**Benchmark yourself honestly.** If your PMS does not produce these numbers easily, that is itself a finding. Practices that cannot measure these metrics are typically not managing them either. Establishing a monthly reporting cadence for even three of these six metrics will surface the areas where action is most needed.

## The Opportunity

The six areas in this report are not isolated problems. They are connected. A patient who receives a timely recall reminder is less likely to become a reactivation case. A new patient whose after-hours enquiry is answered is less likely to call a competitor. A patient who receives a written treatment plan summary after a consultation is more likely to accept and book.

Small percentage improvements across each area do not simply add. They compound. Consider a practice with the following starting points (all figures illustrative, based on benchmarks in this report):

**-2%**

**No-show rate reduction**

From 7.4% to 5.4% through structured SMS reminders. At 100 appointments per week, that is 2 additional appointments.

**+5%**

**Recall retention gain**

From 60% to 65% retained. At 800 active patients, that is 40 additional patients completing their annual recall.

**+15%**

**After-hours enquiry capture**

Converting 15% of previously unanswered after-hours contacts into booked appointments.

**+5%**

**Case acceptance improvement**

From 75% to 80% through written treatment summaries and payment plan prompts.

None of these individual changes is large. None requires a capital investment in new equipment. All of them are primarily coordination and communication improvements. This is where AI agents are a practical match: they handle the systematic, repeatable, high-volume communication tasks that underpin each of these gains.

**An important constraint to name.** AI agents are not a substitute for clinical quality, staffing adequacy, or genuine patient relationships. They are most effective as the operational layer that ensures no routine communication task is missed: reminders go out, recalls are followed up, enquiries are answered. Human judgement remains essential for everything else.

### Where to start

The most common sequence for practices implementing AI agents is:

- **First:** appointment reminders and confirmation handling (immediate no-show reduction, low setup complexity)
- **Second:** after-hours FAQ and new patient enquiry capture (new revenue, no front-desk load)
- **Third:** recall outreach for overdue patients (significant medium-term retention improvement)
- **Fourth:** treatment plan follow-up and payment prompts (acceptance rate improvement)

Each step builds on the previous. The data in this report suggests that getting the first two right consistently is enough to produce a meaningful, measurable improvement in practice revenue within the first three months.

**FriendlyBots**

## **Want these benchmarks mapped to your practice?**

We offer a free numbers review for Australian dental practices. Bring your current no-show rate, recall retention rate, and call answer rate, and we will show you where the largest gains sit in your specific context.

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[friendlybots.com.au](https://friendlybots.com.au)

## Sources and References

The following sources are cited throughout this report. Where data is drawn from international studies, this is noted. Where figures are illustrative calculations, they are labelled as such in the relevant section.

**LocaliQ** (international, health and dental sector focus)

Supports: figures on missed first-contact calls resulting in lost patients. LocaliQ's research on inbound call handling in dental and medical practices consistently finds that patients who do not reach a practice on first call rarely attempt a second contact.

**Planet DDS** (2025 Dental Industry Report, international, ~3,400 practices)

Supports: no-show rate of approximately 7.4% and cancellation rate of approximately 15.5% of confirmed appointments. This is an international benchmark, predominantly US practices. Planet DDS is a dental practice management and analytics software provider.

**Cast Hub** (dental practice recall and reactivation benchmarks, international)

Supports: recall retention rates of approximately 55 to 65%; reactivation rates of 15 to 35% through structured multi-touch campaigns; indicative reactivation-by-overdue-period figures. Cast Hub provides recall and communication software for dental practices.

**mConsent** (patient communication and consent data, international)

Supports: cost as the primary barrier to treatment acceptance in dental practices. mConsent analyses patient interaction data across dental practices in the US and internationally.

**BDO Australia** (healthcare sector benchmarks and workforce reporting, AU)

Supports: staffing capacity constraints, specifically the finding that approximately three in four Australian dental practices report operating below full clinical capacity due to staff shortages.

**Gorilla Jobs** (2025 Dental Recruitment and Salary Survey, AU)

Supports: Australian-specific staffing shortage data and dental workforce availability benchmarks. Gorilla Jobs is an Australian specialist healthcare and dental recruitment firm.

**Australian Dental Association (ADA)** (Dental Fees Survey, AU)

Supports: national average fee for a check-up and clean (items 011 + 114) of approximately \$233, with a range of approximately \$162 to \$309. The ADA Dental Fees Survey is the primary publicly cited source for Australian dental fee benchmarks.

**Dental-sector vendor and clinical literature** (SMS reminder effectiveness)

Supports: SMS open rate of approximately 98%; messages read within approximately 90 seconds; no-show reduction estimates by reminder channel. These figures appear consistently across dental practice management vendor documentation, clinical communication research, and industry publications. The exact reduction varies by practice type, patient demographic, reminder timing, and whether a two-way reply is enabled. Ranges cited in this report are indicative.

This report was compiled by FriendlyBots as a general-purpose benchmarking resource for Australian dental practice owners and managers. It does not constitute clinical, financial, or legal advice. Data accuracy is provided on a best-efforts basis from publicly available sources. Where data is international, it has been applied directionally to the Australian context. Practices should verify figures against their own data and consult appropriate advisers for specific operational decisions.

