PUBLIC SAMPLE EXCERPT / FICTIONAL BUSINESS

Greenfield Dental Studio — AI Opportunity Blueprint

A redesigned sample report showing how DC Market Intel turns business intake into executive-ready intelligence, priority scoring, workflow recommendations, risk controls, and implementation visuals.

PACKAGE
$499
AI Opportunity Blueprint sample excerpt.

CLIENT TYPE
Local
Fictional healthcare-adjacent service business.

DATA STATUS
Demo
Illustrative example + fictional intake only.

Important sample disclaimer

This sample is AI-assisted and fictional. It demonstrates report structure, design, decision logic, assumptions, and visual standards. It is not legal, financial, tax, medical, HR, or compliance advice and does not guarantee ROI, revenue, savings, or implementation results.

EXECUTIVE DASHBOARD

What matters most

BUILD FIRST

Inquiry response queue

Standardize missed-call and web-form follow-up before introducing AI-generated drafts.

Source: Illustrative Example

BUILD SECOND

Approved FAQ bank

Create controlled response language for repeated patient/admin questions.

Source: Illustrative Example

DO NOT AUTOMATE

Clinical / insurance decisions

Keep sensitive recommendations under human control and outside autonomous AI scope.

Source: Assumption-Based Estimate

OVERALL READINESS

64/100

Fit for controlled admin assistance, not broad automation.

Source classification: Illustrative Example

RISK POSTURE

High-control

Healthcare-adjacent workflows require approval gates, escalation rules, and boundaries before deployment.

Source classification: Assumption-Based Estimate

Start with internal queues, approved language, and staff-reviewed drafts. Do not connect AI directly to patient-specific messages, clinical guidance, insurance determinations, payment decisions, or sensitive records.

AI READINESS SCORECARD

Readiness by category

Workflow clarity

7/10 — core workflows are understandable, but execution appears manually dependent.

Documentation

6/10 — checklists likely exist; SOP depth needs improvement.

Tool readiness

6/10 — scheduling/email tools can support controlled drafts.

AI readiness

5/10 — safe-use policy should precede tool rollout.

Risk readiness

8/10 — sensitive boundaries are known and can be encoded.

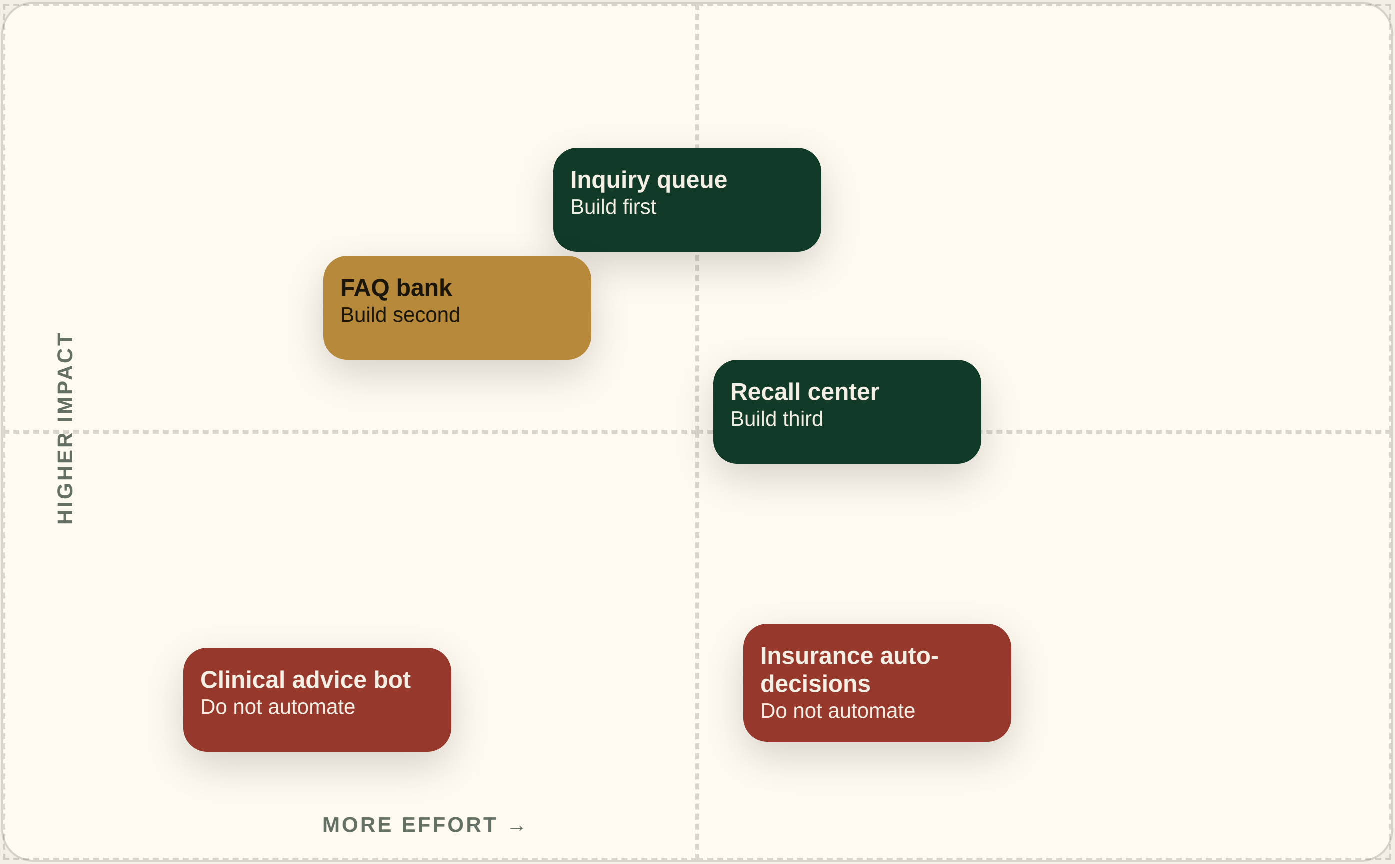
Overall

64/100 — controlled internal support recommended.

All scores are illustrative example scores for a fictional sample. They are not measured client data.

OPPORTUNITY PRIORITY MATRIX

Impact vs. implementation effort



Source classification: Illustrative Example. Scores are sequencing aids, not outcome guarantees.

CURRENT-STATE WORKFLOW

Manual inquiry response pattern

Inquiry arrives
Call, web form, email, or voicemail enters separate channels.

→

Manual review
Front desk checks each channel when capacity allows.

→

Draft from memory
Staff writes reply using judgment and prior examples.

Follow-up status unclear
Next step may live in inbox, notes, or memory.

→

Risk: delays
Delayed response can create missed appointment opportunities.

→

Risk: inconsistent language
Repeated questions may receive uneven answers.

The first fix is not autonomous AI. The first fix is one controlled queue with approved response categories and human send approval.

Source classification: Assumption-Based Estimate based on fictional intake pattern.

FUTURE-STATE WORKFLOW

Controlled AI-assisted response queue

Collect
Calls, forms, and emails enter a single daily response queue.

→

Categorize
Inquiry type is classified: appointment, FAQ, paperwork, urgent, sensitive.

→

Draft
AI drafts only from approved FAQ/template language.

Review
Staff checks accuracy, tone, and escalation requirements.

→

Send / escalate
Human sends safe replies or escalates sensitive cases.

→

Log status
Queue tracks contacted, booked, pending, escalated.

No clinical, billing-specific, insurance-specific, payment, or patient-specific advice should be generated or sent without human review and approved policy language.

Source classification: Recommended workflow derived from illustrative evidence.

DEPARTMENT / FUNCTION HEATMAP

Where AI can help safely

FUNCTION	NEED	AI FIT	RISK	PRIORITY
Lead intake	High	High	Medium	Build first
Patient FAQ	High	High	Medium	Build second
Recall follow-up	Medium	Medium	Medium	Build third
Marketing copy	Medium	High	Low	Optional
Clinical advice	High	Low	High	Do not automate
Insurance decisions	High	Low	High	Do not automate

Source classification: Illustrative Example. Heatmap is a decision aid, not measured operational data.

RECOMMENDATION PRIORITY TABLE

What should happen first

RANK	RECOMMENDATION	WHY FIRST	OWNER	SOURCE CLASS
1	Create one daily inquiry queue	Improves visibility before automation	Front desk lead	Illustrative Example
2	Build approved FAQ/template bank	Gives AI safe source text	Office manager	Assumption-Based Estimate
3	Define escalation rules	Prevents sensitive messages from being mishandled	Practice owner	Assumption-Based Estimate
4	Pilot staff-reviewed AI drafts	Tests usefulness without autonomous send risk	Ops lead	Derived Recommendation
5	Measure queue outcomes	Creates real data for future estimates	Ops lead	Derived Recommendation

Executive callout

The highest-value move is standardization. AI comes after the workflow is visible and approved language exists.

Boundary callout

Do not allow AI to make clinical, insurance, payment, or patient-specific decisions.

IMPLEMENTATION TIMELINE

30 / 60 / 90 day rollout

Days 1–7

Inventory inquiry channels. Draft approved response categories. Identify sensitive escalation triggers.

Days 8–30

Launch daily queue. Build approved FAQ bank. Train staff on review and escalation workflow.

Days 31–60

Pilot AI-assisted draft generation for safe categories only. Track status and staff edits.

Days 61–90

Refine templates, expand to recall follow-up if safe, and review actual metrics before estimating impact.

Source classification: Recommended implementation sequence; timing is illustrative and should be adjusted to client capacity.

RISK MATRIX

Controls before automation

PHI or sensitive records exposure

Risk: High. **Control:** redact sensitive data; avoid uploading private records unless a separate data-handling agreement exists.

Clinical or insurance guidance

Risk: High. **Control:** AI cannot answer; staff escalates to qualified human review.

Inconsistent response tone

Risk: Medium. **Control:** approved templates and staff send approval.

Overconfidence in estimates

Risk: Medium. **Control:** label estimates and replace assumptions with actual queue metrics over time.

Any report chart, score, or timeline must state whether it is client-provided, publicly verified, derived, assumption-based, or illustrative.

OPPORTUNITY CARDS

Three practical opportunities

OPPORTUNITY 1

Inquiry queue

Decision: Build first.
Benefit: faster review preparation.
Risk: medium.
Human gate: send approval.

Illustrative Example

OPPORTUNITY 2

FAQ assistant

Decision: Build second.
Benefit: consistent answers.
Risk: medium.
Human gate: approved source bank.

Illustrative Example

OPPORTUNITY 3

Recall center

Decision: Build third.
Benefit: clearer monthly queue.
Risk: medium.
Human gate: staff contact rules.

Assumption-Based Estimate

Before

- Channels checked separately
- Response language varies
- Status depends on memory or notes
- Risk boundaries are implicit

- Single queue visible daily
- Approved language bank
- Status logged by category
- Sensitive cases escalated

EVIDENCE AND ASSUMPTIONS

Data integrity log

VISUAL / NUMBER	CLASSIFICATION	MEANING	INTEGRITY NOTE
Overall readiness 64/100	Illustrative Example	Sample scoring demonstration	Not measured data; do not present as client fact.
Category score bars	Illustrative Example	Shows how readiness dimensions are communicated	Real scores require intake and evidence review.
Priority matrix	Assumption-Based Estimate	Sequencing aid for fictional business	Rankings change when real operations data is supplied.
Timeline	Recommended Scenario	Implementation pacing model	Actual timeline depends on client capacity and tools.
Heatmap	Illustrative Example	Risk/fit visualization	Not a measured departmental audit.

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