PIH: What It Is, Why It Happens, and How We Stop It

Ingredient-level education · Lead conversion · UVP · Follow-up protocol · Documentation

Front Desk Training Reference · Dr. V Aesthetics, PLLC · Vaidehi Patel, MD · June 2026

1 WHO WE ARE — Our Unique Value Proposition

Before you can convert a lead, you need to believe in what you're offering. This is what makes Dr. V Aesthetics different — and what you say when a patient asks 'why should I come to you?'

OUR UVP	WHAT IT MEANS FOR THE PATIENT	HOW YOU SAY IT
We deliver results — safely	Dr. V Aesthetics is physician-owned and physician-led. Every treatment plan is designed around what will actually work for your skin type, not what's popular or what sells. Safety is the filter every decision goes through first.	*"Our provider is a physician — every plan is built around what's right for your skin, not just what you asked for. Results matter, and so does how we get there."*
Personalized plans, not menus	We don't hand patients a price list and let them order. The consultation is where we figure out what the patient actually needs — which is often different from what they think they need.	*"We don't do cookie-cutter treatments. You come in, we look at you, and we build a plan around your goals and your skin — not a standard package."*
Medical-grade expertise	ZO Skin Health expertise, hormone wellness, injectable treatments, and energy devices — all under medical oversight. Patients get the clinical depth of a medical practice with the experience of an aesthetics specialist.	*"Everything we do is medical-grade — the products, the treatments, the oversight. You're not at a day spa. You're at a physician-led aesthetics practice."*
We prep before we treat	We don't put devices on unprepped skin. We prime, protect, and follow up. This is what separates practices that get results from ones that cause the problems patients come to us to fix.	*"We take the time to get your skin ready before any treatment — that's what makes results even and lasting instead of hit-or-miss."*

2 GETTING THEM IN THE DOOR — Converting the First Contact

The goal of every first contact — call, DM, text, walk-in — is one thing: **get them to a consultation.** Not to answer every question. Not to quote a price. To get them in front of a provider who can do the rest.

> **Speed is everything:** Industry data shows 78% of patients expect a response within 10 minutes of inquiry. Leads contacted within 5 minutes convert at 2.3x the rate of leads contacted after an hour. First response speed is the single biggest conversion lever you control.

CONTACT TYPE	THEIR MINDSET	YOUR MOVE
Price inquiry (call/text/DM)	Shopping around. Not committed. Price is the question but trust is the real barrier.	Give a range, then pivot to the consult. 'Our starting range is [X]. The exact number depends on your goals — that's exactly what the consult is for, and it's $100 which goes toward your treatment if you move forward same day.'

'Tell me more' or general inquiry	Curious but not ready. Warming up. Needs to feel safe before committing.	Ask one question: 'What's been on your mind?' Let them talk. Then: 'The best thing I can do for you is get you in with the provider — she'll give you a real answer based on what she actually sees.'
Referral / warm lead	Already trusts you by proxy. Ready to book — just needs a clear path.	Skip the pitch. Go straight to scheduling: 'We'd love to have you in. Let me get you on the calendar — what days work best for you?'
Walk-in	Already decided to show up. High intent. Don't make them work to book.	Greet warmly, offer a consult same day if provider is available, or book immediately: 'Let's get you on the schedule — I want to make sure you get time with the provider, not just a quick look.'
'Just browsing' or hesitant	Interested but not ready to commit. Needs permission to move slowly.	'Totally fine — the consult is actually the perfect first step. You're not committing to anything. You're just getting expert eyes on your goals. Most people find it really clarifying.'

■ **Never give a price without anchoring to the consult. A price without context is a reason to shop elsewhere. A price with context ('it depends on what you need — the consult figures that out') is an invitation to come in.**

3 THE 5-TOUCH FOLLOW-UP SEQUENCE — Before Staging Lost / Abandoned

Industry data is clear: **80% of conversions require 5 or more follow-ups, but 44% of practices give up after 1–2 attempts.** We follow up 5 times before staging a lead as lost or abandoned. Each touch has a different purpose — it is not the same message sent five times.

Industry benchmark (AmSpa / Podium 2024): 5–7 touches over a 14-day window before marking a lead unqualified. Touches concentrated in the first 48 hours outperform evenly spaced weekly touches. Beyond 5 touches with no response, conversion probability drops significantly — stage as lost and move to a passive nurture list, not active follow-up.

TOUCH	TIMING	CHANNEL	PURPOSE	WHAT TO SAY / SEND
1 First Response	Within 5–10 min of inquiry	SMS (preferred) or call	Acknowledge immediately. Claim the lead before they contact another practice. Do not try to close — just open the door.	*'Hi [name], this is [Andrea/Julliene] from Dr. V Aesthetics — I saw your inquiry about [service]. I'd love to answer your questions and get you set up. What's a good time to connect?'*
2 Educate + Invite	Day 1–2 if no reply	SMS or email	Give them something useful — a brief reason why the consult is worth their time. Anchor to results and safety. Add a soft call to action.	*'At Dr. V Aesthetics, every plan starts with a $100 consultation where we look at your skin and tell you exactly what we'd recommend — no guessing, no pressure. It goes toward your treatment if you move forward same day. Would you like to grab a spot this week?'*
3 Social Proof + Urgency	Day 3–5 if no reply	SMS or call	Reference results. Add light urgency around availability — not pressure. Make it easy to say yes.	*'We've had a lot of patients come in for [concern] lately with really great results — Dr. Patel has a few consult spots open [this week / next week]. I can hold one for you if you'd like. Just reply and I'll get it locked in.'*

4 Direct Ask	Day 7–10 if no reply	Call (leave VM if no answer) + SMS	Be direct. Ask what's holding them back. This is the touch that uncovers the real objection — cost, timing, fear, uncertainty.	*'Hi [name] — I want to make sure I'm actually being helpful here and not just flooding your inbox. Is there a specific question or concern I can answer for you? Happy to talk it through — no pressure to book.'*
5 Final Touch + Soft Close	Day 12–14 if no reply	SMS	Low-pressure final message. Leave the door open. After this — stage as lost in the system and move to passive nurture list (quarterly check-in only).	*'Hi [name] — I don't want to keep reaching out if the timing isn't right. We're here whenever you're ready, and the consultation offer stands. Feel free to reach out anytime — I'll make sure we get you taken care of.'*

After Touch 5 — no response: Stage as Lost/Abandoned in the system. Do not continue active outreach. Move to quarterly passive nurture: one seasonal message only (holiday, new service launch, or promotion). Patients who weren't ready often come back — but continued pressure after 5 touches does more harm than good.

4 OBJECTION HANDLING — What They Say vs. What You Say

OBJECTION	WHAT'S REALLY HAPPENING	YOUR RESPONSE
"How much is Botox?"	Price shopping. Not yet committed. Trust hasn't been established.	"Starting range is $[X–Y] — exact amount depends on what you need, which is exactly what the consult is for. It's $100 and goes toward treatment if you move forward same day. Want to grab a spot?"
"I'm just looking / not ready"	No urgency. Doesn't see why to come in yet.	"Totally fine — the consult is just a conversation. No commitment, no pressure. You leave with a clear picture of what we'd recommend and what it costs. Most people find it really helpful."
"I don't want to pay for a consult"	Doesn't see the value in paying before they know what they're getting.	"If you move forward with treatment same day it goes toward your service — so you're really paying for the plan, not just the conversation. And if you're not ready that day, you still walk out knowing exactly what we'd do for you."
"I need to think about it"	Hidden concern — usually cost, fear, or needing a partner's input.	"Of course — is there a specific question I can help answer now? Sometimes there's one thing holding people back and I can usually address it pretty quickly."
"I saw a cheaper price somewhere else"	Price is the stated concern but value hasn't been communicated.	"That's worth looking into. What we offer is physician-led care — every plan goes through Dr. Patel. The consult is where you'd see exactly what that difference looks like."

5 PIH — What It Is and Why It Matters for Front Desk

You don't need to know the clinical detail — but you need to understand enough to protect the patient, protect the practice, and answer questions with confidence.

WHAT YOU NEED TO KNOW	HOW IT SHOWS UP FOR YOU
PIH is skin darkening that can occur after any treatment that causes inflammation — including microneedling, RF microneedling, and chemical peels. It is a known biological response, not a sign of error.	When a patient calls about skin darkening after a treatment: acknowledge warmly, document name/date/concern, get them in for a provider review. Do not comment on what it is or what caused it.

Darker skin types (Fitzpatrick III–VI) are more prone to PIH. This is why we require skin prep before certain treatments — it reduces the risk significantly.	When a patient asks to book a device treatment (IPL, RF, laser) without prep: route to provider first. Never book without provider sign-off on readiness. 'Let's make sure your skin is prepped so your results come out beautifully.'
PIH after a treatment we performed is managed by the provider, not front desk. Your role is routing, scheduling, and reassurance — not clinical guidance.	If a patient calls upset about skin changes: 'I'm glad you reached out — I want to make sure a provider looks at this properly. Can I get you scheduled?' Do not advise on products, causes, or timeline.

6 ZO PRODUCTS & KEY INGREDIENTS — What to Know When Patients Ask

You don't need to be a clinician to talk about products confidently. Know the ingredient, know the job it does, and know which ZO product delivers it. That's enough to answer most patient questions and hand off the rest to the provider.

INGREDIENT / JOB	PLAIN ENGLISH	ZO PRODUCT
Tyrosinase inhibitor (melanin suppressor)	Calms the cells that make pigment so they stop overproducing. The foundation of any brightening routine.	Brightalive Skin Brightener (HQ-free) Pigment Control + Blending Creme (4% HQ, Rx)
Retinoid (cell turnover)	Speeds up how fast your skin renews — pigmented cells shed faster, replaced by unpigmented ones. Also disperses existing melanin.	Retinol Skin Brightener 0.25% Wrinkle + Texture Repair (low %)
Niacinamide (transfer blocker)	Stops pigment from spreading from the cells that make it to the cells that show it. Also calms inflammation and strengthens barrier.	Complexion Renewal Pads (contains niacinamide)
Vitamin C (antioxidant)	Blocks a step in the pigment production pathway. Also protects against UV-triggered pigment activation.	ZO C-Bright 10% Vitamin C Serum
SPF 50+ (UV blocker)	UV is the #1 thing that makes pigmentation worse and reverses all treatment progress. Non-negotiable for every patient, every day.	Oclipse Smart Tone SPF 50 (tinted — camouflage while treating)

> **Important product distinction:** Brightalive is HQ-free. Pigment Control + Blending Creme is a 4% hydroquinone Rx product — never call it HQ-free. If a patient asks about the difference, tell them the provider will walk through the right one for their skin at the consult.

7 FITZPATRICK SCALE — What You Need to Know for Booking

You don't formally assign Fitzpatrick type — the provider does that. But you need to understand why it matters so you never book a device treatment without provider clearance for a patient with darker skin.

TYPE	SKIN DESCRIPTION	PIH RISK	WHAT THIS MEANS FOR BOOKING
I–II	Very fair to fair. Burns easily, rarely tans.	**Low**	Standard booking. Still confirm SPF use post-treatment.
III	Medium skin. Sometimes burns, tans gradually.	**Moderate ■**	Flag for provider. Skin prep may be required before device treatments. Never book IPL or laser without provider sign-off.

IV–VI	Olive to deeply pigmented. Rarely or never burns.	**High** ■■■	Always route to provider before booking any energy device. Mandatory prep required. Never book IPL for FP IV–VI under any circumstances.

■ **If you're unsure about a patient's skin type and they want an energy device treatment — route to provider. Never guess. Never book to fill a slot. A treatment on unprepped high-risk skin causes the exact problem patients come to us to fix.**

8 PIH PREVENTION — Your Role Before Any Device Treatment

WHEN	YOUR ACTION	WHAT TO SAY
Patient books a device treatment	Confirm provider has cleared them for the service. If unclear — check before confirming the booking.	*Internal: 'Dr. Patel, [patient] wants to book [service] — are they prepped and cleared?'*
Patient asks to skip prep / come straight to treatment	Do not book without provider sign-off. Frame it as protecting their result, not blocking them.	*"We want to make sure your skin is ready so your results come out exactly right — let me check with the provider on the best first step for you."*
Patient calls post-treatment with skin darkening concern	Acknowledge, document, schedule provider review. No clinical advice. No product recommendations.	*"I'm glad you called — let me get you in with the provider so she can take a proper look. Can I get you scheduled this week?"*

9 DOCUMENTATION — What Providers Must Complete for PIH Cases

Front desk does not complete these notes — but you need to know they exist so you can flag when a PIH case isn't being documented and ensure follow-up visits are scheduled.

DOT PHRASE	WHEN USED	FRONT DESK ROLE
`.pihinitial`	First visit PIH is identified — initial note capturing procedure date, onset, Fitzpatrick type, clinical presentation, full treatment plan, and patient education.	Ensure visit is booked as an in-person appointment (preferred). Flag in chart that PIH was identified and follow-up is required.
`.pihfollowup`	Every subsequent visit while actively managing PIH — tracks compliance, pigmentation response, plan adjustments, and ongoing education.	Schedule follow-up before patient leaves — every PIH case needs a next appointment. Do not let a PIH patient leave without a return date on the books.

Your role in documentation: You don't write the clinical note — the provider does. Your job is to make sure every PIH patient has a follow-up scheduled before they leave, and to flag any patient who calls about skin changes so the provider is aware same day.