

MARKETING CHECKLIST FOR THE MEDICAL PRACTICE

Please indicate if each is a need or goal, and the date of completion.

Minimedia

1. Marketing Plan _____
2. Marketing Calendar _____
3. Logo _____
4. Business Cards _____
5. Stationary _____
6. Personal Letters _____
7. Telephone Marketing _____
8. Toll-Free Number _____
9. Yellow Page Ads _____
10. Postcards _____
11. Outside Signage _____
12. Inside Signage _____
13. Posters _____
14. Door Hanger for Conventions _____
15. Trade Show Attendance _____
16. Letters of Recommendation on Website _____
17. Surveys (for Referrals, Patients, Staff) _____
18. Insurance Guides _____
19. Fax Referral Forms _____
20. Indications for Referral Guide _____

Maximedia

21. Advertising _____
22. Direct Mail _____
23. Newspaper Ads _____
24. Radio Spots _____
25. Magazine Ads _____
26. Cable Television Ads _____
27. Bulk Email like Constant Contact _____
28. Domain Name _____
29. Website _____
30. Patient-to-Patient Referral Cards _____
31. Electronic Brochures & Newsletters _____
32. Blogs/Twitter/Facebook _____
33. Search Engine Keywords _____
34. Google Adwords _____

Info-Media

35. Case Studies _____
36. Specific Referral Data _____

37. Brochures/Flyers _____
38. Newsletters _____
39. Press Releases _____
40. Symptom-Specific Mailers _____
41. Mass Mail Programs _____
42. Free Consults for Ancillary Services _____
43. Free Demo of New Equipment _____
44. Free Seminars _____
45. Articles & Columns in Local Papers _____
46. Author a Book _____
47. Radio Talk Show Guest _____
48. Speaking Engagements at Local Clubs _____

Human Media

49. Your Employees & Reps _____
50. Employee Attire _____
51. Employee Training _____
52. Telephone Training _____

Non-Media

53. Marketing Budget _____
54. Competitive Advantages _____
55. Public Relations _____
56. Community/Charity Involvement _____
57. Clubs & Association Memberships _____
58. Special Events _____
59. Name Tags _____
60. A/V Aids in Waiting Room _____
61. Patient/Referral Follow-Up via Email _____
62. Referral Tracking Plan _____
63. On-Hold Message _____

Practice Attributes

61. Name _____
62. Location _____
63. Days/Hours of Operation _____
65. Credit Cards Accepted? _____
66. Financing Available? _____
67. Pre-Cert Assistance _____
68. Testimonials _____