The Referral Engine

A private practice lives on referrals, and referrals follow relationships. PCPs send patients to the specialist they remember, trust, and hear back from. The problem was never that you do not care. It is that personal touch does not scale past a 12-hour clinic day. AI collapsed that. A personalized video, a warm specific note, a monthly touch to every top referrer: minutes each. Nobody in your market is doing this yet, and that window will not stay open.

WHERE AI CAN HELP

The referral that moved. A PCP who sent you patients for years quietly started sending them across town. No fight, no incident. Someone else was simply more present.

The unwritten thank-you. A colleague sent you a genuinely interesting case. You meant to call. It is now three weeks later.

The black hole. The top complaint referring physicians make about specialists is silence: no word the patient arrived, no word on what happened. Every unanswered referral erodes the pipeline a little.

> Specific beats flattering. "Great catch on your part" outperforms "thank you for your kind referral" every single time.

OWN THE TRICK

Anything AI-generated that could be mistaken for live video carries a light disclosure. Owning it is charming. Hiding it is creepy. And the drafts are drafts: AI writes the structure, you add the one detail only you know, and you sign it. The day these notes stop sounding like you is the day the engine breaks. Referring physicians are the free win here: business to business, zero patient information. Patient-facing likeness video is a different animal with consent and disclosure rules. If you go there, go slowly.

SAY THIS

IN THE 20-SECOND VIDEO

"Dr. [Name], thank you for sending that complex case over. Great catch on your part. I will keep you posted at every step."

THE DISCLOSURE LINE

"Made this with my AI clone. It seemed more fun than a fax."

WHEN A COLLEAGUE ASKS HOW

"Ten minutes, honestly. I will show you at lunch."

FIVE THINGS TO DO TODAY

1 **Make your avatar.**
One likeness-video account, 60 seconds of you reading provided text into your phone camera. That is all a likeness needs now.
15 minutes, mostly waiting

2 **Send yourself the test video.**
Three-sentence script to a fictional colleague, rendered, watched. You need to feel how good it is before you believe the play.
10 minutes

3 **Draft five real thank-yous.**
Warm, specific, two paragraphs, sounds like a busy human. Five real colleagues, edited in your voice, ready to send Monday.
10 minutes

4 **Build the top-five list.**
Your five highest referrers, one line each on the last time they heard from you outside a chart. The list is the engine. Videos and notes are just fuel.
10 minutes

5 **Set the cadence.**
One touch per top referrer per month, and the standing disclosure habit. Put a recurring reminder on your phone right now.
2 minutes

This handout is general information, not legal or compliance advice. No patient information enters any tool without a signed BAA.

DEEPER DIVE

Why each one works, and where the lines are

Know why each move works, and you will keep referrals coming. Every move on the front page aims at memory, reciprocity, or trust.

1. The avatar COSTLY SIGNALS, MADE CHEAP

A personalized video lands because it used to be expensive: cameras, retakes, editing, time. The receiver's brain still prices it that way. For a short window, you get credit for effort the AI actually spent. That window closes when everyone does this, which is exactly why the practice that starts in October beats the one that starts next year. You are also uploading your face and voice to a vendor, so treat that account like a bank login: unique password, and read the deletion policy before signing up. The Self-Defense handout explains precisely what a stolen likeness is worth.

2. The test video CALIBRATION

Before you bet a 15-year referral relationship on a new medium, you watch one with your own eyes. You are checking two things: quality, which will surprise you, and the uncanny factor, which varies by person. If your clone reads as slightly off, send the text note instead. Taste is the tool here, and the test costs ten minutes.

3. The five notes SPECIFICITY

Warmth is not adjectives. It is evidence of attention. "Great catch on the elevated CK before referral" proves you read their workup. The AI drafts the structure fast so your entire editing budget goes into the one specific detail only you know. That division of labor, machine writes scaffolding and human supplies the specifics, is the recipe for every message you will ever co-write with AI.

4. The top-five list CONCENTRATION

Referrals concentrate: a small number of PCPs send most of your new patients. Five names on a phone note is not a CRM project, it is a five-minute inventory of the relationships your practice actually runs on. The one-line "last time they heard from me" column does the confronting for you. And the highest-leverage name is not on the list yet: the newly arrived PCP in town who has no referral habits at all. Send the welcome note before anyone else does.

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5. The cadence RECENCY AND TRUST

Referral routing runs on whoever comes to mind at the moment of need, and recency drives that. A monthly touch, rotating video, note, or a two-minute practice update, keeps you the default answer. The disclosure habit protects the trust side: a colleague who discovers an undisclosed clone feels tricked. One who is told upfront is delighted and asks how you did it. Start with this prompt and edit the output.

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Draft a warm, specific thank-you note to a
referring physician who just sent me [BRIEF,
NO-NAME DESCRIPTION OF THE CASE]. Two
paragraphs, no flattery, sounds like a busy
human who genuinely appreciated the referral.
Mention that I will keep them posted.
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Also on the horizon

Quarterly two-minute practice-update videos to every referring office: one recording session, evergreen for three months. Lunch-and-learn decks for PCP offices, drafted in an evening. And watch state rules on AI disclosure in patient communications. The patient-facing version of this play has real requirements in some states, which is one more reason referrers come first.

Where the lines are

No patient names or case details in any video tool. "That complex case last week" is warm enough. The vendor holding your face does not need a BAA problem too. **If your likeness account is ever compromised,** run the Self-Defense playbook: change credentials from another device, revoke sessions, delete the likeness, and warn your top referrers before someone uses your face on them. **If a colleague reacts badly to an AI card,** own it lightly and note the preference. The engine serves relationships. It never outranks one.

Sources worth your time

Your own referral reports: run the top-five list from real numbers, not memory · Your likeness vendor's data retention and deletion policy, read before upload · Your state's rules on AI disclosure in patient communications, checked with counsel before any patient-facing use · The Self-Defense handout from this workshop for account security.