

# Beating The Labor Shortage:

A Dental Lab's Guide to Doing More With  
The Team You Already Have

# The dental lab industry is facing a **skilled technician shortage** that isn't going away

and most lab owners are responding to it the wrong way.

They're mass-posting job listings, waiting for the right hire, and in the meantime running their team ragged keeping the production line moving.

The result is management that's permanently stuck putting out fires, where every day is about keeping up, and no one has the bandwidth to focus on growing - but the solution to the labor shortage is already standing in your lab.

Your front desk coordinator, your intake technician, the people who spend their first two hours every morning downloading scans and entering case data — they are capable of far more than the work currently filling their day.

By freeing your staff from the manual tasks that take up their morning, they become available for the five highest-value roles a small lab team can play: proactive dentist communication, upstream QC review, collections follow-up, new client onboarding, and production coordination.

Labs that make this shift don't just reduce their exposure to the hiring market — they build teams that stay, because people doing meaningful work don't leave. Inside, you'll find the real cost of keeping your best people locked in data entry, a practical framework for cross-training without disrupting production, and a 90-day roadmap any lab owner can follow starting this week.

# The True Cost of Manual Intake

Most lab owners calculate the cost of manual intake in time: 90 minutes per day, approximately 7.5 hours per week, 390 hours per year. At \$22 per hour, that is \$8,580 in recoverable admin labor per year, per intake coordinator. That number feels manageable. Labs absorb it.

But that is not the real cost. The real cost is what that person could have been doing instead

## What the clock actually measures

Your front desk coordinator is not just entering data. They are:

Your most frequent point of contact with dentist offices

The person who catches incomplete prescriptions before they cause a remake

The staff member best positioned to proactively update a dentist on a case in production

Your lab's human face to the dental practice — the voice that turns a transactional relationship into a loyal one

When they spend the first two hours of everyday monitoring IOS portals, none of that happens. Dentists call and get put on hold. Incomplete Rx forms make it to production undetected. Follow-up on outstanding accounts slips. Cases ship without a proactive heads-up. And the lab stays in reactive mode, all day.

**2 hrs**

The average amount of front-office time consumed each morning by manual scan downloads, file renaming, and case data entry — for a lab processing 80–120 digital cases per day.

**\$8,580**

Estimated annual direct labor cost of manual intake per FTE — before accounting for the hidden cost of what that person could be doing instead.

**67%**

Of dentists who switched labs cited inconsistent communication and quality problems as the primary reason — not price. Both are preventable when your team has time to pay attention.

## The Compounding Effect

When a case sits unprocessed in a portal for two hours, it doesn't just delay that case. It delays the QC check that catches a bad margin. It delays design queue pick-up. A case that should have shipped Tuesday ships Wednesday — and the dentist expecting it for a 2 PM appointment is rescheduling a patient. Multiply by your daily case volume and the hidden cost becomes structural drag on every production day your lab runs.

*The opportunity cost of manual intake is not the labor you spend on it. It is the relationship capital you fail to build while your best people are staring at download queues.*

### SECTION 2

# What Your Front Desk Is Actually Worth — When You Let Them Be

Take the person on your team who handles case intake. Think about what they actually know: every dentist on your client list by name, the ones who always send incomplete Rx forms, the ones who have been quiet lately and might be shopping around, the new practices just getting started with digital scanning who need a patient guide.

That knowledge is worth far more than data entry.

## The revenue-protecting activities your team never has time for

These are not hypothetical tasks. They are the specific activities that separate labs with 93% dentist retention from labs with 65% dentist retention. They require no additional hiring. They require only that your current team has the time and training to do them.

High-Value Activity	What It Actually Produces
Proactive case status calls	Dentists who feel taken care of stay. Labs that call before dentists have to are memorable.
Rescan request management	A fast, empathetic rescan call preserves a case schedule and dentist confidence simultaneously.
Incomplete Rx follow-up	Catching a missing shade or wrong margin type before design starts eliminates remakes, same-day.
30-day new client check-in	A structured follow-up call with new accounts in the first month doubles their 12-month retention rate.
Outstanding A/R follow-up	A personal call collects faster than any automated statement. The conversation also surfaces problems before they become lost accounts.
Scanner training support	Labs that help dentist offices use IOS scanners correctly reduce scan quality failures upstream — fewer bad cases arrive in the first place.

## The retention math

Consider a single dentist account worth \$3,500 per month in case volume. If your lab retains that account for 12 months instead of losing it at month 7 — because your team had time to maintain the relationship — the additional revenue generated is \$17,500 from one conversation your team had time to have.

Now consider how many accounts that math applies to across your client list.

*The choice is not between paying for intake staff and not paying for them. It is between paying them to enter data and paying them to grow your business. Both cost the same. Only one produces compounding returns.*

# The Five High-Value Roles Waiting Inside Your Current Team

Cross-training is not about turning technicians into salespeople or coordinators into account managers overnight. It is about building a bench of capability — so that when a case needs attention, a dentist needs support, or a production problem surfaces, your team has the skills to handle it without it landing on the lab owner's desk.

These five roles are not new hires. They are your current people, with the time and training to do more than intake.

## Role 1: The Dentist Relationship Manager

This person owns a defined list of active dentist accounts. They make outbound contact on a scheduled cadence — not to sell, but to check in, gather feedback, and surface any friction before it becomes a cancellation. Think of them as a key account rep who happens to understand occlusion.

### What they need:

A client contact list, a simple call script, and **45 minutes per day not spent** on portal downloads.

### What it produces

Measurably higher dentist retention, more referrals from satisfied accounts, and early warning on at-risk relationships.

## Role 2: The QC Intake Specialist

Rather than a technician doing blind data entry, this role focuses on the quality layer: reviewing incoming scan and Rx data for completeness before cases enter the production queue. They are trained to recognize the specific failure patterns — missing margin geometry, incomplete shade specifications, bite registration mismatches — that generate remakes downstream.

### What they need:

Training on what a complete scan looks like for each case type, a standardized QC checklist, and an intake workflow that routes flagged cases to them before design.

### What it produces

Remake rates that drop **from 5–8% to under 2%**, and designers who spend time designing rather than catching upstream errors.

### Role 3: The Collections Coordinator

A/R management is the most consistently neglected function in dental lab operations. Most labs send statements and hope. The labs with DSO under 30 days have someone whose job is to follow up, personally, on outstanding balances — not with a demand, but with a conversation that often surfaces a billing dispute, a missing invoice, or a relationship problem that would have become a lost account.

#### What they need:

An A/R aging report, a call priority list, and a 30-minute window each afternoon.

#### What it produces

Industry data shows personal follow-up reduces DSO by 15–20 days versus statement-only collections. On \$800K monthly volume, that is \$160K to \$240K returned to working capital faster.

### Role 4: The Digital Onboarding Specialist

Fifty percent of dental clinics now own intraoral scanners. A significant portion of them are not using them to their full capability — and they are sending your lab the scan quality problems that result. A staff member trained to provide basic scanner training and digital workflow support to dentist offices becomes a competitive differentiator that no other lab in their market offers.

#### What they need:

Working familiarity with the two or three scanners most common in your client base, a simple digital intake guide to send new clients, and time to run a monthly "digital office hours" call.

#### What it produces

Better scan quality coming in, deeper relationship with digitally-engaged dental practices, and a service that actively differentiates your lab from price-competing alternatives

### Role 5: The Production Coordinator

As case volume grows, the gap between what is in the production queue and what lab management knows about it becomes a source of delay, errors, and overtime. A staff member cross-trained as a production coordinator — tracking case status, flagging at-risk turnarounds, and coordinating between design, fabrication, and shipping — prevents the end-of-day scramble that happens when cases fall through the cracks between departments.

#### What they need:

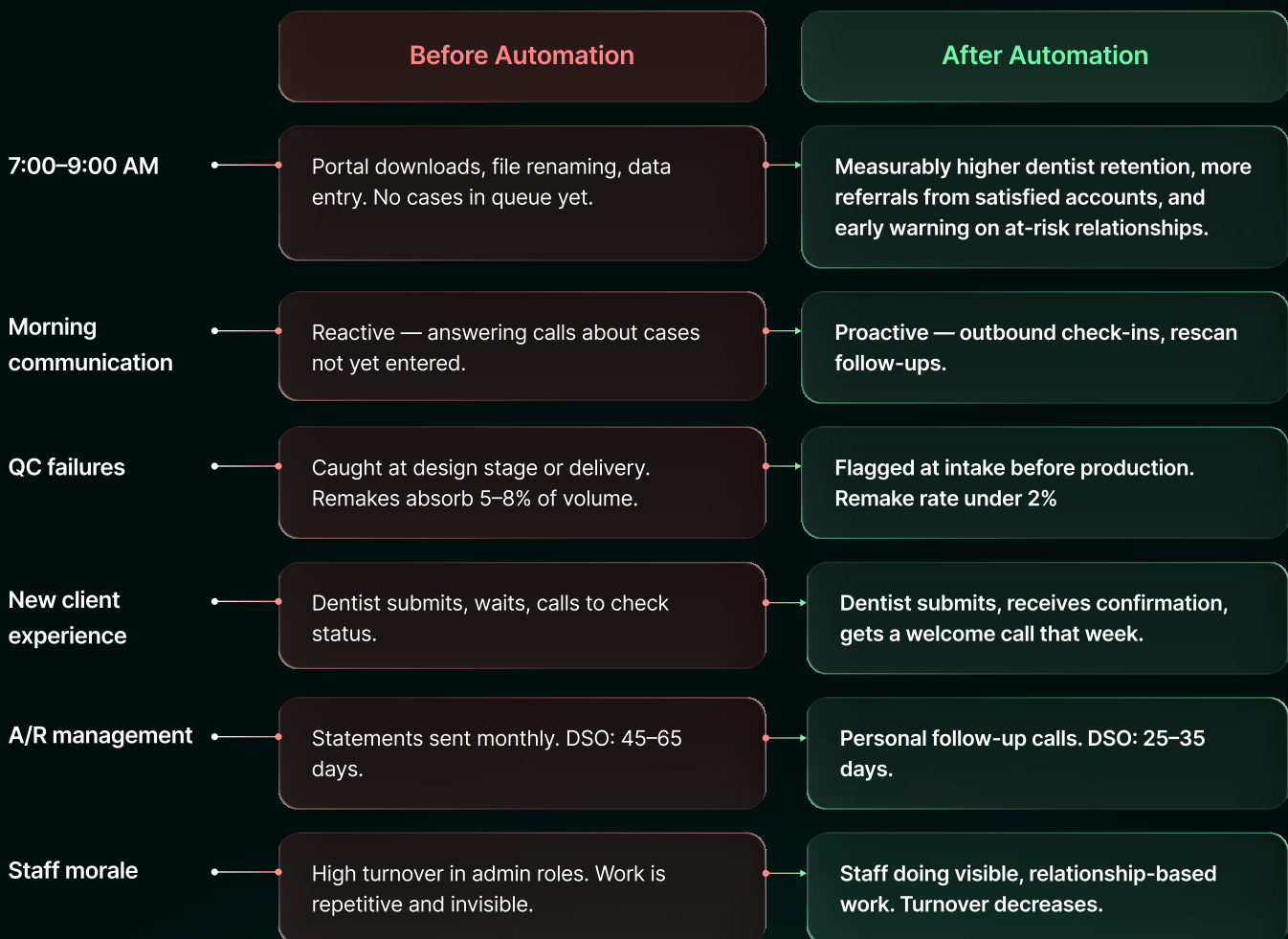
Read access to your LMS, a clear escalation protocol for late cases, and a daily 15-minute production sync with the department leads.

#### What it produces

Fewer missed ship dates, less overtime, and a lab manager who is managing instead of firefighting.

# Before and After: What Changes When Admin Staff Stop Doing Data Entry

This is not a theoretical exercise. Based on labs in the process of automating their intake workflows, the operational shift follows a consistent pattern. The before-and-after is not about the technology. It is about what your people are doing with the hours that were previously locked up.



# Addressing the Objections: Why Labs Have Not Done This Already

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Every lab owner who understands this logic instinctively asks: "If this is true, why have we not already made this shift?" The answer is usually one of four objections — all of which are real, and all of which have been solved by labs that have made the transition.

## *Objection 1:*

### **"We Do Not Have Time to Train Anyone — We Are Already Overwhelmed"**

This is the most common objection and the most circular. The reason your team has no training bandwidth is that they are spending all their time on intake. The only way to create training time is to remove the intake burden first. The labs that have successfully made this shift did not find time to cross-train — they created it, by automating intake first, then using the recovered hours to build skills one function at a time.

A realistic cross-training schedule once intake is automated: one hour per week, per staff member, for 12 weeks. That is enough to build competency in each of the five high-value roles described above.

## *Objection 2:*

### **"Our Staff Has Been Doing Intake for Years — That Is What They Are Good At"**

This objection is about identity, not capability. Staff who have been defined by a specific function often resist being redefined — not because they cannot do something else, but because the transition is uncomfortable. The labs that have navigated this successfully communicated the shift not as a judgment on what staff were doing before, but as an investment in what the lab believes they are capable of.

The message that works: "We are automating this because we believe your time is worth more than data entry. Here is what we want to invest in you doing instead."

*Objection 3:*

**"We Cannot Afford Automation Software Right Now"**

The economics of this objection tend to dissolve when calculated precisely. Intake automation for a lab processing 80–150 daily cases typically costs \$400–\$800 per month. The time savings — 60 to 120 minutes per day of admin labor — represent \$330 to \$660 per month in directly

recoverable labor cost at standard technician rates, before accounting for the revenue impact of the high-value activities the recovered time enables.

Most labs reach cost parity within 60 to 90 days of implementation. The question is not whether the lab can afford automation. It is whether the lab can afford to keep paying for intake manually while competitors automate theirs.

*Objection 4:*

**"What If the Automation Makes Errors or Misses Cases?"**

This is a legitimate technical concern with a straightforward answer: well-implemented intake automation does not eliminate QC review — it moves it earlier and makes it faster. A system that automatically downloads scans, enters case data, and flags incomplete submissions does not remove human judgment from the process. It removes human effort from the parts of the process that do not require judgment, and concentrates human attention on the parts that do.

Labs that worry about missed cases from automation are already experiencing missed cases from manual intake — they are simply attributing them to human error rather than system error. Automation with proper QC layers consistently produces lower error rates than manual intake, not higher ones.

*The labs stuck in manual intake are not stuck because automation is too risky. They are stuck because change is uncomfortable. The risk calculation, done honestly, goes the other way.*

# From the Field: What Labs Report When Their Teams Shift Focus

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The following observations are drawn from labs in various stages of transitioning admin staff from intake work to higher-value functions. Names and identifying details have been adjusted for privacy; the operational descriptions reflect real experience.

*"We freed up our front desk coordinator from morning downloads. Within two months she was handling all new client onboarding calls, following up on at-risk accounts, and running a weekly dentist check-in call for our top twenty accounts. We did not gain a new employee. We gained a new function."*

— Lab owner, mid-size US crown-and-bridge lab, 95 cases/day

*"Our order entry team was at one and a half people. Our goal was to reduce the manual data touches so we could reallocate that time to design support and QC oversight. We wanted people doing work that required a brain, not a keyboard."*

— Operations lead, large US dental lab, 140 cases/day

*"The morning download was taking two hours for our 1.5 front office staff handling 120 cases. Those two hours were the reason we could never get ahead of our phone queue before 10 AM. Automating intake did not just save us time — it changed what kind of lab we were able to be for our dentists."*

— Lab manager, North American multi-portal lab

## The common pattern across labs that make the shift

**Month 1** Intake automation deployed. Team experiences immediate time recovery — typically 60 to 90 minutes per day.

**Month 2** Recovered time is used experimentally. Staff begin handling outbound communication, A/R follow-up, or QC review. Initial results are unstructured but positive.

**Month 3** Cross-training formalizes. Clear role definitions for the high-value functions emerge. Metrics are established: dentist contact frequency, rescan response time, A/R aging.

**Month 6** Measurable improvement in dentist retention, remake rate, and DSO. Staff report higher job satisfaction. Lab owner reports fewer fires requiring personal involvement.

# Your 90-Day Cross-Training Roadmap

This is not a transformation program. It is a practical sequence that labs of any size can follow without disrupting production. The prerequisite is removing intake from your team's plate. Everything else follows from the time that creates.

## The common pattern across labs that make the shift

### Days 1–30 Remove the burden

Implement automated scan download and case entry. Confirm all portals are covered. Establish a QC flagging workflow for incomplete submissions.

### Days 30–60 Redirect the time

Assign each staff member with recovered hours to one high-value role. Provide a simple script, a contact list, and a weekly 30-minute check-in with the lab manager.

### Days 60–90 Measure and formalize

Establish three metrics per role (e.g., dentist contacts per week, A/R calls made, remakes caught at intake). Run a 90-day retrospective with the full team.

## What to measure

Dentist contacts per week (outbound, proactive)

Rescan response time (from flag to dentist contact)

Remake rate (month-over-month)

Days sales outstanding (monthly)

New client 30-day retention (did they submit a second case?)

Cases entering production same-day as received (day-zero entry rate)

None of these metrics require new software to track. A simple weekly log per staff member, reviewed in a 20-minute Friday standup, is sufficient to see whether the shift is producing results.

## *Ready to see where your lab's hidden hours are going?*

EviSmart's free workflow assessment maps exactly how much intake time your team is spending per day — and what it would take to recover it.

Book a 30-minute call at [evismart.com](https://evismart.com).

### SECTION 8

# What the Lab You Are Building Actually Looks Like

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There is a version of your lab that most owners can picture but very few have built. It does not require more people or a bigger facility. It requires that the people you already have are doing work that matters.

## **The morning looks different**

At 7:00 AM, cases are already in the production queue — downloaded, organized, and flagged automatically overnight. The first thing your front desk coordinator does is not open seven browser tabs. It is review the three cases that were flagged for incomplete Rx data, place the rescan calls while the dentist office is opening, and check the contact list for any at-risk accounts due for a check-in.

## **The dentist relationship is different**

Your dentist partners do not call you to check on cases. You call them. You know which accounts have been quiet and might be evaluating alternatives. You know which new accounts are still on the fence after their first three cases. You know which practices just got a new scanner and need someone to walk them through optimal settings for your lab's workflow. Your team has the time and training to handle all of it.

## The financial profile is different

Remake rates are under 2% because problems are caught before cases enter production. DSO is under 35 days because

statements to come back. Revenue per employee is tracking toward \$350,000 or better because your team is producing value that scales with the business, not administrative work that scales with volume.

## The staff experience is different

The people on your team know what they are building. They have defined roles that require skill and judgment, not just repetition. They have metrics that show them their impact. Admin turnover — one of the most disruptive costs in dental lab operations — drops because people doing meaningful work stay.

*This is not a description of a large lab or a funded startup. It is a description of a well-run small or mid-size lab whose owner made one structural decision: stop paying people to do what software can do.*

# Take the First Step This Week

The shift described in this whitepaper does not start with a cross-training program. It starts with a question: how many hours per day is your team spending on tasks that add no value to a dentist relationship?

If you do not know the number, count it this week. Track every portal check, every file download, every manual case entry. Add up the hours. Then ask what those same hours would be worth if your team spent them on the five roles described in this guide.

For most labs, the number is large enough to change the conversation permanently.

## ✦ Book Your Free Workflow Assessment

EviSmart maps your intake workflow, quantifies the time cost, and shows you exactly what becomes possible when your team stops doing data entry. No obligation. 30 minutes.

### About EviSmart

EviSmart is the operating system for modern dental labs. Our Autopilot platform automates scan intake, QC, case entry, design routing, and collections — freeing your team to focus on the work that grows your business. Labs running EviSmart Autopilot recover an average of 90–120 minutes of admin time per day, beginning in their first week.

Visit [evismart.com](https://evismart.com) to schedule a workflow assessment or explore the full platform.