

AI CLINICIANS
2026

INSIDE A ONE-CHAIR PRACTICE

THE RECEPTIONIST THAT NEVER
SLEEPS

MARKETING FROM A WHATSAPP STATUS

WHAT 81% OF DOCTORS
NOW USE

MediGent

AI CLINICALS

ISSUE 01 • SEP 2026

MediGent
Index

EVERY AI CLINIC
WE CAN VERIFY

● LIVE • 24x7

NEW ON THE INDEX

**Dr. Rishikant
Shukla, B.D.S.**

THE CASH- PRINTING CLINIC

SMALL-TOWN DOCTORS CAME FOR THE DENTISTRY. THEY STAYED
FOR THE PHONE LINE THAT BOOKS ITSELF, CHASES ITS OWN
FOLLOW-UPS AND NEVER FORGETS A PATIENT.

PLUS: THE PHYSIO WHO MARKETS FROM HER PHONE

THE AI CLINIC ISSUE



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FROM THE EDITORIAL TEAM

The patient changed first

Nobody asked doctors if AI belonged in medicine. It came in anyway. It came through the waiting room, on the patient's phone. This magazine is about what you do next.

Tonight, somewhere near your clinic, a patient has a swollen jaw. They will type their symptoms into a phone before they type your name. They will read what a machine tells them. Then they will read your reviews.

They will see when you last posted. Then they decide whether to call. If nobody answers, they call the next clinic. You may never know. Nobody asked a doctor first.

It did not arrive in medicine when doctors adopted it. It arrived when patients did.

So the useful question is not whether a machine can find a diagnosis. It is what happens around the diagnosis. The phone that rings while you work. The recall nobody made. The message that sat unread until Monday. You trained for years to treat people. Not to run a front desk. But the front desk is where a practice is quietly won or lost. And it is exactly what these tools are good at. Nothing here is coming for your judgement. It is coming for the twelve interruptions between patients.

A fad asks you to believe something. This one comes with a price on it. A front desk that answers every call. At night. On a Sunday. During a root canal. For a monthly cost you can set beside a salary. Whether it works is what this magazine exists to check. But notice what happens once one clinic in your town runs this way. The choice stops being AI against no AI. It becomes your practice against the one where the phone is answered.

That changes what well known means. It used to mean good hands, enough years, and word of mouth. It still does. But word of mouth now travels as a search result. A map pin. A review left at midnight, and whether anyone replied. A doctor can be excellent and still be invisible. That is a new way to fail, and it has nothing to do with medicine.

So here is what you get, every edition. Doctors you can look up. Tools you can buy. The price, and what came back, in their words and not ours. What broke. What they switched off. Nothing is quoted unless it was said. Every figure carries its source, and how many patients it counted. We take no money from any tool we rate.

Start on page four. He is a dentist in Barabanki. One chair. No receptionist. And now, a second clinic.

SIGNED The MediGent editorial team

MASTHEAD

THE MEDIGENT EDITORIAL TEAM

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AI DISCLOSURE

Drafted with AI assistance, then edited and fact-checked by the MediGent editorial team, which is responsible for every word printed here. No photograph of a real person is AI-generated. Policy: medigent.in/review/ai-policy



Dr. Rishikant Shukla, B.D.S.

THE COVER STORY

Two clinics, no receptionist

He could not keep anyone at the front desk. The phone still rang. The patients on the other end went somewhere else. So he stopped hiring — and started answering the phone a new way.

WORDS MEDIGENT EDITORIAL TEAM • PHOTOGRAPHS COURTESY OF DWARKAMAI DENTAL CLINIC

The walls are pink. A Ganesh calendar hangs above the chair. Three framed certificates sit beside it. One fluorescent tube lights the room. Dwarkamai Dental Clinic is one room in Krishna Bhawan on Dewa Road. For most of its life, it has run on one pair of hands. Nobody warns a young dentist about this. The dentistry is the easy part. The hard part is different. A one-chair

practice needs somebody at the front desk. And it cannot easily pay for one.

So the cycle repeats. Hire. Train. Watch them leave a few months later — for a city job, a wedding, a little more money somewhere else. Hire again. In the gaps, the desk sits empty. The phone rings. Your hands are inside somebody's mouth.

A missed call in a small town is not just a missed call.

The patient walks to the next signboard instead. They do not leave a message. They do not try again at eight that evening. Dewa Road has other clinics. Every one of them has a phone too.

The damage is quiet. But it adds up. The extraction that never gets its follow-up visit. The clean-and-polish nobody books, because nobody called to remind them. The new patient who rang on a Sunday, heard nothing, and never called back. None of this shows up as a complaint. It shows up as an emptier diary.

The dentistry did not change. Dr. Shukla stopped trying to fix a staffing problem with more staff. Now an

AI receptionist answers the clinic's phone. It speaks Hindi. It offers the next open slot. It writes the booking into the day-book. It sends the reminder the night before. It never leaves for a job in Lucknow. It never needs training twice. It is awake at nine o'clock on a Sunday night.

Patients notice before they can explain why. The phone gets answered. The appointment is there when they arrive. Somebody remembered to remind them. None of that is dentistry. But it is exactly what people mean when they say a clinic runs well. The line takes forty-five to fifty calls a day. Since the AI receptionist started, by his own count, not one has gone unanswered.



“For less than the cost of one employee I got a receptionist and a clinic manager, 24×7”

DR. RISHIKANT SHUKLA, B.D.S. • DWARKAMAI DENTAL CLINIC



Dwarkamai Dental Clinic, Barabanki, India

The proof is not a percentage. It is a second address.

He has opened a second clinic across Barabanki, in Awas Vikas. A phone system does not build a clinic by itself. But a phone that gets answered gives back the hours and the head-room a second clinic needs.

THE LINE, BY HIS OWN COUNT

CALLS A DAY

45–50

NOW GOING UNANSWERED

0

HOW IT WAS COUNTED

The clinic's own figures, given to MediGent. Not independently audited.

EACH MARK IS ONE CALL ON A TYPICAL DAY • ILLUSTRATION, DRAWN TO THE CLINIC'S STATED VOLUME

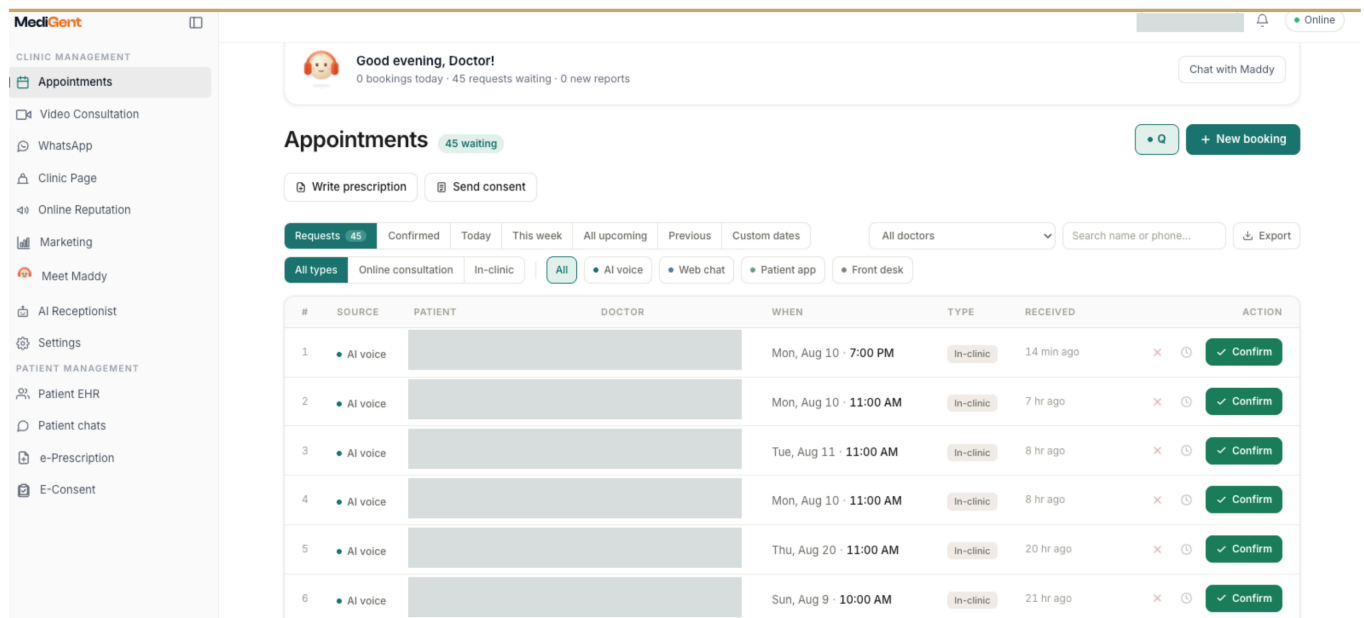
Disclosure – MediGent publishes this magazine and sells the AI receptionist described here. Dr. Shukla is a customer. He confirmed his quotation before publication and was not paid for this story. AMEND IF HE IS SHOWN THE FULL SPREAD

GET A PERSONALISED AI FOR YOUR CLINIC • INDIA medigent.in • GLOBAL medigent.io

WHAT REPLACED IT • WITH AI

Less staffing. Better management.

There is no front desk. There is a screen he opens between patients. On it is a queue of calls that came in while his hands were busy.



The doctor panel. Requests shown here were received through MediGent's AI receptionist.

Every call becomes a request in the queue. Who rang. Which doctor. When they want to come. He accepts or declines between patients. Nothing is on paper. Nothing waits on somebody remembering.

The record follows the patient. Prescriptions, consent and past visits sit under one name, not one

appointment. That matters when somebody cannot remember what they were given last time.

The reminder goes out on WhatsApp the night before. In a small town, that is the message people open. It reaches patients where they already are, with no extra work for the clinic.

WHAT IT DOES NOT DO

It does not diagnose. It does not give advice. It does not decide who is urgent. It takes the call, offers a slot, and writes it down. Everything that needs a dentist still needs a dentist. The front desk is office work, not medical work. That is why it can be handed to a machine first.

The constraint was never how many patients he could treat. It was how many ever got through.

About these images – the panel is a screenshot of MediGent's own product from a live clinic account; patient names, numbers and clinicians are removed. It is not Dr. Shukla's account.

AI IS MOVING FASTER IN HEALTHCARE THAN IN ANY OTHER SECTOR

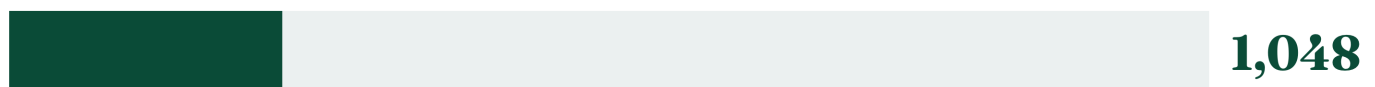
Three papers a day. Nineteen trials.

There are 4,609 studies on AI in medicine. They were all written in under four years. Only 19 were proper trials.

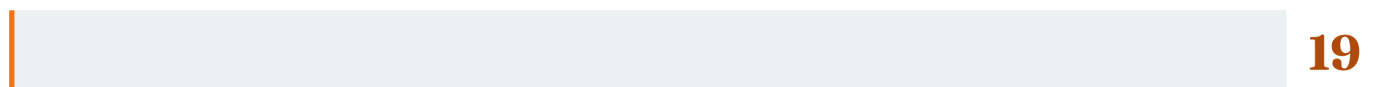
STUDIES PUBLISHED, JAN 2022 – SEP 2025



USED REAL-WORLD PATIENT DATA



PROSPECTIVE RANDOMISED TRIALS



Bars drawn to scale. The third one is not a printing fault – 19 is 0.4% of 4,609.

Source: *LLM-assisted systematic review of large language models in clinical medicine*, Nature Medicine, 2026.

That is about three papers a day, for close to four years. All on one narrow question. What happens when you point a language model at medicine. No other corner of the profession is written about at that rate. Not by a distance.

So the claim that AI is moving through healthcare faster than any other industry is not marketing. You can count it. And the count is extraordinary.

The second number is the one to sit with. A proper trial is the normal bar in medicine. You say first what you are testing. You split patients at random. Then you

find out if it worked. You do not pick the cases after you already know the answer. It is how a drug earns its place on your prescription pad.

19 of those exist. Across four years and 4,609 papers. About one in every 240.

The people who ran the review said it plainly. Solid evidence from real patients is still rare. We need bigger trials before doctors lean on these tools. They wrote that having just counted the largest set of clinical AI research ever put together.

So what were the other 3,561 papers about? Mostly exams. The review sorted them. 1,704 tested models on exam questions. 1,857 used made-up patients, written by the team.

That is not nothing. A model that cannot pass a written paper is unlikely to be safe near a real patient. But a written paper is a tidy thing. It has one right answer, known in advance. No patient describes the pain wrongly. Nobody arrives with a relative who talks over them. Nobody forgets a tablet they took for six years.

The gap shows when the exam ends. Researchers tested 21 language models on clinical reasoning. Give them a full case, with every detail, and they name the right diagnosis nine times out of ten. Then ask them to do the earlier work. What to ask. What to rule out. What mattered. There they did badly, again and again.

Getting the answer right when you are handed the question is one skill. Knowing which question to ask is another. Most of medicine is the second one.

1,704

STUDIES TESTING EXAM-STYLE
QUESTIONS

1,857

STUDIES USING SIMULATED SCENARIOS

1,048

STUDIES USING REAL PATIENT DATA

Categories are not mutually exclusive in the source. Source: Nature Medicine, 2026.

The counting problem runs the other way too. Ask how many AI devices are approved in the United States. You get a number from the FDA's own list. But that list says of itself that it *is not a comprehensive resource*. Entries went on it *primarily based on the use of AI-related terms* in marketing paperwork.

So it is a word search across documents. Any total from it is a floor, not a count. And almost every headline about approved AI devices rests on it.

THE NUMBER THAT IS CLIMBING FASTEST

Stanford's AI Index counted 362 AI incidents in 2025. The year before, it was 233. Meanwhile 88% of organisations now use AI. The index says plainly that safe AI practice is not keeping up with what AI can do.

WHERE IT IS MOVING FASTEST OF ALL

Seventy thousand hospitals, one circular

The fastest rollout of clinical AI anywhere is not in Boston. AIIMS New Delhi built a tool called Smart Doctor. It helps doctors choose treatment. India's health authority has told every state to switch it on. It will run inside hospital software in about 70,000 hospitals, public and private. Diabetes and blood pressure first.

It is rule-based, not a language model. Almost every report calls it AI-powered. That is true in a loose way and misleading in a useful one. It follows written clinical rules. It does not predict the next word. That is why it can be rolled out this wide at all. The 19-trial problem belongs to the other kind of system, not this one.

There is a bill attached. If your clinic software is not approved, you have been told to upgrade so the tool can be added. The national rollout is now your buying problem.

None of that is a reason to wait. The front desk in the last chapter was not a medical decision. The proof you need to answer a phone is not the proof you need to make a diagnosis. That difference is the whole of it.

THREE QUESTIONS WORTH ASKING ANY VENDOR

Was it tested on real patients, or on written cases? How many, and were they anything like mine? When it is wrong, who finds out? Me, or nobody? A seller who can answer all three has done unusual work. A seller who cannot has told you something too.

The closer a tool gets to a clinical decision, the more evidence it owes you. A system that books an appointment needs to work. A system that suggests a diagnosis needs a trial.

Sources – Nature Medicine, *LLM-assisted systematic review of large language models in clinical medicine*, 2026 (4,609 studies, Jan 2022-Sep 2025). JAMA Network Open / Mass General Brigham, 21-model clinical reasoning evaluation, 2026 [FULL CITIGATION + N](#). Stanford HAI AI Index 2026. NHA / ABDM rollout: medicalbuyer.co.in, digitalhealthnews.com [NHA CIRCULAR + DATE](#). Every figure here is a count, not a percentage of an unstated base.



SPOTLIGHT

Two boards outside. The rest is a phone, and the **AI** with it.

The AI reaching small clinics is rarely dramatic. It is practical. It writes the message. It draws the picture. And it helps fill the appointment book.

She has no marketing department. She has no designer. She has no receptionist beside her. Between patients, Dr. Asiya Bano does pieces of all three jobs on a phone.

Her clinic sits on Gurudwara Road in Begumganj, one shutter among many. The signboard lists slip disc, frozen shoulder and sciatica, in Hindi, for whoever walks past. A board reaches the street. It does not reach the phone of a woman two villages away who has not lifted her arm properly in a month.

THREE APPS. BETWEEN PATIENTS.

The words. HER OWN LINE HERE – WHAT SHE FINDS HERSELF EXPLAINING OVER AND OVER She types that explanation once – that a frozen shoulder is treatable, that it takes weeks and not days, that the exercises matter more than the machine – and gets back something in the register her patients actually read.

The pictures. An image generator makes the diagram that used to need a designer: which muscle, which movement, what not to do at home. WHICH TOOL, AND ONE ILLUSTRATION SHE HAS ACTUALLY POSTED – WE PRINT IT BESIDE THIS

The appointments. WhatsApp is where the conversation already was. A patient who has read the post replies to it – no app to install, no number to ring, no front desk to get past. WHAT HAPPENS NEXT: DOES SHE READ AND CONFIRM EVERY ONE HERSELF, OR DOES SOMETHING ANSWER FIRST?

AND WHAT COMES BACK – POSTS A WEEK, ENQUIRIES, BOOKINGS, OR SIMPLY BEING RECOGNISED IN THE MARKET

THE CLINIC

PRACTITIONER

Dr. Asiya Bano (PT) · B.P.T., D.P.T.

CLINIC

Scope Physiotherapy & Rehab, Shop 2, Gurudwara Road, Begumganj, Barabanki

PREVIOUSLY

Intern, Ram Manohar Lohia Hospital, Lucknow

AI CAN HELP EXPLAIN. IT CANNOT BECOME THE CLINICIAN.

It can draft a post. It can draw an exercise. It can take a first enquiry. But the diagnosis stays with you. So does the treatment. So does anything about one patient. Two rules follow, and neither can be bent. An AI-made picture must never look like a photo of a real patient, or a real result. And a post that promises a cure is an advertising claim first. The council will not care that a machine wrote it.



Scope Physiotherapy & Rehab, Begumganj

AI is not changing what she knows. It is changing how much of what she knows she can explain, illustrate and organise on her own.

Note – nothing described on these two pages is sold by this magazine's publisher. The tools are ordinary consumer applications with free tiers, available to any practitioner. Clinic details are taken from the signboard. The person in the treatment-room photograph is not named. CONFIRM BEFORE CAPTIONING

WRITING THE INSTRUCTION

Good prompt. Great results from AI.

Ask a vague question, get a vague answer. The model is not weak. It just does not know what makes your practice yours.

WHAT MOST DOCTORS TYPE

Write something about diabetes for Instagram.

WHAT GETS USED

Act as a content writer for a physician's clinic.
Write an Instagram caption on three early signs of diabetes that people ignore.
I am in Barabanki. Most of my patients find out late.
For adults 35-60, Hindi-speaking, low medical literacy.
Give me 110 words, three bullets, one line asking them to come in.
Sound warm and plain. Not frightening.
Never use jargon, medicine names, or promise a cure.

Same tool. Same model. Eleven seconds of extra typing.

The second one is not a cleverer prompt. It is a brief. It tells the machine seven things it could not know. Who to be. What to make. Where you work. Who reads it. How long. How it should sound. What it must never say.

Leave those out and the machine guesses. It guesses from everything it has ever read. So you get a paragraph that fits any clinic in any country. And it reads like one.

This is where most doctors quit. They try it twice, get something bland, and decide the technology is overrated. The technology is fine. It was asked a question with no answer in it.

What follows is the whole method. It takes about forty seconds to type the first time. Less once you have saved it.

THE SEVEN

Seven things the machine cannot know about you

ELEMENT	WHAT IT IS	AT A CLINIC
Role	Who it should be	"A content writer for a physiotherapy clinic."
Goal	What you want made	"A caption explaining what a frozen shoulder actually is."
Context	Your practice, in one line	"Begumganj. Most people arrive after months of home remedies."
Audience	Who reads it	"Adults 35–65, Hindi-speaking, low medical literacy."
Output	The shape of the answer	"110 words, three bullets, one line asking them to call."
Tone	How it should sound	"Warm, plain, not frightening."
Restrictions	What it must never do	"No jargon. No brand names. No promise of a cure."

IF YOU ONLY EVER SUPPLY THREE

Give it **Role, Audience and Restrictions**. Those three fix most bad output. It stops sounding like a textbook. It stops writing for nobody. And it stops making claims you would never make in your own consulting room.

None of these are technical. You already decide each one before you speak in the OPD. Who you are talking to. How much they know. What you will not say. Writing it down is the whole skill.

You will not need all seven every time. A festival greeting needs three. A blog article needs all of them. The habit worth building is noticing which one is missing when the answer comes back wrong.

THE SECOND ASK

The first answer is a **draft**, not the work

Most people accept whatever comes back first, decide AI is mediocre, and stop. The people who get usable output almost never use the first answer. They ask again – and the second ask is where the quality actually comes from.

SHORTEN

Cut this to 60 words without losing the point.

REWORK THE OPENING

Give me five different first lines for this. I want the one a patient would stop scrolling for.

CHANGE THE REGISTER

Rewrite this in simple Hindi, the way it would be said in the room, not translated.

STRIP IT BACK

Take out anything that sounds like advertising. Leave only what is useful to somebody in pain.

MAKE IT SPECIFIC

This is too general. Rewrite it as though you are speaking to one patient who came in yesterday with [complaint].

CHECK ITSELF

List every claim in what you just wrote that a doctor would need to verify before publishing.

THE LINE TO KEEP AT THE END OF EVERY MEDICAL PROMPT

“No diagnosis. No medicine names. No promise of a cure. No fear.” Four short bans, typed once, saved in your notes app. They are the difference between content that educates and content a medical council would ask you about.

THE LIBRARY

Sixteen to start with. Change the **brackets**.

- 01** Explain [condition] to someone who has never heard the word, in under 150 words, no jargon.
- 02** Three things people believe about [condition] that are wrong, and what is actually true.
- 03** A reply to this Google review. Calm, no fault admitted, no medical detail, under 60 words: [paste]
- 04** A reply thanking this patient for a good review, naming the clinic once: [paste]
- 05** A Google Business Profile description for [clinic], [years] years, [services], under 750 characters.
- 06** A WhatsApp reminder for an appointment on [date] at [time]. Under 40 words. One line to reschedule.
- 07** A follow-up message three days after a visit. Ask how they are. No advice. Invite a call.
- 08** The ten questions patients ask a [specialisation] most often, with answers under 40 words each.
- 09** A [festival] greeting for patients with one health note. Under 30 words. Nothing promotional.
- 10** Turn this explanation into five slides a patient could swipe through: [paste]
- 11** A 600-word article on [topic] for someone searching it at eleven at night. Three subheadings.
- 12** A 30-second script for a phone-shot video on [topic]. One hook, three points, one closing line.
- 13** An announcement that OPD timings change from [date]. Warm, under 60 words, no exclamation marks.
- 14** An invitation to a free [specialisation] camp on [date] at [place]. Say who it is for and who it is not.
- 15** A note for my front desk on speaking to a patient who is frightened and being rude about it.
- 16** Rewrite this in the Hindi my patients actually speak, not textbook Hindi: [paste]

**The tool is not the skill. Deciding what to say, to whom,
and what you will never say — that was always the job.**

START HERE

Two tools. Then stop.

One that writes. One that designs. Both free. You will not need a third for about six months.

Gemini

ChatGPT

Claude

Canva

Adobe Express

Perplexity

NotebookLM

Gamma

Green underline: a free version does the job for a clinic.

The usual mistake is not picking the wrong tool. It is picking eight. You open each one twice, and quietly give up by the end of the month.

For words, use Gemini, ChatGPT or Claude. For a clinic’s daily work, the difference between them barely

matters. Use whichever you already have an account for.

For pictures, use Canva or Adobe Express. Both turn your words into something you can post. Both have a free tier one clinic will not use up.

THE JOB	OPEN THIS	FREE?
A caption, a reply, a message	Gemini / ChatGPT	Yes
Turning it into a post	Canva / Adobe Express	Yes
A month planned in one sitting	Claude	Yes
Checking what is current	Perplexity	Yes
A guideline into patient words	NotebookLM	Yes
A handout or a talk	Gamma	Mostly

BEFORE YOU PAY ANYBODY

You may already own both of **them**

Jio → Google AI Pro

18 months free

Gemini's paid tier, including its image and video tools, cloud storage and NotebookLM. Open to Jio users over 18 on an active unlimited 5G plan of ₹349 or above, prepaid or postpaid. Google puts the value of the period at about ₹35,100.

CLAIM IN THE MYJIO APP

Airtel → Adobe Express

12 months free

Adobe Express Premium – templates, background removal, image generation, 100 GB of storage – free for every Airtel customer, mobile, broadband or DTH. Worth about ₹4,000 a year. The window to claim it closes on 28 January 2027.

CLAIM IN THE AIRTEL THANKS APP

WHAT YOU WOULD OTHERWISE PAY, PER MONTH

ChatGPT Plus **₹1,999** · Google AI Pro **₹1,950** · Claude Pro **about ₹2,000**, billed in dollars · Canva Pro **₹799**, or ₹6,999 a year. **Every one of those is before 18% GST** – a ₹1,999 plan leaves your account at about ₹2,359.

Between the two offers above, a doctor on Jio and Airtel has the writing tool and the design tool for nothing, this year.

MAKING YOUR OWN

Stop looking for the right photo

Every clinic post uses the same tired stock photo. A smiling stranger in a white coat. You can make something nobody else has, in about a minute.

The tool that writes your captions also draws. Type a description and wait. You get a diagram, a background or a drawing that fits your post exactly. Not one you settled for because it was free.

The skill is the same as Chapter 04. A vague description gets a vague picture. Five extra words about style, colour and framing change everything.

FIVE WORDS THAT FIX MOST IMAGES

Style — flat drawing, line drawing, photo, watercolour. **Colour** — name two, and use the same two every time. **Framing** — close up, wide, from above. **Space** — “leave the centre empty for text”. **Bans** — “no text, no watermark, no logos”. Words made inside a picture are nearly always spelt wrong. So add the text yourself, later, in Canva.

THE ONE RULE THAT IS NOT NEGOTIABLE

Never make a picture that could be taken for a real patient. Or a real result. Or a real before-and-after. Drawings teach. A faked proof is a different thing, and a medical council will see it that way too.

TEACHING A PATIENT

Eight to explain something

- 01** A clean flat-vector diagram of [body part], the affected area highlighted in warm orange, muted teal background, simple shapes, no text, no watermark.
- 02** A simple line drawing showing correct and incorrect [posture / grip / technique] side by side, two panels, flat pastel colours, no text.
- 03** A friendly flat illustration of a person doing [exercise] at home, three stages of the movement left to right, soft colours, no text.
- 04** A gentle cross-section of a healthy [organ] beside an affected one, education-poster style, calm blues, nothing gory, no text.
- 05** A minimal illustration of a daily routine in four small panels – morning, afternoon, evening, night – flat style, one colour plus grey, no text.
- 06** A warm illustration of a family member helping an elderly person with [task] at home, soft light, respectful, nothing distressing, no text.
- 07** A simple food-plate illustration showing sensible proportions for someone with [condition], Indian foods, top-down view, flat style, no text.
- 08** An illustration of a calendar or clock making the point that [treatment] takes weeks, not days, minimal, two colours, no text.

FOR POSTS AND THE CLINIC

Twelve more

09 A calm background in soft [your two brand colours], plenty of empty space in the middle for text, no pattern near the centre, no text.

10 Three matching backgrounds in one consistent palette for a carousel, minimal, clean, no text.

11 A split panel divided by a thin line, neutral grey tones, space for two labels, no text.

12 A subtle repeating pattern of small wellness icons – water, fruit, footsteps, sun – pale, low contrast, suitable behind text.

13 A warm [festival] background with soft golden tones and small traditional motifs at the edges, centre left clear, no text.

14 A monsoon-season illustration about [seasonal risk], gentle, not alarming, flat style, no text.

15 A quiet illustration of a tidy consulting room with an empty chair, warm light, welcoming, no people, no text.

16 A friendly illustration of a phone showing a message arriving, flat style, two colours, no readable text on the screen.

17 A simple icon set of six items for [speciality], one consistent line weight, single colour, on white.

18 A calm abstract vertical background for a reel, slow gradient in [colour], nothing distracting, space for text.

19 An illustration of hands doing [everyday action] correctly, close crop, warm skin tones, flat style, no text.

20 A quiet waiting-room scene, plants and daylight, calm and unhurried, nobody identifiable, no text.

Replace the brackets. Keep the bans. Ask for a second version if the first is close but wrong.

GETTING IT RIGHT

What to say when it comes out **wrong**

Too busy. “Simpler. Fewer objects. More empty space.”

Wrong feeling. “Calmer and warmer. This looks clinical and frightening.”

Text all over it. “Remove every word and letter. I will add text myself.”

Nowhere to put the caption. “Same picture, but move everything to the left third and leave the rest empty.”

Anatomy looks wrong. Do not fix it with words. Use a real diagram instead. This is the one place made-up pictures are not good enough.

KEEP THE ONES THAT WORK

When a prompt gives you something good, paste it into the same notes file as your writing prompts. Within a month you will have a house style. You can hand it to anybody at the front desk. Every post will start to look like it came from the same clinic.

A picture nobody else has is worth more than a better picture everybody has.

THE WHOLE PLAN

Fifteen minutes, most days

Not a campaign. A small habit that survives a busy Tuesday. That is the only kind that works in a clinic.

Every clinic that gives up does it the same way. Nine posts in a fortnight. Then one hard week. Then nothing for four months. The other way is dull, and it works.

DAY	WHAT YOU DO
Monday	One update on your Google profile
Tuesday	Publish the educational post
Wednesday	Send reminders and follow-ups
Thursday	Publish the myth-versus-fact or the FAQ
Friday	A short video. Phone-shot is fine.
Saturday	Answer comments and messages. Nothing new.
Sunday	Half an hour. Write all of next week.

GIVE SUNDAY TO SOMEBODY

You, the front desk, or a son or daughter who is on their phone anyway. A rhythm nobody owns is a rhythm that stops in week three.

DAY ONE TO DAY THIRTY

Then look at three things **only**

DAYS	WHAT HAPPENS
1-2	Two free accounts. Claim your Google profile. Check the Jio and Airtel offers on page 17.
3-5	Write down the five questions patients ask you most.
6-10	Turn those five into your first week of posts.
11-15	Write your reminder and follow-up messages once. Save them.
16-20	Make three templates and three image prompts you will reuse forever.
21-25	Answer every review you have ignored. Fill the Q&A.
26-30	Look at what worked. Plan next month in half an hour.

THE ONLY THREE WORTH COUNTING

Did anybody say they found you online? Did the number of reviews move? Did you keep it up four Sundays out of four? **Not** likes, followers or reach – none of them fill a chair, and watching them daily is the fastest way to lose interest.

**Three months of dull, regular effort beats one brilliant month.
The least exciting sentence in this magazine and the most reliable.**

IF YOU WANT A BUSINESS, NOT JUST A CLINIC

Fifty answers, in Hindi

You answer the same fifty questions every week. So does every other doctor in your field. In every district in the country. Almost none of them have those answers written down.

The idea. Build one good set of fifty short answers for your own field. Use the Hindi your patients actually speak, not textbook Hindi. A minute each, on a phone camera. Or a caption and a picture made with the prompts on page 19.

Fifty Sundays and it exists. That is one year of the habit on page 22, pointed at something you can own.

Then license it. Other clinics in your field pay a small fee each month. They post the same set under their own name. They need content and have no time. You have already made it, and it costs you nothing to copy.

Why it works. The questions are the same across the country. The answers hardly change. The scarce thing is not the information. It is a real doctor who took the trouble to say it plainly, in the right language, on camera.

What it costs. Nothing but the Sundays, if you use the free accounts on page 17.

What would kill it. Making it generic to sell it wider. The day it sounds like it came from anywhere, it is worth what anything from anywhere is worth.

START WITH THREE, NOT FIFTY

Record the three questions you answered most often this week. Show them to two colleagues in your field. Ask whether they would use them. You will know inside a fortnight whether there is anything here. And you will have lost one Sunday finding out.

Every doctor already owns the raw material. Almost nobody writes it down.

Every call, answered.

FROM THE PUBLISHER

MediGent is the AI receptionist this issue is about.

AI RECEPTIONIST

- 📞 It answers every call, day or night, in the caller's own language.
- 📅 It books the slot. It sends the reminder.
- 🕒 It moves the date when they ask.

HEALTHSCRIBE

- 📝 Your visit notes write themselves while you work.

BUILT IN, FREE

- ✓ The EMR, e-prescriptions and your booking page are built in. All free.
- ✓ We take 0% commission.

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