

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 • AUG 2026

MediGent
Index

EVERY AI CLINIC
WE CAN VERIFY

● LIVE • 24x7

NEW ON THE INDEX

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

"QUOTE TO BE RECORDED"

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 whether artificial intelligence should enter medicine. It came in through the waiting room, on the patient's phone. This magazine is about what a practising doctor does next.

Tonight, somewhere near your clinic, a patient with a swollen jaw 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, look at when you last posted, and decide whether to ring. If nobody answers, they ring the next clinic on the list – and you may never know they called. None of that needed a doctor's permission.

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 diagnose. It is what happens to the layer around the diagnosis – the phone ringing mid-procedure, the recall nobody made, the message that sat unread until Monday. You trained for years to treat. None of it was about the front desk. Yet that layer is where a practice is quietly won or lost, and it is exactly the layer 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 arrives with a price on it – a front desk that answers every call, at night, on a Sunday, during a root canal, for a monthly figure you can set beside a salary. Whether it delivers is what this magazine exists to check. But notice what happens once one clinic in your town runs that way. The comparison stops being AI against no AI. It becomes your practice against the one where the phone gets answered.

Which changes what “well established” means. It used to be good hands, enough years and word of mouth. It still is. 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 genuinely excellent and completely invisible. That is a new way to fail, and it has nothing to do with medicine.

So here is what you will get, every edition. Doctors you can look up, using tools you can buy – the price, and what came back, in their words rather than ours. What broke. What they switched off. Every issue is read before publication by a named doctor whose registration number we print. 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

MEDICALLY REVIEWED BY

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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 rang anyway, and the patients on the other end went elsewhere. So he stopped hiring – and started answering it another 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 beside it, one fluorescent tube overhead. Dwarkamai Dental Clinic occupies a room in Krishna Bhawan on Dewa Road, and for most of its life it has run on a single pair of hands.

Which is the thing nobody warns a young dentist about. The dentistry is the easy part. The hard part is that

a one-chair practice needs somebody at the front, and cannot comfortably afford one.

So the cycle runs. Hire. Train. Watch them go a few months later – for a city job, a marriage, a little more money somewhere else. Hire again. And in the gaps the desk sits empty while the phone rings and your hands are inside somebody's mouth.

A missed call in a district town is not a missed call. It is a patient who walks to the next signboard. They do not leave a message. They do not try again at eight in the evening. There are other clinics on Dewa Road and every one of them has a phone.

The damage is quiet and it compounds. The extraction that never gets its follow-up. The scale-and-polish nobody books because nobody rang to remind them. The new patient who called on a Sunday, got silence, and never called again. None of it arrives as a complaint. It arrives as a diary emptier than it ought to be.

What changed was not the dentistry. Dr. Shukla stopped trying to solve a staffing problem with staff. The

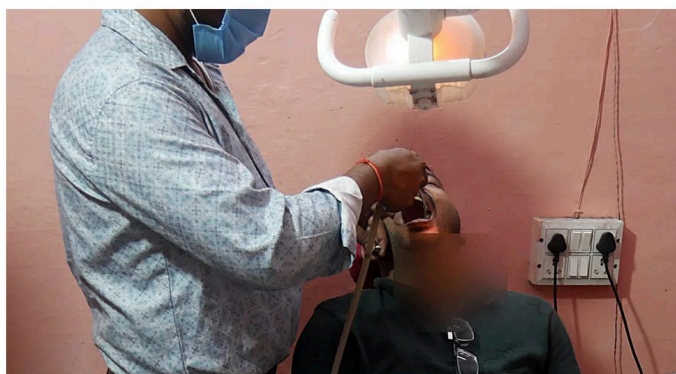
clinic's line is now answered by an AI receptionist that speaks Hindi, offers the next free slot, writes it into the day-book and sends the reminder the night before. It does not leave for Lucknow. It does not need training twice. It is awake at nine on a Sunday evening.

Patients notice before they can name it. The phone is answered. The appointment exists when they arrive. Somebody remembered to remind them. None of that is dentistry, and all of it is what people mean when they say a clinic is well run. The line takes forty-five to fifty calls a day. Since the AI receptionist, by his own count, none of them go 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 Awasthi Vikas. Not because a phone system builds clinics – because a handled phone gives back the hours and the head-room a second one 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

WHAT REPLACED IT • WITH AI

Less staffing. Better management.

There is no front desk. There is a screen he opens between patients, and a queue of calls that arrived while his hands were busy.

#	SOURCE	PATIENT	DOCTOR	WHEN	TYPE	RECEIVED	ACTION
1	AI voice			Mon, Aug 10 · 7:00 PM	In-clinic	14 min ago	Confirm
2	AI voice			Mon, Aug 10 · 11:00 AM	In-clinic	7 hr ago	Confirm
3	AI voice			Tue, Aug 11 · 11:00 AM	In-clinic	8 hr ago	Confirm
4	AI voice			Mon, Aug 10 · 11:00 AM	In-clinic	8 hr ago	Confirm
5	AI voice			Thu, Aug 20 · 11:00 AM	In-clinic	20 hr ago	Confirm
6	AI voice			Sun, Aug 9 · 10:00 AM	In-clinic	21 hr ago	Confirm

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, how long ago they asked. He confirms or declines between patients. Nothing is on paper and nothing waits on somebody remembering.

The record follows the patient. Prescriptions, consent and past visits sit against one name rather than one

appointment. That matters on the day somebody arrives and cannot remember what they were given last time.

The reminder goes out on WhatsApp the night before. In a district town that is the message people actually open. It arrives where patients already are, without adding another task 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 – and everything that needs a dentist still needs a dentist. The front desk is administrative, not clinical – which is why it can be automated 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.

Between January 2022 and September 2025, researchers published 4,609 studies on large language models in clinical medicine. Nineteen of them were prospective randomised trials.

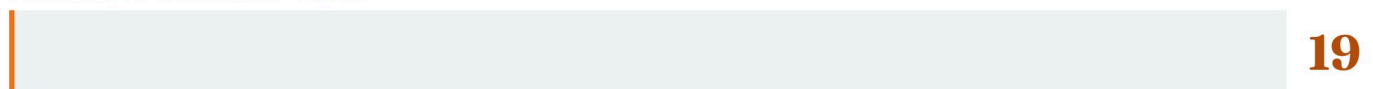
STUDIES PUBLISHED, JAN 2022 – SEP 2025



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 roughly three and a quarter papers every day, for close to four years, on one narrow question: what happens when you point a language model at medicine. No other corner of the profession is being written about at that rate. Not by a distance.

So the claim that artificial intelligence is moving through healthcare faster than through any other industry is not marketing. It is countable, and the count is extraordinary.

The second number is the one to sit with. A prospective randomised trial is the ordinary bar in medicine. You decide in advance what you are testing, you

allocate patients at random, and you find out afterwards whether the thing worked – rather than reading the result off cases you selected once you already knew the answer. It is how a drug earns its place on your prescription pad.

Nineteen of those exist, across four years and 4,609 papers. Roughly one in every 240.

The authors of the review put it plainly: rigorous, patient-centred evidence remains scarce, and larger prospective trials are needed before clinical adoption. They wrote that having just counted the largest body of clinical AI research ever assembled.

So what were the other 3,561 papers about? Mostly, they were exams. The review sorted them: 1,704 tested models on exam-style questions, and 1,857 on simulated scenarios – invented patients, written by the researchers.

Which is not nothing. A model that cannot pass a written paper is unlikely to be safe near a real one. But a written paper is a controlled thing. It has one right answer, supplied in advance, and no patient who describes their pain wrongly, arrives with a relative who talks over them, or leaves out the tablet they have been taking for six years.

The gap shows up when the exam ends. Researchers at Mass General Brigham put 21 language models through clinical reasoning tasks and published the result in *JAMA Network Open*. Given a complete case with every relevant detail supplied, the models reached the correct final diagnosis more than nine times in ten. Asked to do the earlier work – deciding what to ask, what to rule out, what mattered – they performed consistently poorly.

Getting the answer right when handed the question is a different skill from knowing which question to ask. 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 and you will be given a number from the FDA's own list. That list says of itself that it *"is not a comprehensive resource"*, and that entries were identified *"primarily*

based on the use of AI-related terms" in marketing-authorisation documents.

It is a keyword search across paperwork. Any total taken from it is a floor, not a census – and almost every headline about how many AI devices are approved rests on it.

THE NUMBER THAT IS CLIMBING FASTEST

Stanford's AI Index recorded **362** documented AI incidents in 2025, against **233** the year before. Organisational adoption of AI reached **88%**. The index's own summary is that responsible-AI practice is not keeping pace with capability.

WHERE IT IS MOVING FASTEST OF ALL

Seventy thousand hospitals, one circular

The fastest deployment of clinical AI anywhere is not happening in Boston. India's National Health Authority has told states and union territories to switch on **Smart Doctor**, a decision-support module built at AIIMS New Delhi, inside hospital software across roughly **70,000** public and private facilities under the Ayushman Bharat Digital Mission. Diabetes and hypertension first.

It is rule-based, not a language model. Almost every report calls it "AI-powered", which is true in the loose sense and misleading in the useful one: it follows encoded clinical rules rather than predicting the next word. That distinction is why it can be rolled out at this scale at all. The nineteen-

trial problem is a problem for the second kind of system, not the first.

There is a bill attached. Practices running software that is not ABDM-approved have been told to upgrade so the module can be integrated. If your clinic system is not on that list, the national rollout is now your procurement problem.

None of which is an argument for waiting. The front desk in the previous chapter was not a clinical decision, and the evidence bar for answering a telephone is not the evidence bar for a diagnosis. That distinction 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? And when it is wrong, who finds out — me, or nobody? A vendor who can answer all three has done unusual work. A vendor 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.



SPOTLIGHT

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

The AI reaching small clinics is rarely spectacular. It is practical. It writes the message, draws the picture, and helps fill the appointment book.

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

Her clinic sits on Gurudwara Road in Begumganj, one shutter among many. The signboard announces slip disc, frozen shoulder and sciatica, in Hindi, to 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, illustrate an exercise, or take a first enquiry. Diagnosis, treatment decisions and anything specific to one patient stay with the practitioner. Two lines follow from that and neither is negotiable: an AI-made picture must never look like a photograph of a patient or of a result, and a post that promises a cure is an advertising claim before it is anything else – the council's rules do 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.

A vague instruction gets a vague answer. Not because the model is weak – because everything that makes your practice yours is missing from the question.

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 had no way of knowing: who to be, what to make, where you practise, who reads it, how long, how it should sound, and what it must never say.

Leave those out and the model fills them in with an average of everything it has ever read – which is why the first prompt returns a paragraph that could have come from any clinic in any country, and reads like it.

This is where most doctors quit. They try it twice, get something bland, and conclude 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 and rather less after 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 of what makes AI output unusable in a clinic: it stops writing 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. Every one is something you already decide before you open your mouth 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, opening each one twice, and quietly giving up by the end of the month.

For words – 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 – Canva or Adobe Express. Both turn your words into something postable, and both have a free tier a single clinic will not exhaust.

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 picture of 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, wait, and you have a diagram, a background, or an illustration that fits your post exactly – instead of 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 illustration, line drawing, photograph, 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”. Generated text inside an image is almost always misspelled, which is why you add it afterwards in Canva.

THE ONE RULE THAT IS NOT NEGOTIABLE

Never generate anything that could be mistaken for a real patient, a real result, or a real before-and-after. Illustrations teach. Fabricated evidence is a different thing entirely, 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 generated 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 to anybody at the front desk, and every post will start looking 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, which is the only kind that works in a clinic.

Every clinic that gives up does it the same way: nine posts in a fortnight, one difficult week, then nothing for four months. The alternative 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 speciality, in every district in the country. Almost none of them have those answers written down.

The idea. Build one good library of fifty short explainers for your own speciality – in the Hindi your patients actually speak, not textbook Hindi. A minute each, phone camera, or a caption and an illustration 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 speciality pay a small monthly fee to post the same library 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 identical across the country and the answers barely change. The scarce thing is not the information. It is a real doctor having taken 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 moment it sounds like it could have come from anywhere, it is worth what everything 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 speciality and 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.