WEBINAR INSIGHTS

The Future of the Dental Practice

AI, Innovation and What Comes Next



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Trilbii AI



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21 October 2026

Trilbii AI | dental4windows | dental4web

INTRODUCTION

There is a lot of noise about AI in dentistry. **This webinar set out to talk plainly about what it means for a practice.**

About the webinar

The Future of the Dental Practice: AI, Innovation and What Comes Next was a **free one hour webinar** held on Wednesday 21 October 2026, **presented jointly by Trilbii AI and Centaur Software**, the makers of Dental4Windows/Dental4Web. It was open to dental practice owners, managers and teams across Australia, whichever practice management software they use. 51 people joined live from across Australia, including Perth, Adelaide, Melbourne and Sydney.

Why we ran it

Practice teams are hearing about AI, innovation and automation every week, and being asked to make decisions about it while running a full day. Carolyn and Sean felt the time was right to bring two perspectives together and **talk through what is actually happening in practices**: where AI is already useful, where it is heading, and where the line should sit.

The discussion drew on data throughout. The survey figures come from Centaur Software's 2026 Dental Practice Review, and the audience answered **three live polls** through the hour, so the conversation could respond to what the room was thinking.

ABOUT THIS DOCUMENT

The written version of the hour, for the people who were there and the colleagues they want to share it with: the four parts, the poll results, the audience questions with the answers given on the day, and a short list of things to act on this month.

The presenters



Carolyn S Dean

Founder and CEO, Trilbii AI

More than 20 years in marketing, the last decade specialising in dental and healthcare, working with more than 500 practices across Australia and New Zealand. Carolyn's earlier career was in technology, as a pure mathematician and computer scientist.



Sean Perera

Chief Technology Officer, Centaur Software

More than two decades in dental practice management software, from technical consultancy to product innovation and technology strategy. Winner of the 2024 Outstanding Achiever Award at the Australian Dental Industry Awards.

ABOUT THE HAT

Carolyn opened the webinar wearing a trilby. Trilbii is named for the many hats practice teams wear alongside the clinical one: marketing, operations, AHPRA advertising and more.

HOW THE HOUR RAN

1 **Right now**
Where practices are with AI today

2 **What changes next**
When AI connects to the practice software

3 **How far should we let AI go**
Trust, privacy and human judgement

4 **The future and Q&A**
Predictions and audience questions

6 key messages

KEY MESSAGES

1 Start with the problem, not the tool

The 2026 Dental Practice Review describes four stages of AI adoption: not yet using AI, exploring AI, using it in some areas, and AI embedded in daily operations. **Most practices are at stage two**, exploring cautiously and being sold tools. Carolyn and Sean's advice is to **start with a problem in your own practice** and look for what solves it. Sean calls the alternative vibe buying: choosing a tool because the practice down the road did.

2 The money is already in your database

Overdue recalls, lapsed patients and unbooked treatment were the top three places this audience would point AI first. These are patients the practice already has a relationship with, so reaching them needs **no new acquisition spend**.

3 Automation repeats your fundamentals

If the recall message is wrong, **automation sends the wrong message consistently**. AI works best on top of messaging that has been set up properly and checked recently.

4 Privacy is the concern, and it should be

82 percent of the room named patient data and privacy as their biggest concern. **Dental practices remain accountable for how patient information is handled**, including when they use third-party software and AI services. Understanding where information goes, how it is used and who can access it is essential.

5 Not everything needs the same oversight

Sean's Trust Spectrum gives **four levels of human involvement** and three questions that decide which level a task belongs at. **Human judgement sits across all of them**.

6 The opportunity includes the work that never gets done

Carolyn sees a large opportunity **outside existing workflows**, in the jobs practices know matter but rarely have time for. Social media is the obvious example, which she called the beast that nobody can feed.

PART ONE

1

Right now

Where dental practices actually are with AI: exploring, interested, and still cautious. Data from Centaur Software's 2026 Dental Practice Review, with the live poll from the room laid alongside it.

THE FOUR STAGES OF AI ADOPTION

STAGE 1

Not yet using AI

No AI tools in use in the practice yet.

STAGE 2

Exploring AI

Trying tools such as ChatGPT, cautiously, mostly outside the practice systems.

▲ **Most practices are here**

STAGE 3

Using AI in some areas

AI doing specific jobs, such as reminders or marketing content.

STAGE 4

AI embedded in daily operations

AI part of everyday practice operations, connected to the practice systems.

Source: The 2026 Dental Practice Review, Centaur Software, which places the average Australian practice at stage two.

Why most practices are still at stage two

Sean's read is that **the privacy guardrails are tightening**, and nobody wants to be the case everyone else learns from. Carolyn's read is that **the interest is real and the tools are young**. People are signing up for webinars and seminars in numbers, but usability in a practice environment is still catching up with what the technology can do in a demo.

> If you are away from it for thirty days, you feel left behind. What practices are exploring today will be different in thirty days.
>
> SEAN PERERA

Both agreed the pace will not settle. Carolyn's advice to owners and managers was direct: **you will never catch up with the models, and that is fine**. Come back to the problems in your own business and ask what would solve them.

What practices are asking for

Across Centaur's customer base, three requests dominate: **voice AI for reception, clinical scribing, and AI in marketing**. Practices usually arrive asking for a tool, because that is what the practice down the road bought. The problem underneath rarely gets named first.

The Review shows what those problems are. **Workforce capacity was the leading factor** practices cited behind changes in their performance. Workflow and efficiency came next. AI as a request in its own right barely registered. **People want work to get easier**, and AI is one way to get there.

> When we demonstrate the operations tools, practices are literally saying, "I had no idea the AI could do that." Awareness is fresh because the innovation is fresh.
>
> CAROLYN S DEAN

Where would you most like AI to save your team time?

LIVE POLL · 29 RESPONDENTS · MULTIPLE CHOICE



Carolyn's pick was patient communication, because that is where the revenue sits. Sean's was reporting and insights, as a data analyst by trade.

40%
cited workforce capacity as the leading factor behind changes in their performance

34%
asked for workflow and efficiency improvements

1 to 16%
of the themes practices raised in their own words mentioned AI or automation

3
requests dominate: voice AI reception, clinical scribing, AI in marketing

Source: The 2026 Dental Practice Review, Centaur Software.

A SMALL EXPERIMENT FROM THE CALL

Sean asked the room for a number between one and nine. **Then he asked the AI.**

3 4 5 6 7 8 9 THE ROOM **7** **7** CHATGPT AND CLAUDE

Generic AI gives a generic answer

The room produced the full spread. Two attendees asked ChatGPT and Claude the same question. **Both got seven**. Sean's point is simple: **a general model gives the general answer**, and when every LinkedIn article starts to read the same, that is why.

Carolyn's answer to "why not just use ChatGPT with a good prompt" **was about context**. A general model does not know your treatments, your team, how you talk to patients, or the AHPRA advertising guidelines unless someone loads all of that in and keeps it current. Some practices have the time and inclination to do that. In her experience **most want to choose the job, review the result and get on with the day**.

Before the webinar, Trilbii ran an AHPRA advertising screen across the websites of practices registered for the webinar. One website returned **more than 300 items flagged for further compliance review**. For Carolyn, that makes **accuracy, appropriate safeguards and human oversight essential** when choosing AI tools.

> Having a platform that constantly collects that context from you and knows your practice will be the difference between practices using generic AI and purpose built AI.
>
> SEAN PERERA

What a purpose built platform carries, so the practice does not have to

- The practice's treatments, team and services, kept current
- How the practice speaks to patients, in its own voice
- The AHPRA advertising guidelines and the practice's own guardrails
- Checks run before a human sees the draft
- A review and approve step, so a person signs off every piece

PART TWO

2

What changes next

When AI stops sitting outside the practice management system and starts working with the appointment book, the recall list and the treatment plans already inside it.

75%

Overdue recalls was the first place this audience would point AI if their software could flag the issue and AI could take the next step. Lapsed patients and unbooked treatment followed.

The patients you already have

Asked where they would start, the room answered in a clear order: **overdue recalls, then lapsed patients, then unbooked treatment**. Sean expected it. Carolyn would have put unbooked treatment second, but the room voted.

Her marketing observation follows from that. Owners ask how to get new patients while sitting on a database of outstanding treatment plans, patients who left without a recall booked, and patients who have not been seen in more than 18 months. **Those people have already been paid for once**.

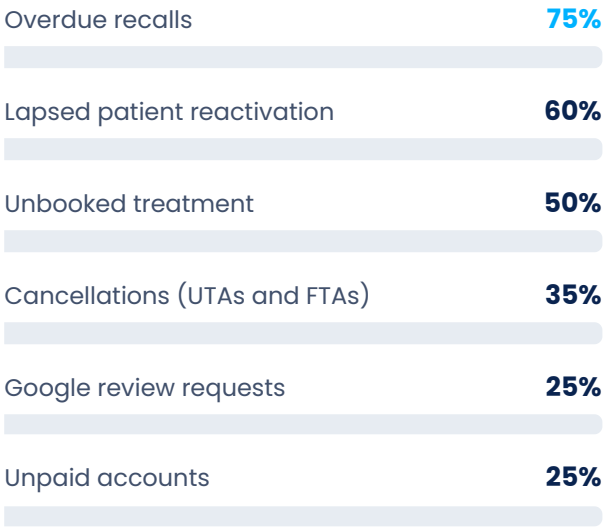
> Did you know that you have outstanding treatment plans worth however many millions of dollars? That X percent of your patients left without a recall appointment? Step one is the insight. Most practices look at this once a quarter, once a year, or once when a consultant comes in.
>
> CAROLYN S DEAN

The sequence Carolyn described is **insight first, then recommendation, then action**. The system surfaces what is overdue and what it is worth. It recommends the campaign, the channel, the time of day and the wording, and the practice approves the messages before they go out.

Sean's contrast with the broader survey: the average practice points to scheduling and reminders. A room that turned up for an AI webinar pointed straight at the revenue items. Carolyn noted investors rank AI priorities the same way: **revenue, then time, then risk**.

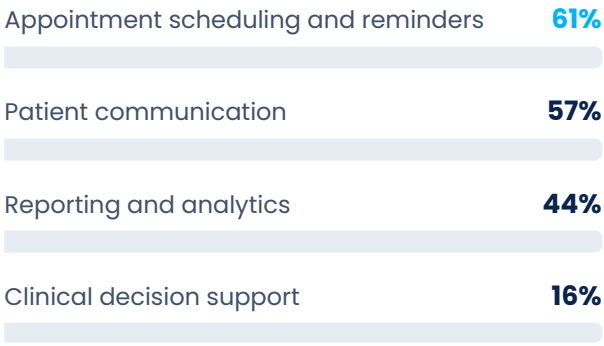
If your software could flag it and AI could take the next step, where would you start?

LIVE POLL · 20 RESPONDENTS · MULTIPLE CHOICE



Where practices see the AI opportunity

2026 DENTAL PRACTICE REVIEW · 77 TO 87 PRACTICES ANSWERED EACH ITEM



UTA: unable to attend. FTA: failed to attend.

RAISING AI WITH YOUR TEAM

Sean has heard practice owners say they avoid talking to their team about AI, because staff may worry about their jobs. Carolyn's experience points the other way. When she put smarter automation in place with larger dental groups, the word teams used was relief.

> Nobody wants to do this admin. People want to deliver great clinical care to happy patients.
>
> CAROLYN S DEAN

AUTOMATION IS NOT THE SAME AS AI

Both send the recall. Only one of them asks **whether nine o'clock is the right time for this patient.**

AUTOMATION

Nine o'clock, every day, everyone

A batch of recall reminders goes out at the same time, with the same wording, to every patient on the list. Then the practice hopes for the best. It is consistent. If the message was set up badly, it is consistently bad.

AI ON TOP OF AUTOMATION

The right message, person by person

Looks at how a patient cohort has responded before. Asks whether this person answers at nine in the morning or six in the evening, by SMS or by email, and which wording is likely to land. Then recommends, and the practice approves.

> If your fundamentals are wrong, automation will consistently repeat the wrong fundamentals. If your recall message is not on brand, it will keep sending it every day.
>
> SEAN PERERA

Carolyn still works with practices whose recall SMS mentions COVID, because it was set up once and nobody went back. Before AI does anything clever with patient communication, **the base layer has to be right**: personalised journeys, on brand wording, phrased the way the practice actually speaks, and reviewed on a schedule.

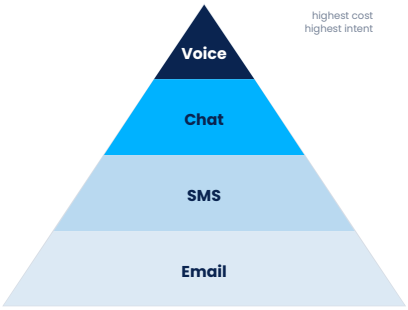
This also explains a gap in the Review's data. 72 percent of practices rate their patient experience highly. **Only 45 percent rate their recall and reactivation highly**. Recall compliance at most practices sits around that number, and it tracks the quality of the communication behind it.

Problem led AI inside the practice software

Sean's own example of building for a real practice problem is **smart attendance prediction in Dental4Windows**. It predicts the probability of a patient attending, and suggests what to do if they do not, so the practice can act on the appointment book ahead of time.

Email, SMS, chat or voice?

CAROLYN'S COMMUNICATION PYRAMID · FROM AN AUDIENCE QUESTION



- **Email:** highest volume, close to free, always sent alongside SMS
- **SMS:** more cut through, costs per message, so target it
- **Chat:** two way, for those who engaged but did not book
- **Voice:** highest cost, for people who responded

Those who click or reply to the email move straight to the top and get a call; the rest step up one level at a time. Every channel is used, and the data decides who gets the expensive one.

Sean's addition: call him and it goes to voicemail. Carolyn's reply was that a WhatsApp at nine would reach him. Sean pointed out that the practice management software often holds that kind of preference in a note, with nothing pulling it together and acting on it. That is the kind of job AI agents, explained on the next page, are suited to.

PLAIN LANGUAGE

APIs, integrations, MCPs and agents, **explained with a restaurant.**

Carolyn asked Sean to make the vocabulary simple for people hearing it for the first time. He is known for his analogies.

API

THE WAITER

Brings you the menu, takes your order, goes to the kitchen and comes back with what you asked for. You never need to know how it was cooked. **Software talking to software**.

Integration

A WAITER SERVING TWO RESTAURANTS

Two systems that need different things from each other, with the waiter carrying orders between them. Your PMS and your marketing platform, for instance.

MCP

TALKING TO THE CHEF

Model Context Protocol, introduced by Anthropic. It lets you **ask questions of your systems in everyday language**. How many patients are in tomorrow and what should I be aware of? Where did the mussels come from? With the right privacy and security settings in place.

Agent

THE RESTAURANT MANAGER

An AI tool operating under a set of instructions, **with a role, steps and guardrails**. Make sure the waiters are doing the right thing. If the kitchen is on fire, come to me immediately.

With the right access in place, you could ask how many patients are coming in tomorrow, and what you need to be aware of. Some patients are sensitive to things as small as the music playing in the surgery. Knowing that beforehand matters.

SEAN PERERA, ON WHAT AN MCP CONNECTION COULD MEAN IN PRACTICE

PART THREE

3

How far should we let AI go?

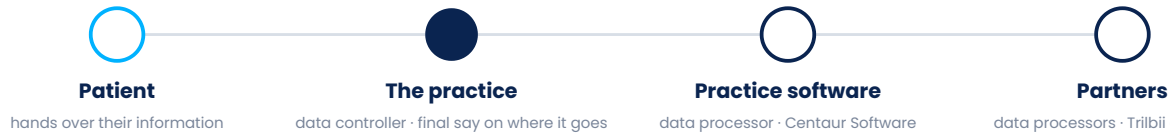
Just because AI can do something, should we let it? Trust, privacy, AHPRA advertising and human judgement.

82%

Patient data and privacy was the biggest concern in the room about using more AI. Losing the human touch (64%) and accuracy (59%) followed. AHPRA and compliance came last at 32%.

PASSING THE BATON

Patients trust the practice. The practice trusts its software. The software trusts its partners. **The practice holds the final say, and the final responsibility.**



Sean was pleased with the poll order, and said so. Advertising compliance matters, but **patient privacy is the one a practice cannot delegate**.

> You are the custodians of patients' information, and we are the custodians of patient data at Centaur. People have put their faith in you. It is not to be divulged to tools whose origins you are not aware of.
>
> SEAN PERERA

The labels in the diagram are the European GDPR terms Sean borrowed to explain the point.

19%
of Australian data breach notifications in 2025 involved health service providers (225 of 1,205)

59%
of breaches nationally resulted from malicious or criminal attacks

Source: The 2026 Dental Practice Review, citing OAIC data for 2025.

Questions to ask any AI vendor

- Where is our data stored, and where does it go?
- Is our data used to train your models?
- What was the model trained on, and does it skew to a particular population?
- What happens if it goes wrong, can we undo it, and would we notice?
- Where does a human review sit in the workflow?
- What security checks have you passed with our practice management software provider?

Mark 10 December in your diary

New privacy transparency requirements **commence on 10 December 2026** under Australia's Privacy Act.

Organisations covered by the Australian Privacy Principles must disclose certain uses of automated decision-making in their privacy policies where computer programs use personal information to make, or substantially and directly contribute to, decisions that could significantly affect an individual's rights or interests.

Not every use of AI triggers these requirements. However, dental practices should **review how AI is used across their systems**, particularly where patient information is involved, and ensure their privacy policies accurately reflect their activities.

Source: Office of the Australian Information Commissioner (OAIC), Australian Privacy Principle 1.7–1.9.

SEAN'S TRUST SPECTRUM

Not everything needs the same human oversight. **Three questions decide how much.**

QUESTION ONE

What happens if this goes wrong?

QUESTION TWO

Can we undo it?

QUESTION THREE

Would we even notice it had done it?

MORE AI AUTONOMY

MORE HUMAN JUDGEMENT

1

Full auto

Would I be fine never seeing it?

Daily patient reminders going out on schedule.

2

On the loop

Can I see it and stop it?

Scheduler optimisation, rearranging blocks in the book. You are not in every decision, but you can watch and correct.

3

In the loop

Would I put my own name to it?

A treatment plan or estimate drafted by AI. You review, change what needs changing, then approve. Nobody wants an invoice for a thousand toothbrushes.

4

Hands off

AI supports. The human decides.

Diagnosis. You might use a tool to read an X-ray, but the judgement and the decision stay with the clinician.

Who is responsible when AI gets it wrong

Carolyn's answer is the principle Trilbii is built on: **a human approves everything before it goes anywhere**. No patient communication, no piece of marketing, nothing operational leaves the platform until someone at the practice has reviewed it. Who that person is becomes a practice management decision.

Sean took it a step further. Vendors will make claims about security and accuracy. **The practice owner is still responsible for what AI does at the practice**, which means vetting vendors, asking the questions, and staying in the loop. AI is not at the stage where you close your eyes, go on holiday and come back to the books balanced.

Efficiency versus checking

If human oversight means extensive fact checking of AI output, where is the net saving? Carolyn agreed it is the right test. How much time does it take compared with how much it saves. Her design answer is that **the checking should happen before the human sees the work**. In Trilbii, marketing content is screened three times against AHPRA advertising guidelines and the practice's own guardrails, and the practice is asked one question at the end: are you happy with this?

> If the processes are chaotic, AI is going to make the chaos more efficient and more expensive.
>
> SEAN PERERA

PART FOUR

4 What will be completely normal in a dental practice three years from now

Practices are already budgeting for it. Of the practices surveyed in the Review, 36 percent plan to invest in AI enabled administrative tools, 36 percent in online reputation and review management, and 31 percent in patient communication. What they are asking for is easier workflows, better patient communication and systems that connect.

THE QUESTION WE RAN OUT OF TIME FOR

The hour ran out before this question was put on air. Carolyn and Sean answered it while preparing for the webinar.

SEAN'S PREDICTION

The visit is the only part the patient notices

A patient walks in, has a casual chat with reception, has their treatment and walks out. Appointment making, forms, medical history updates, treatment plan acceptance, health fund checks and account settlement all happen in the background, agent to agent. The patient's own trusted AI has been authorised to share certain information and act within a budget they set. It sounds uncomfortable today, and Sean compared it to how tapping a card felt when it was new.

CAROLYN'S PREDICTION

The jobs that have never been done get done

The real opportunity is outside the existing workflow: the social content nobody wrote, the cancellation patterns nobody analysed, the recall messaging nobody reviewed since it was set up. Practices become more human because the admin that kept them from their patients has been taken off the desk. And the conversation about handing tasks to agents starts now, cautiously, the way we all started.

WHERE THEY AGREED

Guardrails are the skill to learn

The people who get this wrong will be the ones who do not learn enough to set the guardrails properly. Give the right instructions, limit what the agent can do, set privacy correctly, and keep a human where a human belongs. It becomes part of the standard workflow, the way EFTPOS and then tap did.

> The problem in Australian dentistry is not too many people with too much time. We cannot do the jobs we need to do to run an effective practice with the resources we have. I cannot see AI costing jobs here. I see it making us more efficient, and more human.

CAROLYN S DEAN, ANSWERING AN ATTENDEE QUESTION ABOUT EFFICIENCY AND REDUNDANCY

Audience questions

The chat is not visible on the recording, so the questions are repeated here with the answers given on the day.

Q What would AI doing recalls and uncompleted treatment plans actually look like? Email, chat or voice?

All of them, in order of cost
, using Carolyn's communication pyramid on page 9. AI works out volume against cost against return, and learns which channel and time each patient responds to.

Q Emails or SMS for recalls? Some work, some do not.

SMS has more cut through
. Carolyn would never send an SMS without an email alongside it, because the email costs nothing and gives a second touch point. Then balance the paid channels against the return: ten SMS and twenty emails rather than twenty SMS, measured, and voice where the data says it is worth the time.

Q Can patients book online for the specific treatment on their treatment plan?

Carolyn agreed it should be possible and passed the request straight to Sean, as Centaur Software's CTO, who took note of it.

Q Who is watching AI if it makes mistakes? Who is responsible?

The practice owner is responsible for anything AI does at the practice, whatever a vendor claims. Page 13 covers both answers in full.

Q What risks should we explore before integrating AI, and what should we tell patients when seeking consent?

Due diligence sets your risk threshold
. Ask about training data provenance and bias, where your data goes, whether it is used for training, and what the vendor does with it. Keep an eye on the changing regulatory landscape. And
test the system yourself before it communicates with a patient
. If it cannot speak the way you would approve, it is not ready for your practice.

Q Is Trilbii ready to integrate with practice software by API, and is patient data stored on Trilbii's servers?

Yes to the integration
. On data, Carolyn explained that
Trilbii stores minimal patient details
: name, address, phone number and email. Every platform that connects to Centaur Software goes through Centaur's security checks on where data is stored, certifications and data handling. Practices can put their IT professional's questions to Trilbii directly.

Q Is AI developing a collective intelligence, and how do we manage the risk of AI driven hacking?

Nobody has a complete answer, and the heads of both Anthropic and OpenAI have said as much.
It will be an arms race
, with security products getting agents of their own. Carolyn's framing is that this is the same concern that came with moving from on premise to cloud. The technology evolves and the mitigations evolve with it.

Six things a practice can do this month, **using what you already have.**

They came directly from the conversation, and they are the groundwork any AI will depend on.

1

Start with one problem

Pick the single issue costing you most: overdue recalls, unbooked treatment, lapsed patients, no shows. Evaluate anything you look at against that problem and the time it saves.

2

Read your own recall and reminder messages

Open the SMS and email templates in your practice management software. Check tone, accuracy and date, and note anything out of date or off brand.

3

Pull the numbers you have never pulled

Outstanding treatment plan value. Patients who left without a recall booked. Patients not seen in 18 months. Knowing the figures is step one of the insight, recommend, act sequence.

4

Review your privacy policy before 10 December

New automated decision-making transparency requirements commence on 10 December 2026. Check whether your practice uses systems covered by these requirements and ensure your privacy policy accurately explains how patient information is handled when using AI.

5

Place each task on the Trust Spectrum

What happens if it goes wrong, can we undo it, would we notice. Start AI at full auto and on the loop tasks. Keep in the loop and hands off tasks exactly there.

6

Ask every vendor the six questions

Data storage, training use, bias, what happens if it goes wrong, human review and security checks with your practice software provider. The full list is on page 12.

NEXT STEPS

Three ways to **take this further.**



RECOMMENDED FIRST STEP

Complimentary AI Practice Review

Discover where AI could make the biggest difference in your practice. We'll review your marketing and operations, identify practical ways to save your team time, and include an initial AHPRA advertising screen of your website.

With Carolyn S Dean and Anthony Middlemiss, Trilbii AI

Request a review
trilbii.ai/ai-review



CENTAUR SOFTWARE

The 2026 Dental Practice Review

Key trends, opportunities and pressures facing Australian dental practices in 2026, and the source of every survey statistic in this document.

Download the report
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Would you like a deeper session on any of these topics? Tell us at **enquiries@trilbii.ai**

Webinar held 21 October 2026, presented by Carolyn S Dean (Trilbii AI) and Sean Perera (Centaur Software). Poll figures are live attendee responses. Survey statistics are from The 2026 Dental Practice Review, Centaur Software. Trilbii screens content against AHPRA advertising guidelines and practice guardrails and flags items for review. Nothing in this document is legal or regulatory advice.

Sources: The 2026 Dental Practice Review · OAIC APP Guidelines, Chapter 1

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