

# 10 Google Ads Mistakes Dental Practices Make (And How to Fix Each One)

Most dental practices running Google Ads are leaving money on the table — not because the platform doesn't work, but because a handful of avoidable mistakes quietly drain budget and suppress results. This guide covers the 10 most common errors we see in dental accounts, what causes them, and exactly how to fix them.

---

- 01** Running broad match without a negative keyword list
  - 02** Mixing all services into a single ad group
  - 03** Sending all traffic to the homepage
  - 04** Ignoring the call extension — or not tracking calls at all
  - 05** Using audience targeting or remarketing (HIPAA violation risk)
  - 06** Targeting too wide a geographic radius
  - 07** Switching to Smart Bidding before accumulating enough data
  - 08** Writing generic ad copy that doesn't differentiate
  - 09** Not tracking conversions accurately — or at all
  - 10** Setting the budget and never revisiting it
-

## Running broad match without a negative keyword list

### WHAT IT LOOKS LIKE

Your ads show for dental supply companies, hygienist job seekers, and dental school students — none of whom will ever book an appointment.

### WHY IT HAPPENS

Broad match in Google Ads casts an extremely wide net. Without guardrails, Google will match your "dentist" keyword to queries like "dental assistant training near me" or "dental floss brands" — wasting budget on searchers with zero intent to book.

### THE FIX: BUILD YOUR NEGATIVE LIST BEFORE YOU LAUNCH

Add a shared negative keyword list to every campaign from day one. Start with these categories: job-related terms (jobs, career, salary, training, school, degree, assistant), DIY/product terms (kit, tool, supply, floss, toothbrush, whitening strips), insurance/cost research (how much does, cost without insurance, free dental), and competitor supply brands. Review the Search Terms report every week for the first 90 days and add new negatives as you find them.

### QUICK WIN

Quick win: Add [dental school], [dental assistant jobs], [dental supply] as negatives right now if you haven't already.

## Mixing all services into a single ad group

### WHAT IT LOOKS LIKE

One ad group with keywords for cleanings, implants, Invisalign, whitening, and emergency dental — all pointing to the homepage.

### WHY IT HAPPENS

Google calculates Quality Score at the keyword level by measuring how closely the keyword, the ad copy, and the landing page align. When you mix services, no single ad can speak to all of them well. Quality Score drops, costs per click rise, and ad relevance suffers.

### THE FIX: ONE SERVICE THEME PER AD GROUP

Create separate ad groups for each service: Cleanings & checkups, Emergency dental, Teeth whitening, Invisalign/clear aligners, Dental implants, Veneers & cosmetic, and New patients. Each ad group gets its own tailored headlines, descriptions, and — ideally — its own landing page or page section. This alone can reduce cost per click by 20–40% as Quality Scores improve.

### QUICK WIN

Quick win: Pull your Search Terms report and identify which services are being lumped together — start by splitting out your highest-spend service first.

# Sending all traffic to the homepage

## WHAT IT LOOKS LIKE

Every ad clicks through to yourdentalwebsite.com regardless of what the person searched for.

## WHY IT HAPPENS

A homepage is designed for all audiences. Someone who searched "emergency tooth extraction" lands on a page about your practice philosophy and a general contact form. The disconnect kills conversion rates. Industry data shows dedicated landing pages convert at 2–5x the rate of homepages for paid traffic.

## THE FIX: MATCH THE LANDING PAGE TO THE SEARCH INTENT

Create or designate specific landing pages for your highest-spend ad groups. At minimum: an Emergency dental page (phone number prominently displayed, same-day availability mentioned), a New patients page (offer, what to expect, easy booking form), and a Cosmetic services page (before/after imagery, specific services listed). Each page should have one clear CTA — usually a phone number or a short booking form — not a full navigation menu.

## QUICK WIN

Quick win: Add a phone number in large text and a single-field 'Request a callback' form to your top service pages today.

## Ignoring the call extension — or not tracking calls at all

### WHAT IT LOOKS LIKE

Ads run without a call extension, or calls come in but aren't counted as conversions in Google Ads.

### WHY IT HAPPENS

Dental practices book the majority of new patients over the phone. If call conversions aren't being tracked, Google's Smart Bidding algorithms have no signal to optimize toward — they're flying blind. Simultaneously, not showing a call extension means mobile users can't tap-to-call directly from the search results page.

### THE FIX: SET UP CALL EXTENSIONS AND CALL CONVERSION TRACKING

Enable the call asset on every campaign and set it to show on mobile. Then set up call conversion tracking: in Google Ads, create a 'Phone call' conversion action and set it to count calls over 60 seconds as a conversion (shorter calls are usually wrong numbers). Use a Google forwarding number so calls are tracked automatically. If you use a third-party call tracking tool like CallRail, make sure it has a signed BAA before connecting it to patient-facing pages.

### QUICK WIN

Quick win: Check your Campaigns > Assets tab right now — if you don't see a call asset, add one before your next spend cycle.

## Using audience targeting or remarketing (HIPAA violation risk)

### WHAT IT LOOKS LIKE

Retargeting lists, customer match uploads, or in-market health audiences are active in the account.

### WHY IT HAPPENS

Dental practices are covered entities under HIPAA. Using website visitor data or patient lists to target ads creates serious compliance exposure. Google's customer match and remarketing features can inadvertently associate a person with a healthcare provider, which may constitute a disclosure of protected health information (PHI) without authorization.

### THE FIX: DISABLE ALL AUDIENCE TARGETING AND RESTRICT DATA COLLECTION

Remove all remarketing lists from your campaigns. Turn off customer match. Disable 'Optimized targeting' at the campaign level (Google quietly re-enables this). Check account-level audience settings and disable personalized advertising for the account if your BAA situation requires it. Ensure your Google tag is not capturing form field values or other PHI. Rely exclusively on keyword targeting and geographic targeting — both are compliant and sufficient for a well-structured dental account.

### QUICK WIN

Quick win: Go to Tools > Audience Manager and audit every list. If any contain website visitors or uploaded contacts, remove them from all campaigns immediately.

## Targeting too wide a geographic radius

### WHAT IT LOOKS LIKE

Campaigns target a 25–50 mile radius, or the entire metro area, when the practice only realistically draws patients from 5–10 miles away.

### WHY IT HAPPENS

People don't drive 30 miles for a routine cleaning. Targeting a radius wider than your actual patient draw wastes budget on searchers who will never convert and inflates your cost per lead. It also means your ads compete against practices that are actually closer to the searcher.

### THE FIX: TIGHTEN YOUR GEO AND USE BID ADJUSTMENTS BY DISTANCE

Start with a 10-mile radius for general dentistry. For high-value elective services like implants or full-arch restorations, you can extend to 15–20 miles since patients will travel further. Use location bid adjustments to bid higher for zip codes closest to the practice and lower for the outer rings. Check your geographic report monthly (Reports > Geographic) to see which areas are converting and which are draining budget.

### QUICK WIN

Quick win: Pull your Geographic report and sort by cost. Find the areas spending the most with zero conversions and exclude them.

## Switching to Smart Bidding before accumulating enough data

### WHAT IT LOOKS LIKE

Target CPA or Maximize Conversions is enabled on a new account with fewer than 15 conversions per month — and performance is erratic.

### WHY IT HAPPENS

Google's Smart Bidding algorithms require a minimum conversion volume to learn effectively. The general threshold is 30+ conversions per month per campaign for reliable optimization. Below that, the algorithm makes poor decisions because its statistical confidence is low. New accounts switched to Smart Bidding too early often see costs spike and conversions drop.

### THE FIX: EARN SMART BIDDING THROUGH DATA, NOT HOPE

Start new campaigns on Maximize Clicks with a max CPC cap (set the cap at roughly what you'd be willing to pay for a click). Once a campaign accumulates 30+ conversions over a 30-day rolling window, test a switch to Target CPA — and set the initial target 25–30% higher than your actual goal to give the algorithm breathing room. Tighten the target incrementally over the following weeks. Never switch bidding strategies during a high-traffic period like a promotion.

### QUICK WIN

Quick win: Check each campaign's conversion volume for the last 30 days. Any campaign under 20 conversions should stay on Maximize Clicks or Manual CPC.

# Writing generic ad copy that doesn't differentiate

## WHAT IT LOOKS LIKE

Headlines read: "[City] Dentist | Book Today" or "Quality Dental Care | Affordable Prices" — identical to every competitor on the page.

## WHY IT HAPPENS

When all ads look the same, the searcher defaults to the first result or the one with the best review stars. Generic copy also signals to Google that your ad isn't highly relevant, lowering your Quality Score and increasing CPC. Dentistry is a trust purchase — the copy needs to do trust-building work.

## THE FIX: LEAD WITH A SPECIFIC DIFFERENTIATOR, NOT A CATEGORY LABEL

Use your RSA (Responsive Search Ad) to test specific claims: years in practice ("Serving [City] Families Since 1998"), same-day availability ("Emergency Appointments Available Today"), patient volume ("10,000+ Patients Treated"), a named doctor ("Dr. Patel — 5-Star Rated on Google"), or a concrete offer ("New Patient Exam + X-Rays — \$89"). Pin headline 1 to your primary keyword, headline 2 to your strongest differentiator. The ad with the most specific, credible claim almost always wins.

## QUICK WIN

Quick win: Add your practice's year of founding or your Google review count as a headline — specificity builds instant credibility.

# Not tracking conversions accurately — or at all

## WHAT IT LOOKS LIKE

The account shows clicks and impressions but conversions show as 0, or only form fills are tracked while calls are missed.

## WHY IT HAPPENS

Without accurate conversion data, you can't calculate cost per new patient, you can't optimize bids intelligently, and you can't justify budget to the practice owner. Many dental accounts track only one conversion type (usually a contact form) while ignoring phone calls, which often represent 60–80% of actual bookings.

## THE FIX: TRACK EVERY MEANINGFUL PATIENT ACTION

Set up conversion tracking for: phone calls (via Google forwarding number, 60+ second threshold), form submissions (thank-you page URL trigger — not a button click), and online booking completions if the practice uses a scheduling tool. Import these into Google Ads and mark only true booking-intent actions as 'Primary' conversions — not soft signals like page views or time on site. Audit your conversion setup quarterly to catch tag breakage.

## QUICK WIN

Quick win: Go to Tools > Conversions and look at your 'Tracking status' column. Any conversion action showing 'Unverified' or 'No recent conversions' needs immediate investigation.

# Setting the budget and never revisiting it

## WHAT IT LOOKS LIKE

A monthly budget was set at launch and hasn't been reviewed in 6–12 months, despite changes in competition, seasonality, and practice capacity.

## WHY IT HAPPENS

Google Ads is an auction, and the competitive landscape changes constantly. CPCs for dental keywords fluctuate by season (January and September see spikes as people use new insurance), by local competition (a corporate DSO entering the market can double your CPCs overnight), and by campaign performance. A static budget means you're either leaving opportunity on the table during high-converting periods or burning money during slow ones.

## THE FIX: IMPLEMENT A MONTHLY BUDGET REVIEW CADENCE

Review budget performance monthly using three questions: (1) Is the campaign hitting its daily budget cap? If yes, consider increasing it or shifting budget from underperforming campaigns. (2) What is cost per lead trending — up or down? (3) What's the practice's current new patient capacity? Adjust spend seasonally: push harder in January (new insurance benefits), back off in August (summer slowdown), increase in September (back-to-school check-up season). Tie budget changes to real business capacity — there's no value in generating more leads than the front desk can handle.

## QUICK WIN

Quick win: Check if any campaign is hitting its daily budget cap. If it is, you're capping your own lead flow — either increase the budget or reallocate from campaigns with budget headroom.

---

## Still seeing these mistakes in your account?

We audit dental Google Ads accounts every week. In a free 30-minute call, we'll review your account structure, keyword targeting, bidding strategy, and HIPAA compliance — and show you exactly what's costing you leads.

**Book your free account audit at [yourwebsite.com](https://yourwebsite.com) or call us at (555) 000-0000**

### RECAP — THE 10 MISTAKES AT A GLANCE

<b>01</b> Running broad match without a negative keyword list	<b>02</b> Mixing all services into a single ad group
<b>03</b> Sending all traffic to the homepage	<b>04</b> Ignoring the call extension — or not tracking calls at all
<b>05</b> Using audience targeting or remarketing (HIPAA violation risk)	<b>06</b> Targeting too wide a geographic radius
<b>07</b> Switching to Smart Bidding before accumulating enough data	<b>08</b> Writing generic ad copy that doesn't differentiate
<b>09</b> Not tracking conversions accurately — or at all	<b>10</b> Setting the budget and never revisiting it