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## Selling AR Coating - Seven Common Mistakes

Here are, in order, the seven reasons why I believe we do not sell as many AR jobs as we could, and indeed, should.

**Anti-Reflective Lenses are not Recommended by the Doctor.** Never underestimate the "power" that the prescriber has in the exam room. An industry study conducted a few years ago asked over 600 eyeglass wearers, "What would motivate you to spend \$150 or more on a second pair of prescription eyeglasses?" Some answers included technology, cost, style, and comfort. However, the overwhelming answer (34%) was "the advice of my eye doctor." We can apply that knowledge here as well. If you want to sell more AR, get the doctor involved. You may think that you cannot influence the doctor to talk up AR from the chair, but I think you can, even if they are a so-called "independent" practitioner. Talk to them. Most of them are probably wearing AR lenses – so are their spouses. Discuss the benefits for your mutual patients, explain that you wish every one of them wore AR, and remind the doctor how influential his or her recommendation would be. If you handle this professionally and tactfully, the doctor will be flattered. You may have to remind him/her a few times, but keep at it. Your persistence will start to really pay off.

**The Optician Lacks Confidence When Presenting the AR.** This too, I believe, is a biggie. Patients are not stupid. If you are trying to convince the patient to purchase AR simply because your District Manager is on your butt to raise AR sales, that will come through. If you don't believe in AR – if you don't wear it yourself – don't waste your breath trying to persuade your patient to purchase it. If you are not aware of AR's benefits with regard to elimination of reflections, the far superior quality to previous generations in terms of visible reflectance and "clean-ability," and the improvement of reaction time experienced by night drivers, do a little research. Raise your confidence level and sales will rise commensurately.

**The Optician Fails to Use First-Person Language and Fails to Refer to Brand Names.** Which sounds more convincing: Anti-Reflective lenses will make your vision clearer and eliminate all reflections while driving at night...or...I have worn these lenses and I just wouldn't be without them. I see way better driving at night, and I'm not bothered by annoying reflections at all! Of course, the latter is far superior. "I" is a powerful, persuasive tool. Almost as powerful as "I" is the use of brand names. Studies show that patients are more swayed by brand names than generic language. With that in mind, avoid phrases like "I like my AR lenses." Instead, use "I really love my Teflon (or whatever brand you wear) lenses." People respond to brands. Obviously the more recognizable the brand, the more sway it will have over your patients. But even if it is a name they do not know, use of it will still be more effective than the generic reference to AR.

**The AR is Presented Using Features as Opposed to Benefits.** I've got news for you: Your patients are not impressed by the fact that there are eleven stacks on each side of the lens, including now hydrophobic and oleophobic layers too. These are features that are virtually meaningless to your patients. They simply need to know they are technologically advanced. Perhaps they would also like to know that they'll see better, feel more comfortable, and that they'll have to clean them far less often than before. The fact that dust, dirt, and fingerprints aren't a problem anymore is just another benefit that will help sell more AR.

**AR is Referred To as a Coating.** Research shows that patients do not like the C-word. When it comes to selling AR, "coating" is absolutely a four-letter word. Of course we know that the AR is a coating. (And yes, even though brands like Crizal, Alize, Teflon, etc. are far superior to after-market brands, they ARE all coatings.) An optician should always be honest with his/her patients, but there are a million ways to honestly refer to AR lenses while never going near the word coating. "No glare lens" seems to pass the KISS (keep it simple, stupid) test.

**The AR is Presented as an Option To a Basic Lens.** Consumers are inundated with add-ons. We purchase an electronic gizmo and in the next breath we are asked to purchase a carrying case, an accessory, an extended warranty. Remember that the "P" in ECP stands for professional. Be an advocate for the patient. Determine which frame, lens and treatments will best serve them and present it as a "package." If you do that, you will be amazed by the number of patients who will just say okay.

**We Say Too Much.** In other words, stop when you hear the word "okay." Many a sale has been lost because we keep on going. Once a patient has agreed, do not continue to offer further information or justification – no good can ever come of that, but many a sale has been lost after it was achieved. Remember, good listeners will always outsell good talkers.

Once you start to incorporate effective practices into your dispensing process, always remember that your success will be determined by your consistency and perseverance – kind of like fishing. For example: Let's assume that every time you cast your bait into the water, 10-percent of the time you will catch a fish. Cast your bait ten times, how many fish will you catch? Answer: One. On the other hand, cast your bait 100 times and how many fish will you catch? Answer: Ten. The AR analogy is to figure out which processes work best for you, and stick to them. You'll soon see that your nets are overflowing with all the AR sales you can handle, which seems to be a win-win-win situation.

You win because you are doing the best job for your patients and making more money. Patients win because more of them have the best available lens. Your practice wins due to increased profits and enhanced patient satisfaction. Which all points to one crystal clear conclusion: get fishin'!

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