



GEO PLAYBOOK · v1.0

GEO Playbook

Dental & Aesthetics Edition

The book Singapore dental and aesthetic clinics work from.



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This edition only covers what differs from the General Edition. Links marked "→ General Edition ..." open the matching section of the General Edition on canlah.ai.

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The web edition has one page per chapter and is kept up to date; it is the reference version:

<https://canlah.ai/playbook/dental/>

Scan for the web edition

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Chapter 0

Start here: clinic advertising is strictly regulated, so which pages can you build?

Which rules apply, the three checks before you start, and which of the 46 page types you can build

0.1 How to use this book: it only covers where dental differs from the General Edition

0.2 You are on the strict side: the three essentials, the switches and three start gates

0.3 Which of the 46 page types dental can build

0.4 What to tell the client: say up front what you will not do

0.1 How to use this book: it only covers where dental differs from the General Edition

What you'll do in this section: know which General Edition sections to read first for each chapter, and the only things the dental edition adds; lay out the calendar in the 90-day order; remember the values already decided for dental's ten axes, so you do not have to judge them yourself again; know what each of the two legs (ChatGPT and AI Mode) cites in dental and what to feed each one.

The dental edition does not rewrite the mechanisms, methods or general writing rules; it only gives dental's values, bans, replacement wording and local lists. At the start of each chapter, first read the General Edition sections it links to:

Dental chapter	Read in the General Edition first	Dental adds
Chapter 1: non-negotiable writing rules	0.4, 5.2–5.3	What the three labels mean in dental; the dental wording for price, testimonials, comparisons and outbound links
Chapter 2: week one	2.1–2.9, 4.1–4.4	Language ratios in the question pool; check the WAF before fixing the door
Chapter 3: identity	3.2–3.4	Write doctor pages only from the register; align to the official register lookup page as the source
Chapter 4: picking targets	4.5–4.7	Dental's five buyer groups; where dental questions lead
Chapter 5: writing pages	5.4–5.10 and each page-type card	Which page types you can build (see 0.3); the dental wording for each type
Chapter 6: off-site	6.2–6.7	Only send letters once authorisation is on file; the dental source list; reviews are not requested
Chapter 7: retest	7.1–7.4	Review counts are logged only, never judged; settlement is measured from the split day

Week one

Measure first, then change

Read-only audit → freeze questions and baseline → fix the door, record the split day

W1–W2

Identity

/facts, one page per doctor, the five business profiles

W2

Picking targets

Buyer groups, the four states, this quarter's slots

W2–W6

Writing pages

Price guide page goes up first in English and Chinese, then write by slot

W3–W8

Off-site

Once authorisation is on file: registers, locators, contributions, video

Monthly · W13

Retest and settlement

Same ruler, an honest before-and-after

Figure: Dental's 90 days: measure first, then change; the first page is the price guide page

Why the order cannot be swapped: freezing the baseline after the door is already fixed freezes a shelf you have already changed yourself, so before and after cannot be compared; for the mechanism, see → [General Edition 0.1 The book in one sentence, and the 90-day reading order](#). For the day-by-day plan for week one, see 2.1. The day you fix the door is recorded as the split day: W1 counts from that day, and the before-and-after comparison at the week 13 settlement also uses it as the dividing line.

General Edition axis	Dental's value
Shelf page-type mix	Articles 54%, list pages 0%
Control of citation containers	Mostly third-party, but a self-built page can take a share
Entity anchor layer	Mainly the doctor, the organisation second
Side and switches	Strict: agency liability (HCSA s 31)
Question-shape mix	High share of spec type (price questions)
Decision-makers	One person over several weeks; the page does not need separate segments
Capacity and work unit	Practitioner-chair count · one patient type
Attribution channels	Phone + in-person visit + form
Content half-life	Medium to long; driven by procedures and regulation
Language fork	A difference set often exists (medical tourism)

Figure: The ten axes the General Edition has you judge yourself, already decided for dental

For how to judge the ten axes and why each one moves rankings, see → [General Edition 8.3 The ten axes \(1\): page types, containers, anchors, regulation, question shapes](#) and → [General Edition 8.4 The ten axes \(2\): decision-makers, capacity, attribution, half-life, language](#). These values hold only for dental and aesthetics. Page-type mix is an industry variable, so do not apply another industry's values here; the shelf shares come from deltaV's page-type statistics by industry (the healthcare row).

Three things the figure cannot show: the main front is off-site work plus self-built price pages, and the first page to build is the tiered itemised fixed-price page; dental's one net advantage is that the official registration number gives you the strongest anchor for free; the step where you get stuck most often is "are you on the few pages AI fetched this time?" A site self-built on a traditional CMS gets stuck here most easily; acceptance is measured as "on the list and cited X/20".

ChatGPT leg	AI Mode leg
Cites government and public-sector pages (MOH benchmark, CPF, SMC)	Cites peer clinics' price pages
Feed it: your own final-price sentence + a separate section for the official benchmark	Feed it: your own all-products price guide page
"Who's best" questions: public specialist doctor pages, treatment pages	"Who's best" questions: Google cards, booking product pages

Figure: What each leg cites in dental, and what to feed each

The two legs' citation shares have different denominators — read only "who cites what", not which number is bigger. The "who's best" row rests on a sample of just 1 question, so treat it as directional only. For the mechanism behind the two legs, see → [General Edition 1.2 Two legs: ChatGPT looks for the source, AI Mode for second-hand summaries](#). Why the official benchmark must sit in a section of its own, with no mention of your own price inside it, falls under the non-negotiable writing rules — see 1.3.

"Consumer" in this book refers only to content form, never to a regulatory side: cross-industry research finds that professional services win on educational content, while consumer services win on review volume; dental and aesthetics fall under the consumer form (the research did not include Singapore; 75% confidence; evidence in → [General Edition A.2 Evidence for picking targets, writing pages, off-site and retests](#)). But in dental, the review-volume finding cannot be turned into "go and ask for reviews": the main effort goes into price pages, facts about devices and processes, and the completeness of the five business profiles — reviews are only recorded as a passive observation.

0.2 You are on the strict side: the three essentials, the switches and three start gates

What you'll do in this section: on the day you start, fill in the three essentials — the regulator, the advertising regulations, the official register lookup — in full, and go through the six switches one by one, ticking each one that applies; ask the three start-gate questions face to face (side, fixed price, letter of appointment), and if any one fails, downgrade or do not take the job.

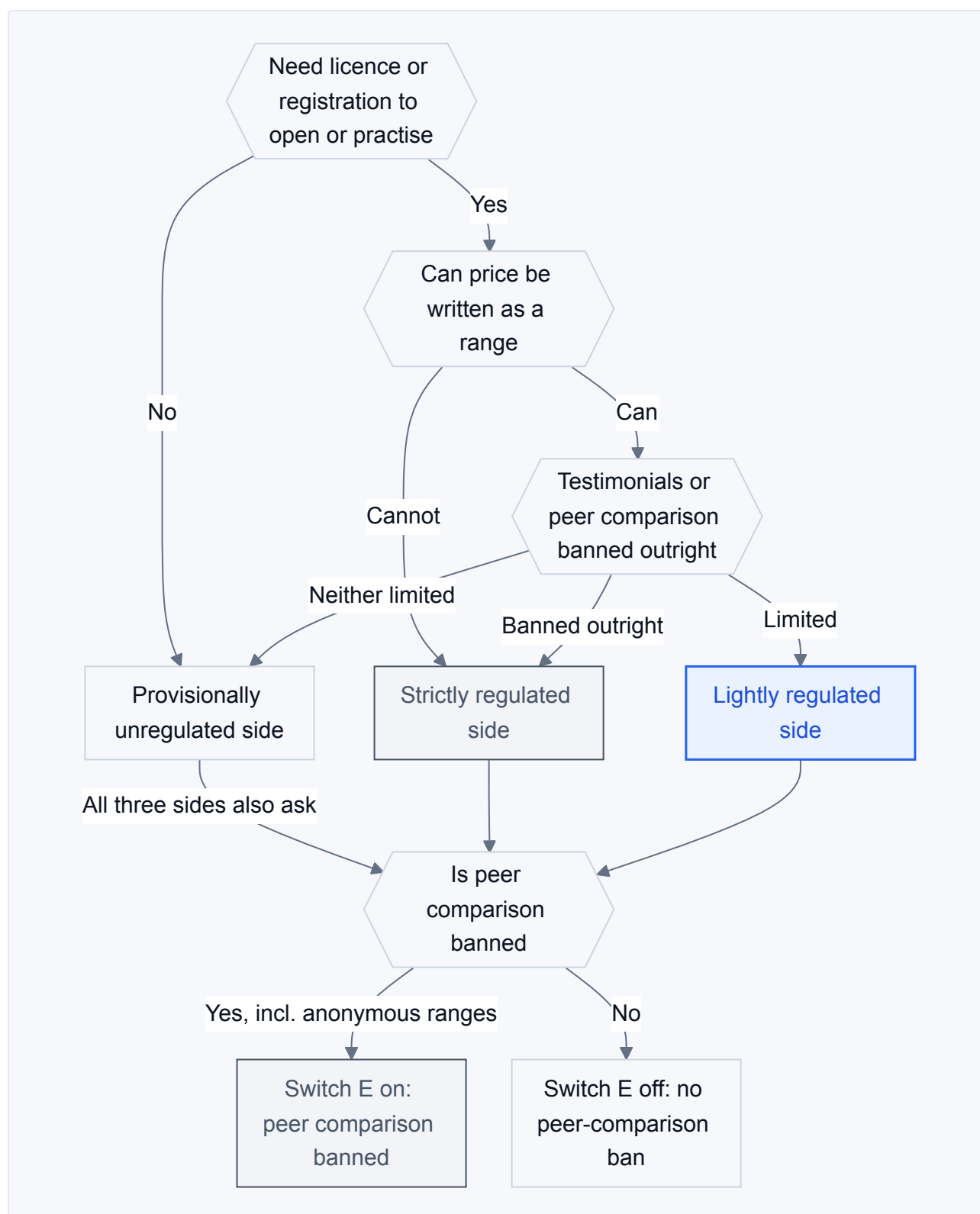


Figure: four questions decide which side you're on; question 4 alone decides switch E

Dental and aesthetic clinics need to hold an MOH healthcare services licence, and prices can only be written as a fixed final price, never as a range — by the second question in the figure above, that already puts you on the strictly regulated side (the strict side); on the fourth question, peer comparison is banned, so switch E (peer comparison banned) is on as well. Checking against the three criteria in → [General Edition 8.2 Five steps to decide the side, and three criteria](#) gives the same result: there is a dedicated

advertising regulation, the rule text spells out penalties, and the rule text names the party publishing on the client's behalf as a liable party. All three are met. Going tactic by tactic through → [General Edition 8.6 Seven tactics: how regulated and unregulated sides differ, and why each moves rankings](#), dental and aesthetics has four tactics ruled out — the most of any industry. Wherever you are unsure, default to the strict side.

What to fill in	What dental fills in
Regulator	MOH (HCSA), SDC, SMC
Advertising regulations	HCS (Advertisement) Regulations + MOH FAQ (2023-10)
Ethical code	SDC ECEG (dentists), SMC ECEG (doctors)
Official register lookup	The HCI Directory, MOH healthcare professionals search, the SMC and SDC registers
Switch A: agency liability	On: the publishing party and the licensee are jointly liable (penalties below)
Switch B: legally required fields	No such rule found for dental — not ticked
Switch C: regulated products	On when the clinic also sells supplements, medicines, devices or cosmetics
Switch D: spans two sides	Even with an unregulated sideline, treat the whole site as strict
Switch E: peer comparison banned	On; already covered by the strict-side base layer, no extra action needed
Switch F: referral commissions banned	By default, do not use platforms priced per lead or by commission (6.2)

Figure: The three essentials and switches to fill in before you start, dental's answers

The exact URLs of the SDC and SMC registers are still to be verified — check and fill them in on the spot the first time you use them (3.4).

The consequence of switch A (agency liability) being on: only the licensee or a person it authorises may advertise a healthcare service; when we publish on the client's behalf, we become that authorised person and are jointly liable with the clinic — none of the clinic's own liability is reduced. The penalty is a fine of up to S\$20,000, up to 12 months' imprisonment, or both, plus up to S\$1,000 a day for a

continuing offence (Statute text, HCSA s 31(2), 31(3); see Appendix A.1). So without a letter of appointment, no material goes out under any name — that is the third gate below.

Why compliance is our job, in one sentence: compliance decides the boxes themselves — whether the price table has a "range" column, whether the page has a box for a promotions banner; and the penalty also falls on whoever publishes on the client's behalf, so we cannot dodge it. It is not because we understand dental better than the clinic does.

Switch C (regulated products) is only on when the clinic also sells supplements, medicines, medical devices or cosmetics (including skincare): copy for these products falls under HSA (**Statute text**, MOH FAQ; see Appendix A.3), must not claim to prevent, relieve or cure a regulated disease (Conservative line (not statute text); see Appendix A.3), and false advertising carries a fine of up to S\$5,000 or up to 2 years' imprisonment (Original text not obtained; see Appendix A.3). Write the product page as the product detail page from → [General Edition 5.20 Entity anchor pages: three subtypes, and the product detail page \(pt09\)](#); the whole site is still run on the strict side.

Switch B (legally required fields) is not ticked: no rule was found for dental saying "a missing field is presumed a breach". The items that still need to be written in full — what's included in the price, the byline on medical pages — are given page by page in 1.2 and 5.2. Switch E (peer comparison banned) is on but needs no extra action, because the strict-side base layer already bans all peer numbers and peer comparisons (**Statute text**; see Appendix A.1, A.2).

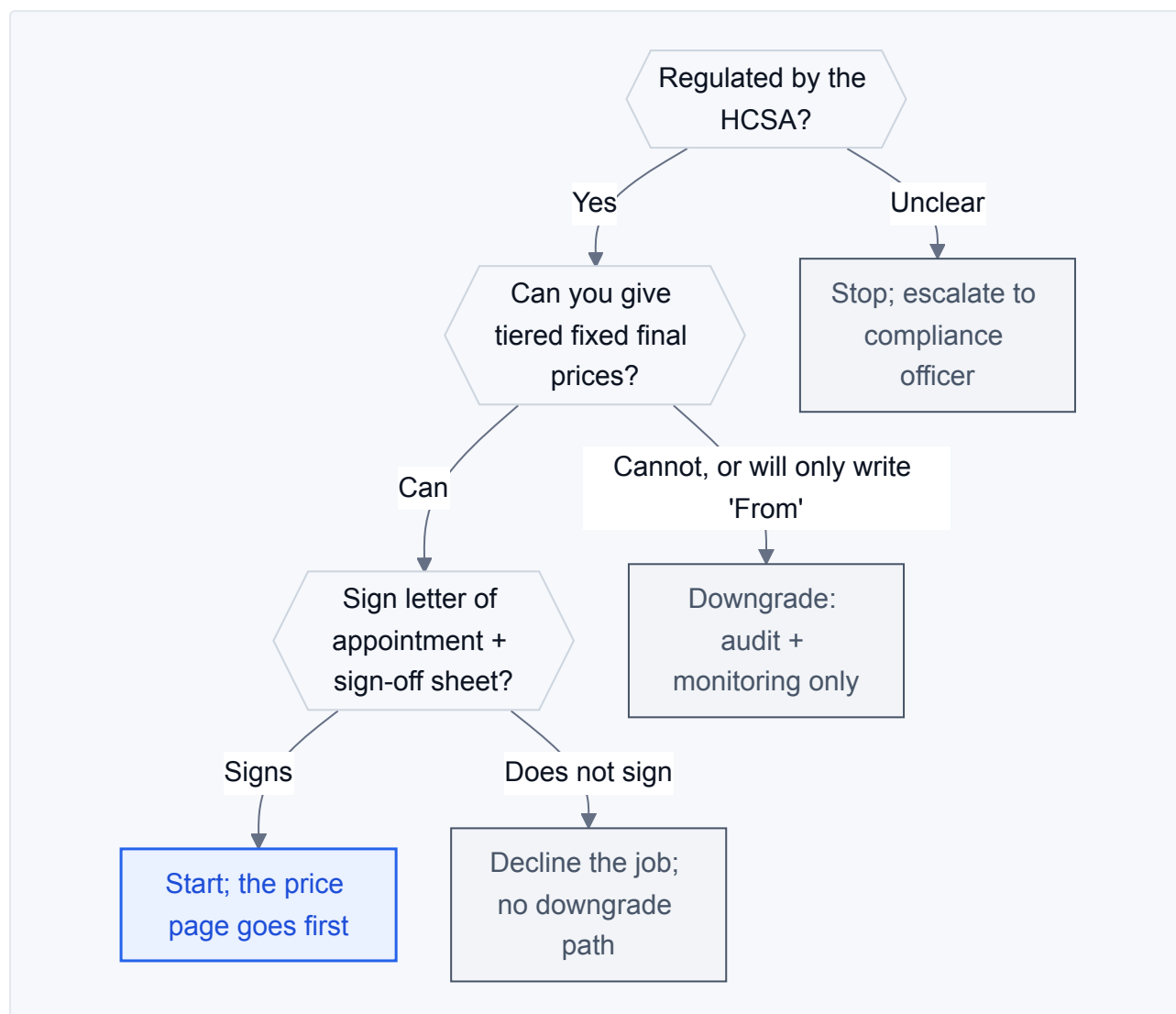


Figure: The three start gates — fail any one and you downgrade or do not take the job

The three gates are questions 2, 3 and 4 of the twelve pre-start questions, asked face to face; the other nine are asked in 2.1. The second gate asks "can you give a fixed final price", not "are you willing to publish a price range" — a range is simply not compliant on this side, and using "willing to publish a range" as the threshold would wrongly screen out a client who is actually compliant but just cannot write prices in the old template. If they can give one, the price page goes first, because price questions have the highest AI coverage of any question type.

0.3 Which of the 46 page types dental can build

What you'll do in this section: check your own build list against this four-tier table, circle what you can build directly first, then give every page type you cannot build a stand-in of the same intent; do not start work straight from the General Edition's table of 46 types — dental has its own four tiers.

Tier	Page types	How to handle
Open to self-build (31 types)	① ② ④ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊱ ㊲ ㊳ ㊴ ㊵	Build directly; use the table below to find the matching section
Cannot self-build, but must be aligned item by item (1 type)	㉞ Device and product regulatory documents	Do not build this page; align the clinic's own side-effects section to it item by item (5.15)
Cannot self-build, off-site or citation only (4 types)	⑮ Legislation text page, ㉑ Register / approved list page, ㉕ Sentiment, forum and news pages, ㉛ Third-party directory listing	For ㉑ ㉛, go to 6.3 and fill in your own row completely, with information matching your website; ⑮ is cited as a source only; for ㉕ see the figure below
Do not build (10 types)	③ ⑤ ㉔ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞	Replace with the stand-ins in the figure below

Where the 31 open-to-self-build types go:

Which section	Page types
3.1, 3.2	⑨ Organisation facts page, doctor page (build the product detail page only when switch C (regulated products) is on; see 0.2)
5.4	② Price guide page: the first page, no peer price ranges
5.5	① Single-service price page
5.6	⑰ Subsidy and limit rules page, ㉗ Parameter and rate basis page, ㉞ Calculator page (process estimates only)
5.7	④ Comparison page (compare procedures only, never clinics)
5.8	㉛ Criteria-based selection guide, ㉜ Concept pillar page
5.9–5.11	⑥ One question, one page, ⑦ Eligibility and process page, ⑧ Remedy and second-opinion page
5.12–5.14	⑫ Definition page, ⑬ Step-by-step procedure page, ⑭ Preparation and bring-list page, ⑮ Schedule and deadline page, ㉒ Collected FAQ page
5.16–5.17	⑪ Store / branch page, ㉑ Verification and lookup page, ㉞ Licence wall
5.18	㉛ Visit process how-to page, ㉞ Partners page, ㉑ Privacy policy page

Which section	Page types
5.19	⑩ Regulation summary page, ②③ Official reply restatement page, ②⑥ Policy hub page, ③④ Change notice page, ④⑩ Misconception page, ④⑤ Policy explainer page
5.20	①⑨ Own clinical data page, ①⑧ Compliance long-form PDF

Of these, 8 types do not look, at first glance, like something a clinic could build: ⑩ ①⑧ ①⑨ ②① ②③ ②⑥ ③① ③⑤. They are still open, just with narrower wording — ⑩ ②③ ②⑥ are built only as downstream pages of "verbatim quote + link back + check date"; ①⑨ is built only when you have your own clinical data; ②① ③① ③⑤ appear as equivalents (privacy policy page, visit process how-to page, partners page). Write the subsidy and limit rules page (①⑦) as two sections: one is the clinic's own final tax-inclusive price, the other is the official limit as a separate fact — different tables, not adjacent (5.6).

Do not build	Build instead
Official pricing page (bundle cards)	Single-service price page, a line-item price list
Time-limited promotion page	Standing bundle-price page
List page	Criteria-based selection guide; if a third-party list includes the clinic, request removal
Third-party single-business review, review aggregate page	Supply third parties with checkable facts; keep the listed information consistent with your own site
Self-built reputation and credentials page	Credentials limited to register fields only
Verdict-first page	Procedure comparison, with a separate section on who it does not suit
Case-law page	Regulatory document alignment page
Category list page	The clinic's own services are already all on the price guide page
Market observation page	Not scheduled: no first-party market data
Sentiment, forum and news pages (cannot self-build)	Only supply checkable facts; do not respond to comparisons and do not use testimonials to counter them

Figure: The page types dental does not build all have a stand-in of the same intent

Why each one is not built, in one sentence each:

- ③ Official pricing page: no bundle cards or recommended ranking [Conservative line (not statute text)] — write prices instead as ① item by item (5.5).
- ⑤ List page: cannot be self-built [Conservative line (not statute text); ranking is itself comparison, hitting the Statute text of SDC 5.4.2/5.4.6(g), so no sign-off can release a publishable version]; the clinic's own pages never quote any ranking or rating [Statute text, Reg 13, Reg 14; for these and the rules above, see Appendix A.1, A.2], and we neither contribute to a list nor pay for a spot on it.
- ②④ Third-party single-business review: the reviewer's verdict is itself a comparison of organisations [Conservative line (not statute text)].
- ②⑧ Review aggregate page: a rating is itself a testimonial [Statute text, SDC 5.4.6(f), Reg 14; see Appendix A.1, A.2].
- ②⑨ Self-built reputation and credentials page: do not write a success rate [Conservative line (not statute text)] or superlatives, and do not post testimonials or star ratings [Statute text, SDC 5.4.6(f); see Appendix A.2; the HCSA regulations themselves conditionally allow reviews that patients give directly to the clinic (Reg 14(2)), but for dental clinics we follow SDC's stricter rule].
- ③⑥ Case-law page: there is no case law in healthcare; the equivalent is ③② the regulatory documents page.
- ③⑦ Category list page: do not list peers or lay out categories side by side [Conservative line (not statute text)]; the clinic's own services are instead covered by its own service catalogue and the price guide page.
- ④① Verdict-first page: a verdict is itself comparison and recommendation, and cross-channel price comparison also counts as price advertising in healthcare [Conservative line (not statute text)].
- ④② Time-limited promotion page: a discounted price with an expiry date is a breach [Statute text, SDC 5.4.6(e), Reg 5(1)(g); see Appendix A.1, A.2].
- ④⑥ Market observation page: the clinic has no market data, so writing one would be empty theorising that easily slides into promotion.

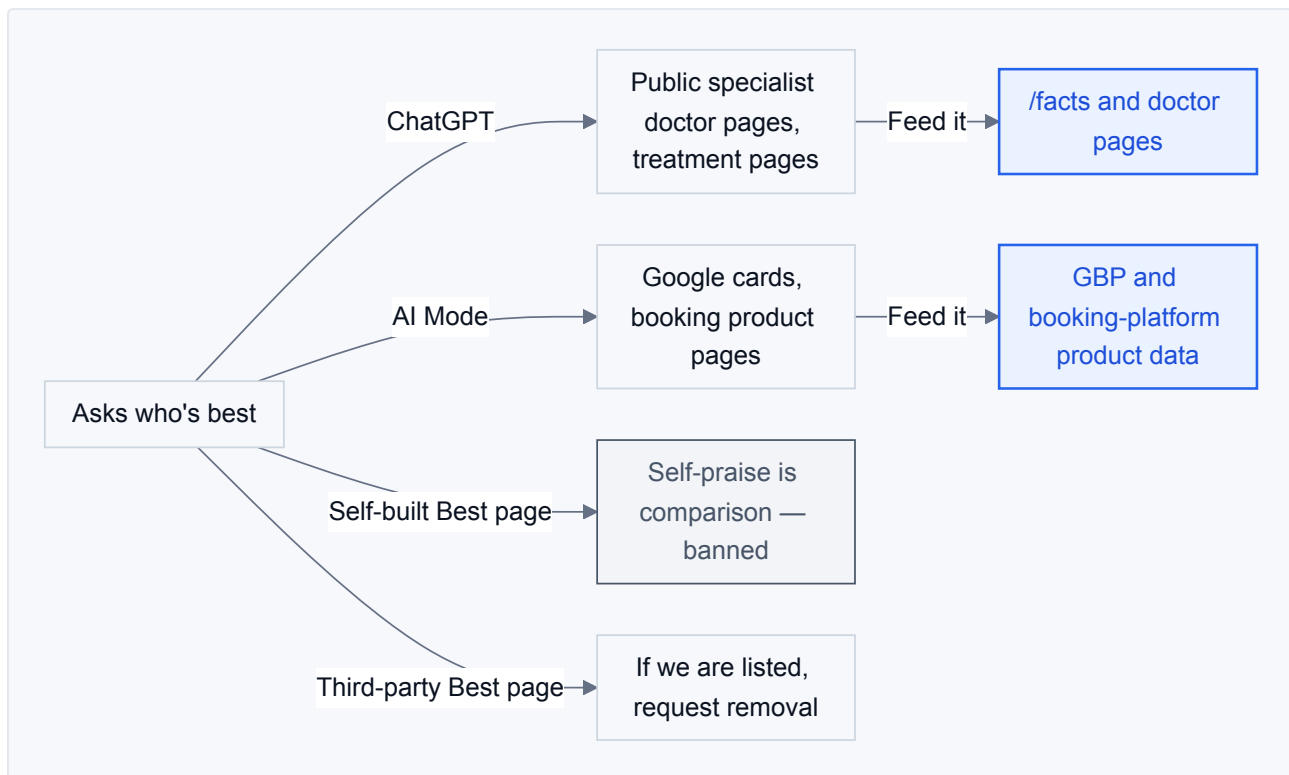


Figure: In dental, "who's best" is not won by writing list pages

This figure rests on a sample of just 1 question, so treat it as directional only.

0.4 What to tell the client: say up front what you will not do

What you'll do in this section: on the day you start, tell the client "we do not ask for reviews, do not buy list spots, do not write a 'from' price" and why the price page has no range; and separate which materials and numbers are internal only and must never go into any external material.

Do not say		Say instead
"Not asking for reviews or buying list spots is an efficiency call"	→	Doing any of these three is a breach; this is an explanation, not a release from liability
"We chose not to put a range on the price page"	→	The regulator only allows a single fixed figure
"Compliance has weakened the content"	→	What was cut was self-praise that was never going to be copied anyway
"No one is doing this", "competition is near zero"	→	We count exactly who gets named, on the spot, in the baseline
Reporting a percentage or count from a one-off scouting run	→	Internal ordering only; never goes into any external material
Sending out comparison material that names peers	→	This kind of material stays internal

Figure: Say this to the client, not that

Say the first line in full: "I have chosen not to do these three things (not actively requesting reviews, not buying Best / Top N list spots, not writing a 'from' price), because doing them would be a breach." Then add one more sentence: this is an explanation, not a release from liability — the liability was never transferable in the first place.

The price sentence: the first line you say to the client — even if you don't publish a price, AI quotes one for you anyway — is in → [General Edition B.2 Approved wording and scripts](#). Dental follows with a second sentence: "The regulator only allows one fixed figure, so the price page will have no range and no 'from'." (**Statute text**; see Appendix A.1). Stop there — add no third sentence.

The reason behind the "weakened" row: a number with a denominator, a year and a stated basis is both what the strict-side rules require and the form AI is most willing to copy.

Use this exact script overall: "We didn't set these rules — the HCSA and SDC ECEG 5.4.6 did. We just translate them into a layout: which box can exist, and what can go inside it. Your compliance officer crosses out what should not appear; we do the other half — filling that box back in with whatever Statute text allows. A page that only deletes and never fills back in is safe, but it will bring you nothing. The final call is always your compliance officer's; we only guarantee that the draft they receive is not a blank page." The final call belongs to the compliance officer, but a written sign-off resolves only the three stop-and-escalate situations; it never turns something banned as Statute text into something publishable (see 1.1).

Two kinds of material stay internal. The first is comparison material that contains peer names or counts about peers: under the HCSA, this runs into the advertising regulations' provisions on comparison and

disparagement, and the bar for a named peer to complain in Singapore is low, so every example in the main text is anonymised ("a certain clinic"), and real names and URLs never go out with the deliverables. The second is scouting numbers: figures from a one-off run on a generic search API, with the region not locked and a single engine. These are used only to order your own build sequence and must never be stated externally as the client's current position; to use them externally, first lock the region and retest against your own frozen question pool, mark the retest date and engine, and cite only your own post-retest numbers — if any one condition is missing, treat it as banned.

Chapter 1

Before you write: the red lines for prices, reviews, before-and-after photos and wording

How firm each rule is, and what to write instead

1.1 Three labels, stop and escalate, and written sign-off

1.2 The clinic's own prices: fixed final prices only

1.3 Official benchmarks and subsidies: their own section, with none of the clinic's prices in it

1.4 Testimonials, reviews, stars, before-and-after photos: judged by who controls the content

1.5 Wording, titles, comparisons, outbound links, FAQ: no exempt zone

1.6 What fills the gap: seven kinds of checkable fact and the three-language banned-word list

1.1 Three labels, stop and escalate, and written sign-off

What you'll do in this section: After reading this, you'll be able to do three things: look at a compliance sentence and tell which label it carries; recognise the three specific situations where you must stop and escalate, and know who has to sign off; and know what a written sign-off can loosen and what it can't.

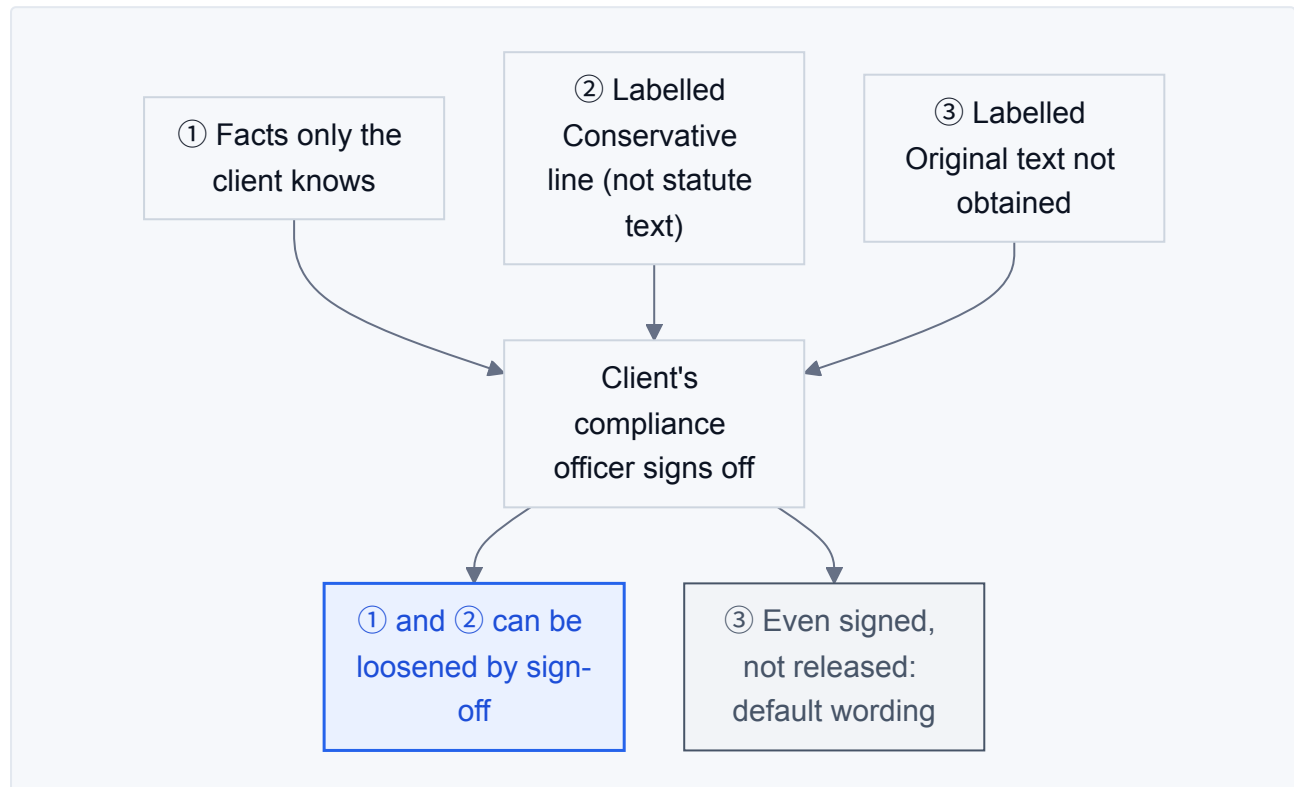


Figure: all three stop-and-escalate situations go to sign-off, but a sign-off can only loosen the first two

The diagram above is the book-wide stop-and-escalate rule. The Dental & Aesthetics Edition adds only two things: exactly how the labels are applied in this book, and whether the liability of the party publishing on the client's behalf (that is, us) changes once the client's compliance officer signs off.

What the source looks like	The label the writer applies
Already carries one of the three labels	Copy it exactly, unchanged
Only a rule number is given (e.g. SDC 5.4.6(f))	Statute text; the rule number must match Appendix A
Says "inferred", "not statute", "internal policy"	Conservative line (not statute text)
Says "not specified in the rules", "Original text not obtained"	Original text not obtained
Nothing is labelled	Do not fill one in yourself; escalate to the editor
The official figure's source table can't be obtained	Give only the link; don't estimate or carry over an old value

Figure: the writer applies whatever label the source carries; never fill one in yourself

In the Dental & Aesthetics Edition, the three labels state how firm a rule's basis is under Singapore's dental and aesthetics rules: **Statute text** — a specific rule, or the regulator's official FAQ, says so in black and white; **Conservative line (not statute text)** — the rules don't say this directly; it is a judgement inferred from a stricter reading; **Original text not obtained** — we have not obtained the rule's original text, or the existing rules say nothing on this point. Copy the three labels word for word; never invent a new wording.

Two things the figure can't show. First, every Statute text label must be traceable in Appendix A to a rule number, the original sentence and a link; if it doesn't match, don't judge it yourself — escalate to the editor. Second, where the basis is the MOH FAQ, those rule numbers point to MOH's official, point-by-point interpretation of its own regulations, not to the text of the regulations; Appendix A still labels them Statute text and says so in the table header. Any compliance sentence with no label at all goes to the editor, every time: when writers fill in a label themselves, the easiest mistake is to label an inference Statute text, and that is the step with the highest risk of a lie.

In three situations you must stop and escalate to the client's compliance officer for a written sign-off:

1. Facts only the client knows — whether they have ever bought a review package or a ranking package, whether evidence for a claimed specialism is on file, whether a given price is the final, tax-inclusive price.
2. Judgements this book labels Conservative line (not statute text) — if the client wants to loosen one, ask them to give written reasons; we write exactly what was signed off and keep it on file.
3. Items this book labels Original text not obtained — even a written sign-off does not unlock them: write this book's default wording; it is not used as a basis for judgement; assume neither that the rule exists nor that it does not.

A written sign-off resolves only the three stop-and-escalate situations; it never turns something banned as Statute text into something publishable.

The client's compliance officer signing off does not release us from liability either: under the regulations, the party publishing on the client's behalf (us) already shares joint liability with the client [Statute text; see Appendix A.1]. The client's sign-off is only a record of their part of the judgement, not a clause that releases us from liability. File the sign-off sheet together with the letter of appointment; see 6.1.

Dental clinics and aesthetic clinics draw on different rule sources, so read each label for the kind of clinic: the *SDC Ethical Code and Ethical Guidelines* in Appendix A.2 govern only dentists. The practitioners at an aesthetic clinic are doctors, and the code that applies to them is the *SMC Ethical Code and Ethical Guidelines*, whose original document we did not obtain this round (we obtained only SMC announcements and the passages quoted from it in the MOH FAQ). So wherever this book labels a sentence Statute text on the strength of an SDC rule alone — peer comparison, not linking to commercial companies, lack of awareness not being a defence, the code's standard for doctor pages, bylines on contributed pieces — **it is Statute text for dental clinics and is treated as Original text not obtained for aesthetic clinics:** still write it the way this book says, do not treat it as a basis for judgement, and even a written sign-off does not unlock it. What you actually do is identical for both kinds of clinic; the only difference is how you describe the basis to the client.

1.2 The clinic's own prices: fixed final prices only

What you'll do in this section: Wherever the clinic's own price appears — page copy, title, structured data, business profiles, price lists you send out, PDFs — write it in the same format: say exactly which service it is, give one final price incl. GST, and spell out what is always included in that one price. The format is the same whatever the carrier.

Banned	Rewritten as
S\$4,500 onwards, from, as low as	→ Mild: S\$4,800 (incl. GST) + defining conditions
A S\$4,500–8,000 range	→ Tiered, itemised: one fixed price per tier
Just "Mild / Moderate / Complex"	→ Each tier written as a clearly defined specific service
Struck-through original price, discounts, limited-time offers, instalment amounts	→ Effective date + what's included + what's charged separately
"Free replacement once within 12 months"	→ "Included in the full-course price, once only"
"First consultation free"	→ A fixed price for the examination itself
A total only set after examination, written as final	→ Write "set after examination" + fixed examination fee
title: From \$X After Medisave	→ <Service> Price (2026): S\$<final price incl. GST>

Figure: the same price cell — what's banned and what to write instead

Every row in the figure rests on the same rule: list only the **fixed final price**; put no prefix or description in front of the price; do not list the original price or a discount [Statute text; see Appendix A.1]. Case-by-case variation can only be expressed as tiered, itemised pricing, with each tier's defining conditions spelled out. The effective date, what's included and what's charged separately may be written: they describe the scope of the service, not the price. Price rises and falls, historical prices, package prices and offer prices with an expiry date belong in the same category as the discounts and limited-time offers in the figure, and are not written either.

Free or discounted services in an advertisement count as soliciting, so never write CTAs such as "First consultation free" or "free check-up" [Statute text; see Appendix A.1, A.2]. Promotions and referral incentives are not banned in themselves; they just cannot go into an advertisement, and can only be disclosed in person at the point of payment [Statute text; see Appendix A.1].

Write the title to this formula: <specific service> Price in Singapore (2026): S\$<final price incl. GST> <unit> | <clinic name>; when more than one service appears in the same title, write it as <Service A> S\$A · <Service B> S\$B (incl. GST) . From, starting, as low as, only, After Medisave, CHAS up to, a discount, a range — none of these may appear in the title.

Example (dental) One dental clinic wrote its title as "Dental Implant Cost Singapore (2026) | From \$X After Medisave"; another version read "... CHAS Up to \$Y". AI has cited both (2 cases). Being cited doesn't mean it's usable: ranking criteria do not apply to compliance, and From, After Medisave and CHAS Up to are all price prefixes. Dental and aesthetics clients never use any of them.

Tiered pricing is written like this:

Example (dental) Clear aligner treatment split into three fixed-price tiers, all incl. GST, effective 2026-01-01: mild S\$4,800 (crowding ≤3mm; includes 3 follow-up visits + 1 set of retainers; extractions and mini-implants charged separately, itemised); moderate S\$6,800 (crowding 3–6mm; includes 5 follow-up visits + 1 set of retainers; extractions and mini-implants charged separately, itemised); complex S\$8,600 (crowding >6mm; includes 8 follow-up visits + 2 sets of retainers; extractions, mini-implants and orthognathic surgery charged separately, itemised). All three tiers are single fixed prices — none of them is a "from" price.

Policies on follow-up visits, rework and refunds state only the time limit, the number of times and what is already included in the quoted price. The words "free", "complimentary", "at no extra charge" and "\$0" must not appear, even when they are true [Statute text; see Appendix A.1]. This rule does not govern page copy alone: business profiles, off-site material and review replies are all written to the same rule.

How you write a price follows the content, not the carrier: the price field in structured data (2.4), the organisation facts page (3.1), the price field in a business profile (3.4), a directory's self-supplied blurb (6.3), a price list you send out (6.4), a PDF (5.20) — every one of them is written to this section; not one carrier is an exception.

How to handle official fee benchmarks and peer price ranges is covered in the next section; not repeated here.

1.3 Official benchmarks and subsidies: their own section, with none of the clinic's prices in it

What you'll do in this section: Write official figures such as MOH fee benchmarks, CHAS subsidy amounts and Medisave claim limits as a fully separate section: not in the clinic's own price table, not next to the clinic's own price, not in the same FAQ answer. Write the Medisave worked example on its own, as "how to pay", not as "a discount".

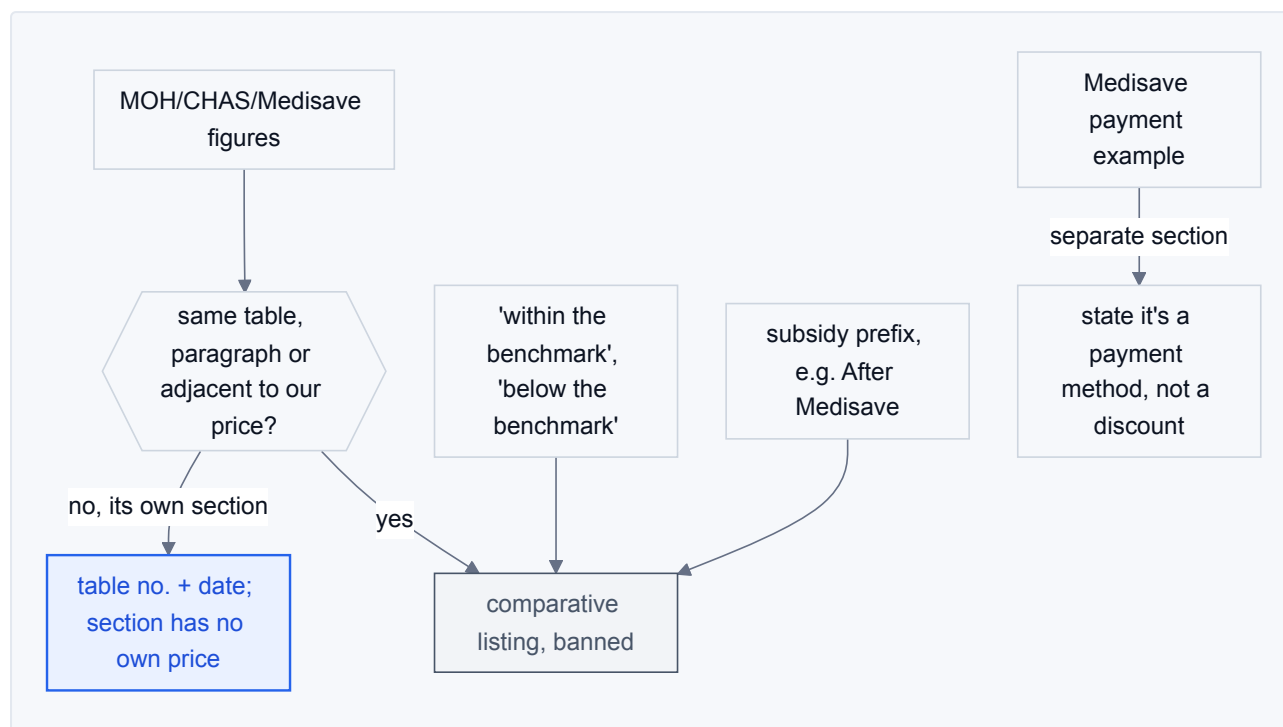


Figure: put an official benchmark next to your own price and it's a comparison — no repositioning saves it

The rule's own words say only one thing: an advertisement that lists a price must not include a comparative listing of prices [Statute text; see Appendix A.1]. "The same table, the same paragraph, an adjacent paragraph or the same FAQ answer all count as a comparison" is a reading derived from that sentence: once an official figure sits next to the clinic's own price, what the reader does is compare them. Side by side in the same table = a comparative listing of prices (Statute text; a sign-off cannot unlock it). The same paragraph, an adjacent paragraph, the same FAQ answer, or writing "we're within the benchmark" / "below the benchmark" = Conservative line (not statute text) (the rules don't spell these out one by one): don't write them by default; loosening requires written reasons from the client's compliance officer, kept on file. **This judges what the content is, not where it sits on the page:** rearranging the same page, or rewriting it as the single sentence "we're within the benchmark", saves nothing; the only fix is to move the official figures out into a section of their own.

If the official figure's source table can't be opened or found, put only a link to the official page — don't estimate a number yourself, and don't carry over a number from an old version.

Peer price ranges are never written, named or unnamed: appearing in the same table or paragraph as the clinic's own price is a comparison [Statute text; see Appendix A.1, A.2]; an unnamed market range in a sentence of its own, with no clinic price beside it, is not written either [Conservative line (not statute text)]; and no peer clinic's name, peer price or line like "cheaper than the market" appears anywhere on the page. This is a different matter from official benchmarks: an official benchmark can be written in a section of its own, but peer ranges and peer prices cannot appear anywhere.

The price table carries only final prices; how much Medisave can cover goes in the payment example in a separate section. Never merge the two tables.

1.4 Testimonials, reviews, stars, before-and-after photos: judged by who controls the content

What you'll do in this section: Remember one rule. On any channel where we control the content (the website, landing pages, the blog, our own social media, brochures and PDFs, EDMs, and any review widget embedded in a page), testimonials, positive reviews, star ratings, rating widgets and before-and-after photos are never posted, and there is no tier for "allowed once the compliance officer confirms in writing". A review a patient writes on a platform by themselves can be left alone, as long as we have zero involvement in it. And if the client's marketing team cites a line from MOH to demand a testimonial, you have a ready-made answer.

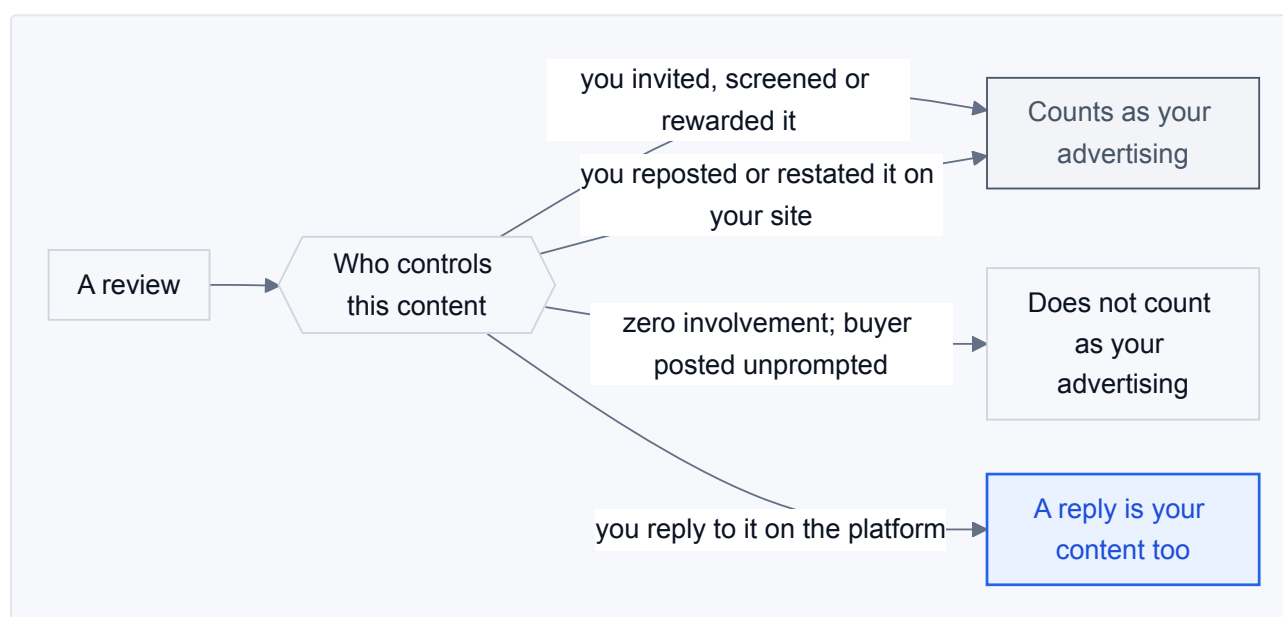


Figure: Whether a review counts as your advertising depends on who controls the content

The diagram above is the general framework for judging "whose content is this review". For dental and aesthetics, that framework becomes these nine cells:

#	Specific action	Verdict	Label
1	Posting a patient testimonial, positive review, star rating or rating widget on the website / landing page / own social media / brochure / EDM	Not allowed, no exemption	Statute text

#	Specific action	Verdict	Label
2	Screenshotting or paraphrasing a positive review from a platform, or turning it into a "client reviews" section on the website	Not allowed (this is a form of cell 1; the rule names it separately)	Statute text
3	A patient writing a review themselves on Google Business Profile, a forum or social media, with zero involvement from us	Allowed to exist; the only action we take is to do nothing	Statute text
4	Asking for reviews: SMS, email, a QR code, or the front desk asking a patient in person to write one; offering a discount, a gift or a prize draw in exchange for a review	Not allowed, including asking only satisfied patients	Statute text
5	Buying a review package or a ranking package; joining a medical ranking list or SEO platform that uses patient ratings	Not allowed	Statute text
6	Replying to a patient's review on a platform	Use the most conservative wording: a one-line thank you, or one line asking them to call the front desk; neither confirm nor deny that they're a patient of ours; keep the reply template on file (template in Appendix B.2); this cell is not used as a basis for judgement	Original text not obtained (how to reply); not confirming identity: Conservative line (not statute text) (A.3)
7	Deleting a negative review or asking a platform to take one down	May only remove offensive content (profanity); the text of the review itself cannot be altered	Statute text
8	A third party writing "新加坡最好的 N 家诊所" (the N best clinics in Singapore) on their own and listing the client in it, with zero involvement from us	The client carries no liability	Statute text
9	Us submitting to, contributing to or paying to be listed on that kind of ranking, or putting the ranking onto the client's own page	Not allowed, and the penalty here falls on us	Putting the ranking on our own page: Statute text; submitting, contributing or paying for a listing: Conservative line (not statute text)

Rule text: see Appendices A.1 and A.2.

If the client's marketing team comes to you with this question: "The official FAQ says that as long as a testimonial comes directly from the patient to the organisation, doesn't that mean we can display it?" — that sentence only lifts the restriction at the organisation level; it does not lift the restriction on the individual doctor. Under the doctors' ethical code, doctors are personally responsible for the information the organisation puts out about them, and the code covers any medium where the doctor has control over the content — the clinic's own website falls squarely within that. With both layers applying, follow the stricter one, and the answer is still: don't post it. The ethical code also states plainly that not knowing what was on the website is not a defence: "it will not be sufficient for the dental practitioner to plead lack of awareness of the nature or the content of the organisation's information" [Statute text; see Appendix A.2].

Banned variant		Fill the same slot with
Patient testimonials (incl. anonymous or blurred)	→	An indications/contraindications condition sentence
Testimonials with a disclaimer or a signed consent form	→	Same as above; a disclaimer doesn't save it
Star ratings, a rating widget, aggregateRating	→	Registration fields + an exact final price
A screenshot of a positive review, reposting a patient's post	→	Don't post it; see Appendix A for the reasons
Before-and-after photos, or posting only the "after" photo	→	Procedure time, follow-up schedule, risks and complications
Switcher testimonials on a comparison page	→	A neutral, indications-based comparison condition sentence

Figure: every variant of a testimonial fails; fill the same slot with an objective condition sentence

Before-and-after photos (including posting only the "after" photo) are not posted, even with a disclaimer added [Statute text; see Appendix A.1, A.2]; a patient's signed consent form, a blurred or anonymised photo, or a line about "individual variation" don't save them either. Before-and-after photos may only be shown and explained by the doctor in person, during a consultation in the clinic [Statute text; see Appendix A.1], and the doctor must explain the possible outcomes at the same time. If a page needs to be persuasive, draw the material from the seven kinds of checkable fact in 1.6.

How to handle reviews off-site (not requesting them, how to reply, what to fill the empty slot with) is covered in 6.5; this section only governs whether the channels we control can carry them — and for dental and aesthetics there is only one answer here: don't request, don't display.

1.5 Wording, titles, comparisons, outbound links, FAQ: no exempt zone

What you'll do in this section: Strip out laudatory words, titles you can't back up with evidence, comparisons with peers, outbound links to commercial companies, and any promise of results, from the page copy, the FAQ, figure captions and table headers — all four of these places go through the same banned-word list, with no exceptions.

Banned	Rewritten as
best, leading; Chinese "最好", "首选", "领先"	→ Delete; write the service range, opening hours, languages spoken
senior, authoritative, extensive experience, most cases	→ A clearly defined operating fact that passes the six checks
state-of-the-art, most advanced	→ The device's real model number + the year it was installed
Comparing with peers, "cheaper than public clinics"	→ Compare procedures only; never mention any peer
Linking to a manufacturer, a brand's own website, a device page	→ Link only to government and regulator pages
Endorsement by a directory calling itself "MOH-verified"	→ The clinic's own licence number + official register lookup page
FAQ questions like "How soon will I see results?", "Does it hurt?"	→ Ask "How many visits, how long each one, what's included in the price?"
Promising efficacy, a success rate, a recovery time	→ Procedure duration, not a promised time to results

Figure: wording that gets penalised if written; fill the same cell with a fact you can prove

Whether or not they are true, never write any of these: laudatory words such as "best / top choice / leading / authoritative / senior / extensive experience / most cases"; descriptions of efficacy, success rate, recovery time or pain level; before-and-after photos (including posting only the post-treatment photo); reposted testimonials and reviews (including screenshots, star ratings, aggregateRating); comparisons with or disparagement of peers, named or unnamed; "free / complimentary / at no extra charge / \$0"; third-party directories that call themselves "MOH-verified" or "government-approved"; and

any claim we cannot back up ourselves. Of these, five items — efficacy, success rate, recovery time, pain level and directories calling themselves MOH-verified — are Conservative line (not statute text); for the rest, the rule text is in Appendices A.1 and A.2.

Three of these rules are the most tightly worded: laudatory words have an official list of 40-plus entries, and Highest volume, Extensive experience, State-of-the-art and Five star services are all on it [Statute text; see Appendix A.1]; "not comparative" and "must not give any impression that they and their practice are superior in any way" are the ethical code's own words, so even an unnamed comparison counts [Statute text; see Appendix A.2]; and a phrase like "straight teeth in 2 weeks", which ties a result to a timeframe, is listed by the regulator directly as soliciting [Statute text; see Appendix A.1].

Professional titles follow the same rule: for a doctor's credentials, write only SDC/SMC-approved qualifications and registration fields, not manufacturer-granted tiers [Conservative line (not statute text)] (basis and conditions for loosening it: see 3.3).

Operating figures can be written, but the opening is narrow: what the regulator bans is efficacy, outcomes and any subjective praise, not clearly defined, provable, adjective-free facts about how the organisation operates; cross that line and it counts as laudatory [Conservative line (not statute text)] (70% confidence, not measured; the signed compliance memo has the final word, and where the memo conflicts with this rule the memo prevails (except for case counts and procedure volume)). To write one, all four conditions must hold at once: no adjectives or comparatives of any kind; every number has a ledger entry and a sign-off; it is never placed next to efficacy, indications or outcomes (aesthetics pages write only about equipment, staff and process); and any rise-or-fall ($\pm\%$) figure is deleted entirely. Only the items listed under class 6 in 1.6 can be written. **Case counts and procedure volume are deleted by default: there is no confirmation process and no "usable once confirmed" tier** — Highest volume is on the official list of laudatory terms, and the denominator, period and statistical basis can never be produced, so these numbers never pass the six checks for numbers.

Example (aesthetics) An aesthetics page once wrote a cumulative case count like "over N filler injections" without saying which year to which year — missing the period, so even if the number is true it fails the six checks for numbers.

Outbound links never go to any commercial company: a manufacturer's website, a brand page, a device page and a manufacturer locator are all off limits, and any link already in place is deleted the moment you know about it [Statute text; see Appendix A.1, A.2]. Link only to government and regulator pages (for example, the professional registration lookup page) [Conservative line (not statute text)].

FAQ, figure captions and table headers are not an exempt zone; they go through the same list. Typical questions that cross the line: "How soon will I see results?", "How long do results last?", "Does it hurt?", "How high is the success rate?", "How does this compare with clinic X?" — don't write any of these. Replace them with compliant questions like these: "How many visits does the whole course take, and how long is each one?", "In which cases is this not suitable?", "What does the fee include, and what doesn't it include?", "How are follow-up visits after treatment arranged?"

Before writing any outcome-type number (case counts, ratings and the like), run it through the six checks for numbers first; see → [General Edition 5.10 Shared parts for all page types: six checks for numbers, no public price, billing units, dates and schema](#).

1.6 What fills the gap: seven kinds of checkable fact and the three-language banned-word list

What you'll do in this section: Every time you delete a piece of non-compliant content, take one checkable fact from the seven classes below and fill it back into the same slot; on every homepage-level page, write a short paragraph on "why this page has no before-and-after photos"; and when checking Chinese and Indonesian pages, use the same Annex A Chinese–English–Indonesian mapping table.

Checkable fact	What the sample sentence needs
1 Registration and qualification fields	Degree and year, register category, registration number, check date
2 Technical-standard certification	Certificate number, issue date, validity period; website and own social media only
3 An exact final price	Final price incl. GST + what's included + what's charged separately
4 Follow-up visit, remake and refund terms	Written as a fee rule, not a results guarantee
5 Device and material model numbers	Model number + year installed; no link to the manufacturer, no adjectives
6 Organisation operating figures	Year founded, number of doctors and their registration numbers, slots held for emergencies, languages spoken
7 Process, duration, risk, indications	Procedure time, contraindications, aftercare instructions

Figure: for every cell you delete, pull the replacement material from these seven classes

When you write, take material from these seven classes first; the basis is in Appendix A. One example sentence per class below (copy the sentence pattern, swap in your own numbers):

Example (1 registration and qualifications): Dr Tan Wei Ming – BDS (NUS) 2009; MDS (Orthodontics) (NUS) 2015. Registered with the Singapore Dental Council on the Dental Specialists Register (Orthodontics), registration no. D1234A. Register entry checked 20 September 2026.

Example (2 technical-standard certification): The clinic's in-house dental laboratory is certified to ISO 13485:2016 (certificate no. SG-12345, issued 4 March 2025, valid to 3 March 2028). This class can only appear on the website and own social media, not on brochures, letterhead or test reports [Statute text; see Appendix A.1]; a doctor's own practising certificate is not subject to this restriction.

Example (3 an exact final price): Zirconia crown, single tooth: S\$1,200, inclusive of GST. The price covers the digital scan, the laboratory crown, try-in and one fitting review within 30 days. Root canal treatment and any core build-up are charged separately and quoted at S\$X and S\$Y.

Example (4 follow-up visits / remakes / refunds): If the crown de-bonds within 12 months and the underlying tooth is intact, re-cementation is included in the crown price above. If the crown fractures within 12 months, it is remade once, with the laboratory component included in the crown price above; the clinical fee of S\$150 still applies. Write it as a rule for how the fee works, not as a results guarantee such as guaranteed to last 12 years or lifetime guarantee [Conservative line (not statute text); see Appendix A.2]; and, per 1.2, don't write words like "free" or "at no charge" — write "already included in the price above".

Example (5 device and material model numbers): Implant planning is done on a Planmeca ProMax 3D Mid cone-beam CT unit installed in 2023. The clinic places Straumann BLX and Osstem TSIII fixtures; the fixture used is recorded on the patient's implant passport. The model number itself is a fact and can be written; adjectives like "most advanced" or "state-of-the-art" are laudatory and can't be written; nor can you link to the manufacturer's website [Statute text; see Appendix A.1, A.2]. If you really want the manufacturer's traffic, get the manufacturer locator to list you instead (the manufacturer linking to you is an inbound link, not us linking out).

Example (6 organisation operating figures): The clinic has operated at 1 Orchard Boulevard since 2011. Four dentists practise here; all four SDC registration numbers are listed on the team page. Two slots are held each weekday for acute pain triage. Every number in this class must pass the six checks for numbers.

Example (7 process / duration / risk): A single implant in the lower molar region takes about 60 minutes of chair time. Osseointegration takes 3–4 months before the final crown is fitted. This is the class AI likes to cite most, and it never goes near the advertising line; a sentence like "which cases we don't take on" is especially valuable — it can't possibly be advertising copy, which is exactly why AI is most willing to cite it.

These seven classes change how you play, not whether you have cards to play: a regulated organisation swaps "success rate" for "process steps + duration + number of visits + material model numbers + insurance coverage". These are just as much numbers and just as copyable, and the regulations already require claims to be provable, so a provable number is, if anything, the safe zone. **If all that's left after deleting is empty phrases like "professional team, advanced equipment, patient-centred", the page is compliance-clean and zero-density:** a page with no exclusive checkable facts gives AI no reason to cite it; the money is spent and the output is zero. The density gate and the ban gate each have veto power; if deleting leaves fewer than 5 checkable facts, send the page back and change the intent cluster. That is a signal to change the topic, not a signal to loosen compliance; see → [General Edition 5.8 The conclusion block, the density gate and the source gate](#).

Every homepage-level page must carry a short paragraph on "why this page has no before-and-after photos", linking to the regulation's own text. That paragraph turns a restriction into a trust signal; it is not just a disclaimer.

Chinese and Indonesian pages are checked against the same Annex A Chinese–English–Indonesian mapping table: 40-plus laudatory terms, built once by legal, attached to the compliance memo, with one shared copy used on-site and off-site. Five sample rows of Chinese seed words: Leading → "领先" / "首屈一指"; Best → "最好" / "首选" / "第一"; Extensive experience → "经验丰富" / "资深"; State-of-the-art → "顶尖" / "尖端"; Highest volume → "例数最多". The full table and the Indonesian column are in Appendix B.3. The original gives no Indonesian seed words, and writers must not add their own.

Chapter 2

Week one: check your site and save today's AI answers before you fix anything

Look without changing anything, save the questions and today's answers, then change the settings

2.1 D1: the read-only audit and the other nine of the twelve questions

2.2 The 30-question pool: English 18 · Chinese 10 · Indonesian 2

2.3 Freezing the baseline, the noise band and the first brand-six run

2.4 Fixing the door: five gates; for dental, the WAF is the main trap

2.1 D1: the read-only audit and the other nine of the twelve questions

What you'll do in this section: On D1 you look but change nothing: get read-only access to the access logs, Search Console, Bing and the five business profiles in one go, then go through the nine of the "twelve pre-start questions" that chapter 0, 0.2 did not ask. When you're done, you'll have an access-request list and dental answers to the nine questions; the door, every profile and the facts page have not been touched at all.

Hard gate: until the baseline is saved, do not change the door, any profile or the facts page.

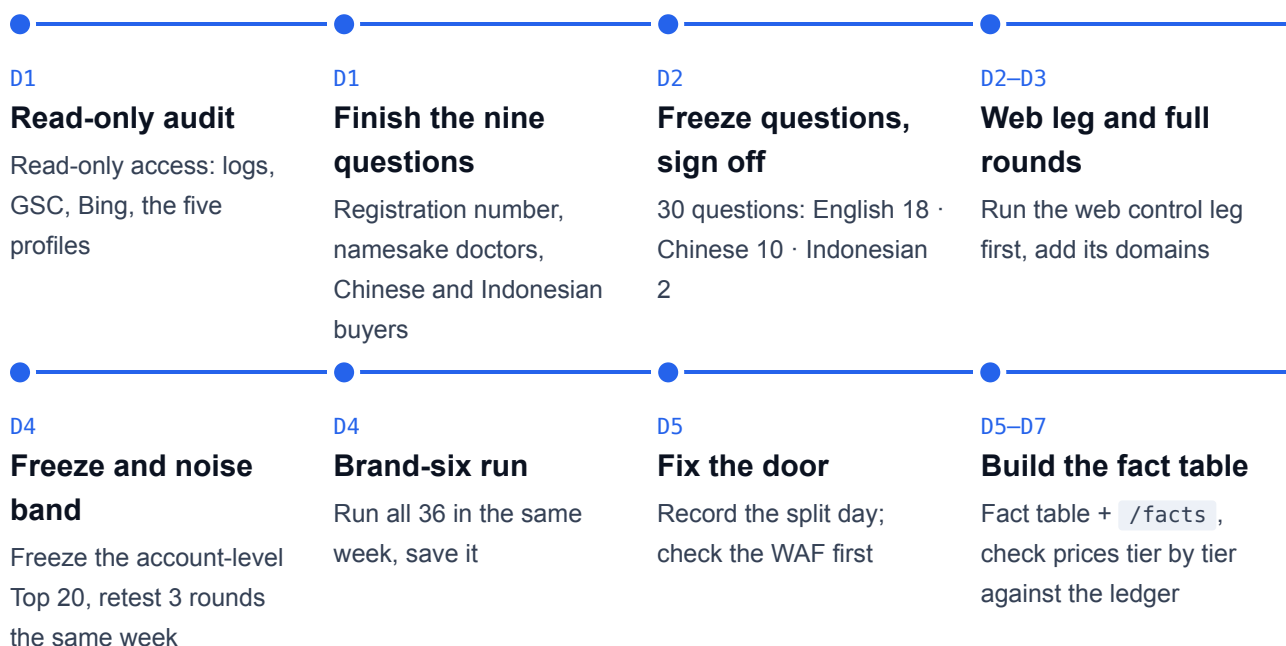


Figure: Week one — measure before you change; don't touch the door until the baseline is saved

Why measure before you change: the page-type mix, the four states per URL, and the question shapes that the baseline needs to measure all have to be measured on the shelf as it stands, before the door has been fixed. Fix the door first and freeze the baseline afterwards, and what you freeze is a shelf you have already disturbed yourself — the before/after comparison in week 13 no longer holds. In the build order the door comes first and the ruler comes fifth, but the ruler's job of freezing comes before everything. So on D1 you can do only three kinds of thing: request access, pull the logs (if none were kept, turn logging on that day) and record the current state. Change not a single word. What the six lines of the door's read-only audit and the crawler hit table look like is already written in → [General Edition 2.1 The five gates at a glance, and gate 0: access logs \(read-only\)](#) and → [General Edition B.1 Door templates](#); not repeated here.

Once the baseline is saved, you do three things in week one, in order: the door's five gates plus the `/facts` page; then the tiered itemised fixed-price pages; and last, the five business profiles, checking against the official registers, and the manufacturer locators. It's fine if the price pages and the profiles

don't fit into week one and slip into week two, but you must not skip the baseline just to hit the week-one deadline.

Of the nine questions, six are answered differently for dental and aesthetics than in the General Edition; the other three (questions 5, 6 and 10) follow the General Edition:

Question	If the answer is	What to do next
1 · Legal name, licence / registration number	You can't get the registration number	Leave that cell blank in the fact table for now; fill it in before moving on
7 · Whether the five profiles, GSC and Bing can give you read-only access	You can't get read-only access	The first two items can't be verified at acceptance; list this separately as a risk
8 · Whether there's a namesake organisation or namesake doctor	Yes	The first batch switches to facts pages + profiles, not content pages
9 · Whether you're using a platform that charges per enquiry, per lead or by fee-sharing on each sale	Yes, in use	Write it into the compliance memo and handle it per chapter 6, 6.2
11 · Whether there are Chinese-speaking buyers or Indonesian buyers	There are Chinese-speaking buyers	Write the 10 Chinese questions using the ratios in 2.2; for dental and aesthetics, write the 2 Indonesian questions anyway
12 · Whether bookings come in by form, WhatsApp or phone	Phone	Observable tier; make the front-desk field "How did you find us?" mandatory; no question is dropped from the pool because of this

For the wording of the remaining questions and how to read the answers, follow → [General Edition 4.1 The full target-picking process and the twelve pre-start questions](#). If you can only do three things, use the General Edition's 48-hour version of shortcut 2 for the baseline instead — see → [General Edition 4.8 Two shortcuts and this chapter's checklist](#); this 48-hour baseline must still be saved before you fix the door, and everything else stays the same.

2.2 The 30-question pool: English 18 · Chinese 10 · Indonesian 2

What you'll do in this section: Set the 30 questions using the language ratios for dental and aesthetics, rewrite price questions into a shape that a fixed final price can answer, and filter out pure symptom questions and educational questions. When you're done, you'll have a 30-question pool ready to be signed in person; once it's signed, it does not change for the whole quarter.

How the 30 questions split by language is fixed, so that two people can never count two different denominators:

Language	Questions	Note
English	18	—
Chinese	10	Always include "新加坡" (Singapore); they also count toward the numerators of the location and price ratios, and do not add to the total of 30
Indonesian	2	Mandatory 2 for dental and aesthetics: buyers from Jakarta, near-zero marginal cost

The 10 Chinese questions are also fixed internally: 3 price-type, 3 scenario-type, 3 second-opinion-type, and 1 "who's best"-type. The Chinese questions must not be cut, because the Chinese landing page is the only lever that works as "build one page yourself → go straight into the named set"; if you can't fill all 30, cut the 3 bare-category-word questions first. For the rest of the ratios (location $\geq 60\%$, price $\geq 30\%$, bare words $\leq 10\%$) and how the second-person check and signing in person work, follow → [General Edition 4.2 The question pool: where the 30 questions come from, how they are balanced, how they are signed](#); once signed, it does not change for the whole quarter — changing a question is changing the ruler.

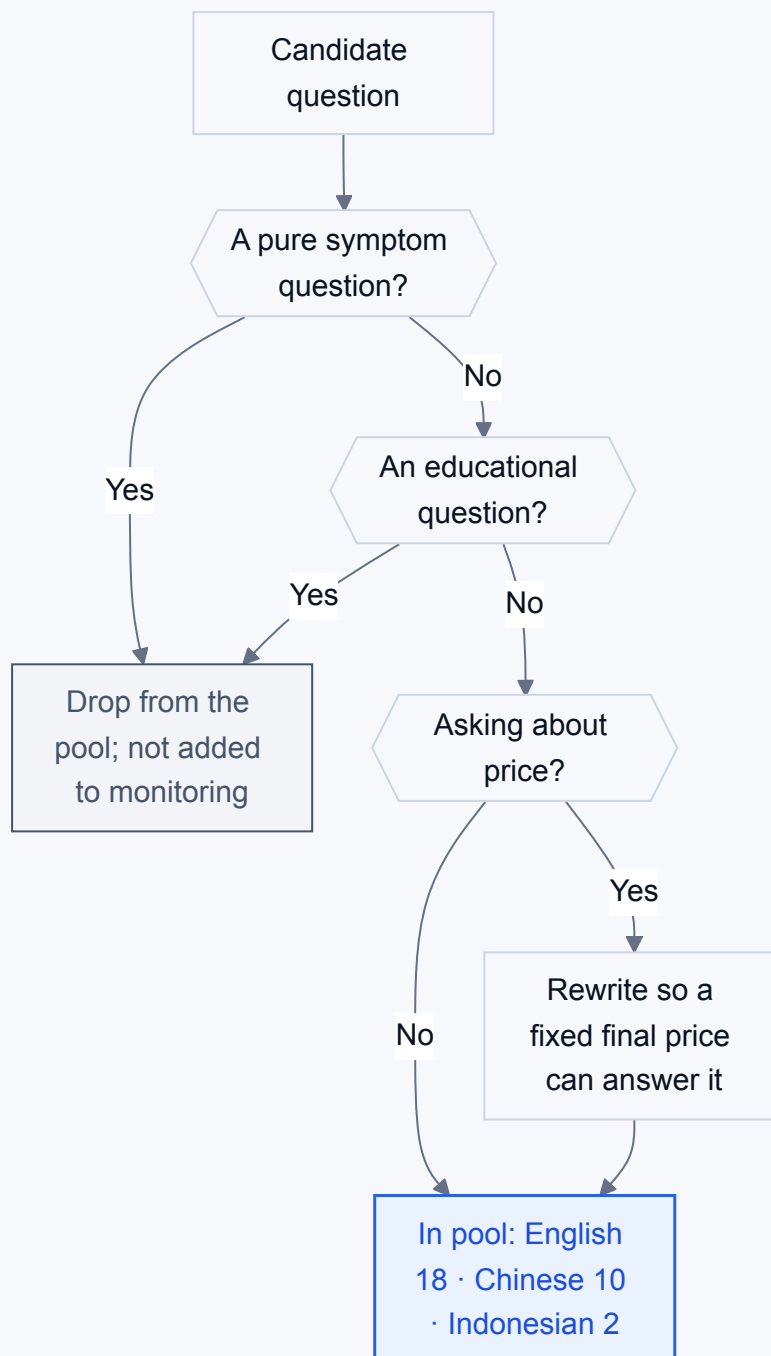


Figure: A candidate question passes three filters before it enters the pool

The reasoning behind each of the three filters: a pure symptom question ("牙龈肿是怎么回事", what's going on with swollen gums) gets AI citing HealthHub and Mayo Clinic and almost never naming a clinic, so don't park it in the monitoring layer for now; an educational question ("是什么 / 要不要请", what is it / should I hire one) means the buyer hasn't reached the "who to buy from" stage yet; a price question phrased as "<项目> 在新加坡多少钱" (how much does <treatment> cost in Singapore) can go straight into the pool, but if the wording itself already presupposes a price range, rewrite it before it goes in.

Example (dental and aesthetics) Buyers' own words in AI; all three pass the three filters: "新加坡哪家做隐形矫正好?" (which clinic in Singapore is best for clear aligner treatment?) "种植牙在新加坡大概多少钱?" (roughly how much does a dental implant cost in Singapore?) "A 诊所和 B 诊所哪个更适合我这种情况?" (which is a better fit for my case, Clinic A or Clinic B?)

Three things are not decided at this pool-entry step: a three-part symptom question (one that already carries a treatment option and a price) does not count as a pure symptom question; it stays in the pool, and how to handle it is in chapter 4, 4.2. Whether to turn a policy question into an execution question needs the baseline's four-state data, so that decision also waits for chapter 4, 4.2. And confirming the two Indonesian questions by an actual search happens when you write the Indonesian pages (chapter 5, 5.3).

2.3 Freezing the baseline, the noise band and the first brand-six run

What you'll do in this section: Run the web control leg once first and add in the domains unique to it, then freeze the account-level Top 20, retest three rounds in the same week to measure the noise band, and run all 36 brand-six runs in the same week as the baseline. When you're done, you'll have a frozen account-level Top 20, a noise-band round count, and a set of raw brand-six answers you can use as the baseline.

The rulers for dental and aesthetics follow the General Edition; you only fill in your own values in a few cells, and nothing is redefined:

What the General Edition has you set	Dental value
Noise-band rounds	3 rounds
How to split the denominator	Don't split it
Factual errors (count)	Don't split into columns
The fourth reference number	Landing-page phone extensions + asking in the clinic; reference column only
Acceptance tier	Mostly phone bookings → observable tier; front desk must record the source
Brand-six run	Run all 36 in the same week as the frozen baseline, same ruler as the monthly run
Web control leg	Run once before freezing; add in the domains unique to the web leg

Figure: The ruler's general discipline doesn't change; dental only fills in these cells

What the figure cannot show: three "whys".

Why the web leg has to run first: a candidate pool taken only from the API leg has a systematic bias, and bias is not noise — adding more rounds cannot fix it. The complete method for running it has exactly one specification in the whole book, in → [General Edition 4.4 The web control leg and the frozen baseline \(the book's only full spec\)](#); how to do the coarse screen into piles and the full rounds is in → [General Edition 4.3 Coarse screen and piles, full rounds, and the brand-six baseline](#). The frozen account-level Top 20 is the denominator for the entire quarter and does not change after that.

Why the noise band has to be measured: seats only count as up when the change is larger than the noise band; without that band, you cannot tell whether a rise or fall in week 13 is real or just sampling fluctuation. How to read it is in → [General Edition 7.2 The noise band, the page-level signal and the ten monthly steps](#).

Why the brand-six run only counts these 36: the baseline's "X factual errors" figure comes only from this one run of 36. Any 2-round × 1-engine quick run (such as the two passes in shortcut 2) is only used to fix errors the same day, ahead of the queue — never as the baseline. A quick run and the 36 runs are not the same ruler; if X came from a quick run, the before and after in week 13's "X → Y" would not be comparable. → [General Edition 3.1 Why this comes before writing pages](#) · [The two-hour checklist](#) also reads this same set of raw answers.

The three rulers stay unchanged, the fourth reference number never counts as a criterion, the web leg runs first, and triage must not skip layers — these four rules are the general discipline and not a word of

them changes; see → [General Edition 7.1 What a retest produces, and the rulers](#). How to read review counts and star ratings is in chapter 7, 7.1.

2.4 Fixing the door: five gates; for dental, the WAF is the main trap

What you'll do in this section: Once the baseline is saved, fix the door through the General Edition's five gates, checking the WAF allowlist first for dental and aesthetics; record the day you fix the door as the split day. When you're done, you'll have a merged robots.txt, one WAF allowlist rule, and a split day recorded in the work order.

Hard gate: until the baseline is saved, do not change the door, any profile or the facts page.

Tick the dental door audit checklist like this:

Gate	Needed for dental and aesthetics?
Crawler hit table	Yes
The three nosnippet controls	Yes
robots.txt master template merge	Yes
WAF allowlist	Yes — and it's this section's main trap
The four identities match	Yes
CSR check	Not needed
Visible-text check	Not needed
Platform robots.txt verification table	Not needed

Exactly how to fix the five gates — the three nosnippet spots, the four-step robots.txt merge, and the three WAF allowlist tasks — is all written in → [General Edition 2.2 Gate 1 read-only audit: what to check in nosnippet, robots and the WAF](#)→ [General Edition 2.6 Fixing the door: nosnippet, the four-step robots merge, the WAF allowlist](#); not repeated here. The WAF is the key point for the dental door: writing `Allow` for ChatGPT-User in robots.txt is harmless but useless — the real switch is the WAF allowlist.

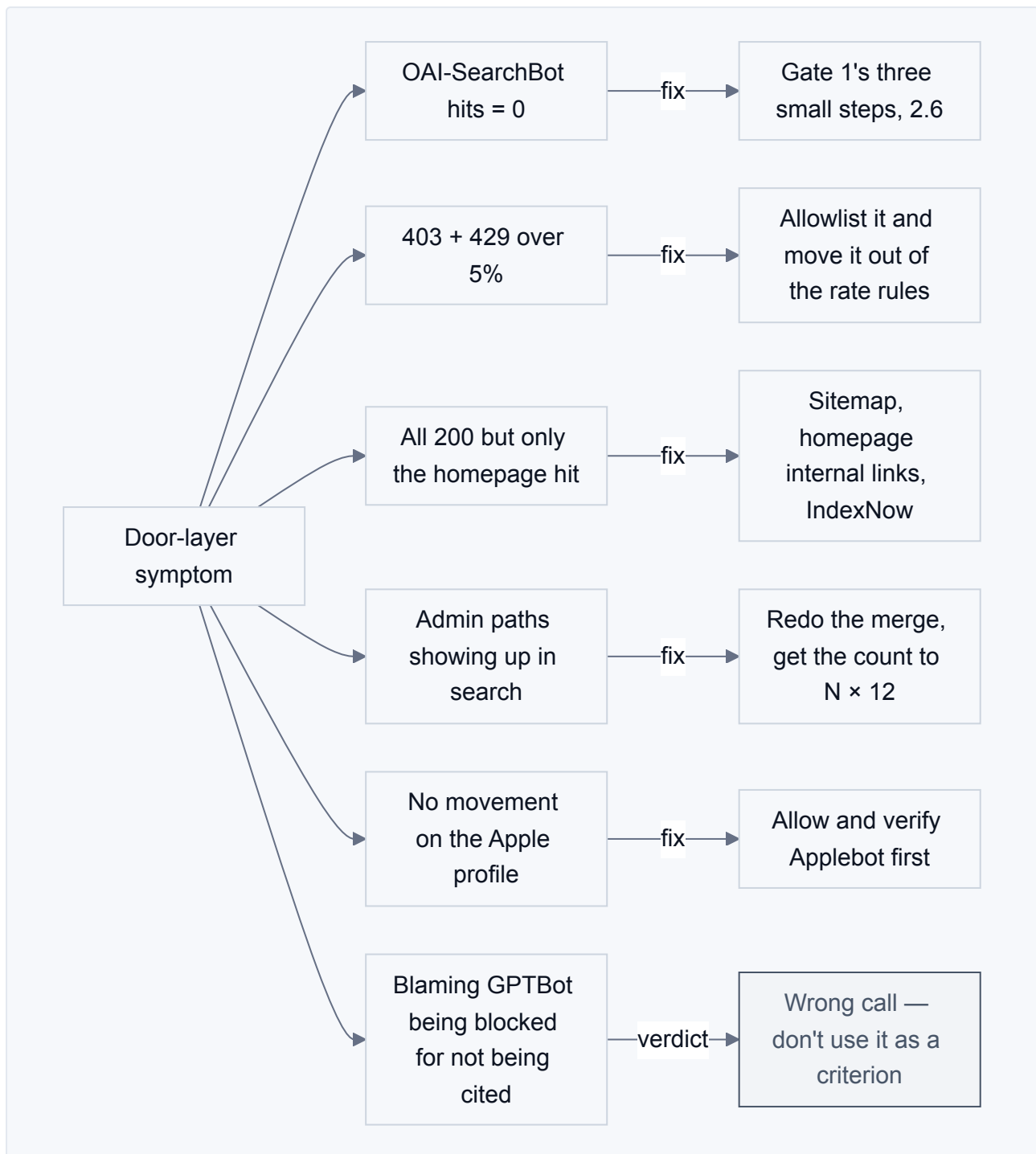


Figure: at the logs / robots / WAF layer, every symptom maps to exactly one fix

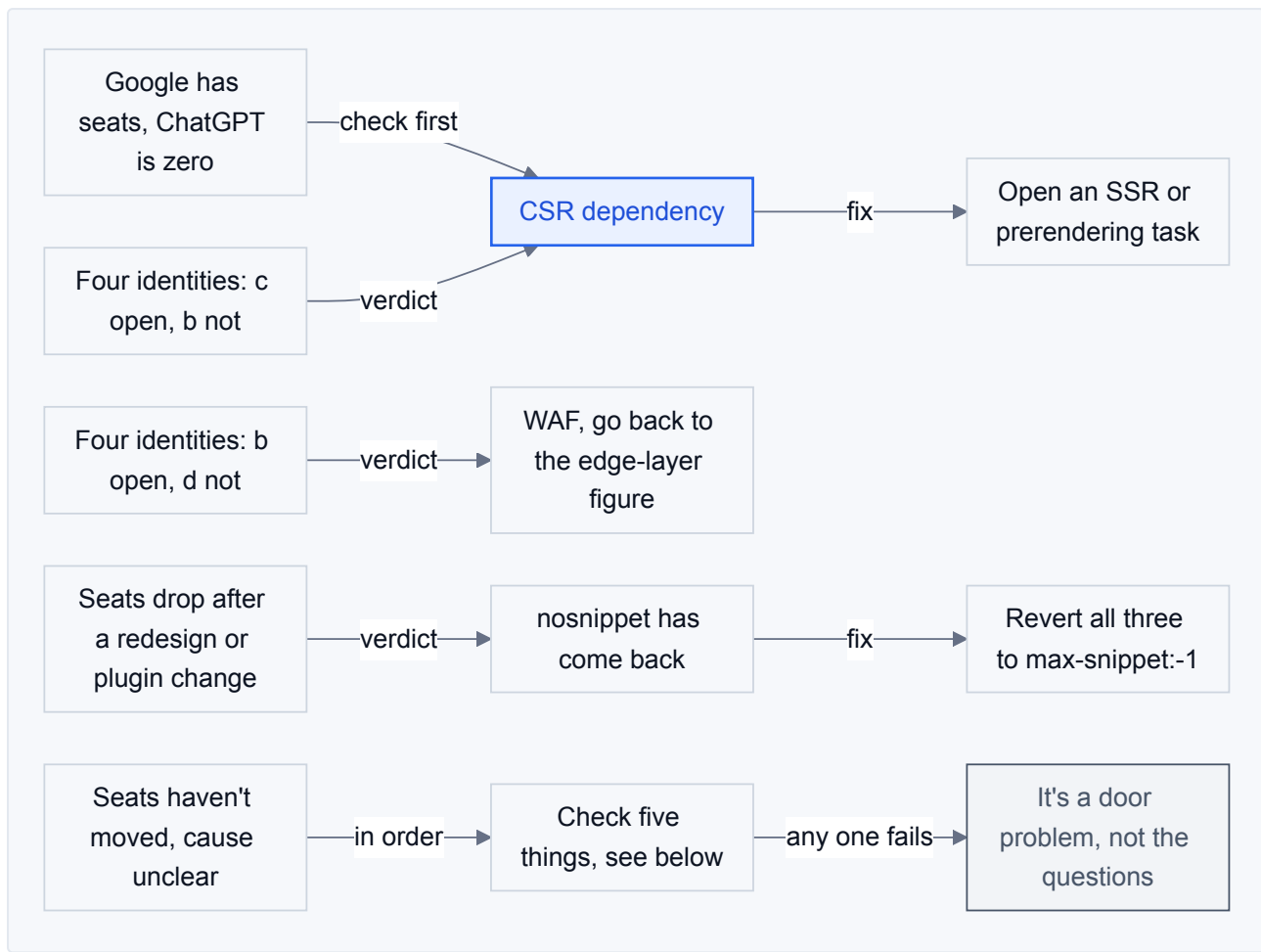


Figure: at the rendering / indexing / nosnippet layer — Google has seats while ChatGPT is zero: check CSR first, not the choice of questions

These two troubleshooting diagrams are not only for the day you fix the door: check the door layer once every month without conditions, even when seats have risen (→ [General Edition 7.3 Not-moved triage and next month's three points](#)).

Whether fixing the door itself needs a written compliance sign-off comes in two halves:

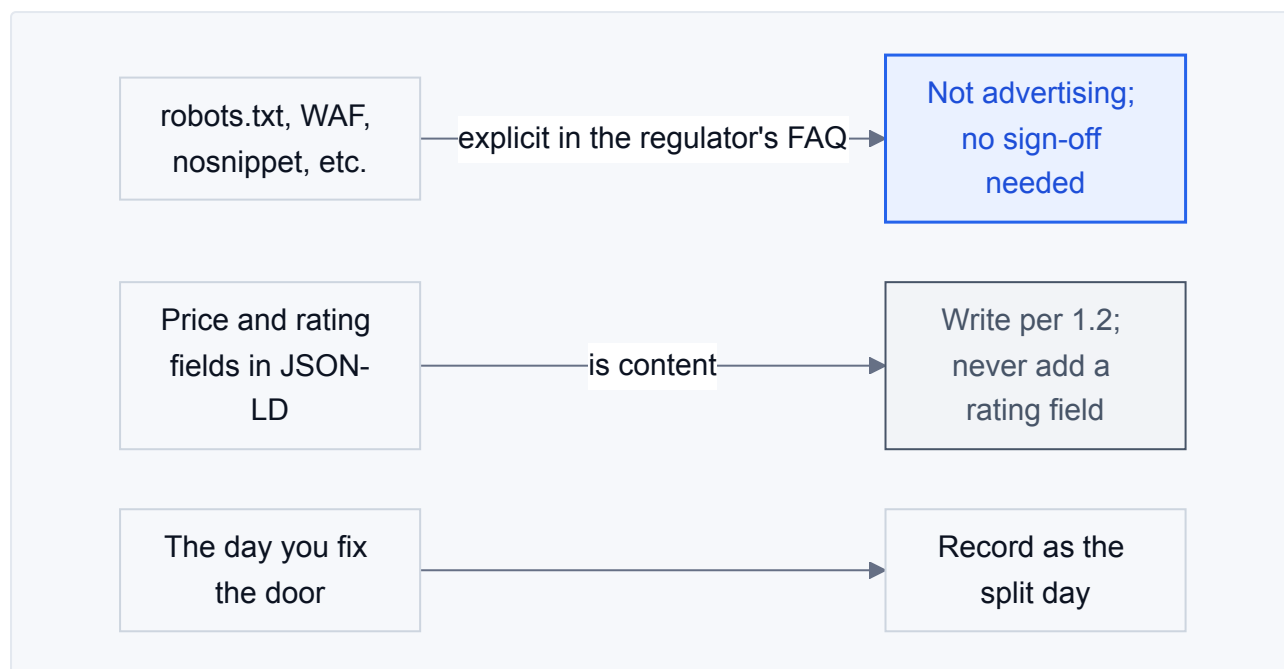


Figure: Fixing the door is technical SEO and doesn't need sign-off; text written into schema is reviewed as advertising content

Basis: technical SEO itself is not advertising (**Statute text**; see Appendix A; for how this rule is used off-site, see chapter 6, 6.2). The price and rating fields in JSON-LD are reviewed as advertising content [Conservative line (not statute text)]. Write JSON-LD prices per chapter 1, 1.2; never add `aggregateRating` on any page (see chapter 1, 1.4 for why).

Schema only needs four things right: get `@type` right; point `sameAs` to the regulator's registration-number lookup page and the business profile pages, and write the UEN as `identifier`; make the published and modified dates genuine; and write only the fixed final price in the price field, never a `minPrice` / `maxPrice` range. These fields only work for Google's Knowledge Graph — AI's live fetches never read JSON-LD at all — so the same facts must first be written into visible HTML, see → [General Edition 2.7 Gates 3 and 4: indexing paths, and JSON-LD sealed once](#).

The split day goes into the work order; at the week-13 settlement, every "before fixing the door vs after fixing the door" comparison is drawn against it, see → [General Edition 7.4 Holding position and the 90-day settlement](#).

Chapter 3

Get AI to recognise your clinic and your doctors

Keep clinic facts identical everywhere, and tie each doctor to their official registration number

3.1 The fact table and the organisation facts page (/facts)

3.2 Doctor pages: register fields and Circular 2/2022 titles

3.3 After the review slot is empty: technical-standard certification, registration status and manufacturer locators

3.4 Six-trace alignment and the five business profiles

3.1 The fact table and the organisation facts page (/facts)

What you'll do in this section: In 25–55 minutes, build a 14-row fact table to the General Edition's blueprint, then make one /facts page, and check the price rows tier by tier against the ledger before it goes live. For dental clinics you change only two rows and add one price-check rule; for everything else, copy the specification in → [General Edition 3.2 The fact table and the organisation facts page](#) exactly.

Hard gate: until the baseline is saved, do not change this page or any business profile (the same hard gate as the one before you start work in chapter 2).

title/H1	Legal name + bare facts, zero adjectives	
First-screen credentials line	2–4 numbers: credentials, registration number, year, etc.	
Hard fact cards	3–5 KPI cards, each with a line below giving the definition, denominator and period	AI quotes this
14-row field table	One field per row, no narrative sentences mixed into the values	AI quotes this
Practitioners	Name + registration number + official register link, one entry per line	
Price block	Fixed by side: a fixed price or a range + billing method	Regulated
Location and opening hours	Listed day by day; never "by appointment"	
Reviews	Entire block skipped on regulated sides; other sides: see elsewhere	Regulated
FAQ	3–6 questions, restating the conclusions in the body	
Self-ratings / reposted reviews / before-and-after images	Never include	Don't Regulated
Footer	Last verified date + owner	
schema	A one-time template, not written per page	

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated
 ☐ Don't

Figure: Block order for the organisation facts page; the field table and hard fact cards are the rows AI copies whole

For dental clinics, only two rows of the General Edition's 14-row field table change. Row 11, "Devices / materials": write only the real brand and model, with no outbound link to the manufacturer's product page. The general table keeps a manufacturer link for the side that may link out; dental clinics do not use it (for the writing rules, see chapter 1, 1.5). Row 12, "Insurance / subsidy coverage": write it as a firm sentence.

Example: A sentence such as "This treatment is not claimable under Medisave." Write it as a fixed statement and leave no wiggle room.

The tiered wording for the price block is already demonstrated, with dental and aesthetics as the example, in → [General Edition 3.2 The fact table and the organisation facts page](#), and the writing rules for the price block and the follow-up-visit row are in chapter 1, 1.2, so they are not repeated here. This section adds only one ledger rule: **check every price row tier by tier against the ledger (the exported price list); never copy an old value from the website**. Every row records its source and the date it was verified, and facts you have only heard second-hand never go on the page.

Must write	Never include
HCSA licence number + HCI Directory lookup link	aggregateRating , star ratings, rating widgets
Three-tier fixed-price table: incl. GST, defining conditions, effective date	Review text, screenshots of positive reviews
Medisave coverage written as a firm sentence	Before-and-after photos
Follow-up policy: time limit, number of visits, what's included	Free, complimentary, at no extra charge, \$0
Device model: the model only	Manufacturer links
Organisational operating facts that also pass the four conditions in 1.5	Leading, Expert, best, most cases

Figure: What dental clinics must put on /facts and must never put there — don't fill a slot with the wrong one

The right-hand column has no "may be published after the compliance officer's written confirmation" tier: nothing in it can go up, even with a written sign-off [Statute text; see Appendix A]. The block the organisation page would normally reserve for reviews is not built at all; fill that same slot with checkable operating facts instead — year founded, number of doctors and each one's registration number, opening hours, languages, slots held for emergencies (the seven kinds of checkable fact are in chapter 1, 1.6). Case counts and procedure volumes are deleted by default: there is no confirmation process for them, and no "usable after confirmation" tier.

When you finalise the exclusions, write in one fixed rule: ****without a *Letter of appointment for advertising* on file, not a single correction letter may be sent later on**** (for the send gate, see chapter 6, 6.1). /facts is still advertising: before publishing, run it through chapter 1's compliance checklist and price wording rules, with no item exempt.

3.2 Doctor pages: register fields and Circular 2/2022 titles

What you'll do in this section: Build a person page with its own URL for every doctor, fill in the fields to the General Edition's person profile page blueprint, and write titles exactly as the official register shows them. When you're done with this page, you'll have one of the few things the regulated sides are explicitly allowed to use to persuade.

At the organisation level, persuasion is almost entirely banned; at the individual level it is not — the regulator explicitly allows practitioners to publish their own qualifications, areas of practice, practice arrangements and contact details [Statute text; see Appendix A]. So the person page is not a nice-to-have; it is the main line of work on this side: one page per doctor, anchored on the official registration number plus the official register lookup link. The page specification follows the General Edition's blueprint:

H1 Legal name in its unique spelling + registered title

Registration info strip Registration number · register category and status · start of registration · official register link

Compliance statement line Regulated sides only: finalised by the compliance officer, with the check date Regulated

Credentials table Degree + awarding institution + year, one entry per line; year practice began

Third-party credential tier Light/unregulated sides: tier name + awarding body; if it can't be looked up, write the date; strict side: never a manufacturer-granted tier, only technical-standard certification and registration status Regulated

Scope of practice and services The services this person handles + a fixed price for each Regulated

External anchors Association profile / academic identifier / speaker page / professional social profile / Wikidata QID

List of bylined content Thick pages and videos bylined to this person, linking back to this page

Updated One line

☐ Required ☐ Optional ☐ Regulated

Figure: Block order for the person profile page (this whole page type is not measured, so nothing is marked cite)

Banned		Write instead
Senior, authoritative, extensive experience	→	Degree + year awarded, laid out in the prescribed format
Called a specialist but not on the specialist register	→	Write the register category exactly as listed
Treating a manufacturer-granted tier as a credential	→	Do not write it (Conservative line (not statute text); see 3.3)
Covering the doctors with one "expert team" page	→	One page per doctor + registration number + register lookup link
Laudatory words in the title	→	<name>, <SDC / SMC registered title>

Figure: A doctor page's titles are copied from the register, never described in your own words

Red line **Allowed does not mean unregulated.** Personal profiles must still pass SDC 5.4.2's nine tests (factual, accurate, verifiable, without extravagant claims, not misleading, not sensational, not persuasive, not comparative, not disparaging), plus MOH's ban on laudatory words (Annex A, regardless of whether they are true) [Statute text; see Appendix A.1, A.2]. Never describe this slot as "a back door around the organisation-level advertising limits". The specific title layout rules (titles from a Singapore university may be placed before the name, and every other title only below the name; no title that is not legally held may be used, and nothing may imply specialist status that has not been accredited) come from SMC Circular 2/2022. The original text of that PDF has not been obtained, so before launch, legal must check these rules one by one against the original. Until that check is done, write titles only as the register shows them, and do not use these rules as a basis for judgement [Original text not obtained; see Appendix A].

Two points the figure does not show: unsupported "expert" or "specialised professional" labels are banned in the same way; use academic titles only when the doctor genuinely holds them. The example for the title row is **Dr Jane Tan, Dental Surgeon** (this wording is not measured).

Put the official register lookup link right after the registration number, pointing to the register the doctor is actually on (MOH / SMC / SDC). Write specialist registration status exactly as the register shows it; a doctor who is not on the specialist register must not imply specialist status. For the association profile, fill in the profile URL from the Academy of Medicine or the SDA. Acceptance is one check only: fetch the page source with `curl` using a normal browser user agent (UA); both the name and the registration number must be findable in it — this page is the authoritative original for the six-trace alignment table in

3.4. How to fill in third-party credential tiers is in 3.3; how to handle the page of a doctor who has left is in → [General Edition 3.3 Person pages and six-trace alignment](#).

3.3 After the review slot is empty: technical-standard certification, registration status and manufacturer locators

What you'll do in this section: On every doctor's person page, fill in the three things you are allowed to write — technical-standard certification (name, certificate number, validity period; on the official website and your own social media accounts only), specialist registration status exactly as the register shows it, and inclusion in manufacturer locators (the manufacturer links to you; you never link out to the manufacturer). Do not write manufacturer-granted tiers. The mechanism and the three hard rules on wording follow → [General Edition 3.4 Third-party credential tiers, Wikidata and the five business profiles](#); here we only draw the decision path for dental clinics.

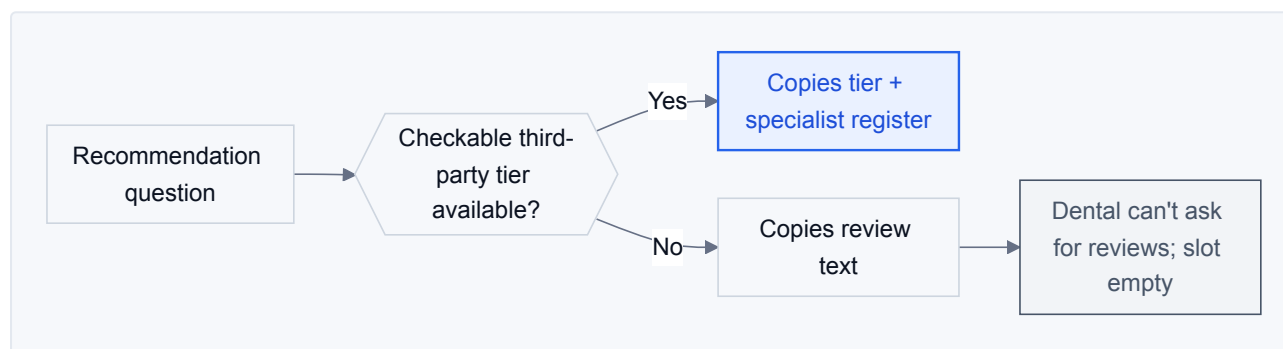


Figure: For recommendation questions, when a checkable tier exists, AI copies the tier, not the review

This figure rests on a single live search on one engine (for the sample and source, see → [General Edition A.1 Evidence for mechanics, the door and identity](#)); until it is retested with the region locked to Singapore, treat it only as a direction for the build work, not as a promise. **This figure is a mechanism observation, not a compliance clearance** — "copies tier" in the figure does not mean a doctor page may show a manufacturer tier; the next paragraph deals with that separately.

Do not put manufacturer-granted tiers on doctor pages (things like Invisalign Diamond / Black Diamond Provider) [Conservative line (not statute text)]. Reg 13(4)(c) only permits displaying awards or certifications earned by meeting technical standards ("compliance with technical standards"; the MOH FAQ's example is ISO laboratory certification), and Reg 13(5) excludes professional qualification certificates from this provision. Manufacturer tiers are awarded on case volume or performance, so they do not fall into this category, and they also run into the "case counts deleted by default" rule (see 1.5). To relax this, the compliance officer must give written reasons and approve it case by case; it is never fillable by default.

Example: Write a technical-standard certification as "The clinic's in-house dental laboratory is certified to ISO 13485:2016 (certificate no. SG-12345, issued 4 March 2025, valid to 3 March 2028)." Write only the certification name, certificate number and validity period, with no adjectives.

Write	Do not write
Technical-standard certification: name, certificate number, validity period (official website and own social media only)	Manufacturer tiers, superlatives
Specialist registration exactly as the register shows it	Most cases
Listed in manufacturer locators: they link to you	Linking out to the manufacturer from your own page

Figure: With the review slot empty, what a doctor page does and does not show

Superlatives, "the only" and "only X clinics island-wide", "most cases" and "leading" may never be used, regardless of whether they are true [Statute text; see Appendix A] — MOH's officially published list of laudatory terms already includes this kind of wording: "Highest volume", "Leading" and "Only" are on it. The compliance officer's written sign-off resolves only the three situations on the stop-and-escalate list; it never turns something banned as Statute text into something publishable: these words cannot go up even with a written sign-off (for the stop-and-escalate rule, see chapter 1, 1.1).

Applying for a locator listing is usually free, and one application gets you two things: an inbound link, and third-party endorsement of the real brand and model of the device you use. The link may only run from the manufacturer to you; your own page never links back to the manufacturer (see chapter 1, 1.5).

3.4 Six-trace alignment and the five business profiles

What you'll do in this section: Using the official register lookup page as the source, check the name, registration number, organisation name and address word for word in six places, and send a correction request the same day for anything that doesn't match. Then claim all five business profiles, fill in factual fields only, and point the website field to the landing page — the price page for dental, the procedure's page for aesthetics. The general method for alignment follows → [General Edition 3.3 Person pages and six-trace alignment](#); the claiming order, and the rule that after claiming you only run the monthly three-state check, follow → [General Edition 3.4 Third-party credential tiers, Wikidata and the five business profiles](#). Here we only pin down dental and aesthetics' own answers to "which six places", what can go in the profiles, and "where the website field points".

1	2	3	4
Register lookup screenshot	Association profile	Doctor page on the website	Speaker page
SDC / SMC register and HCI Directory; verify the URL on the spot	SDA, Academy of Medicine	/team and the person page, copied from the register	Conference and association speaker pages
5	6	7	
LinkedIn	ORCID	Fix any mismatch the same day	
Same spelling for name, registration number and organisation name	Only if the doctor has one; same spelling for name and organisation name	Send letters only with the letter of appointment on file	

Figure: Using the official register lookup page as the source, align the six places cell by cell

Step 1 has to be verified on the spot because the exact URLs for the SMC / SDC registers and their search entry points are still marked "to be verified": the first time you use one, verify it on the spot, take a screenshot and fill it back into the alignment table — never leave this cell empty for long. The six places above are for the doctor level; at the clinic level, the six places become: the official register, the five business profiles, the association profile, the website, manufacturer locators and media coverage, and the standalone page is the /facts page from 3.1.

Before sending a correction letter, first confirm that the *Letter of appointment for advertising* is on file — without this authorisation, not a single correction letter may be sent. If you cannot get the letter of appointment, the third-party corrections and off-site fixes in six-trace alignment fail entirely, and you can only do website-side work (/facts + self-filled profiles) (for the send gate, see chapter 6, 6.1; for the correction letter template, see → [General Edition B.3 Outreach emails and review replies](#), and for the extra wording for dental and aesthetics, see Appendix B.2).

May fill in	Must not fill in
Posts: opening-hours changes, new services, relocation, staff registration updates	Promotional posts, case posts, reposted reviews
Price field: the fixed final price	"From" prices, ranges, original prices
Website: the price page for dental, the procedure page for aesthetics	The homepage
Yelp: claim + check the facts	Any action on reviews
Free text, Q&A, photo captions: the same wording as the website	Wording that differs from the website

Figure: What dental and aesthetic clinics may and may not fill in on the five business profiles

Why the two columns are kept so strictly apart: every free-text box, business Q&A, business post and photo caption on the five profiles is advertising and uses the same banned-word list as the website pages; photo captions and business posts are the ones most often missed. For how to write the price field, see chapter 1, 1.2. The only field on the Google Business Profile with real leverage is the website field, so it must point to the page that can actually serve this buyer, and you must check the canonical domain (the www and https forms must be consistent).

Chapter 4

Which patients and which questions to go after first

Rank patient groups by yearly value, and see where each of ten question types should land

4.1 Buyer groups and annual opportunity value

4.2 Four states and the ten question types: where dental questions go

4.1 Buyer groups and annual opportunity value

What you'll do in this section: take your own clinic's price list and recent sales records, fit them into the five buyer groups below, work out the annual opportunity value, and use that number to rank which one to go after first. Also remember that the "get more reviews" tactic does not work for dental clinics; what you swap in instead is three other things.



Figure: example — one clinic's books, for ranking only, not a revenue forecast

Swap all five numbers in the figure for your own. The formula is **annual opportunity value = price per order × gross margin × monthly capacity cap × 12**; all four numbers are copied from your own price list and recent sales records, so anyone can recompute it. The full definition of this formula and the four rules below is in → [General Edition 4.5 Buyer types, annual opportunity value and the three checks](#); for dental clinics you only change the numbers here, never the calculation.

Copy these four rules down together with the numbers:

1. Fill in the numbers yourself, confirm them in person, and put them somewhere visible in the plan.
2. **The monthly capacity cap is a hard cap**—if you can't do 8 implants a month, don't pick a question built for 8.
3. Annual opportunity value is only used to **rank**; never describe it externally, in any wording, as a revenue forecast. Never multiply it by, divide it by, or show it side by side with seat counts or enquiry counts.
4. When two questions' annual opportunity values are close, pick **the one with less competition**.

Buyer groups like full-mouth reconstruction, which close by phone and are hard to attribute, are not dropped from the pool just because attribution is hard: whether you can attribute is a site-level capability, not a property of the question. From the day work starts, it is accepted on the "observable tier"; how the two tiers are split is in the three checks of → [General Edition 4.5 Buyer types, annual opportunity value and the three checks](#).

Don't bolt on a separate "score four factors 1–5 each, then multiply" table. In that kind of scoring, three of the factors actually measure the same thing, and the fourth is essentially ranking by search volume, which systematically pushes dental's **low-frequency, high-price-per-order** items (full-mouth reconstruction, for example) to the bottom.

Dental and aesthetics buyers are consumer buyers. Cross-industry research finds that consumer services win on review volume (sample did not include Singapore, 75% confidence; evidence in → [General Edition A.2 Evidence for picking targets, writing pages, off-site and retests](#)), but for dental clinics that tactic cannot be turned into "get more patients to write reviews". What actually moves these buyer groups is three things: **price pages, device and process facts, and how complete the five business profiles are** (price wording is in chapter 1, 1.2; business profiles are in chapter 3, 3.4). For dental clinics, reviews are only passively observed, never chased as an active lever (see chapter 6, 6.5).

4.2 Four states and the ten question types: where dental questions go

What you'll do in this section: take every URL in the intent-level top 10 and judge each one against the four states; then match the ten common types of dental question to the action each should get, with second opinion placed in the first batch. When a policy question is filled up by government sites or big platforms, rephrase it and judge it once more; don't write it off outright.

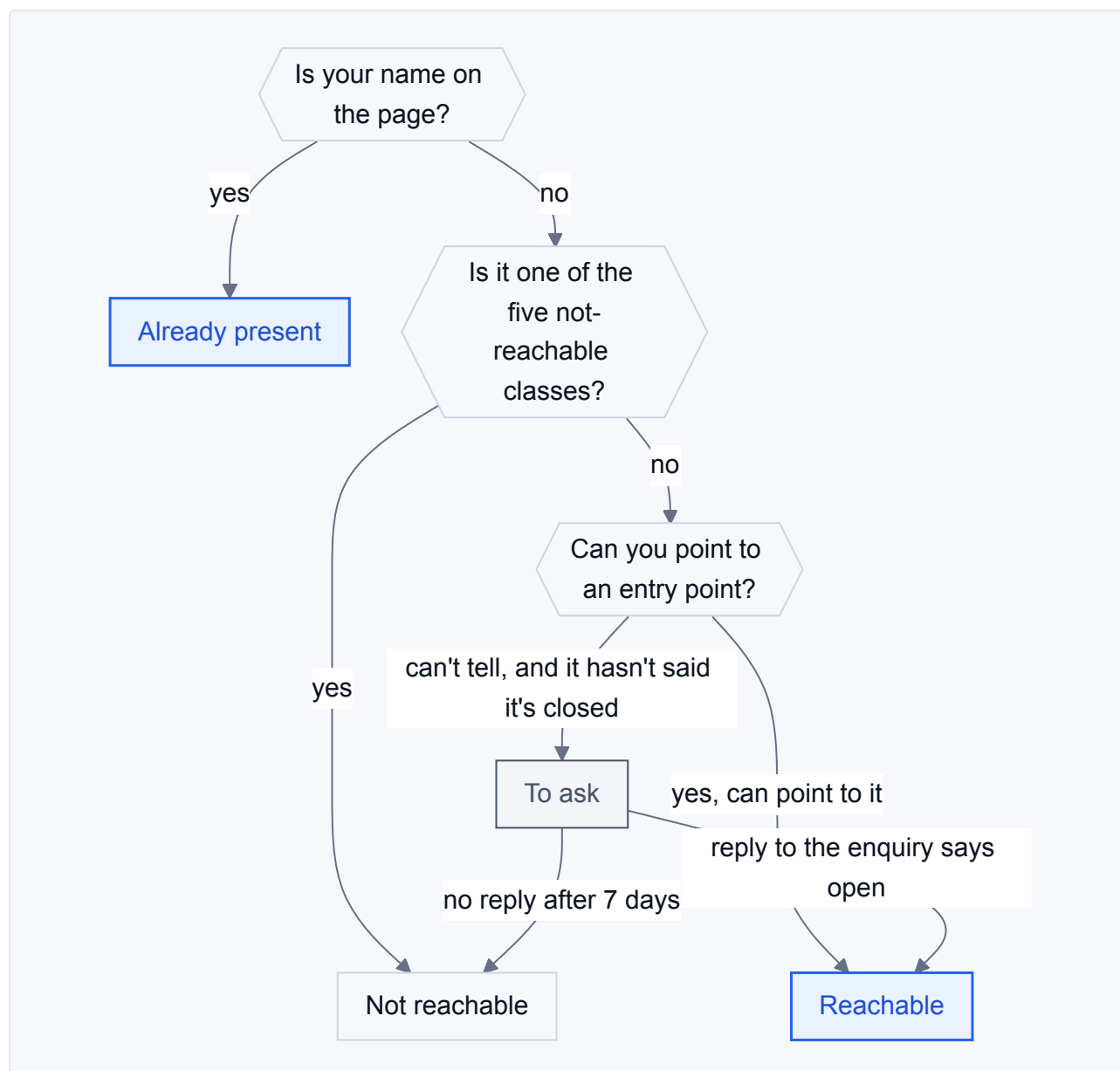


Figure: how a URL is assigned one of the four states; "to ask" is only a transitional state and must settle into "reachable" or "not reachable" before the baseline

How to judge the four states, which four thresholds "reachable enough" must clear, and how the abstain line is calculated are fully defined in → [General Edition 4.6 Four states, two denominators and the abstain line](#); for dental clinics you add three specific values:

- In the five "not reachable" classes, **registers and notice pages maintained by government or statutory bodies** are, for dental clinics, the **MOH HCI Directory (the Ministry of Health's directory of licensed healthcare institutions)** and **hpp.moh.gov.sg**. Count them as not reachable directly, by class.
- Of the four "reachable enough" thresholds, the "allowed on this side" one: Best / Top list pages, even when they look open to submissions, **do not count as reachable enough** for dental clinics. Do not submit to these pages and do not pay for a listing; if the clinic is already on one, ask the publisher in writing to remove it (chapter 6, 6.2).

- When the four-state judgement lands on the "reachable · dominated by lists / directories" cell, first run it through the separate rules for paid listings and for wording in chapter 6, 6.2, and only then decide whether to submit or pay for a listing.

Once the four states are judged, assign an action by question type:

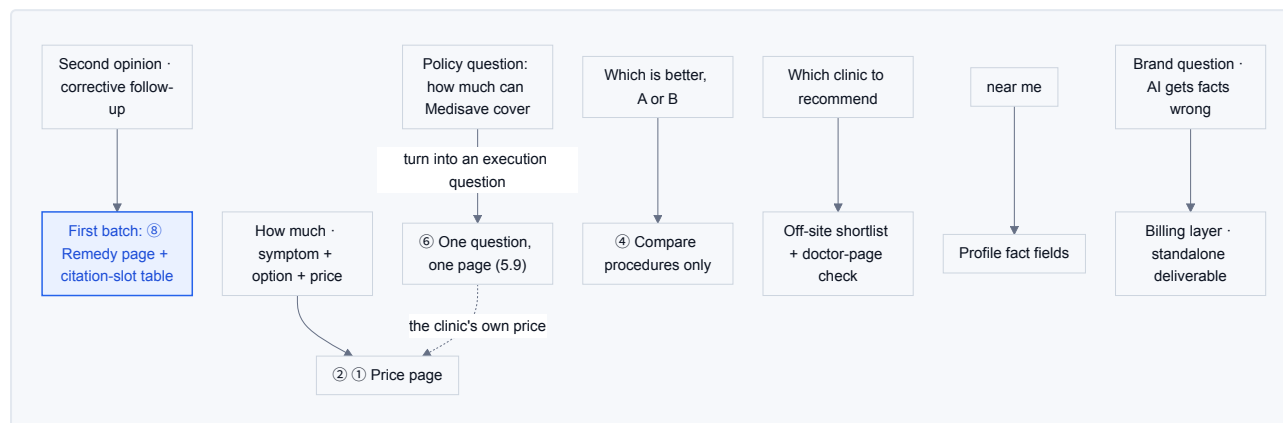


Figure: dental questions go different places by type; second opinion goes into the first batch, policy questions move to ⑥ one question, one page after rephrasing, and the clinic's own price stays on the price page

Types the figure doesn't show: pure symptom questions (such as "what causes swollen gums") and plain educational questions are already screened out at the question-pool step (chapter 2, 2.2) and never reach this point; scenario questions ("does this suit my case") are done once they pass the three checks.

Rephrase policy questions first, then judge them again. A question like "how much can Medisave cover for a dental implant", filled up by government sites or big platforms, must not be counted straight against the abstain line as "not reachable". First turn it into an execution question such as "if you have it done with us, can you use Medisave, and do we help you claim it", then run it through the four states again; only if it is still locked out after the rewrite does it count against the abstain line. Writing it off outright would write off the entire Singapore dental and aesthetics industry (verified by live searches). The rewritten execution question goes to ⑥ one question, one page in chapter 5, 5.9, and that page carries only the regulation section (the official figures get a section of their own, and the clinic's own price never appears inside that section; see chapter 1, 1.3). The clinic's own price stays on the ① single-service price page, and this page only carries one link across to it. Do not write a sentence like "how much you pay after Medisave is deducted" that folds the subsidy into the clinic's own price.

Treat "how much" questions and symptom questions that carry an option and a price as price pages—price-type questions trigger AI Overviews at the highest rate of any question type, and they are one of the few cells where your own site can actually make it into the answer (US sample; do not write it as a Singapore figure; evidence in → [General Edition A.2 Evidence for picking targets, writing pages, off-site and retests](#)). A symptom question that carries an option and a price, such as "my gums are swollen: do I need an extraction, and how much does it cost", is a shelf question. Treat it as a price page; don't drop it from the pool as a pure symptom question. Always write prices as a fixed final price; for wording, follow chapter 1, 1.2.

"Which is better, A or B" compares procedures and treatment options only, never clinics—across all industries, comparison pages have the highest citation density of any page type, and that is counted by page type, not by domain, so the main battlefield is "is there a qualifying comparison page under this question", and whose domain the page sits on is a secondary question (evidence in → [General Edition A.2 Evidence for picking targets, writing pages, off-site and retests](#)). Never compare clinics, never compare peers — that is a red line; for wording, see chapter 5, 5.7.

"Which clinic do you recommend" works in two steps: off-site gets you on the shortlist; your doctor pages and procedure pages get you through the check—AI first searches out a shortlist of clinics, then checks them one by one (the question breakdown is at the end of this section). On 2026-09-29 we put 8 dental and aesthetics services to ChatGPT: of the clinics named when the question was a generic "best", 50/71 had their own website cited in the same answer; when the question was "best" plus a specific condition or patient group, 76% of the clinic pages cited were deep pages such as doctor pages and procedure pages. This is correlation, not causation — AI may also have picked the people first by registered specialty and reputation, then gone to their websites for material to check them against (evidence in → [General Edition A.2 Evidence for picking targets, writing pages, off-site and retests](#)). At the shortlist step, 36/62 of the names on generic "best" lists overlap with third-party best-of lists; but for dental clinics, third-party Best / Top pages are never for seeking a listing or paying, and if the clinic is already listed you must also ask the publisher to remove it (chapter 6, 6.2). So what you can do off-site is pure directory listings, Group B sources and the five business profiles. Questions phrased as "which clinic nearby" mostly fall into the maps / reviews cell, and what needs filling in is the fact fields on your business profiles (chapter 3, 3.4), not another article.

"Best" plus a specific condition or patient group can take one slot as a trial; don't make it a main target yet—for example, "which orthodontist should an adult with a deep bite see". Questions phrased this way produced a list in every answer (ChatGPT 16/16, AI Mode 8/8); the list named a different set of clinics from a generic "best", and asking the same question twice gave a steadier list (list overlap 0.46, against 0.28 for a generic "best"); in the answers, 56/65 of the named clinics were described as specialists (judged from the answer text, not checked against the register). But no intervention experiment has yet shown whether filling in doctor pages and procedure pages gets you onto the list, and there is no figure for how many people ask this way. So give it at most one slot this quarter: complete the register fields on the doctor pages and the matching procedure pages, retest on day 30, and promote it to a main slot only once you are on the list; a clinic without a matching registered specialist does not schedule this slot yet (inferred, 60% confidence).

Second opinion / corrective follow-up goes into the first batch: highest price per order (dental: S\$8k–18k), least price-sensitive, and patients are bound to search for it on their own. If this group gets stuck in the cell where "the page is cited but no one is named in the answer" — that is "no one has been named in the answer yet", not "no one is doing this" — adding pages doesn't help; what needs fixing is how the sentences are written: checkable numbers, no adjectives, a source. In the build, first enter the pages already competing for this question's citation slots into the citation-slot table; don't just write the one page on your own website.

Never write	Only write
"another clinic messed it up", "failed elsewhere"	→ Checks needed and how long they take
"fixing someone else's mess", "to the rescue"	→ Available procedures and each one's indications
Success rate	→ Itemised fixed prices
Case narratives, any before-and-after photos	→ What to bring

Figure: the subject of a second-opinion page may only be the patient's clinical situation; write none of the left column, write all four of the right column

This wording rule applies the same way in the H1, H2, body text, title and off-site materials; any wording pointing at another clinic or doctor is banned, named or unnamed. This group's name is "second opinion / corrective follow-up clients"; the label "failed-case repair clients" must not appear in any external document. The page's clinical skeleton is in chapter 5, 5.11.

When talking externally about this type of question, **you may say only one sentence**: "Who AI names for these questions today, and whose pages it cites as sources, we will count on the spot in the baseline." × Never say "no one is doing this" or "competition is near zero", and never report a specific number of businesses. That number comes from a generic search with the region not locked, on a single engine, run once, and it drifts over time: if the other side searches for themselves next week and sees nine businesses, you lose their trust just as you would by saying "competition is near zero".

Brand questions (is X trustworthy, are there complaints, did AI get our facts wrong) go into the billing layer, packaged as a standalone deliverable—this is the only one of the ten types that "slips back if you stop", and the one cell you can see with your own eyes and reproduce yourself: once a fact is fixed, what AI says changes to match, and the monthly retest shows it. Give it away as a freebie, and you give away for nothing the one thing that really works.

Question breakdown: the pages a dental clinic needs

The method follows the "question breakdown" in → [General Edition 4.7 Actions by state, the ten question types and this quarter's slots](#). The table below covers 74 ChatGPT answers for dental and aesthetics (64 from 2026-09-29, plus 10 from 2026-09-14) and counts, for each type of question, how many answers checked each category:

What AI checks	Which questions check it most	Which page answers it
Specialist registers and official sources (SDC / SMC / MOH)	generic "which clinic is best" 21/22, specific "which clinic is best" 14/16, price questions 13/18, detail questions 15/18	Register fields on the doctor page (3.2) + verification and lookup page (5.17); the registers themselves you only match, never change
Specialist terms (the patient's words turned into procedure names)	generic 15/22, specific 15/16, detail 11/18	Eligibility and process pages written in specialist terms (5.10), definition pages (5.12), criteria-based selection guides (5.8)
Price and subsidies	price 18/18, generic 8/22	Price guide page (5.4), single-service price pages (5.5), subsidy page (5.6), Medisave one question, one page (5.9)
Safety, guidelines and literature	detail 14/18, specific 11/16	Regulatory document alignment page (5.15), eligibility and process pages (5.10); this cell is mostly taken by government sources and the literature
Reputation	generic 20/22, specific 6/16	The five business profiles (3.4); reviews are only passively observed (6.5)
Checking each named clinic (by clinic name or site: website)	generic 21/22, specific 13/16	The named clinic's /facts (3.1), doctor pages (3.2), single-service price pages (5.5), eligibility and process pages (5.10), store / branch pages (5.16)

The most widely useful page is the register fields on the doctor page: under all four types of question, more than seven in ten answers went to check official sources or registers. Next come procedure pages written in specialist terms. The finding-candidates step happens off-site: pure directory listings (the exempt directories in 6.2), Group B sources (6.3) and the five business profiles (3.4), never Best / Top lists.

Once all ten question types have an action assigned, you put them together into a list you can start work on this quarter with three combination rules: at least one hold-pile question, at least one brand / correction question, and at most one national head term with no location. Apply these three rules as set out in → [General Edition 4.7 Actions by state, the ten question types and this quarter's slots](#); dental clinics need no separate values here. Once the slots are set, the first batch's build order is in chapter 0, 0.1.

Chapter 5

Writing pages (1): rules for every clinic page

Price page first, six changes to the page structure, hard requirements for Chinese and Indonesian pages

5.1 The first page is always the all-products price guide: why dental must build it itself

5.2 The skeleton of a dental page: where dental changes the seven general rules

5.3 Chinese and Indonesian pages

5.1 The first page is always the all-products price guide: why dental must build it itself

What you'll do in this section: work out why dental clinics in Singapore cannot avoid building their own price guide page, and make this page (one English version and one Chinese version) the first page you write, starting in book-wide W2 (W1 counts from the day you fix the door).

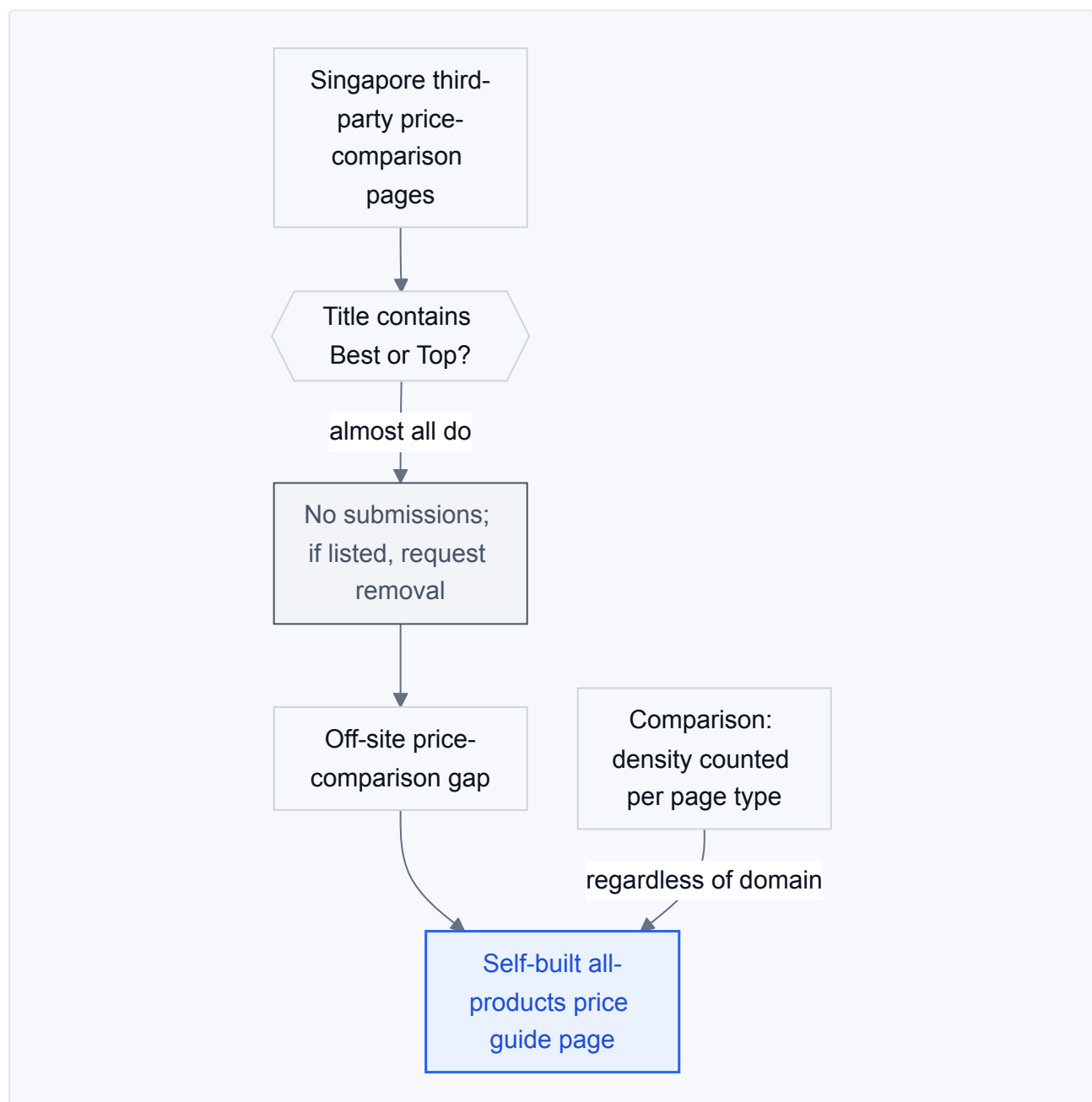


Figure: For dental, compliance empties the third-party price-comparison slots; all the effort moves to a self-built price guide page

In dental, this page is called the "tiered itemised fixed-price page"; it is the General Edition's all-products price guide page. The most common mistake is writing a "from" price: dental clinics may only publish a

fixed final price [Statute text; see Appendix A.1]. For the banned wording and its replacement, see chapter 1, 1.2.

Because the off-site price-comparison slots are out of reach, the effort for this cell moves to the self-built page **as a whole**, not just part of it. This off-site source group (third-party price-comparison pages + bylined content platforms) drops to an opportunistic slot: send one letter in passing only when all three are in hand — a specific URL, usable contact details, and the billing method in writing — and the compliance verdict is "can do". If any one is missing, it goes on the reserve list: no chasing, no follow-up. Do not make completing this group's list a precondition for setting any number of letters, any schedule or any verdict, and do not downgrade this quarter's off-site work just because this group has few entries. For how to handle pages titled "Best" or "Top", see chapter 6, 6.2.

A self-built page can carry this density for two reasons: the comparison page type has the highest per-page citation density in the whole table, and a self-built page benefits just the same; and in Singapore healthcare, the price guide pages AI is citing today were built by the clinics themselves in the first place (measured sample).

On the schedule, this is the first page you write, with the English and Chinese versions done in the same batch (Chinese pages: see 5.3). For the 30-day order and the three mechanical gates — the ranking gate, the language gate and the video gate — follow → [General Edition 5.4 The 30-day writing order and the three mechanical gates](#).

Whether this page is live feeds straight into this quarter's off-site verdict. This quarter's off-site work is judged on only two things, weighted equally: whether every Group B item that should be sent has been sent; and whether the all-products price guide page (English + Chinese) is live and logged in the page register. Neither depends on whether a third party accepts your submission, only on whether you did the work yourself. The second must tick all three specifications, one by one:

1. every service on sale goes into the same table;
2. official benchmarks such as MOH, CHAS and Medisave get their own section after the table, and the clinic's own price never appears in that section (for the wording, see chapter 1, 1.3) (same table, side by side: Statute text; see Appendix A.1. Same paragraph or an adjacent paragraph: Conservative line (not statute text); see 1.3);
3. the H1 carries the year, `dateModified` is up to date, and the page is revised once a quarter.

Whether it is working has a separate test: the 2–3 unique fact strings logged for this page can be found by string search in the raw answer text saved to disk this month. The full blueprint is in 5.4.

5.2 The skeleton of a dental page: where dental changes the seven general rules

What you'll do in this section: carry over the General Edition's seven skeleton rules that every page type must follow, unchanged, and change only six places to match dental and aesthetics rules. Once

you've made these six changes, you can write every dental page straight off the general skeleton, with no separate set of rules to remember.

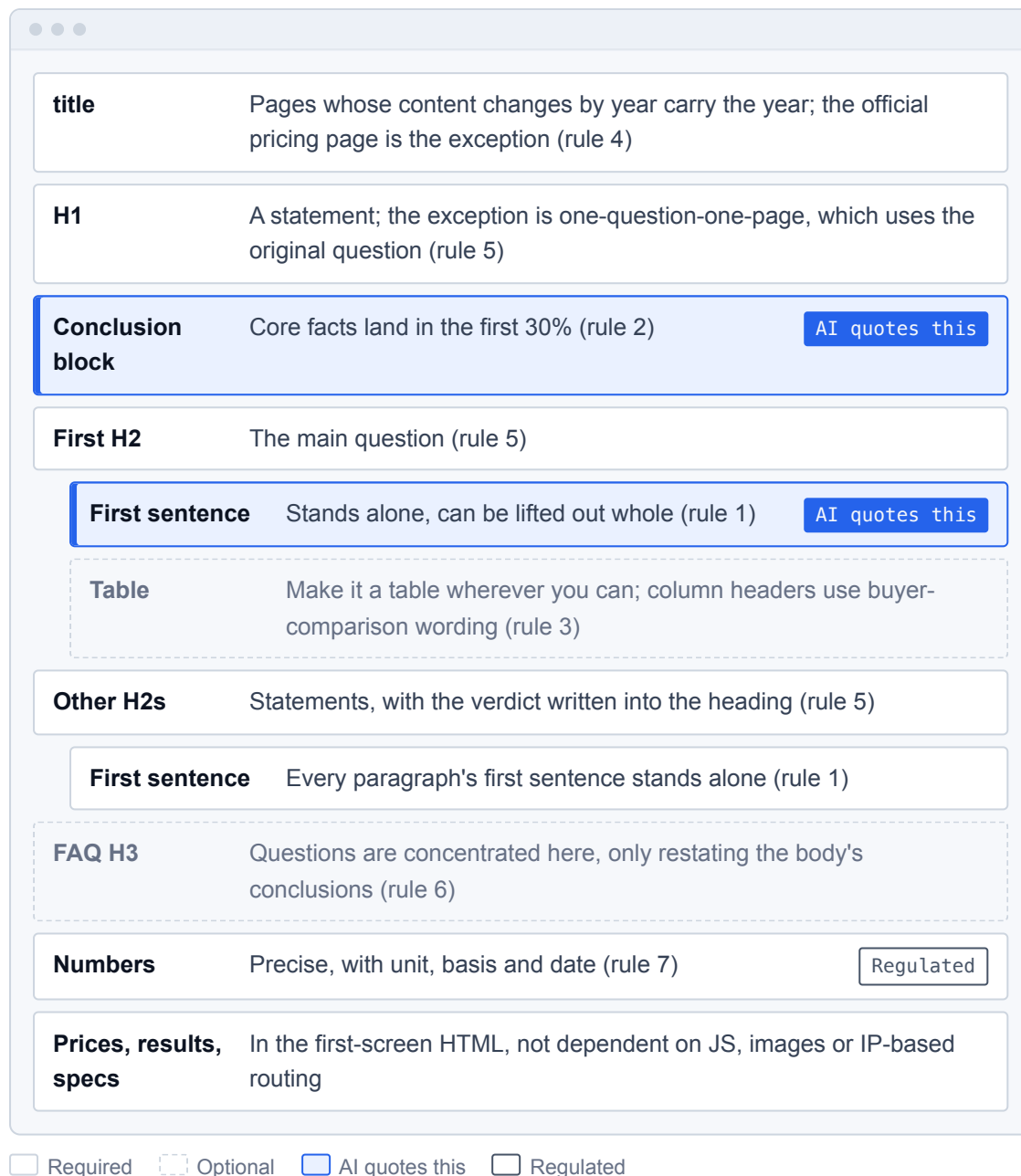


Figure: where each of the seven rules lands on the page, top to bottom

The above is the General Edition's seven-rule skeleton; dental uses it exactly as is, changing only the six places below.

General Edition	Dental
What the H2s cover	Tiered prices, devices, which insurance and subsidies apply
Byline	First line under H1: Dr X + registration number + month and year
Outbound links: ≥3 to checkable original text	Only to regulatory text, professional registration lookup pages, government fee pages
Brand name	Only as price subject or provider, in the byline, in organisation facts
Reviews block	None; no aggregateRating and no testimonials
In-page splitting	One person deciding over weeks: no splitting

Figure: Dental changes only these six places in the general skeleton; everything else stays as is

Limiting the brand name to these four places is a Conservative line (not statute text) (not measured).

H2 focus: the figure lists only three; the full set is tiered, itemised prices, what's included and the exclusions, devices and materials, follow-up and replacement policy, Medisave / insurance, and waiting times. Write the Medisave / insurance section on its own, per chapter 1, 1.3 (same table, side by side: Statute text; see Appendix A.1. Same paragraph or an adjacent paragraph: Conservative line (not statute text); see 1.3), and never next to the clinic's own price.

Byline: outbound links and bylines are generally not a condition for being cited, but medical pages are the exception: they must carry a byline, with a named doctor at the top of the page (measured sample). On every medical page, write the reviewer line as the first line under the H1, `Medically reviewed by Dr X, <degree> · <month year>`, followed by the registration number. The definition page is the exception: its blueprint puts the reviewer line above the H1 (see 5.12). For other page types, this rule drops to a nice-to-have.

Outbound links: the threshold of at least 3 outbound links per page to checkable original text does not change. Dental uses only the three kinds in the figure (professional registration lookup pages and government fee and subsidy pages such as Medisave all count), and never links to a manufacturer's model page or to any commercial company [Statute text; see Appendix A.1, A.2]; full detail in chapter 1, 1.5. The original regulatory text is itself a trust signal: write a sentence such as "Under the rules we can't show you before-and-after photos, so here are the fee breakdown and the device models instead", then link to the original rule text. That is more credible than not mentioning it (for the wording, see 1.6).

Brand name: do not insert the brand name into the first sentence of every H2, or educational content turns into soliciting copy. The basis is the SDC guidelines' requirement that information be objective,

neutral and not persuasive (not measured).

Reviews block: testimonials, star ratings, rating widgets and before-and-after photos stay off every channel we control, with no exemption [Statute text; see Appendix A.1, A.2]; for how to judge this, see chapter 1, 1.4. There is also an efficiency reason for not pairing thick pages with any review work: reviews get copied into the answer only for recommendation-type questions, and do not enter the answer at all for price, scenario, process or second-opinion questions (a small-sample scouting observation, not yet retested). So don't put effort into asking for reviews; for how to handle off-site reviews, see chapter 6, 6.5.

In-page splitting: in dental and aesthetics, one person takes several weeks to decide, so pages are not split — one intent cluster, one page. For how to judge the decision pattern and how to cut clusters, follow → [General Edition 5.5 The page unit: one intent cluster, one page](#).

Example (dental) For the buyer type "dental implant (single)", the questions in the question pool sort into the four decision stages, and each non-empty cell is one intent cluster, one page: ① price and cost breakdown — how much it costs, what the cost is made of, how the CPF deduction works ② selection and option comparison — implant vs bridge, how to choose the brand and the procedure ③ eligibility · process · duration — how many visits, how long, in which cases it cannot be done ④ repeat purchase · remedy · second opinion — a loose implant, wanting a second opinion.

Length does not change: length is set by page type; stop when the page is written, following → [General Edition 5.7 Seven rules that hold for every page type](#). Consumer content like dental has a reference range of 1,800–2,400 words. It is not a floor: you must not add content just to reach it.

The general way to write the conclusion block, the density gate and the source gate follows → [General Edition 5.8 The conclusion block, the density gate and the source gate](#). Take dental's exclusive facts from the seven categories in chapter 1, 1.6. If, after deleting everything that hits a ban, you still have fewer than 5, go back and change the intent cluster: never relax compliance, and never pad it out with generic educational content.

5.3 Chinese and Indonesian pages

What you'll do in this section: write Chinese pages following the General Edition's "Chinese pages alongside English pages" approach (a Chinese page is the same-batch Chinese version of the English page; it does not take the second-page slot set by the three-state list). Dental adds two things: the Chinese page must pass two banned-word lists at once; and dental and aesthetics get an extra Indonesian-language page, which must clear four items before it goes live, with no paid promotion inside Indonesia until they are done. When you're done, you'll have an English page and a Chinese page live in the same batch for every buyer type, plus, for dental and aesthetics, an Indonesian-language page.

A Chinese page counts as a separate page, changes the question wording but not the facts (the facts reuse the same fact-table row numbers), is counted as 0.8 of a page's workload, and is finished in the same batch as the English page, following → [General Edition 5.9 Content form, FAQ, Chinese pages and other-language pages](#). Dental uses the three hard gates exactly as they are; miss one and the page may not go live:

1. the H1 contains "新加坡" (Singapore);
2. an S\$ amount appears in the first paragraph, immediately followed by "含 GST" (incl. GST) or "未含 GST" (before GST);
3. the body text has at least one instance of "新加坡" (Singapore) plus a specific MRT station or area name; a generic "新加坡" (Singapore) on its own does not count.

What dental adds is that the Chinese page is governed by one more list. Read the two banned-word lists together:

Healthcare banned-word list		China's Advertising Law: absolute terms
"最好、最佳、第一、唯一、领先" (best, optimal, No. 1, sole, leading)	→	Also banned
"顶级、权威、国家级、最高级" (top-tier, authoritative, national-level, highest-grade)	→	Also banned
No exceptions	→	Some room not to treat it as a violation: self-referring, order in time or place, qualified and provable
Conclusion: write to the healthcare list	→	Satisfies both lists; use it one way only, from strict to lenient

Figure: The Chinese page is governed by two banned-word lists; write to the healthcare one and you satisfy both

The exception in China does not come from Article 9 itself. It comes from SAMR's *Enforcement Guidelines on Absolute Terms in Advertising*, and even that only says these few cases leave some room not to be treated as a violation; it is not an explicit permission. Article 9 of the *Advertising Law* is [Statute text; see Appendix A.3] (its penalty of RMB 200,000–1,000,000 is [Original text not obtained; see Appendix A.3]); the Enforcement Guidelines themselves are [Original text not obtained; see Appendix A.3]; how the *Advertising Law* actually applies to overseas operators, namely that in practice it is enforced through platforms, is [Conservative line (not statute text); see Appendix A.3] (inferred, 70% confidence); and that writing to the healthcare list satisfies both is [Conservative line (not statute text)] (inferred, 80% confidence).

This conclusion works in one direction only: you cannot allow these words in healthcare just because China has exceptions, and you cannot tell anyone outside that China always penalises them

just because healthcare bans them outright. The Chinese–English–Indonesian banned-word mapping table is in chapter 1, 1.6; use that same table when proofing, and don't build a separate one.

The Indonesian-language version is only for dental and aesthetic clinics. Indonesian-language medical questions are basically empty, so it is worth doing (75% confidence); this judgement comes from one search on a single engine, not locked to Singapore, and it has not yet been re-checked.

Before it goes live, complete the four items below; miss one and it does not go live:

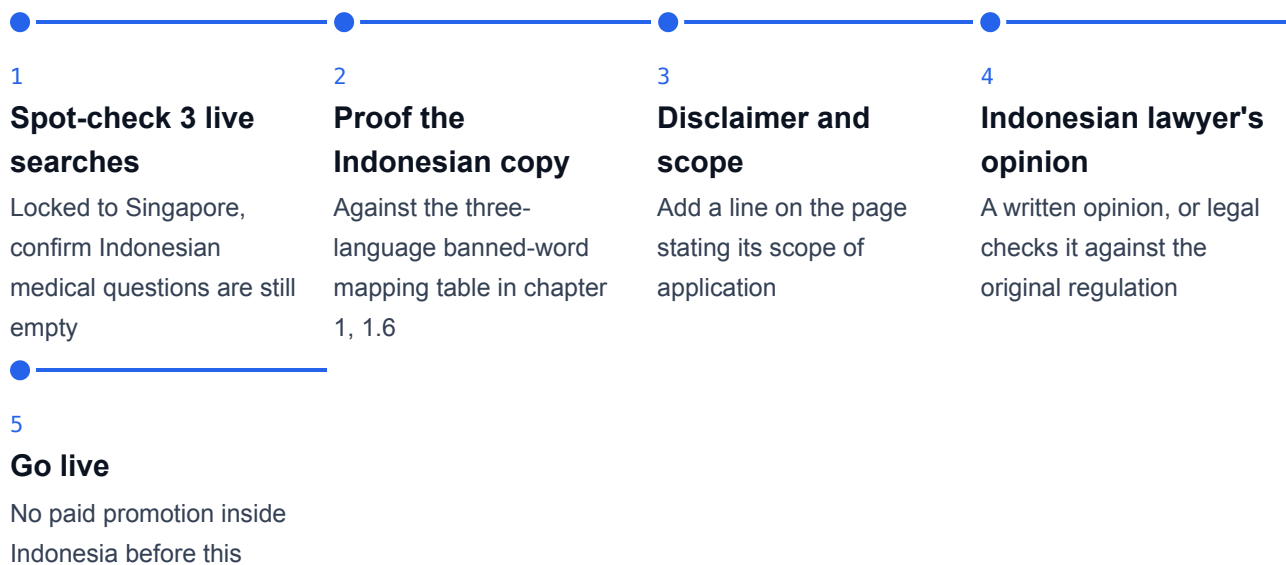


Figure: The four items before the Indonesian page goes live; miss one and it does not go live

The Indonesian page also has to clear hard gates 1 and 3 of the Chinese page: the H1 contains "Singapura", and the body text names a specific station or area; for the currency, follow gate 2 and write S\$, stating whether GST is included.

Local rules do not loosen because the buyer is overseas: a medical-tourism page cannot add before-and-after photos on the grounds that "this page is for foreign readers" [Conservative line (not statute text)] (inferred, 85% confidence: the regulations govern the licensee's advertising conduct and the services provided locally, and we found no provision that exempts an ad based on where its audience is).

Indonesia's own medical advertising law [Original text not obtained; see Appendix A.3]: all we have is a directional judgement (enforcement targets entities inside Indonesia, and the risk falls mainly on "promoting inside Indonesia"). It is not a verified conclusion; we assume neither that it is legal nor that it is illegal. So both step 4 and step 5 in the figure must go into the work order.

The general rules for other-language pages — no bilingual content on the same page, and machine translation cannot be published as is — follow → [General Edition 5.9 Content form, FAQ, Chinese pages and other-language pages](#); they apply to the Indonesian page too.

Chapter 5

Writing pages (2): price pages and how-to-choose pages

Price guides, single-treatment prices, subsidies and calculators, comparing procedures (never clinics)

5.4 ② Price guide page: dental's first page

5.5 ① Single-service price page: one URL per service

5.6 ①⑦ Subsidy page, ②⑦ parameter page, ③⑧ calculator page, and a stand-in for ④②

5.7 ④ Comparison page: compare procedures, not clinics

5.8 ④③ Criteria-based selection guide and ④④ concept pillar page

5.4 ② Price guide page: dental's first page

What you'll do in this section: put every service you currently offer into one master table, move the official public benchmark into its own section after the table, leave no room at all for peer clinics' price ranges, and change every price column to the final price incl. GST. When you're done, you'll have a dental price guide page ready to build straight away, with a reason for every missing item and a record of every revision.

title	<Category> Cost in Singapore (<Year>): <Price hook>		
H1	Statement, with the year; the Chinese version includes the country		
Byline and date line	Named reviewer + month and year, or "Updated <date>"		
Conclusion block	40–130 words: own sentence + market sentence, one of four formats	AI quotes this	Regulated
Data basis line	One line right above the table: sample, source or check date		
H2 main price question	How Much Does <Category> Cost?		
First sentence	At <Brand>, <Category> costs S\$X (incl. GST)		Regulated
Price grid table	<Type> / Cost / Suitable for, one figure per cell	AI quotes this	Regulated
Official public benchmark	Its own section, with table number and update date; no own prices inside the section on the strict side		Regulated
H2 What affects the price	First sentence is the market sentence, 3–5 factors each with a numbered H3		Regulated
Subsidies, insurance and tax H2	Separate fact paragraph; government figures carry the table number and update date		
What's included and excluded H2	Table or list, 4–8 items		
FAQ	5–12 questions, 40–60 words each		
Related price pages, cross-links + CTA	List, only one CTA		

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated

Figure: price guide page block order; AI most often copies the conclusion block and the price grid table under the first H2

For the blocks marked law in the General Edition's blueprint, dental follows the five rules below.

1. The number of rows in the master table = the number of items currently offered on the signed-off price list. If a row is missing, you must state why (not offered / discontinued); never leave one out silently. Every row links to the matching single-service price page (see 5.5).
2. The official public benchmark goes in no column of the master table. Give it its own section after the table, stating the table number and update date; that section shows none of the clinic's own prices and never says "we are within the benchmark". The basis: an advertisement that lists prices must not contain a comparative listing of prices (**Statute text**; see Appendix A). As for the wider reading that "same table and adjacent both count as a price comparison": side by side in the same table is Statute text; the same paragraph or an adjacent paragraph is a Conservative line (not statute text) (see 1.3).
3. No peer clinic's price range anywhere on the page, not even one. Whether it is laid out side by side or mentioned in a single sentence, named or unnamed, makes no difference; putting the market range and the clinic's own price in the same table is itself a comparative listing of prices. This rule has no "publishable with written confirmation" exception: a written sign-off resolves only the three stop-and-escalate situations; it never turns something banned as Statute text into something publishable (rules and labels in chapter 1, 1.1, 1.3; rule text in Appendix A.1, A.2).
4. Remove prefixes such as From, starting price, After Medisave and CHAS Up to, and any post-subsidy price, from both the title and the H1; the title formula follows chapter 1, 1.2.
5. The H1 carries the year and is revised once a quarter; when you revise it, update `dateModified` and the visible "Updated" line on the page at the same time, and state on the page which rows changed this time. If the page hasn't been revised by the end of the quarter, treat it as an expired asset.

Cited column headers	Dental rewrite
Crown type · price before GST · who it suits	change the price column to the final price incl. GST
Implant system · total price · Medisave-deductible · out of pocket	split into a price table + a separate payment worked-example section
Clinic type · estimated cost	delete: this is a peer price range

Figure: none of the three cited dental column-header sets can be used as is — the price column becomes the final tax-inclusive price, the subsidy is split out, and the whole peer-range column is deleted

The payment worked-example section you split out must state that it is a payment method, not a discount (wording in chapter 1, 1.3).

Sample sentence for the standalone official-benchmark section: "MOH lists a CHAS fee benchmark of S\$750–S\$1,400 (before GST) for a permanent crown (Guide to Dental Treatment Costs, updated 28 Nov 2025)." This sentence appears only in the benchmark section, never in the section holding the price table.

Build the Chinese version as its own separate page, written per 5.3. For the general writing pattern (why the first page is always this one, the blueprint, column headers, sample sentences, most common mistake), see → [General Edition 5.12 Price guide page \(1\): why it is always the first page \(pt02\)](#), → [General Edition 5.13 Price guide page \(2\): blueprint, column headers, sentences \(pt02\)](#).

5.5 ① Single-service price page: one URL per service

What you'll do in this section: give every service its own page, show the final tax-inclusive price for each tier right in the first screen, rewrite the cited "range + depending on" sentence pattern into fixed prices, and price aesthetic items by their unit of measure. When you're done, you'll have a copyable single-service price page template that works for both dental and aesthetics.

H1	Statement, with the year	
Byline and date line	Named reviewer + month and year, or "Rate card reviewed <month year>"	
Own-price sentence	1–3 sentences, 40–130 words, opens with the figure	☒ AI quotes this ☐ Regulated
Price table	Right after the price sentence: service tier + defining condition + price + what's included	☒ AI quotes this ☐ Regulated
Tier criteria H2	First sentence states what decides the tier; one figure per tier	
Included vs charged-separately table	Item / Fee / Notes	
Subsidies and payment H2	Separate fact paragraph, apart from the price table	
Alternatives H2	First sentence gives your own price for both options; the market sentence can go here	
FAQ	Restate the billing rules as complete sentences	
Related price pages, cross-links	List	

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated

Figure: Single-service price page; AI most often copies the own-price sentence and the price table right after it

Cited pattern (banned in this industry)	Dental rewrite
"S\$X to S\$Y depending on..."	→ Mild S\$X / Moderate S\$Y / Complex S\$Z (incl. GST)
depending on tooth condition	→ state the defining condition for each tier clearly (e.g. degree of crowding)
the tier is only known after an examination	→ "tier confirmed after examination" + a fixed price for the examination itself
the RESULT column of the spec strip	→ delete: it implies results or a timeframe
aesthetics quoting a range per ml	→ the final tax-inclusive price per ml

Figure: in dental and aesthetics, no cell of the most-cited range sentence can be copied as is — each cell has a fixed-price rewrite to put in its place

Five things the figure cannot show:

1. For the tier that is only "confirmed after examination", the cost of the examination itself is also written as a fixed price — never "varies by patient".
2. For aesthetics, price by unit of measure (e.g. per 1 ml) as a final tax-inclusive price, not a "from" starting price; the quantity used is confirmed at the consultation.
3. In the spec strip (PRICE / RESULT / FREQUENCY / DOWNTIME / PAIN), delete RESULT: it implies results within a given time, and the regulator lists claims of that kind as soliciting (**Statute text**; see Appendix A). The DOWNTIME and PAIN columns conflict with the hard rule against writing recovery time or pain level, so keep only content quoted word for word from the device's instructions for use (IFU) or an NEA document, with the source cited, and delete everything else in those columns (**Conservative line (not statute text)**).
4. The market sentence is optional; if used, rewrite it as a variable sentence carrying no peer figures and put it in the alternatives block or the FAQ. Sample (not measured): "Whitening price depends on method (take-home or chairside), number of sessions and whether a check-up is needed first."
5. List prices row by row, one item per row; do not build tiered package cards or rank options with a recommended pick. This is also why dental does not build an official pricing page; see the stand-in table in chapter 0, 0.3.

Example (dental) One clinic's whitening page was cited by ChatGPT for this sentence: take-home kit S\$400, in-chair whitening S\$900, gel refill S\$200. The shape is right: the two tiers each have a single fixed price, with no "from", and they are not the two ends of one range. But the original sentence didn't say whether GST was included. When dental writes to this shape, every amount must be the final tax-inclusive price, marked "incl. GST".

For dental price lists, use the column headers **Treatment / General dentist / Specialist** or **Item / Fee / Notes** , with the price column always the final tax-inclusive price. For the general writing pattern (structure, sample sentences, most common mistake), see → [General Edition 5.11 Single-service price page \(pt01\)](#).

5.6 ⑪ Subsidy page, ⑳ parameter page, ㉓ calculator page, and a stand-in for ㉔

What you'll do in this section: for the subsidy and parameter pages, write only two sections — the clinic's own final price, and the official limit facts; the calculator only estimates the process, never a price; and rewrite the time-limited promotion you wanted to run into a standing bundle-price page. When you're done, you'll have a minimum viable version of each of these three types, plus one rewrite path that turns a time-limited promotion into a lawful bundle price.

H1

scheme's full name with abbreviation

First-screen summary + update date

one summary sentence, update date in the first screen not the footer

H2, three to four questions

What is it / Benefits / Who is eligible / How to use

Itemised limit table

one row per item + upper limit amount

AI quotes this

Old and new tables side by side

when limits change: one current table, one for the new effective date

Eligibility table

which group can use which tier, listed by group

Numbered procedure steps

download form → fill in → submit

Your own three-column table

item / limit / what you pay; availability depends on the side

Regulated

☐ Required

☐ Optional

☒ AI quotes this

☐ Regulated

Figure: Subsidy and limit rules page; AI copies cells from the itemised limit table

title	the original-question form, or the category + location form
First-screen basis sentence	who sets the price, how often it is adjusted
Current value as a pair	tax-exclusive and tax-inclusive values fixed in the same sentence AI quotes this
Time-tiered table	parameter name / current value / effective period
Single current-value sentence	one sentence stating the current figure and the year it took effect AI quotes this
Formula and worked example	total formula + a three-column worked example (not measured)
Units H2	unit and average usage
Everything in static HTML	the numbers are still there with JS off

☐ Required
 ☐ Optional
 ☒ AI quotes this

Figure: Parameter and rate basis page; AI copies the current value given as a tax-exclusive and tax-inclusive pair

The screenshot shows a web page layout for a calculator. It includes a title bar, a first-screen tier conclusion, a calculator widget, a large static reference table, an FAQ section, and a definition sentence for the calculation. A legend at the bottom indicates the status of each section: Required (solid blue), Optional (dashed blue), AI quotes this (solid blue with text), and Regulated (solid grey with text).

Section	Description	AI quotes this	Regulated
title = H1	tool name + year + what it calculates + site name		
First-screen tier conclusion	one sentence with a number range: tier A maps to X, tier B maps to Y	AI quotes this	Regulated
Calculator widget	JS, cited 0 times, don't invest in it		
Large static reference table	pre-computes and lays out the results flat	AI quotes this	
FAQ	5 questions, restating the definition of the calculation		
Definition sentence for the calculation	one sentence: how it's added up, what the range is		

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated

Figure: Calculator page; what gets copied is the first-screen tier conclusion and the static reference table, not the widget

Subsidy and limit rules page (pt17)

1. When AI is asked "how much do I pay", it pieces together three things on the spot (the subsidy cap, the fee benchmark and whether the treatment can be claimed) and does the maths itself. The only thing it lacks is your clinic's actual price, so that price must get a section of its own, written as final tax-inclusive prices.
2. The own three-column table in the General Edition's blueprint (item / limit / what you pay) cannot be used in dental. Split it into two sections instead: one for the clinic's own final tax-inclusive prices, one for the official limit facts (with the table number and update date). The two sections must not share a table or sit directly next to each other, and must not use prefixes such as After Medisave or CHAS up to (rules in chapter 1, 1.2, 1.3).

The General Edition's own sentence that rolls the actual price charged, the subsidy offset and "what you actually pay" into one sentence cannot be used in dental either: it is simply the three-column table written as a sentence. The clinic's own price section contains only "<item name>: S\$<final tax-inclusive price> (incl. GST), including <mandatory inclusions>". How much Medisave / CHAS can offset goes into the payment worked example in a separate section, which states that it is a payment method, not a discount (wording in chapter 1, 1.3).

Example (dental) On MOH's CHAS page, the sentence giving the limits (up to \$830 a day, \$240–\$5,290 for surgical items; paraphrased) was lifted whole from a cell of the itemised limit table and placed straight into the answer. Write the official limit facts section to the same shape: one item per row, one cap per cell, with the table number and update date attached.

Parameter and rate basis page (pt27)

- 1. The parameter must be the final tax-inclusive price, never a range or a "From" price; write "which tier applies is confirmed after examination" as its own separate sentence.

Calculator page (pt38)

- 1. Build only process-type calculators, such as number of visits or duration, and the output must never be a price commitment. The static table beside it holds only items that already have a fixed price; a total that can only be set after an examination is never written as a final price.

42 A stand-in for the time-limited promotion page

- 1. Dental and aesthetic clinics never offer a discounted price with an expiry date, a discount off the original price or a free examination; none of the three has an exception (**Statute text**; rules in chapter 1, 1.2; see Appendix A).
- 2. The stand-in is a standing bundle-price page: one URL per bundle, written per the single-service price page in 5.5.

Cited pattern (banned in this industry)	Dental rewrite
Scaling + polishing + 3D scan, S\$109 nett (paraphrased)	→ "S\$<final tax-inclusive price>, including <mandatory inclusions>"
time-limited, has an expiry date	→ remove it, make it a standing price
the word "nett" and any offer wording	→ remove them
posted under a "latest news" section	→ one URL per bundle
participating clinics	→ state exactly which clinics it applies to

Figure: strip the expiry date and "nett" out of the cited promotion sentence, and the same bundle of items can still be built as a standing, copyable price

Why the stand-in is worth building: for that one question, the cited promotion page was the only citation that came from the clinic itself, carried a price and was written into the answer by AI as a positive fact; the same clinic's homepage contributed only neutral facts (measured sample). Turn it into a standing price and the copyable price sentence stays; it just no longer touches the promotion rules. Fill the price slot with the final tax-inclusive price from the signed-off price list.

For why AI never clicks the calculator and just takes the unit price and the limit and does the maths itself, and for the general writing pattern of all five types, see → [General Edition 5.21 Tier-B price types: subsidy limits, parameter basis, category lists, calculators, time-limited promotions](#).

5.7 ④ Comparison page: compare procedures, not clinics

What you'll do in this section: keep the comparison page to procedures, treatment options and materials only, put the verdict up front, and write out the scenarios where "the other option fits better"; organisations, doctors, success rates and testimonials must not appear at all. When you're done, you'll have a procedure-comparison page structured by scenario, not by lining up candidates.

title / H1	title is a question, H1 is a statement, both carry the year	
Comparison-basis line	Check date + both sides' version or tier	
Conclusion block	60–120 words, or a by-scenario verdict table	☒ AI quotes this ☐ Regulated
H2 main question	First sentence gives the verdict with its condition, followed right away by the scenario table	☒ AI quotes this
Criteria H2	Numbered H3s, each first sentence states the threshold that flips the verdict	
Master comparison table	In the first 25%, one checkable value per cell	☐ Regulated
Per-criterion H2 × N	The verdict goes into the heading; the first sentence repeats it with a figure	
Price comparison H2	Same tier, same currency, same billing cycle	
Scenarios where the other one fits better H2	≥2 specific scenarios, each paired with one public fact about the other side	
Not-a-fit conditions H2	Skip it if...	
Data sources and dates	Source + check date for every figure	
FAQ	H3 questions, first sentence answers directly	
Related comparison pages, cross-links	3–5 entries	

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated

Figure: comparison page; AI most often copies the conclusion block and the verdict in the first sentence of the first H2

Can compare	Cannot do
Procedure: implant vs bridge	comparing organisations, comparing doctors
Options and materials	success rate, rescue rate
Conditional sentences comparing indications	any variant of switcher testimonials
Official benchmark: its own separate section after the table	benchmark in the same table as the clinic's own price
System name: a factual statement	linking to the manufacturer's page
Verdict placed up front, stating the scenario where the other option fits better	steering the conclusion toward "choose us"

Figure: everything a dental comparison page can compare is the procedure itself — the moment it touches organisations, a track record or "choose us", it has crossed the line

Four things the figure cannot show:

1. What can be compared: implant vs bridge, porcelain crown vs zirconia, clear aligner treatment vs traditional braces. Rewrite claims like "better" or "more advanced" as "suitable under which conditions".
2. No variant of a testimonial (anonymous, initials only, blurred, with a disclaimer, with the patient's written consent) can save this section. Rewrite it in place as neutral conditional sentences comparing indications: which objective conditions must be met before moving from option A to option B, when the original option stops being suitable, and what records to bring for a referral (X-rays, past records, medication list). Write all of it as conditional sentences, with no specific patient and no account of an outcome (rules in chapter 1, 1.4).
3. The official-benchmark section has no "put it side by side once confirmed case by case" exception (rules in chapter 1, 1.3).
4. The most common mistake: turning a procedure comparison into an organisation comparison ("why our implants beat the chain clinics") — this is a compliance violation, not a layout issue.

Comparison pages are mainly cited on the AI Mode leg. When ChatGPT meets a "vs" question, it goes to the procedure pages on each side and builds the table itself: for the dental "implant vs bridge" question, it cites the procedure-education pages of two medical institutions. So every one of the clinic's own figures on a comparison page must come from the same source and carry the same value as on the single-service price page (the same-source point is not measured).

Example (dental) Asked "implant vs bridge, which suits a single missing tooth better", both legs generated their own comparison table, with different column headers: ChatGPT used Option / Best when / Main advantage / Main downside ; AI Mode used Feature / Dental Implant / Dental Bridge , with rows such as Lifespan and Impact on Adjacent Teeth. Both tables compare the procedures themselves. The "Best when" header hits the official list of laudatory terms (see chapter 1, 1.5), so send it to the compliance officer for a ruling; the safer wording is "Suitable when" (**Conservative line (not statute text)**).

The cited dental "Invisalign vs braces" comparison table put the Singapore market range and the clinic's own price in the same table — do not copy the market-range column. For the general writing pattern, see → [General Edition 5.15 Comparison page \(pt04\)](#).

5.8 ④③ Criteria-based selection guide and ④④ concept pillar page

What you'll do in this section: replace the "which clinic is good" citations that dental cannot get into with a criteria-based guide to "how to choose a clinic", which lists criteria, ranks no one and names no one; use the concept pillar page only to compare procedure concepts, never organisations. When you're done, you'll have a minimum viable version of each of these two types, plus one boundary you must never cross.

title	How to Choose a <provider type> for <scope>	
Quick answer	2–3 sentences answering the title question directly, followed by a Disclosure statement	
H2 What does <thing> measure?	Opens with one punchy sentence, then 5–6 bold labels	
H2 What a useful <thing> should show	Numbered, 5–7 items, one sentence each	
H2 Research snapshot	Evidence paragraph: what the status quo is missing	
H2 Evaluation dimensions	5 "Label:" paragraphs, no bullets	
H2 Provider comparison matrix	Column headers: Provider / Dimension 1 / Dimension 2 / Best for	Regulated
Per-provider card	One card per provider; write each limitation as a buyer task	Regulated
H2 How to interpret common results	Short sub-sections without bullets, each opening with a label	
H2 How to run a defensible baseline	Numbered, 5–10 imperative steps	
H2 What a free diagnosis cannot prove	100–160 words, spelling out what the diagnosis cannot prove	
H2 Questions to put in the RFP	8 items, each a complete question ending in a question mark	
H2 Final recommendation	When to switch from X to Y, 2 paragraphs	

FAQ + Method 5–6 questions, at most 2 naming your own brand
and sources

☐ Required ☐ Optional ☐ Regulated

Figure: Block order for the Buyer's selection framework (not measured as a whole;
spec taken from an external teardown; no block is marked cite); on the strict side and
when switch E is on, the two blocks marked law are removed entirely

title	{NEW} vs {OLD}: the concept gap + the outcome noun
intro	one-line axiom: the two complement each other, they're not substitutes
H2 Why AI doesn't recommend you	200–280 words, 4–5 buyer questions inline
H2 The difference in 30 seconds	180–250 words + comparison table
H2 Why it matters now	250–350 words
H2 What is OLD / What is NEW	250–320 / 320–420 words respectively
H2 The core difference	250–320 words + difference table
H2 Why you need NEW when you already have OLD	450–600 words + figure + 3 "Pattern" subheadings
H2 The most common problems in real projects	evidence section, 550–700 words + figure + numbered subheadings
H2 Four common problems	350–450 words: doesn't exist / known but not recommended / wrong information / buried under old information
H2 Priority differs by engine	300–400 words + figure + comparison table
H2 Will it replace it → How they work together →	180–250 / 300–400 / 300–400 words + 3 "Case" subheadings

Which to do first	
H2 Summary	250–320 words + figure: OLD governs search results, NEW governs AI answers
FAQ	8–11 items, answers must have no bold, no links, no bullets, no brand name

☐ Required

Figure: block order for the concept pillar page (the whole diagram is not measured, spec taken from an external teardown, no block marked cite)

Neither blueprint is measured at all: pt43's specs are taken from an external teardown, and pt44 currently has 0 cited samples. ④ is dental's stand-in for the ⑤ list page it does not build; the full stand-in table is in chapter 0, 0.3.

④ Criteria-based selection guide

1. Delete the two blocks marked law in the blueprint (the provider comparison matrix and the per-provider cards) entirely. The body keeps only three blocks: evaluation dimensions, the RFP questions and "What a free diagnosis cannot prove". The brand name appears only in the four places set out in 5.2 [Conservative line (not statute text)].
2. List criteria, don't rank, don't name peers: this is currently dental's only lawful route to the share of citations that goes to list-type pages. Not measured, 65% confidence; schedule one page as a control. The figure of 19.6% of citations going to list-type pages is an all-industries figure; in the healthcare sub-sample that cell is 0% (from deltaV's page-type breakdown by industry). There is no guarantee yet that this route can win list-type citations.
3. Four boundaries for a long-form educational piece: it must not steer towards efficacy, outcomes or success rates; it must not contain any item on the ban list in chapter 1, 1.5; it must carry the byline of the organisation or a licensed practitioner; it must not recommend the clinic over its peers anywhere in the text.

For how to write each block, see → [General Edition 5.30 The four tier-C types: unverified page types](#).

④ Concept pillar page

1. You may build a page like "implant vs bridge: differences, indications, cost gap": compare procedures only, never organisations; write the cost section as final tax-inclusive prices per 5.5; do not link to the manufacturer's page; carry a reviewer line reading `Medically reviewed by Dr <name> · <month year>`. A byline on medical pages is the only byline requirement that held up in our measurements.
2. The title wording decides whether a page belongs to ④ the comparison page or to this type; how to judge it is in the figure at → [General Edition 5.30 The four tier-C types: unverified page types](#). Before you

write, fix which side the title falls on; each keyword may be taken by one page only.

Chapter 5

Writing pages (3): common questions, treatment facts and risk pages

Medisave questions, eligibility and number of visits, definitions, FAQs, side effects matched to official documents

5.9 ⑥ One question, one page: Medisave-type questions

5.10 ⑦ Eligibility and process page: can I have it, how many visits, how long

5.11 ⑧ Remedy and second-opinion page: the clinical skeleton

5.12 ⑫ Definition page: MedicalWebPage

5.13 ⑬ Procedure steps, ⑭ preparation lists and ⑯ schedule pages

5.14 ⑳ Collected FAQ page: the most useful page for dental and aesthetics

5.15 ㉓ Regulatory document alignment page: side-effect sections for aesthetic devices

5.9 ⑥ One question, one page: Medisave-type questions

What you'll do in this section: Give each high-frequency question about MediSave, CHAS and similar schemes its own page (one question, one page), with the first sentence giving a straight Yes/No or a number. Keep the regulation section and the price section apart: this page carries only the regulation section, and the final tax-inclusive price stays on the single-service price page. When you're done, you'll have a regulation-section template you can fill in as it stands, and you won't get into trouble by squeezing both sections onto the same screen.

H1 The buyer's original question, word for word

Answer paragraph First sentence gives Yes/No or a figure, conditions in the 2nd and 3rd sentences, 40–90 words **AI quotes this** **Regulated**

Boundary sentence Which part cannot be judged online, and who judges it

Source line Source + check date **Regulated**

Own-fact paragraph Sub-heading "At <Organisation>", 1–2 sentences of own facts only

Byline and date One line

Related questions 3–4 items, each linking to its own URL

☐ Required ☐ Optional ☒ AI quotes this ☐ Regulated

Figure: one question, one page, short version; what AI copies is the answer paragraph right under the H1

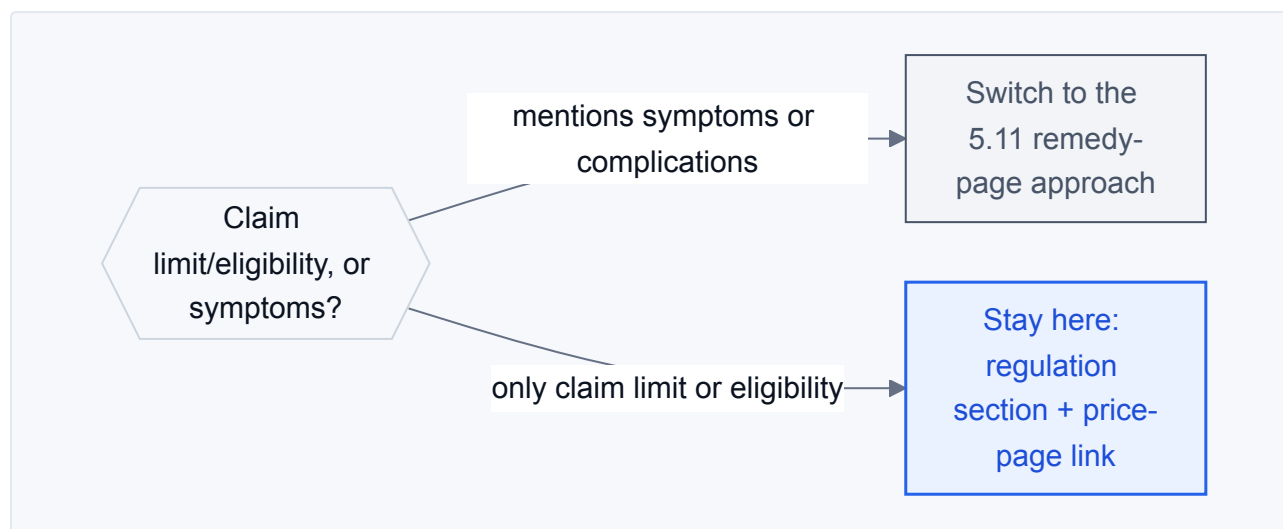


Figure: first check whether the question mentions symptoms, then decide how to write this page

What the figure cannot show: why the clinic's own price does not go on this page. Putting the official figure and the clinic's own price side by side in the same table is banned by Statute text (see Appendix A.1), and by default the two do not appear even in the paragraphs directly above or below each other [Conservative line (not statute text)]; the short version of this page type has only a few paragraphs to begin with, so two sections on the same page are hard to keep truly apart. For how to judge this, see chapter 1, 1.3.

Dental-specific approach:

1. The answer is general information, not a diagnosis for a specific patient. If the question contains any word for a symptom or complication, do not use this page type; switch to the 5.11 clinical skeleton instead.
2. For subsidy figures such as MediSave and CHAS, check them word for word against the official CPF and MOH pages, and note the check date on the page.
3. The regulation section states the table number and the check date; not a single one of the clinic's prices appears inside it, and it does not sit next to the clinic's own-price section.
4. The brand name appears only in the own-price section, and that section states only the final tax-inclusive price and the mandatory inclusions. Until you have settled how to keep the two sections apart, put the whole own-price section on the single-service price page and leave only one link to it on this page (Conservative line (not statute text)). Do not link to vendor pages.

Example (dental) An official CPF page answers the question whether MediSave can be used for dental implants, with the H1 "Can I use MediSave to pay for my dental implant?": the H1 matches the buyer's original wording, and the answer section runs three sentences — first Yes with the condition attached, then the claim limit, and the last sentence is a worked example. Both AI legs cited this passage.

See → [General Edition 5.17 One question, one page \(pt06\)](#) for the general-edition approach.

5.10 ⑦ Eligibility and process page: can I have it, how many visits, how long

What you'll do in this section: Write the H1 as a task-style statement, and put the spec strip first and the step table after it; write eligibility conditions as "to be judged by the treating doctor after an examination", and state duration only as how long the procedure itself takes. When you're done, you'll have an eligibility and process page template that never hands the reader a self-diagnosis.

H1	Task-style statement	
Byline and date line	Named reviewer for personal-safety pages; "Last updated" for others	
Conclusion block	Five-cell spec strip + own sentence + market sentence	Regulated
H2 main question	First sentence answers directly, ≤35 words	AI quotes this
Steps table	Step / Result, each row states the duration and the number of visits	AI quotes this
Conditions H2	Numbered H3s covering every case, or a fact × explanation × when-it-applies table	
Bring-list H2	3–8 items	
Itemised fees H2	Item or service / Fees	
Parts that cannot be judged online H2	40–80 words	Regulated
Branches after assessment H2	Four-column branch table; the price cell states the final price or "confirmed after assessment"	
Risks and exceptions H2	General risks only, never written as an individual diagnosis	Regulated
Alternatives H2	Option / When / Time / Price	
Who makes the final call H2	Who decides, and at what point, ≤50 words	
FAQ	H3 questions, 40–60 words each	

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated

Figure: eligibility and process page; AI most often copies the verdict in the first H2's first sentence and the steps table

Never	Rewrite as
A self-test checklist saying "if you have these, you're a candidate"	→ "Whether you're a candidate is judged by the treating doctor after an examination"
Conditions reduced to one line, "it depends"	→ Spell out the conditions: bone volume, whether an extraction is needed first, healing time
Duration written as when the results show up	→ State only how long the procedure takes: number of surgeries, number of months
Stating a success rate	→ State the branches after examination: what's found, what happens next

Figure: eligibility conditions and duration — every cell has a way to write it that does not hand the reader a diagnosis

What the figure cannot show: why the first cell on the left cannot stay. Writing the eligibility conditions as a checklist the reader can test themselves against is the same as letting the reader diagnose themselves. That is a safety issue, not a style preference.

Outside the figure, one more point: state only the final tax-inclusive price; where it can only be fixed after an examination, write "to be determined after examination". Do not link to vendor pages; government pages may be linked.

Example (dental) Sample wording, not a measured original sentence. Own sentence: "At <clinic>, a single implant without bone grafting takes 2 surgeries and 4–6 months from placement to the final crown; whether bone grafting is needed is decided by the treating dentist after reviewing the CBCT." Market sentence: "In Singapore, a single implant generally takes 3–9 months, depending on bone volume, whether an extraction is needed first, and healing time."

See → [General Edition 5.18 Eligibility and process page \(pt07\)](#) for the general-edition approach.

5.11 ⑧ Remedy and second-opinion page: the clinical skeleton

What you'll do in this section: Lay out the blocks by the clinical skeleton — safety first, causes after — and do not move a single block out of order. Write the subject as the patient's situation, assign no blame, state no rescue rate, and put no CTA after the red-flag section. When you're done, you'll have a remedy-page template you can hand straight to the medical reviewer for written sign-off and launch.

H1 + byline line	H1 states the situation; the line below carries both the author's and the reviewer's names + date	
What to do now	First-screen labelled box: one definition sentence + 3–4 actions	AI quotes this
Red-flag table	If you notice / Do this / How soon, in three levels	AI quotes this Regulated
Things not to judge yourself	3–5 items	
Assessment process	Step / What happens / Time + a "please bring" list	
Possible pathways	Conditional branch table; this is the first place on the page where "cause" appears	Regulated
Itemised fee table	The assessment states the final price; treatment fees state "confirmed in writing after assessment"	
Complaint and regulatory channels	Written only when there's a complaint or harm, one sentence per channel stating what it covers	
Author bio + References	≤100 words each	
FAQ	H3 questions, 3–6 items	

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated

Figure: personal-safety remedy page; not one slot in the order may move; AI copies the first-screen definition sentence and the red-flag table

The cited sample for this type is only 2 pages (n = 2); treat the basis for the blueprint as a small sample.

Never	Rewrite as
"another clinic messed it up", "failed elsewhere", "to the rescue"	→ "what checks are needed for a loose implant"
rescue rate, success rate	→ the checks involved and how long they take
case history, before-and-after photos	→ the procedures available and when each one is suitable
a "free check-up" CTA right after the red-flag section	→ no CTA follows; move to the next block in the skeleton
explaining the cause first, letting the reader self-diagnose	→ what to do now, plus the three levels of red flag, come first

Figure: wording for the remedy page — the subject is the patient's situation, not another clinic

The exception the figure cannot show: the H1 may neutrally mention where earlier treatment was done (for example, "including implants placed at another clinic"); what's banned is only assigning blame, disparaging another clinic, and unproven claims of failure. For the fixed public-facing wording, see chapter 4, 4.2.

Dental-specific approach:

1. Do not move a single block out of order: what to do now → three levels of red flag → what you should not judge yourself → the examination process → possible pathways (the first time "cause" appears on the whole page) → itemised fees → complaints and regulatory channels → author bio and References. When AI answers this type of question itself, it puts safety first 2 times out of 2 — order the page this way to match.
2. Use these exact table headers: red flags `If you notice / Do this / How soon` ; pathways `If the assessment finds / Possible pathway / Who does it` ; indications and contraindications `May be suitable / Not suitable` ; triggers and prevention `Trigger / Why It Matters / Prevention Step` .
3. State the final tax-inclusive price for the check-up and CBCT; write the treatment fee as "to be determined in writing after the examination" — never dress up a range as a final price. Do not link to vendor pages.
4. Before the page goes live, the medical-accuracy reviewer gives a written sign-off. A written sign-off resolves only the three stop-and-escalate situations; it never turns something banned as Statute text into something publishable. Before-and-after photos, for one, cannot go back on the page even with a sign-off (see chapter 1, 1.1; see Appendix A.1, A.2).

Example (dental) Sample wording, not a measured original sentence. Own sentence: "At <clinic>, an implant review + CBCT costs S\$____ (incl. GST); any treatment fee is determined in writing after this examination." Market sentence: "In Singapore, a problem implant is generally treated by salvage, removal and replacement, or a different restoration, depending on infection, bone loss and whether the implant is still stable." Both cited pages carry close to 0 numbers across the whole page; they rely on conditions and indications instead.

Besides the last row in the figure (that's a safety issue, not a formatting one), the most common mistake is a page using multiple H1s: one of the cited-sample pages marked TL;DR, FAQ and CTA all as H1. A page is allowed only one H1.

See → [General Edition 5.19 Remedy and second-opinion page \(pt08\)](#) for the general-edition approach.

5.12 ⑫ Definition page: MedicalWebPage

What you'll do in this section: Nail down the reviewer line, the six fixed H2 blocks and the schema — all three. Write every H3 as the buyer's original question, and the first sentence under each one must be a conditional "if ... then ..." sentence: AI can write the definition itself; what it goes online to find is the conditions. When you're done, you'll have a definition-page template that passes compliance review.

Reviewer line	named reviewer + date, above the summary	Regulated
First-screen summary	100–150 words, in this fixed order: what it is / when it's needed / how long recovery takes	
One-sentence definition, written twice	once under H1, then word for word again under the first H2	
Every H3 written as the buyer's original question	What is / How painful / How long...	
First sentence under each H3 is a conditional	if <condition>, then <conclusion>	AI quotes this

☐ Required
 ☒ Optional
 ☒ AI quotes this
 ☐ Regulated

Figure: Definition page; AI copies the conditional sentence under each H3 question

What the figure cannot show: why the "Recovery" block is where you are most likely to cross the line. It is one of the fixed H2 blocks the medical version must have, and it runs straight into the banned item "recovery time" in chapter 1, 1.5. This block holds only the original text and aftercare instructions quoted word for word from the IFU / NEA, with the source marked; do not write a recovery time in the clinic's own words (Conservative line (not statute text)). Handle the "how long to recover" sentence in the first-screen summary the same way. See 5.15 for the full approach.

Dental-specific approach:

1. The reviewer line is mandatory, placed above the H1: named doctor + SDC/SMC registration number + month and year.
2. The medical version has six fixed H2 blocks, in this order, not to be changed: Overview, Procedure Details, Risks and Benefits, Recovery, When to See a Doctor, Doctor's Note.
3. Use the MedicalWebPage + Person (reviewer) schema.
4. Align the risk section item by item with the IFU / NEA original text and mark the source; handle the "Recovery" block the same way — see the previous paragraph.
5. Do not state a success rate, and do not use superlatives such as "most advanced".

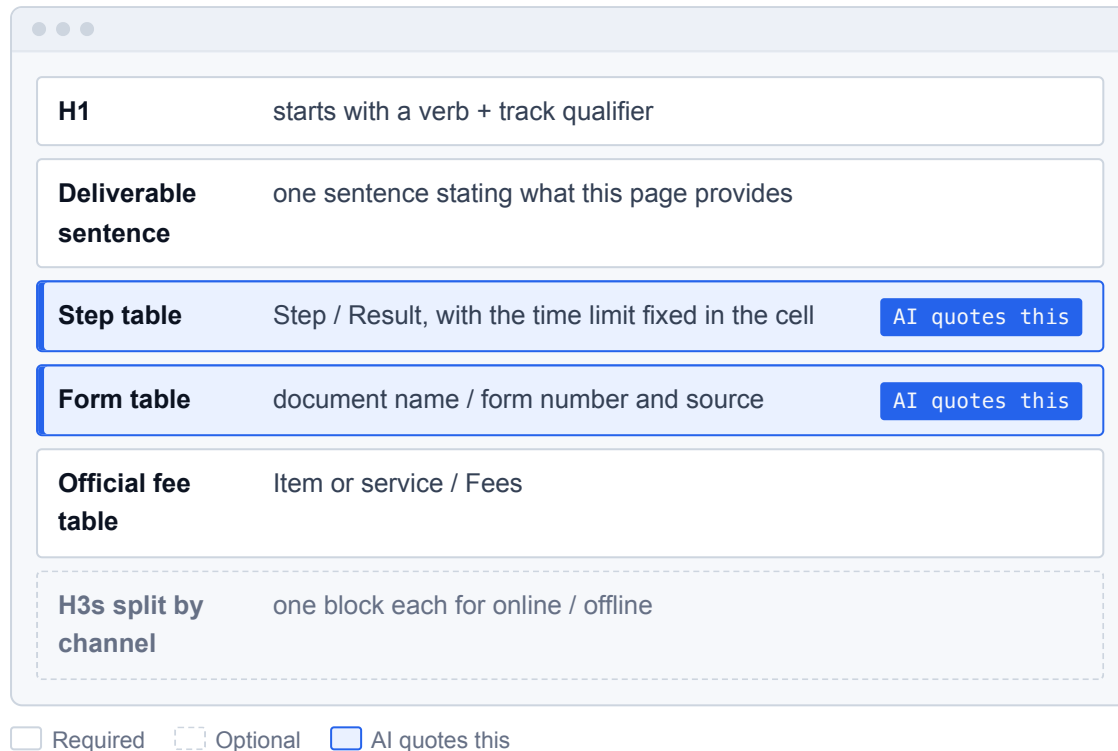
Example (dental) A hospital's bone-grafting definition page was copied 10 times, every time landing on the first sentence under an H3 question, and every one a conditional sentence — not once was the first-screen summary copied.

See → [General Edition 5.23 Tier-B questions and rules types \(1\): regulatory obligations, definitions](#) for the general-edition approach.

5.13 ⑬ Procedure steps, ⑭ preparation lists and ⑯ schedule pages

What you'll do in this section: All three types are pure fact pages — write one page each for steps, the checklist and the dates, with no efficacy adjectives mixed in anywhere. When you're done, you'll have three page skeletons you can fill in directly, where the time field states only how long the process takes, never when the results arrive.

Step-by-step procedure page (pt13)



H1	starts with a verb + track qualifier	
Deliverable sentence	one sentence stating what this page provides	
Step table	Step / Result, with the time limit fixed in the cell	AI quotes this
Form table	document name / form number and source	AI quotes this
Official fee table	Item or service / Fees	
H3s split by channel	one block each for online / offline	

☐ Required
 ☐ Optional
 ☒ AI quotes this

Figure: Step-by-step procedure page; what AI copies are cells from the step table and the form table

Dental-specific approach:

1. State time frames only as how long the process takes, never as when results show up: the regulator lists claims like "straight teeth in 2 weeks" directly as soliciting (Statute text; see Appendix A). Writing that into the step table is the same as slipping a results promise into a facts field.
2. Keep the application steps for official subsidies in their own section, not mixed in with ordinary visit steps.

Preparation and bring-list page (pt14)

Timing sentence	at the top, when to start preparing	AI quotes this
ID/document group	institutions' proper names written out in full	
Fasting or emergency-referral items	their own bullet, never folded into a paragraph	Regulated
Reverse checklist	already provided / no need to bring, a two-column table	AI quotes this
Grouping rule	grouping by identity copies best, then by time, then a one-page checkbox sheet	

☐ Required
 ☒ AI quotes this
 ☐ Regulated

Figure: Preparation and bring-list page; AI copies the timing sentence and "what we already provide"

Dental-specific approach:

1. This is the second-safest page type in the industry, after the store/branch page — the whole page is factual items, with no price or efficacy content.
2. Three ways to lay it out, ranked by how copyable they are: grouped by who the reader is > grouped by timing > a one-page PDF with checkboxes. Prefer the one ranked higher.
3. Do not use efficacy adjectives such as "painless" or "quick recovery".

Example (dental) A national dental centre's pre-treatment preparation page had 3 items copied by AI — arrange for someone to take you home if you're having sedation or general anaesthesia; bring your NRIC, referral letter and Medisave-related documents; call ahead if you have upper respiratory symptoms such as fever or cough — AI laid the answer out directly as checkboxes, one checkbox per page item.

Schedule and deadline page (pt16)

H1 the process name, no year

First-screen sentence who can apply + this year's opening date [AI quotes this](#)

Four fixed H2 sections Criteria→Procedure→Schedule→Enquiries

Two-column date table Period / Actions, three rows for application/shortlisting/results [AI quotes this](#)

Eligibility judgement this type does not write conditional reasoning Don't

☐ Required ☒ AI quotes this ☐ Don't

Figure: Schedule and deadline page; AI copies the first-screen date range and the date table

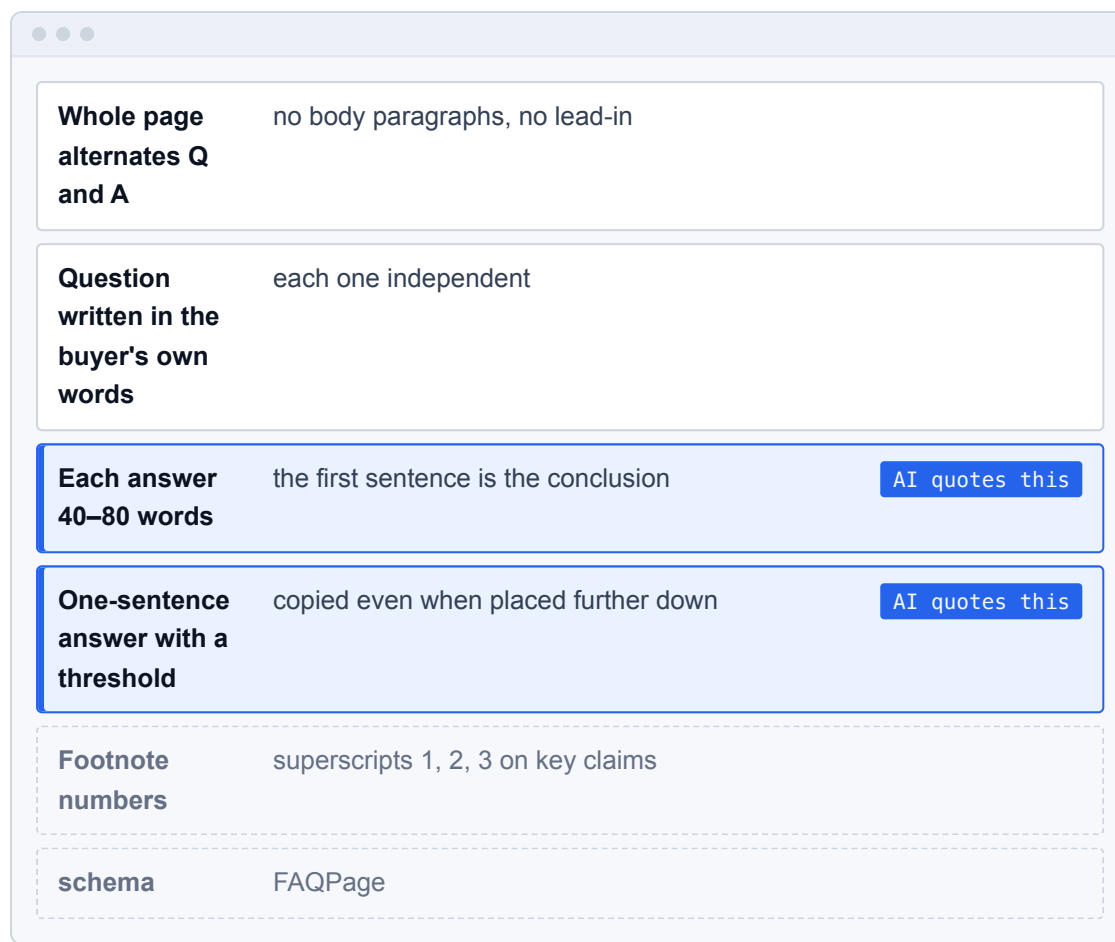
Dental-specific approach:

1. State appointment windows and follow-up intervals only as how long the process takes, never as when results happen.

See → [General Edition 5.24 Tier-B questions and rules types \(2\): procedure steps, preparation lists](#) for the general-edition approach to the step-by-step procedure page and the preparation list page; see → [General Edition 5.25 Tier-B questions and rules types \(3\): schedules, collected FAQ, policy hubs, change notices, misconceptions](#) for the schedule page.

5.14 ② Collected FAQ page: the most useful page for dental and aesthetics

What you'll do in this section: Turn ten real questions about the brand's services into one page — one block per question, 40–80 words per answer, the conclusion in the first sentence, and a footnoted source for every key number. When you're done, you'll have the most useful page type for regulated clinics, where a single URL can feed several citations at once.



Whole page alternates Q and A no body paragraphs, no lead-in

Question written in the buyer's own words each one independent

Each answer 40–80 words the first sentence is the conclusion AI quotes this

One-sentence answer with a threshold copied even when placed further down AI quotes this

Footnote numbers superscripts 1, 2, 3 on key claims

schema FAQPage

☐ Required ☐ Optional ☒ AI quotes this

Figure: Collected FAQ page; several Q&A blocks on the same page get copied separately

What the figure cannot show: this type can be built on the regulated sides, and it's the most useful one for regulated clients (measured sample); but an FAQ is not an exempt zone: every answer sentence still goes through the banned-word list in chapter 1, 1.5.

Dental-specific approach:

1. Scale claims such as "2 million cases worldwide" go up only after passing the six checks for numbers; see → [General Edition 5.10 Shared parts for all page types: six checks for numbers, no public price, billing units, dates and schema](#) for how.
2. Align the side-effects section item by item with the IFU / NEA original text — no softening, no omissions; see 5.15 for how. The "Pain" and "Recovery" blocks hold only the side-effects text and aftercare instructions quoted word for word from the IFU / NEA, with the source marked; do not write a pain level or recovery time in the clinic's own words (Conservative line (not statute text)).
3. Do not write "free consultation".

Example (aesthetics) On an aesthetic clinic's FAQ page, 3 of the 7 citations in a single answer came from this page, copied respectively from its what-it-is, pain and recovery question-and-answer blocks — one page supplied three fragments.

See → [General Edition 5.25 Tier-B questions and rules types \(3\): schedules, collected FAQ, policy hubs, change notices, misconceptions](#) for the general-edition approach.

5.15 ③ Regulatory document alignment page: side-effect sections for aesthetic devices

What you'll do in this section: Align the side-effects section item by item with the regulatory document's original text and mark the source, in the fixed format "Per <document> (<version>): 'original text'". Link only to government sources; for vendor documents, state only the document name and version. When you're done, you'll have a side-effects section that can stand next to the regulatory document, without the compliance risk of writing a softer version than the original.

Carrier 1	IFU relay page, very short body + PDF link	
Carrier 2	regulator explainer page, single H2 grouping, four blocks	
Carrier 3	official approval document, indications listed clause by clause	
Side-effects wording	matches the regulatory document verbatim and cites its source	AI quotes this
Scope of indications	listed clause by clause	AI quotes this
Writing your own softer wording	inconsistent with the regulator's own wording	Don't

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Don't

Figure: Device and product regulatory documents; the side-effects sentence goes into the answer almost unchanged

Clinic's own account	Aligned with the regulatory document
"mild discomfort, recovery within a day or two"	copy the IFU / NEA original text item by item — no softening, no omissions
no source marked	"Per <document name> (<version/date>): '<verbatim original text>'"
linking to the vendor's IFU page	state only the vendor document's name and version; NEA and FDA pages may be linked
own-page side-effects section: 0 citations	the regulatory document: goes into the answer almost verbatim

Figure: two ways to write the side-effects section — AI only trusts the one aligned with the regulatory document

What the figure cannot show: why writing it "softer" is actually more dangerous — for claims about efficacy and side effects, AI trusts only the regulator's wording, not the clinic's own account. A softer version you write yourself won't get cited, and being inconsistent with the regulator's wording is itself a compliance risk. The cited regulatory documents come in three formats: an IFU relay page with only 30 words of body text and three PDF links; an NEA educational page written in four blocks (what the device is / who can operate it / what adverse reactions it has / how long they take to ease); and an FDA 510(k) filing that lists indications item by item — all three were cited.

Outside the figure, two more points:

1. On the "don't link to vendor pages" cell: for dental pages this is Statute text (SDC 5.4.6, last paragraph; see Appendix A.2). That rule only governs dentists; on aesthetic pages the practitioner is a doctor, and Appendix A has no equivalent original sentence on the doctors' side (the original SMC ECEG document was not opened), so for aesthetic pages this cell is treated as Original text not obtained (still no vendor links; see 1.1).
2. Aesthetic devices fall under HSA, matching switch C (regulated products); see 0.2 for how that's decided. Of the 46 page types, dental clinics do not build the case-law page; in healthcare, this page is its equivalent (see 0.3).

Example (aesthetics) The side-effects sentence on NEA's page about high-intensity focused ultrasound devices, which lists pain, swelling, bruising, tingling and erythema during or after treatment as mostly temporary and easing in about a week (paraphrased), was carried almost verbatim into the AI's answer.

See → [General Edition 5.28 Tier-B primary sources \(1\): legislation, regulator guidance, official replies, device documents, case law](#) for the general-edition approach.

Chapter 5

Writing pages (4): clinic details, credentials and trust pages, plus pre-publish checks

Branch pages first, licence and registration checks, and the three checks before going live

5.16 ⑪ Store / branch page: the safest page for dental, built first

5.17 ③⑩ Verification and lookup page and ③⑨ licence wall

5.18 ③① Visit process page, ③⑤ partners page, ②① privacy policy page

5.19 Rules and policy types: ⑩ ②③ ②⑥ ③④ ④① ④⑤

5.20 Data types: ①⑨ own clinical data page and ①⑧ compliance long-form PDF

5.21 Handing over: dental's three gates and common mistakes

5.16 ⑪ Store / branch page: the safest page for dental, built first

What you'll do in this section: build a facts page for every branch — address, day-by-day opening hours, phone number, the doctor's registration fields — with not a single adjective. Once it's live, bring every directory site's listing into line with it word for word: only then do location questions such as "where is it, is it open on Sunday" go to the clinic's own website instead of a directory site.

title	service word + place first, brand last	
H1	service word + place, or Welcome to branch name	
Full address line	building name, street number, unit, postcode on one line; qualifying conditions on the same line	AI quotes this
Day-by-day opening hours	four to seven plain-text lines, Sunday on its own line	AI quotes this
Phone and messaging	one channel per line, may be grouped by business line	
H2 How to get here	MRT station name goes in the H2; walking minutes, shuttle, parking	
Nearby landmarks	one or two	
Staff at this branch	one line per person: qualification, year started practising, branch, registration number	Regulated
LocalBusiness schema	address and hours match the visible values word for word	
Hours and address rendered by JS	invisible with JS turned off	Don't

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Regulated
 ☐ Don't

Figure: Block order on the branch page; what AI copies is the whole address line and the day-by-day hours — it doesn't read the body text

The store / branch page is the safest page type in dental: the whole page holds only the address, hours, phone number and the doctor's registration fields. It touches neither price nor outcomes and needs not

a single adjective, which is why it belongs in the first batch of pages a clinic puts live. The doctor's line states only the SDC / SMC-approved qualifications and registration number, with no qualifiers such as "senior" or "extensive experience".

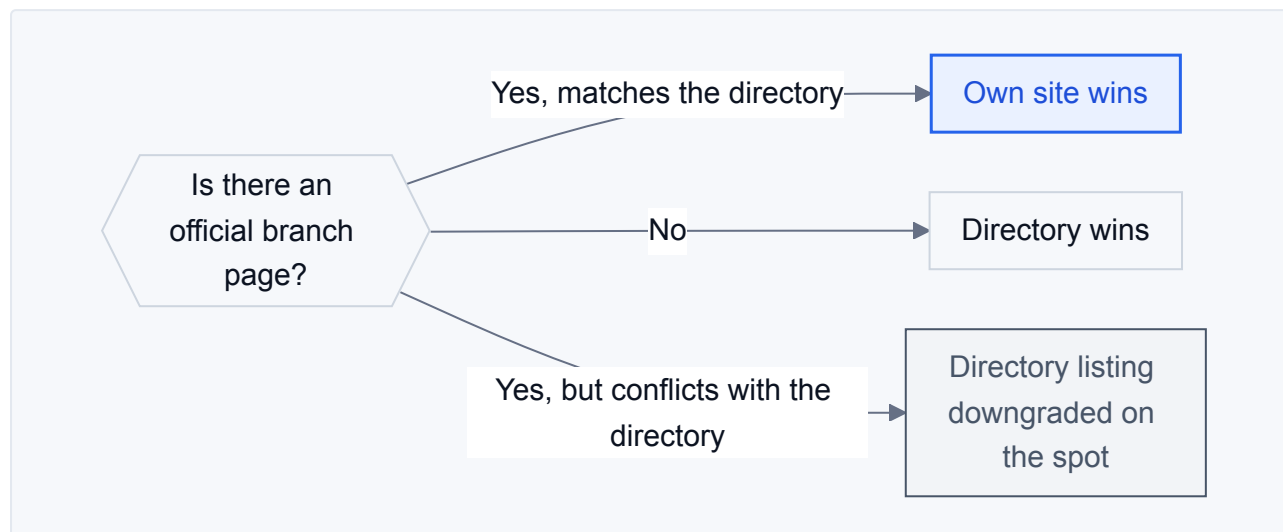


Figure: Whether the clinic's website or the directory wins a location question depends on whether an official branch page exists and matches the directory

This figure rests on a single sample ($n = 1$) and is directional only: the same clinic's directory listing was copied by AI as fact in one round; in another round, because it didn't match the current information published elsewhere, AI flagged it as unreliable and said to phone and confirm first (evidence: → [General Edition A.4 Page-type measurements \(2\): tier B and C samples, and the AI Mode retest list](#)). So once the branch page is live, edit every directory listing word for word to match it. General write-up: → [General Edition 5.26 Tier-B entity and product facts types \(1\): branches, verification pages, directory listings](#).

Example (dental) Three lines from the footer of one clinic's branch page — Sunday hours, unit number, phone number — were copied verbatim into an AI answer table. Three conditions got it into the table: one URL per branch; Sunday hours on their own line, with a specific time written out (write 9.30am, not a vague phrase like "by appointment"); and the address includes an MRT station name.

5.17 ③⑩ Verification and lookup page and ③⑨ licence wall

What you'll do in this section: move the official register lookup link onto your own page and treat it as your safest trust asset; on the licence wall, list only licences and registration numbers that state the issuing authority and the validity period; and on both pages, link only to official bodies, never to a manufacturer locator.

③⑩ Verification and lookup page	③⑨ Licence wall
Each doctor's registration number	The clinic's licence number and clinic registration number
Link to the official register lookup page	Each doctor's registration number + a lookup link, linked to ③⑩
The whole page states facts only, no claims	Every entry states the issuing authority and validity period
No link to a manufacturer locator, no link to the brand's own website	Also links only to official bodies, never to a manufacturer

Figure: The two trust assets do different jobs, but both link only to the official register

③⑩ Verification and lookup page (pt30)

H1

body's name, or Find a category role

Statutory-authority sentence

which law set the body up, and whom it regulates

AI quotes this

Two action buttons

check who's registered, practitioner log-in

Search box

serves as the first H2

Four explainer H2s

apply for registration, who's registered, dated notices, FAQ

URL

carries a search-type parameter

☐ Required

☐ Optional

☒ AI quotes this

Figure: Verification and lookup page; its value is the citation slot at the end of the answer — for the register version, what's copied is the sentence on its statutory authority

The blueprint above is for the register's own page; what the clinic builds is its downstream page: put the registration number and a link to that page on your own site, and leave verification to the official body.

The linking rule is the most rigidly worded: you must not link to any commercial company, so a clear-aligner manufacturer's "find a doctor" locator cannot be linked [Statute text; see Appendix A.2] — the

only permitted link is to a government register [Conservative line (not statute text)] (see 1.5). The most common mistake is copying the manufacturer-locator pattern and linking back to the brand's own website on the page — which runs straight into the ethical code's own sentence (must not).

Example (dental) The sentence AI copied into its answer from the Singapore Dental Council (SDC) website was this one: all dentists must be registered and hold a valid practising certificate before they practise, and the register can be searched on the SDC website.

39 Licence wall (pt39)

title	separate subdomain optional, main domain also fine	
H1	brand Trust Center	
First-screen count strip	number of documents, FAQs and certificates in one line	
Certificate / licence wall	certificate or licence name + issuer + validity period, a machine-readable list	AI quotes this
Latest check-date sentence	the specific date of the most recent report or check	AI quotes this
Q&A directory	grouped by topic, each group labelled with its item count	
Report or file itself	may sit behind a log-in or NDA	
Written as a marketing article	adjectives in place of a certificate wall	Don't

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Don't

Figure: Trust centre / compliance proof page; AI copies the certificate wall and the latest-report-date sentence

Every entry on the licence wall is a factual statement and doesn't trigger the advertising rules. Technical-standard certification (for example, an equipment or process certification such as ISO 13485) has its own restriction on where it may appear: only on the clinic's own website and its own social media, never on brochures, letterhead or test reports [Statute text; see Appendix A.1]; see 1.6, category 2, for how to write it. General write-up: → [General Edition 5.27 Tier-B entity and product facts types \(2\): compliance proof, terms, how-to docs and integrations.](#)

5.18 ③① Visit process page, ③⑤ partners page, ②① privacy policy page

What you'll do in this section: all three types appear as equivalents — the visit process page states steps only, never outcomes; the partners page states clearly which institutions, insurers and payment methods you work with, but never links out; the privacy policy page states that it's based on the PDPA and gives its scope, and the section numbers go in only after legal has checked them [Original text not obtained].

General Edition archetype	Dental equivalent and the extra rule
Help centre / how-to page (pt31)	Visit process how-to page: steps only, never outcomes
Integration / marketplace listing (pt35)	Partners page: may name the partner, no outbound link
Vendor legal terms page (pt21)	Personal data and confidentiality policy page: states it's based on the PDPA and its scope; section numbers go in only after legal has checked them [Original text not obtained]

Figure: All three types become equivalents in dental, each with one extra rule

31 Visit process how-to page (pt31)

Line above H1

update date + scope condition

H1

verb-first task name

First paragraph

the objects this task covers and the direction, no preamble

AI quotes this

H2 step names

broken into steps, or Step 1...4 up front

Limitations and considerations list

"doesn't support / doesn't sync" as its own paragraph

AI quotes this

Original menu-path wording

the exact text on the button or menu

Hides what it doesn't support

not a word about what it can't do

Don't

☐ Required

☐ Optional

☒ AI quotes this

☐ Don't

Figure: Help and how-to page; AI copies the object list and the negative list in the first paragraph

How to book, how to reschedule, how to collect a report — all belong to this type. Any duration on the page can only be how long the process takes, never how soon results show (see 1.5).

35 Partners page (pt35)

title / H1	one integration per URL
Logo wall	lists many integrations without spelling out the fields Don't
Certification badge	official certification badge, AI uses it to make a yes/no call
Built by	built in-house or by a third party
Object list for the integration	names each integrated object, not "core data"
Direction	one-way or two-way, in the same sentence
Prerequisites	required credentials or subscription
What's not supported	state clearly what it doesn't do
Sync timing	how often, full or incremental (not measured)
Plain-text fallback page	the same set of fields repeated on a help page you can curl

☐ Required ☐ Optional ☐ Don't

Figure: Integration listing page; it gives the yes/no call, while the object list that gets copied sits on a plain-text page on the same site

Write it with the General Edition's four fields: object list, direction, prerequisites, not-supported items. You may name the partner, but you may not link to them [Statute text; see Appendix A.2]; outbound links go only to government and regulator pages [Conservative line (not statute text)] (see 1.5).

21 Privacy policy page (pt21)

title / H1 terms' full name, no marketing language

H2 contents, FAQ, date, author this type needs none of these; skipping them costs nothing

Definitions clause list the applicable countries or jurisdictions in the definitions section **AI quotes this**

Organised by jurisdiction one section per jurisdiction, section name is the jurisdiction's name

Commitment sentence a compliance commitment naming the country or jurisdiction **AI quotes this**

Numbered clauses body text numbered clause by clause

Writes "applicable laws" without naming countries vague wording only Don't

☐ Required ☐ Optional ☒ AI quotes this ☐ Don't

Figure: Vendor legal terms page; AI copies the commitment sentence that names the country or jurisdiction

A clinic has no vendor terms page; its equivalent is the personal data and confidentiality policy page. Write it to the blueprint above: the commitment sentence states that it's based on the PDPA and gives its scope, and the section numbers go in only after legal has checked them [Original text not obtained].

5.19 Rules and policy types: 10 23 26 34 40 45

What you'll do in this section: a clinic is not the source of the regulation, so these six types are only downstream pages that "quote verbatim + link back to the original + mark a check date"; schedule them as trust assets, not traffic pages; don't use an official statement to imply endorsement, don't use a new rule to solicit, and don't turn "correcting a misconception" into a veiled dig at peers.

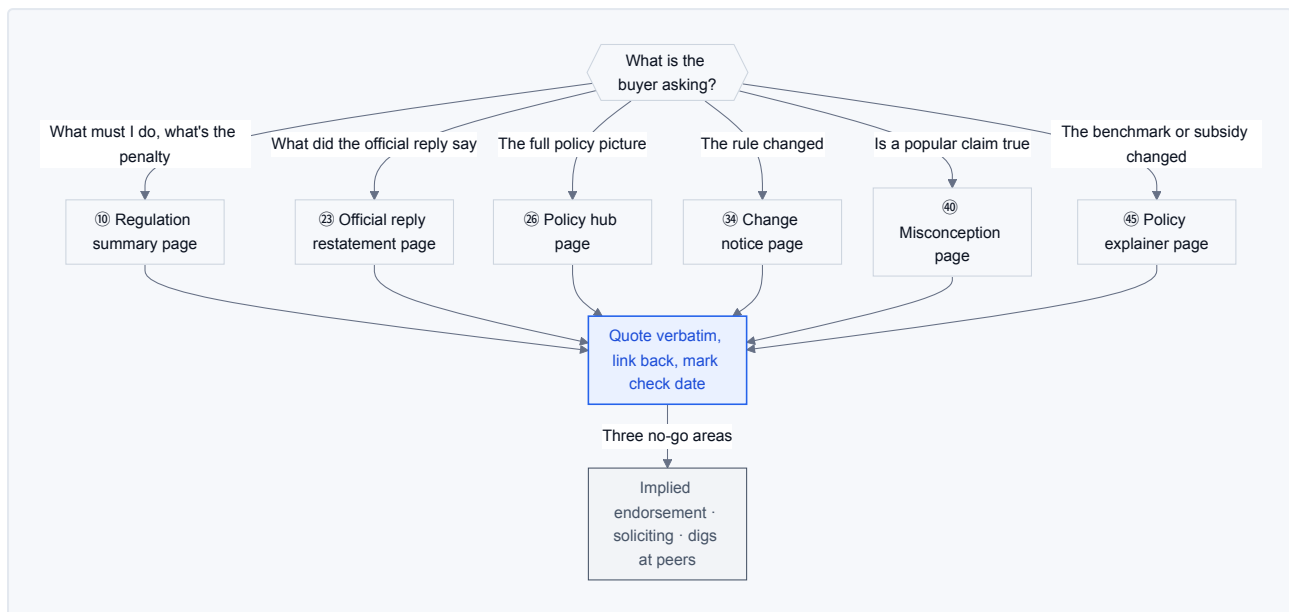


Figure: Each of the six kinds of rules question gets its own page type, but all six are built as the same downstream citation page, with the same no-go areas

General write-up: → [General Edition 5.23 Tier-B questions and rules types \(1\): regulatory obligations, definitions](#), → [General Edition 5.25 Tier-B questions and rules types \(3\): schedules, collected FAQ, policy hubs, change notices, misconceptions](#), → [General Edition 5.28 Tier-B primary sources \(1\): legislation, regulator guidance, official replies, device documents, case law](#). Below, each type states only the one extra rule dental adds.

⑩ Regulation summary page (pt10)

H1	a noun phrase naming the obligation, or a judgement sentence, no year	
Date line	"Last updated" in the first-screen body text, not the footer	
First-screen obligation sentence	35–90 words right under H1: from date X / who / what must be done	AI quotes this
Numbered requirements table	Number / Item description, item by item	AI quotes this
Penalty rows, side by side	subject: jail term + maximum fine, one row per subject	
H2s split by reader identity	split by who the reader is, not by rule number	

Figure: Regulatory obligations and penalties page; AI copies the obligation sentence right under H1

The blueprint is for the regulator's own obligations page; the clinic builds a summary of it. In our measurements, regulation summary pages were not cited even once, so schedule this type as a trust asset, not as a traffic page.

23 Official reply restatement page (pt23)

title	title, name + occasion + year	
First-screen line	date + category	
Body, no H2s	major sections + paragraphs with Arabic numbers + sub-items	
Numbered paragraph stands alone	carries its own complete subject, so it can be cut out on its own	AI quotes this
Self-contained sentence with the number	numerator, denominator, percentage and time window in the same sentence	AI quotes this
Transcript-site variant	one block per question and answer, block header shows the number of exchanges	

☐ Required
 ☐ Optional
 ☐ AI quotes this

Figure: Official replies and speech records page; each numbered passage carries its own subject

Restating the reply must never imply that the official body is endorsing this clinic.

26 Policy hub page (pt26)

First-screen question-style anchors

a string of in-page anchors, not a summary

H2s map one-to-one to the anchors

section order follows the anchors

Phased timetable

Implementation Date / Who it applies to

AI quotes this

Subsidy or transaction table

3–5 rows each

Glossary table

one term + one definition sentence per row

AI quotes this

Update date + schema

Last updated + FAQPage

☐ Required

☐ Optional

☒ AI quotes this

Figure: Policy hub page; AI copies rows from the phased timetable and definition rows from the glossary table

State only the process and the official position, never a side-by-side review of peer clinics.

122

34 Change notice / old-vs-new page (pt34)

40 Misconception page (pt40)

H1 opposing-pair phrase one line

Single H2 the only H2 on the whole page

N entries collapsible, a fixed three-part structure

Popular claim, verbatim the buyer's own first-person words

One-word verdict "Incorrect!" on its own line, the key to copyability

Fact sentence + footnote with subject + amount + effective date [AI quotes this](#)

☐ Required ☐ AI quotes this

Figure: Misconception page; each entry carries its own context and does not follow the first-30% rule

This is one of the few page types where a clinic may write a "conclusion" — because the conclusion comes from the regulation, not from the clinic's own claim. Every factual sentence must match the regulator's original wording word for word and carry a source reference number. Never turn the "misconception" into a veiled dig at peers: a line like "some clinics say..." is a comparison, and that's a violation (see 1.5).

45 Policy explainer page (pt45)

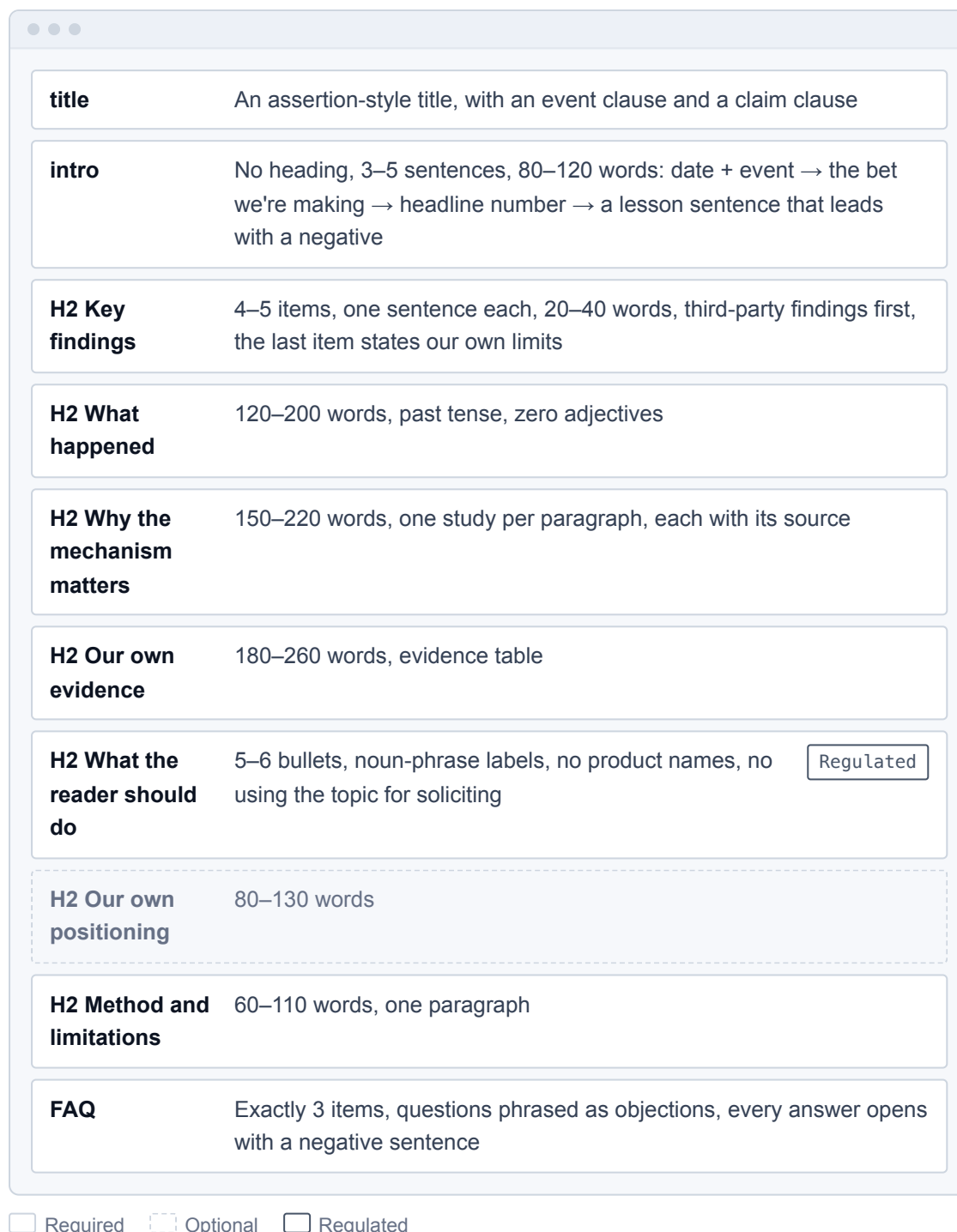


Figure: block order for the news and policy explainer page (the whole diagram is not measured, spec taken from an external teardown, no block marked cite)

You may write an explainer such as "the MOH fee benchmark / Medisave limit has changed — what should patients do?" Put government figures in their own section, stating the table number and the date they were updated (see 1.3). Never use a new rule to solicit — a line like "so it's better value to come to us now" is a direct violation. This type has no cited sample yet in dental ($n = 0$); the closest reference point: a clarification piece published by the regulator itself was cited, while a commercial site's page of the same type was never cited once (measured sample).

5.20 Data types: ⑲ own clinical data page and ⑱ compliance long-form PDF

What you'll do in this section: only build the statistics source page if you have your own clinical data; every number passes the six checks first, then a written compliance sign-off, and "success rate" is banned throughout; the compliance long-form piece can be built as a PDF with a question-style table of contents, and any price inside that PDF is bound by the same rules as a webpage.

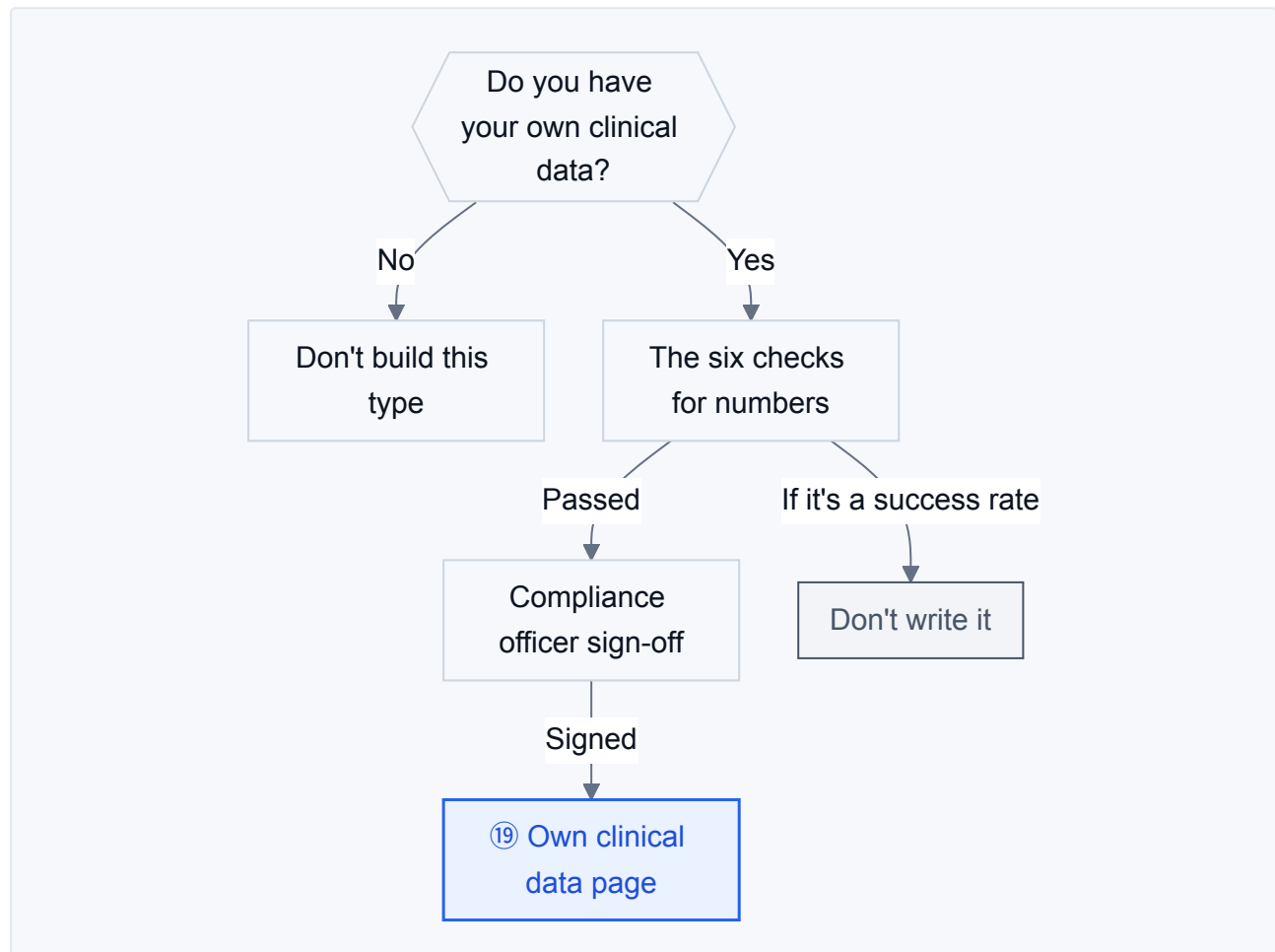


Figure: The own clinical data page must clear two checks before it goes live; "success rate" cannot pass at any step

19 Own clinical data page (pt19)

Methodology section	sampling method + sample size + basis + what changed from the last version	
Structural labels	academic version's four-part labels such as OBJECTIVES, report version's numbered charts	
Percentage qualifier	every percentage immediately followed by its population	
Restatement sentence in the conclusion	key numbers said again, paired, in the conclusion	AI quotes this
Charts and data labels	chart caption carries year and basis, numbers labelled beside the bars	AI quotes this
Caption sentence for the table	states the table's numbers in one sentence	
Scope-exclusion sentence	this figure excludes A, doesn't cover B, statistics year C	
Named author and department	one line	
Gives a number without its basis	no survey name + year + sample size	Don't

☐ Required
 ☐ Optional
 ☒ AI quotes this
 ☐ Don't

Figure: Statistics source page; AI copies the paired restatement sentence in the conclusion and the chart caption that carries the basis

It has to clear two checks because publishing clinical data is itself regulated under the Healthcare Services Act. For the six checks, see → [General Edition 5.10 Shared parts for all page types: six checks for numbers, no public price, billing units, dates and schema](#). For a figure such as "this clinic's follow-up rate across N cases of a given procedure", state the definition, the denominator, the period measured, how the sample was chosen, the calculation method and whether it may be published — never give a bare percentage. Proactively state the old basis for the same question as well, and explain why it should

carry less weight. General write-up: → [General Edition 5.29 Tier-B primary sources \(2\): statistics sources, registers.](#)

Example (dental) In a Singapore adult oral health survey paper, what AI copied was the sentence in the conclusion that restates the figures side by side (77.6%); only the second figure, 56.9%, came from the results section. A statistics question has only one correct answer, and what AI wants is the sentence that carries the year, the survey name and the sample size.

⑱ **Compliance long-form PDF (pt18)**

Coverguidance's full name + version + revision date

Question-style
contents page

every line a question in the buyer's own words +
page number

AI quotes this

Numbered
body
paragraphs

every paragraph numbered, so it can be cited precisely

Definitions and
commencement
date in the first
3%

said in one sentence

AI quotes this

Contents
written as noun
phrases

~~not questions in the buyer's own words~~

Don't

☐ Required ☒ AI quotes this ☐ Don't

Figure: Regulator guidance PDF; a Chinese-language question hits the matching question on the contents page

A price that appears inside the PDF is bound by the same final-price rule as a price on a webpage (see 1.2) — compliance follows the content, not the file format.

Don't schedule market-observation long-form pieces (see 0.3): a clinic has no first-party market data, so writing one produces empty theorising and slides easily into promotion.

5.21 Handing over: dental's three gates and common mistakes

What you'll do in this section: every page first clears the General Edition's five steps and self-check; dental adds three more gates on top — the compliance hard gate ticked off item by item, a reviewer's sign-off for medical pages, and a delivery note that states "removed X, replaced with Y"; self-check line by line against the table below before launch.

Gate 1	Gate 2	Gate 3
Compliance hard gate	Professional review	Delivery note
Seven items ticked off one by one; the checklist is the tables in 1.2–1.5	Medical pages signed off by a reviewer, remedy pages in the right order	Every edit states "removed X, replaced with Y"

Figure: After the General Edition's five steps, clear three more gates; fail any one and it goes back for a rewrite

Gate 1's seven items: no "from" price (From); no price range; no After Medisave; no outbound link to a manufacturer; no superlatives; no price that needs an examination first written as if it were final; and the brand name isn't forced into every H2.

Gate 2's fixed order for a remedy page: what to do now → red flags → what not to self-diagnose → examination → pathway → cost. The sign-off here is a medical-accuracy review, a different thing from the written compliance sign-off in 1.1. The compliance sign-off resolves only the three stop-and-escalate situations listed in 1.1; **it never turns something banned as Statute text into something publishable.**

Gate 3 covers "what to fill in after you remove something": if you remove a testimonial, a star rating or before-and-after images, take material from the seven kinds of checkable facts in 1.6 and fill it back into the same slot. A draft that removes without refilling is sent back for insufficient density; it is not waved through as a compliance pass.

Mistake	Fix
Writing a "from" price, a range, or After Medisave	→ A clearly defined service + the final tax-inclusive price
Tiers labelled only "mild / moderate / complex"	→ Each tier states its defining conditions and what's included
Official benchmark and the clinic's own price side by side	→ A separate section after the table, with no clinic price inside it
Brand name inserted into the first sentence of every H2	→ Brand appears only in four places: price subject, provider, byline, organisation facts
Writing "free examination" or "first consultation free"	→ A fixed price for the examination itself
Organisation section claims "most cases" or "extensive experience"	→ A clearly defined operating fact
Removed the testimonials and before-and-after images, leaving only empty filler	→ Fill the slot back in from the seven kinds of checkable facts
A remedy page that leads with the cause	→ Lead with what to do now and the red flags

Figure: The most common mistakes on dental hand-over, and how to fix them

Two rows in the table leave no room for negotiation: wording like "Highest volume" or "Extensive experience" is a direct violation in dental; these words are listed verbatim in the official list of laudatory terms [Statute text; see Appendix A.1]. Putting the official benchmark and the clinic's own price side by side in the same table is Statute text, and no sign-off can unlock it; in the same paragraph or an adjacent one, it falls under the 1.3 conservative line instead (basis and label in 1.3; the same-table side-by-side rule is in Appendix A.1).

For the five steps per page, the red line on lying, and the General Edition's self-check list, see → [General Edition 5.31 Handing over: five steps per page, the red line on lying, and self-checks](#); for the general table of common mistakes, see → [General Edition 5.32 Master table of common mistakes](#).

Chapter 6

Beyond your website: directories, lists, reviews and doctor-bylined articles

Get the clinic's written authorisation first; never ask for reviews, only reply and add facts

6.1 Before you send any letter: letter of appointment, sign-off sheet, banned-word list

6.2 Paid listings, Best / Top lists and removal requests

6.3 The four Group B steps and Singapore dental and aesthetics sources

6.4 Doctor-bylined contributions, outreach letters and supplying price material directly

6.5 Reviews: never ask, never repost; only reply and add facts

6.6 Annual rankings and long videos narrated by the doctor

6.1 Before you send any letter: letter of appointment, sign-off sheet, banned-word list

What you'll do in this section: Before you send the first outreach letter, get three things in place: the letter of appointment on file, this batch's sign-off sheet signed, and zero banned-word hits in the materials. If you can't get the letter of appointment, all that is left of off-site work is website-side work. Don't send letters first and sort out the paperwork afterwards.

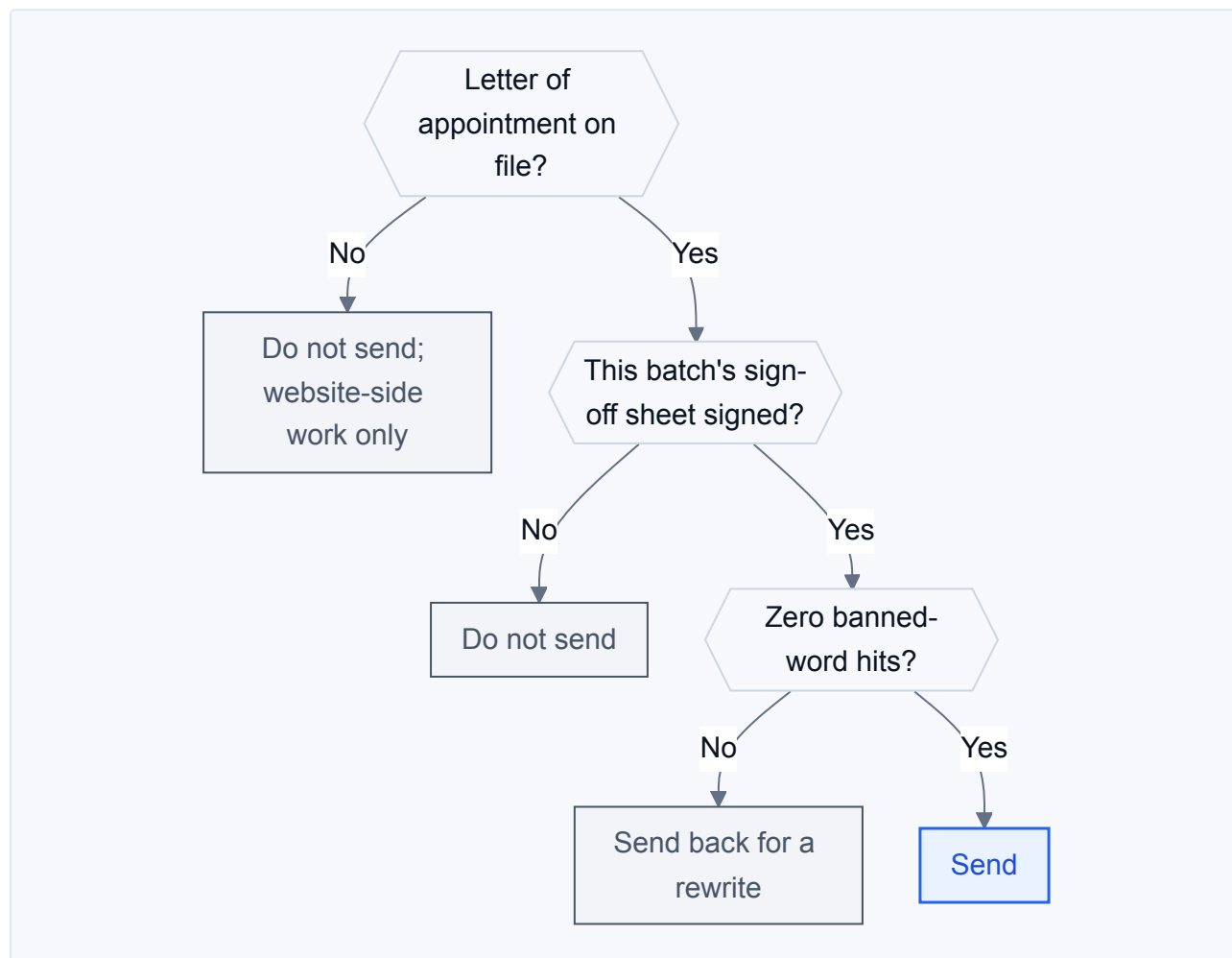


Figure: three gates before any letter goes out; if one is missing, nothing is sent

The letter of appointment comes first, because without it you don't even have the right to publish on the client's behalf: publishing externally with no appointment is itself a breach of the rules, and the publishing party is directly liable (**Statute text**; see Appendix A.1). The licence holder signs the letter of appointment, stating which services you are appointed to publish on their behalf, with the licence number, the scope of authorisation, the term, and how it can be revoked. Without it, all you can do is website-side work (/facts and filling in the five business profiles yourself, see 3.1, 3.4). The whole main line of work, six-trace alignment and third-party corrections, is gone: you cannot send even one correction letter.

The sign-off sheet is one per batch, listing item by item the facts sent to the third party in this batch (price, registration number, an 80-word description, photo permissions); the signatory confirms they are true and authorises publication. Without it, if the third party publishes them as given and something goes wrong, the liability lands on you. The banned-word gate runs this batch's materials through the Annex A Chinese–English mapping table (skeleton in Appendix B.3); the batch goes out only with zero hits.

The two documents settle "whether you have the right to publish on the client's behalf" and "whether both sides have confirmed this batch's facts". They do not settle the compliance judgement itself. **A written sign-off resolves only the three stop-and-escalate situations in 1.1; it never turns something banned as Statute text into something publishable.** Even after the client's compliance officer has signed, the publishing party is not released from liability: under the regulations, the party publishing on the client's behalf is already jointly liable with the licensee (**Statute text**; see Appendix A.1). File the sign-off sheet together with the letter of appointment.

Two common mistakes: publishing material externally as the client's agent without a letter of appointment; sending review-request templates for a dental or aesthetic clinic (see 6.5 for why they can't be sent).

6.2 Paid listings, Best / Top lists and removal requests

What you'll do in this section: Spend money on only two kinds of page: pure directory entries with no laudatory terms, listed alphabetically or in sequence and not highlighting any one business; and price-comparison pages. For "Best / Top N" pages, whether marked paid or not, never submit and never pay; if the clinic is already listed, ask the publisher in writing to remove it, and check on the due date. For every paid slot, first ask how it is billed; if you can't get a clear answer, don't do it. For anything priced per lead or by commission, don't do it until you have the compliance officer's written confirmation.

Can do	Do not do
Pure directory entries with no laudatory terms	Best / Top lists, even if marked paid
Price-comparison pages, entry descriptions with no laudatory terms	Submitting to, supplying copy to or paying for "best N clinics" lists
Fixed-rate-card billing	Priced per lead or by commission, without written confirmation
A third party lists you entirely on its own initiative, with zero input from us	We supplied copy, gave material or paid
One wrong sentence on a pure directory: correction letter + official source	Sending a correction letter to a Best / Top page
Listed on a Best / Top page: written removal request	Asking them to correct it or add details
Technical SEO, structured data	Joining a platform that uses patient ratings

Figure: paid listings in dental: what you can and cannot do

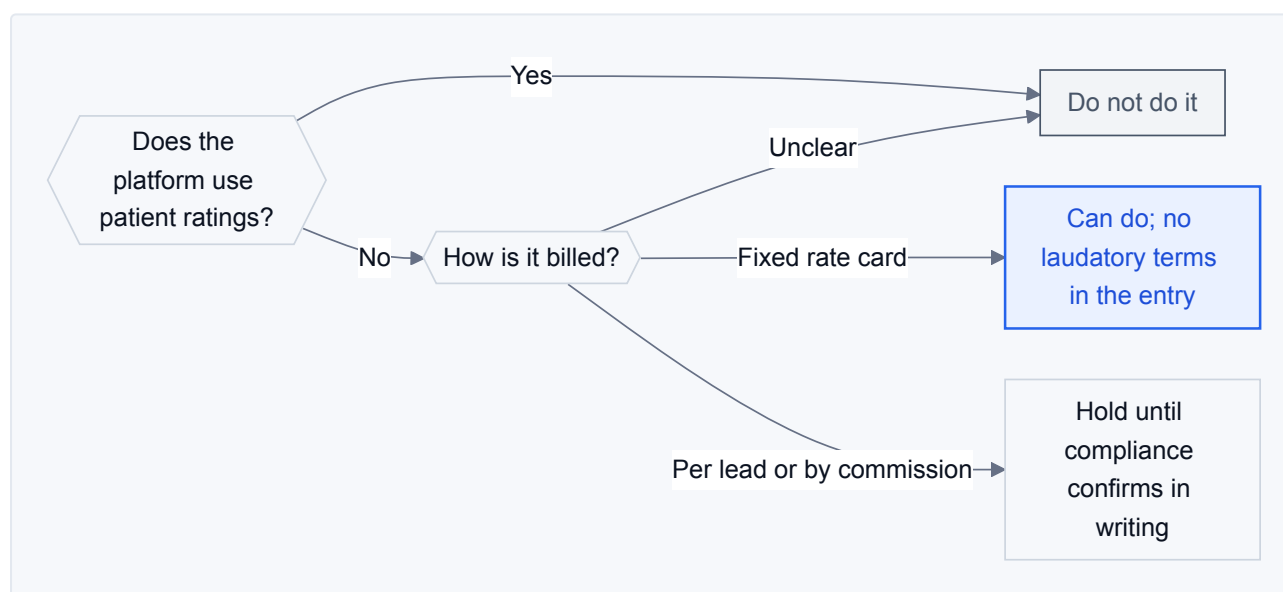


Figure: for a paid platform, first ask how billing works

Labelling it "paid listing" is not a shield: the regulator has specifically answered whether a paid review is allowed once the sponsorship is disclosed, and the answer is no (**Statute text**; see Appendix A.1). Disclosing payment deals with honesty, not with the regulation.

Each item in the left column has its own basis: technical SEO and structured data are not advertising in themselves; a pure directory listing that contains only contact details, is ordered alphabetically by name or in another sequence, and does not highlight any one business is exempt (a paid "featured" or "top"

slot is not covered by the exemption); a factual entry on a permitted medium is allowed as long as all of its content is compliant; on a platform that uses patient ratings, whatever you put up counts as advertising, so don't join it (all **Statute text**; see Appendix A.1, A.2). A list whose title carries a laudatory term hits a different rule: laudatory terms are banned outright, regardless of whether they are true (**Statute text**; see Appendix A.1). A third party's list of clinics that have been accorded an honour is itself advertising; once the clinic knows about it, what the MOH FAQ asks for is reasonable steps to get the publisher to remove it, then a check that it was removed properly, not a correction (**Statute text**; see Appendix A.1). So this kind of page gets no correction letter — correcting one sentence on it amounts to supplying material — only a removal request, worded as in Appendix B.2; treating "best N clinics" editorial blog posts as this kind of advertisement too is this book's reading (Conservative line (not statute text)).

When a third party puts the clinic on a list **entirely on its own initiative**, the clinic is not liable. The moment you supply copy, give material or pay, it is no longer "entirely on its own initiative", and under this book's reading that protection is lost at once (Conservative line (not statute text); the original wording of that condition, "acting on its own accord", is in Appendix A.1).

A pure directory and a price-comparison page are not the same thing, so don't budget for them as equals. A price-comparison page is Group A, done in passing. A pure directory is a Group C logging action, done only when it's free or very cheap and can be finished in passing; it takes no person-hours from the budget and gets no enquiry letter (the citation-density gap between the two comes from deltaV's per-page-type statistics).

If you genuinely need a platform priced per lead or by commission, first get the compliance officer to confirm in writing that it is not fee-sharing; the arrangement must also never appear in any advertisement. Only the client and the platform know how it is billed, so this is the first of the three stop-and-escalate situations in 1.1.

43.8% of ChatGPT citations come from best-of blog posts. That is a share figure, and it does not carry over to dental: in healthcare, listicles made up a measured 0% of citations, and in dental all you can do with a Best / Top page is request removal anyway. Each of these two reasons stands on its own; neither may be used in place of the other (the 0% for healthcare comes from deltaV's per-industry page-type statistics; for why the two figures must not sit side by side in the same table, see → [General Edition 6.1 Where the effort goes, and two numbers that must not sit side by side](#)). Don't submit to, or buy a slot on, a page with Best or Top in its title just to pad out Group A; the number of Group A entries is never a threshold for any verdict.

Mark every paid entry "paid listing" line by line in every task and every monthly report, with its cost listed separately; never write it as "recommended" or "included in an independent review". The general spec is in → [General Edition 6.2 The send gate, paid listings and the citation-slot table](#).

6.3 The four Group B steps and Singapore dental and aesthetics sources

What you'll do in this section: First finish the four Group B steps in order, without skipping a single free item. Then judge each candidate site one by one. The compliance verdict always comes before priority: a site judged "request removal", "correction only" or "do not do" gets no submission letter, however high its priority.

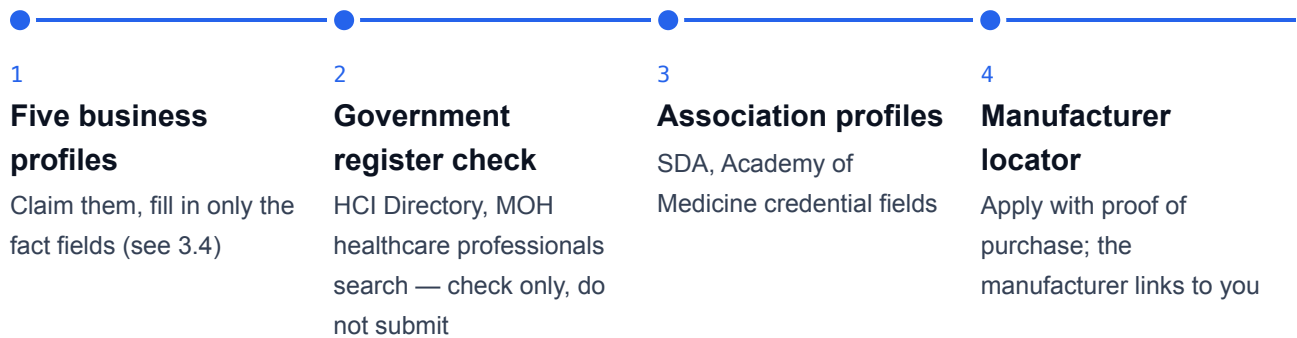


Figure: the four Group B steps, in a fixed order

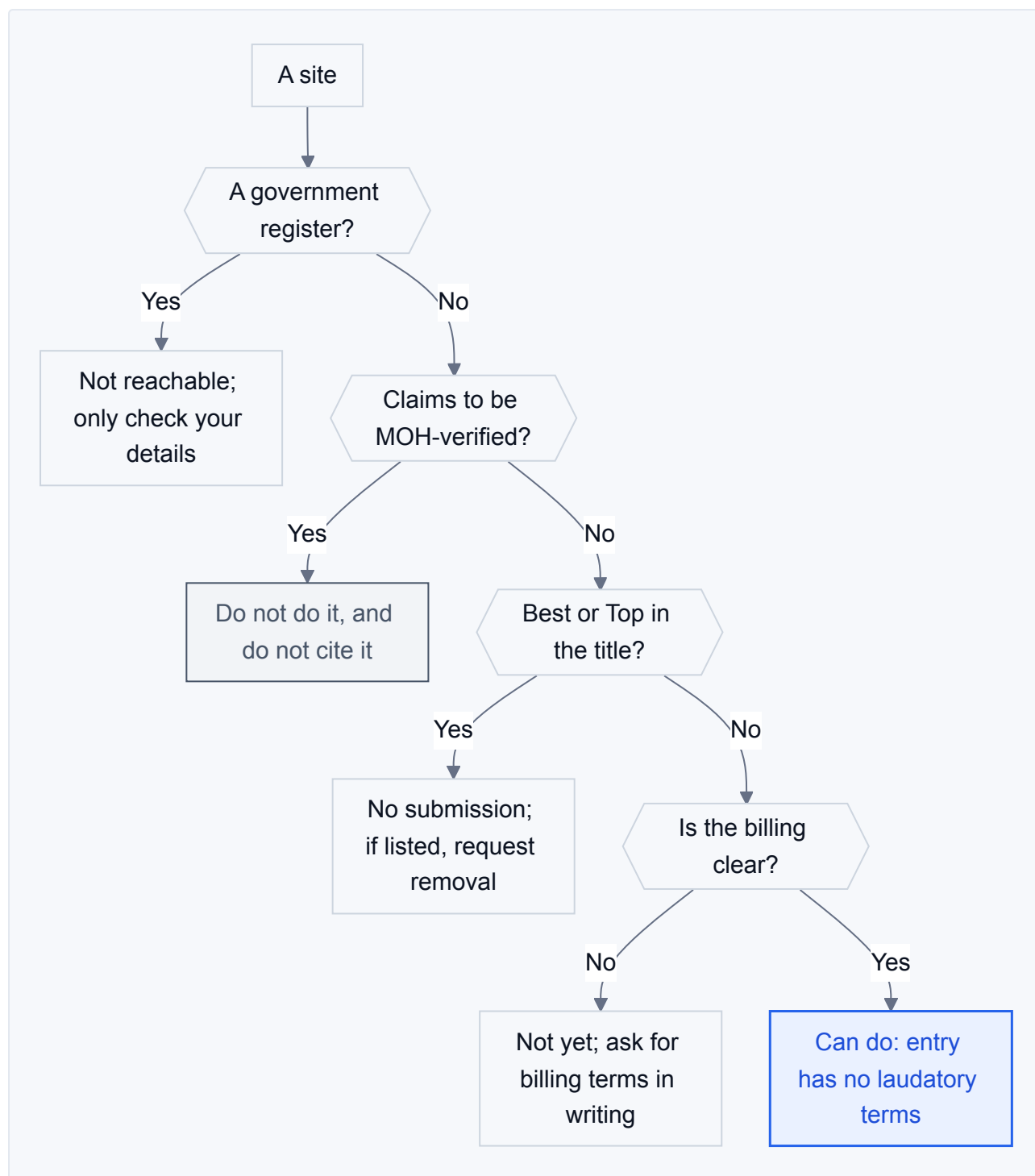


Figure: how a site is judged: the compliance verdict comes before priority

The order of the four Group B steps must not be reshuffled; don't touch Group A submissions until every free item is done. Leave even one free item blank and this quarter's off-site work does not count as finished. Don't treat Group B as "cheap, so do it in passing": most of it is free, stays in place once done, doesn't depend on a third-party editor saying yes, and it is the group whose share is rising: institutional and government sources have risen from about 1/6 to close to 1/3 of ChatGPT citations (Otterly / Axios public tracking, 2026-08).

One manufacturer-locator application pays off twice: a Group B inbound link, and a third-party endorsement of the real brand and model of the device. Do this only for brands you actually use.

"Platform-managed" containers such as the five business profiles and manufacturer locators are the cell most often missed entirely, and the cost of misjudging them is medium. They are already built into steps 1 and 4 of the figure above, so if you follow it you won't miss them. The compliance scope of the five business profiles themselves is covered in 3.4 and not repeated here.

Group A is a structural gap in Singapore: almost every local third-party price-comparison page carries Best or Top in its title, so the verdict is no submissions, and request removal where the clinic is listed. Don't wait for a Group A list to build up before you start; it never will. Build your own all-products price guide page instead, and keep off-site Group A to opportunistic slots only.

The type, contact details, billing method and compliance verdict for 10 dental sites and 10 aesthetic sites are in Appendix B.1. For each site, that table is what counts; the decision figure above only shows you how to judge one.

You can't build a register yourself, but get into every one you can. Use the self-supplied blurb that a register page allows to state how you charge and what your credentials are: it is the lawful way to put your own sentences onto an authoritative domain. The blurb, too, gives only fixed final prices, with no "From", no discount and no "best". Fill in the entry title as a three-part string: English name • Chinese name • category and location. Leave a field blank and it's the same as not being listed — that row is exactly what AI copies.

The only citable official credential is your own licence/registration number plus a link to the official lookup page; never cite any third-party register that calls itself "MOH-verified" or "government-recognised", and don't list on it either (banned list in 1.5) [Conservative line (not statute text)]. Off-site assets decay; run the monthly review per → [General Edition 6.6 Annual rankings and off-site asset decay](#).

6.4 Doctor-bylined contributions, outreach letters and supplying price material directly

What you'll do in this section: Treat bylined contributions as top priority (P0): under the doctor's own name, giving checkable facts that only this clinic has. Open every outreach letter by stating which five things you will not supply. Supply the price table straight to third parties, matching your website line for line, and send an update letter the same day a price changes.

Can give	Never give
Device model numbers, procedure duration, insurance and subsidy coverage	Efficacy, success rates
The clinic's own final price table, matching your website line for line	Before-and-after photos
Byline: name + registered field of practice + place of practice	Sentences that solicit appointments
Checkable operating facts	Peer comparisons, laudatory terms
Official position: table number + update date	Patient identity and case details

Figure: what a contribution can give, and what it must never give

In healthcare, articles ([article](#)) make up 54% of cited content (from deltaV's per-industry page-type statistics), which is why bylined contributions are P0. Start in weeks 2–3. Targets: local news, professional media, association newsletters, and the practitioner directories and educational columns of government and statutory bodies. The byline must be the doctor's own, linking back to their person page. In the figure, the three byline items and the ban on sentences that solicit appointments come straight from the SDC ECEG, which says a dental practitioner must ensure that he/she "does not solicit or encourage the public to seek consultation or treatment", and "Only the dental practitioner's name, registered field of practice and place of practice may be mentioned in such instances" (**Statute text**; see Appendix A.2).

Send the outreach letter as the main letter in → [General Edition B.3 Outreach emails and review replies](#). Dental adds only two things: one line stating your licensed status and registration number, and one paragraph declaring what you will not supply: testimonials, success rates, before-and-after photos, peer comparisons, and laudatory terms such as "best / preferred / leading", including in the title of the page carrying the entry or in the list's name. Put the declaration near the top of the letter, so the other side knows the limits before drafting anything. The full Chinese and English text and the insertion point are in Appendix B.2.

Supplying price material directly: the day the price page goes live, attach the public version of the same table and send it straight to price-comparison articles, directory price columns and price-guide sites. It costs almost nothing. The table you send out gives only fixed final prices, tiered and itemised, with no "From", no range, no original price and no percentage change, and it matches the price page on your website line for line. The day a price changes, send an update letter to every place that has carried the table: an old price left in a third-party profile gets quoted by AI as the current one.

6.5 Reviews: never ask, never repost; only reply and add facts

What you'll do in this section: Do only two things with reviews: when a patient leaves a review on their own initiative, reply within 72 hours using a template that doesn't confirm who they are; and fill in every fact field in the five business profiles. Take zero actions that ask for reviews. Fill the slot that reviews leave empty with the four substitutes below.

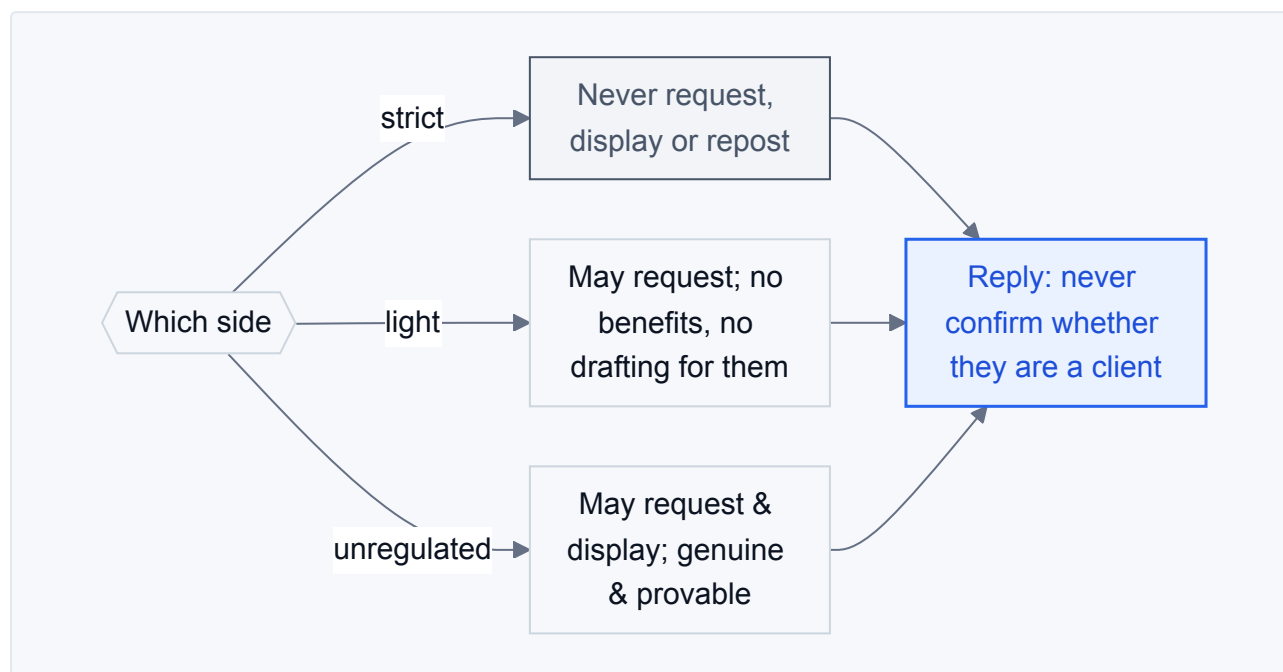


Figure: What each side can do with reviews; on every side, a reply never confirms whether the reviewer is a client

For dental, read only the strictly regulated column of the figure above.

1	2	3	4
Fixed-price pages	Educational long-form · undecided	Profiles and credential tiers	Links and associations
Tiered fixed-price pages + third-party price-comparison pages	Not added by the execution layer for now, no person-hours	The five business profiles + /facts + registration status and technical-standard certification	Links from government pages, locator listings, association profiles

Figure: the four substitutes that fill the empty review slot, ranked by measured effectiveness

Red line: never request reviews, never send a review-request template, never set a KPI on review count, never prompt a patient to leave a review over WhatsApp, SMS or email; never repost any review's original text, screenshot, star rating or aggregateRating on your website, social media or promotional material. The party publishing on the client's behalf is jointly liable with the licensed institution (**Statute text**; see Appendix A.1, A.2); the penalty is a fine of up to S\$20,000, up to 12

months' imprisonment, or both, plus up to S\$1,000 a day for a continuing offence (**Statute text**, HCSA s 31(3); see Appendix A.1).

In the monthly report, review counts and star ratings are recorded only as passive observation, never entered as a task metric or an acceptance measure (the monthly report's fixed sentence is in Appendix B.3). The alternative outlets are registration status, technical-standard certification and checkable-fact sentences (see 3.3). In dental, the substitute for asking for reviews at scale is to use checkable-fact sentences (licence number, device model, procedure duration, insurance coverage) to take the same extraction slot.

Replying to reviews: the regulations themselves do not say how to reply (**Original text not obtained**), so write on the most conservative basis and keep the template on file (template in Appendix B.2). The template does not confirm that the reviewer is a patient of the clinic and does not restate the treatment they received. Publicly confirming either one counts as disclosing sensitive health data without consent and breaches the medical confidentiality obligation (**Conservative line (not statute text)**; source in Appendix A.3). A patient writing it themselves in a review does not give the clinic authorisation to confirm it publicly.

How to read the four substitutes: for item 3, write only registration status and technical-standard certification — never a manufacturer-granted tier (the conservative line, see 3.3).

Item 2, institution-bylined medical educational long-form content, is not yet decided. For now the execution layer does not add it, spends no person-hours on it and gives it no slot in the site schedule; this does not stop off-site bylined contributions (6.4) from going ahead. A pure directory listing with no laudatory wording doesn't count among the four: it is the page type with the lowest citation density and is only a logging action (see 6.2). The column headers for the three monthly review numbers are in → [General Edition B.4 Headers for work orders, ledgers and monthly reports](#).

6.6 Annual rankings and long videos narrated by the doctor

What you'll do in this section: Don't go looking for a "Best Dentists"-type list: we checked, and there isn't one. The one you can go for is the revenue-growth ranking, rechecked once a quarter. If you are selected, the compliance officer decides first whether and how the website mentions it; until then, the website says nothing. Within 14 days of each thick page going live, add a long video narrated by the doctor, covering only the procedure, the devices, the cost breakdown and the indications.

Title	Main question + location + year, in the buyer's own words that match the page's H1	
On camera	The thick page's named expert, in person, narrating throughout	
Length	8–15 minutes; under 8 minutes does not count	
Description · line 1	The full URL of that thick page	
Description · body	The complete transcript, in full	
Description · end	The named expert's person-page URL	
Timestamps	One per H2 of that page, in order, text matching the H2 word for word	
Byline	The one authoritative legal-name spelling, linking back to the person page	
AI voiceover or a slide deck instead of a real person	do not do	Don't
Buying views, boosting, chasing plays	do not do	Don't
Jump cuts, background music, effects, a hook-first opening, cutting into Shorts	do not do	Don't

☐ Required ☐ Don't

Figure: the blocks of a video page — every one is text for retrieval to read; no gimmicks of any kind

Talk about	Don't talk about
Procedure steps, duration, number of visits	Efficacy, success rate, recovery time, pain level
Device brand and model	Before-and-after photos
Cost breakdown, what's included, exclusions	A patient on camera, any testimonial
Who it's not suitable for, indications	Naming peers, any comparison or disparagement

Figure: what the doctor's narrated video talks about, and what it doesn't

We found only two ST × Statista rankings for Singapore: Best Employers and Fastest-Growing Companies (a revenue-growth ranking that requires submitting financial data). There is no Best Dentists / Best Doctors. The only one open to dental and aesthetics is the latter (80% confidence); recheck the SG entries on rankings.statista.com once a quarter. Even if you are selected, whether the website carries this sentence is a stop-and-escalate item: take it to the compliance officer first. In other industries the wording is a bare factual statement plus a link to the original ranking, with no "best" and no adjectives. Here that collides with two other rules: the clinic's own pages do not quote any ranking (**Statute text**, Reg 13, Reg 5(1)(e); see 0.3 and Appendix A.1), and outbound links never go to a commercial company (**Statute text**; see 1.5 and Appendix A.2). Until it is decided, the website says nothing; just log the ranking page's URL in the citation-slot table and use it as an off-site entity signal.

The video script is the thick page's H2 questions, spoken one by one, one segment per H2, adding no fact that isn't on the page (every fact comes from the fact table). The transcript is public text, so it is advertising too: it goes through the banned-word list in the same process, with the same signatory, as the thick page. Being a video does not lower the bar. The video spec, acceptance criteria and the correlation evidence behind it are in → [General Edition 6.7 Long videos narrated by the named expert](#); dental only adds this one compliance gate.

Chapter 7

Monthly retest: how to tell whether it's working

Ask the same questions every month; a few readings differ for dental

7.1 Monthly retest: how dental reads the numbers

7.2 When next month's three points fall short: fallback B; admission and settlement

7.1 Monthly retest: how dental reads the numbers

What you'll do in this section: At each monthly retest, read the numbers against the reference table below: use the three rulers and the page-level signal exactly as in the General Edition; log review counts and star ratings but never judge them; don't read listicle share; and add one fixed sentence to the review section of the monthly report. When you're done, you'll have monthly-report numbers read on one consistent basis, and a list of this month's page-level-signal hits.

Reading	How dental reads it
Seat count; only counts as up once past the noise band	Use as is; noise band uses 3 rounds
On the list and cited X/20	Use as is
Factual errors (count)	Use as is; baseline is the 36 runs from 2.3
Review counts and star ratings	Passive observation only; never a metric, never used for acceptance
Page-level signal	Log 2–3 strings unique to each page
Listicle share	Not read: dental can only request removal from lists

Figure: The three rulers and the page-level signal are used exactly as in the General Edition; dental changes only the review and listicle-share cells

Why reviews are logged but never judged: in this industry's data, review volume really does matter, but actively asking patients to write reviews, giving a benefit in exchange for a review, and reposting platform reviews onto the clinic's own website are all explicitly banned (**Statute text**; see Appendix A). All you can do is stay completely out of it and record the numbers that arise naturally, so this cell never goes into a task metric or the acceptance measure. If a client wants to ask for reviews, or wants to make review count a KPI to chase, a written sign-off from the compliance officer cannot unlock it: a written sign-off resolves only the three stop-and-escalate situations; it never turns something banned as Statute text into something publishable (see 1.1).

Add this exact sentence to the review section of every monthly report, word for word (template in Appendix B):

"This clinic does not request reviews. The figures above are a passive record of reviews that arose naturally and are not used as a work target or acceptance measure."

Why listicle share isn't read: by citations, lists make up 0% of AI citations in healthcare (from deltaV's page-type breakdown by industry); but by who gets named, the picture is different — of the clinics named under a generic "best", 36/62 of the names overlap with third-party best-of lists (rough control: of the clinics in Google's top 10 for the same procedure's price and detail questions, 27/83 are also on these lists, and only 9/40 once the clinics AI named are removed; evidence in → [General Edition A.2 Evidence for picking targets, writing pages, off-site and retests](#)). So only one reason for not reading it is left, and it is enough on its own: in dental, Best / Top lists get no submissions and no payment, and if the clinic is listed you must also ask the publisher to remove it (6.2); you never build a list page of your own either (see 0.3); so this share cannot be chased as a target. Skip this cell entirely; don't try to fill it.

The factual-error baseline accepts only the full 36 runs from the week the baseline was frozen (2.3). The quick run of 2 rounds × 1 engine under the General Edition's shortcut 2 is only for fixing an error the same day, ahead of the queue, and never counts as the baseline: the two runs are made up differently, so a before-and-after comparison between them gives a difference that means nothing. Run the same make-up every month (6 questions × 3 rounds × 2 engines), unchanged for the whole quarter.

Example: When a page goes live, log checkable facts unique to that page, such as crowding 3–6mm · S\$6,800 · 5 follow-up visits + 1 set of retainers · brand XX model YY scanner, and every month search the saved raw answer text for them. If one is repeated back, that page was read and trusted.

For how to schedule the ten monthly steps, how to judge the noise band and how the page-level signal works, follow → [General Edition 7.1 What a retest produces, and the rulers](#) and → [General Edition 7.2 The noise band, the page-level signal and the ten monthly steps](#). The web control leg's 40 minutes are not part of the ten monthly steps: set aside a separate day at the start of each month to get it done. The specification is in → [General Edition 4.4 The web control leg and the frozen baseline \(the book's only full spec\)](#).

7.2 When next month's three points fall short: fallback B; admission and settlement

What you'll do in this section: In a month when points 1 to 3 can't fill three tasks, assign profile and fact tasks under fallback B, and never a review task. For a client who will never publish itemised fixed prices on its own website, only hold position. At week 13, produce an honest before-and-after comparison, split at the split day logged in 2.4.

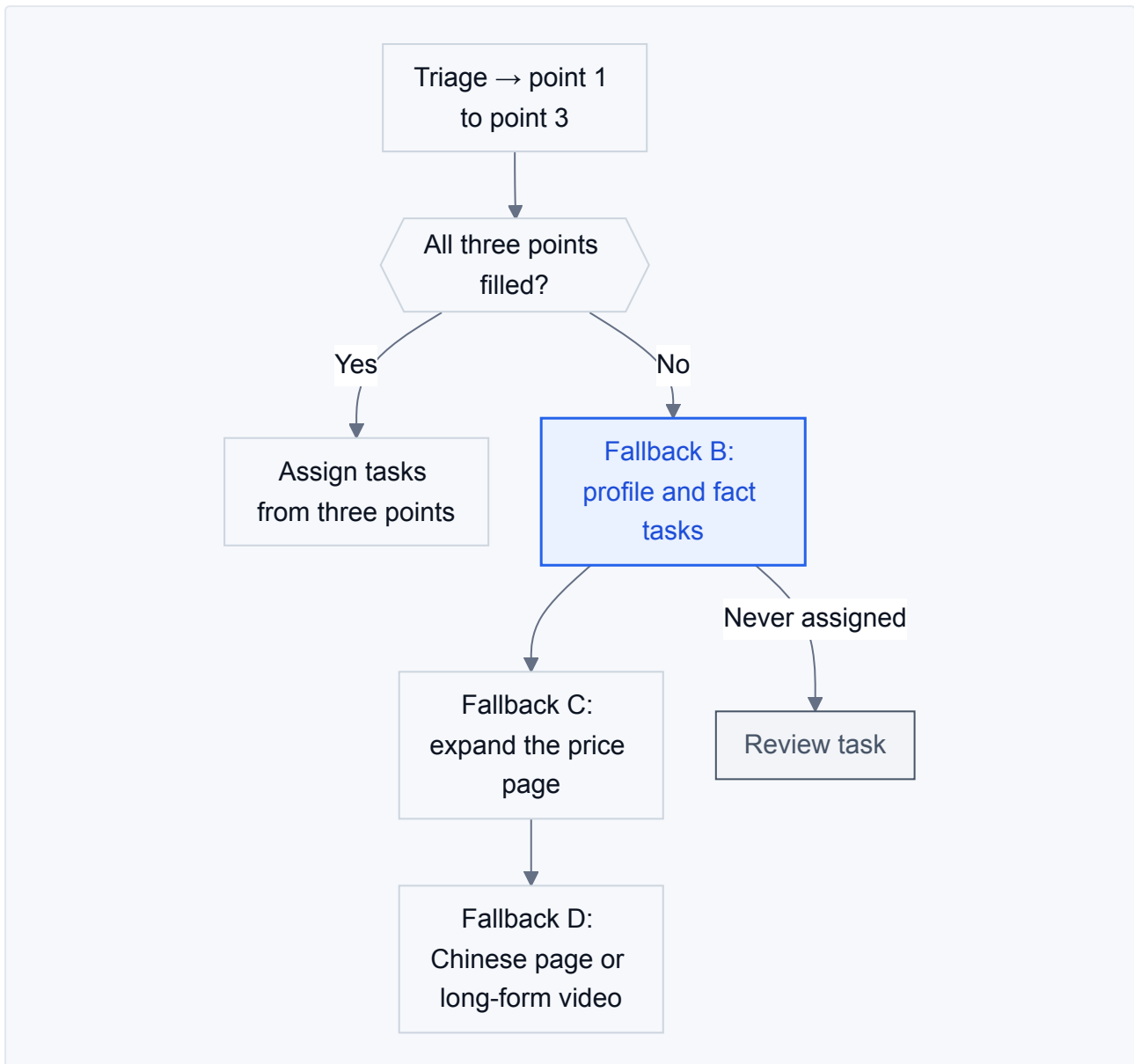


Figure: When dental can't fill all three points, it takes fallback B only; the review task is never assigned, at any step

By content form, dental counts as consumer, so when the three points can't be filled it takes fallback B (the evidence for splitting the fallback by content form doesn't include Singapore; about 75% confidence; see 0.1). Do all five items of fallback B in full:

- Fill in every fact field on all five business profiles (how: see 3.4)
- Expand the `/facts` page
- Complete the itemised prices on the price page (how to write them: see 1.2)
- Complete the regulatory outbound links: never link to manufacturers or any other commercial company [Statute text; see Appendix A.2]; link only to government and regulator pages [Conservative line (not statute text)] (see 1.5)
- Manufacturer locator listings: get manufacturer locators to list you; they link to you, and your own pages don't link back (how: see 3.3)

Review tasks are never assigned because the strictly regulated side may not actively request reviews. In dental, this kind of task does not exist at any point in the quarter; it is not a case of "not assigned only because this month came up short".

Admission criterion: whether the client is willing to publish a fixed, checkable price on its own website. A client who is never willing to, or whose website can never be changed, gets hold position only. The price page is one of the few slots on an owned site that can genuinely get into an answer; not giving a price is the same as giving up that slot (evidence: → [General Edition A.2 Evidence for picking targets, writing pages, off-site and retests](#)). For dental, admission is judged on **itemised fixed prices**, not on "whether they're willing to publish a range": on this side, writing a range is itself non-compliant, so treating "won't give a range" as "won't give a price" would wrongly rule out a client who is in fact compliant and simply can't write prices to the general template.

For how to pick points 1 to 3, the rule that the five-layer triage never skips a layer, the ten-step settlement at week 13 and the five holding checks, follow → [General Edition 7.3 Not-moved triage and next month's three points](#) and → [General Edition 7.4 Holding position and the 90-day settlement](#); the dental edition doesn't rewrite them. At the week-13 settlement, the before-and-after comparison splits at the split day logged in 2.4 (the day you fixed the door): before that day counts as before the door was fixed, and after it counts as after.

Appendix A

The rules word for word, with sources

Rule numbers, original wording and links for the MOH advertising regulations, the SDC code and more (checked on SSO, 2026-09-28)

A.1 HCSA and the MOH FAQ

A.2 SDC ECEG, SMC ECEG and SMC documents

A.3 HSA, PDPA and cross-border

Every time the main text says "see Appendix A" for a rule, you can find the rule number, the original sentence, the link and the label here. **The SDC rules in A.2 govern only dentists. For aesthetic clinics (where the practitioner is a doctor), the corresponding rules are in the *SMC Ethical Code and Ethical Guidelines*, whose original document was not obtained this round. So any Statute text that rests on SDC alone is treated as Original text not obtained for aesthetic clinics, without exception; see 1.1.** The label column copies the judgement the main text has already made; nothing is re-judged here. This appendix only gives the source line behind each judgement, so you can check it and show the original wording to the client's compliance officer.

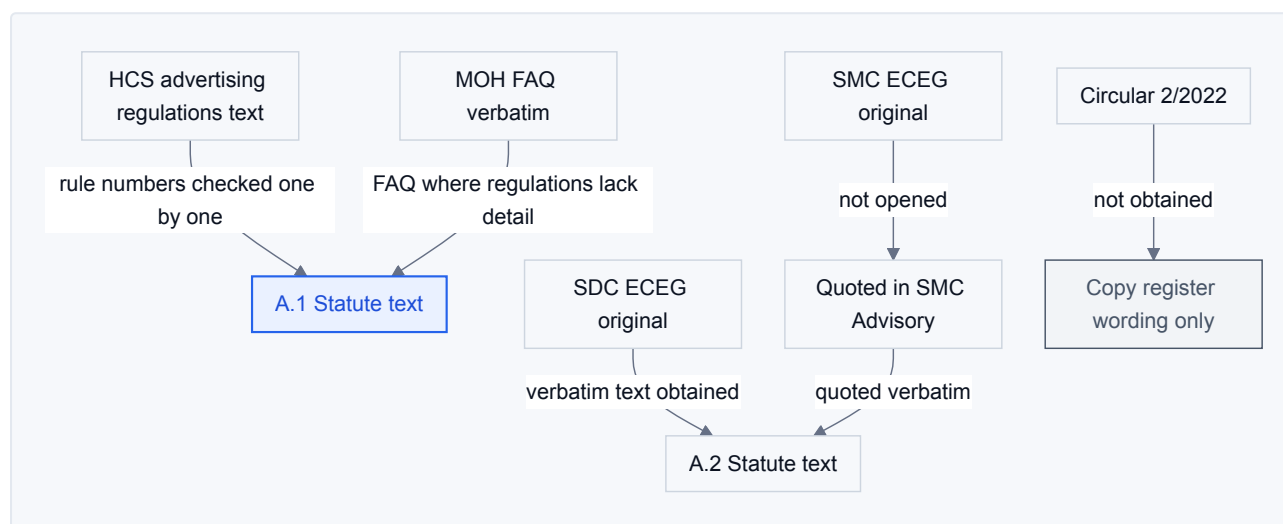


Figure: Which level of original text we obtained for each of the four documents.

Where we lack the original, we rely only on quotations or the register

Source links: the MOH FAQ is [isomer-user-content.by.gov.sg/7/a2d9019f-7617-40f1-8788-7e105b0a77e9/12-10-2023-advert-regs-faqs-\(1\).pdf](https://isomer-user-content.by.gov.sg/7/a2d9019f-7617-40f1-8788-7e105b0a77e9/12-10-2023-advert-regs-faqs-(1).pdf) (the same text is also at ask.gov.sg/moh/questions/clu6lx3rp00aw314riciuc4ks); wherever the URL column in the table below says "MOH FAQ", it means this document. The original text of the legislation is on SSO: the *Healthcare Services (Advertisement) Regulations 2021* (S 1033/2021), sso.agc.gov.sg/SL/HSA2020-S1033-2021; the *Healthcare Services Act 2020*, section 31, sso.agc.gov.sg/Act/HSA2020; the pure-directory exemption is in the *Healthcare Services (Advertisement — Exemption) Order 2021* (S 1034/2021), paragraph 4. The 2018 edition of the SDC ECEG (Updated as at 15 April 2019) is at sdc.gov.sg/for-professionals/regulations-guidelines-circulars/sdc-ethical-code-guidelines/, PDF isomer-user-content.by.gov.sg/76/c10cc4de-6a21-4108-bde8-75b6a6683bec/sdc-eceg-2018---updated-15-april-2019108d468283c14e15b40f36d0ef057467.pdf; wherever the URL column in the table below says "SDC ECEG", it means this document.

A.1 HCSA and the MOH FAQ

What you'll do in this section: when the main text says "see Appendix A" for a rule, look up the rule number in this table and check the original sentence, link and label. Once checked, use it as it is; do not re-decide here whether the ban holds.

The rule numbers in the table below were checked one by one against the current version on SSO on 2026-09-28 (regulations: the consolidated version in force from 2023-06-26; the Act: the version in force from 2023-12-18). The "Original sentence" column quotes MOH's FAQ on the *HCS (Advertisement) Regulations* (Updated as of Oct 2023; "the MOH FAQ" below), which is MOH's official interpretation of its own regulations. Where the regulations set only the principle and the specifics come from the MOH FAQ, the rule-number column says "detail from the MOH FAQ". By the definition in 1.1, what a regulator's official FAQ states in black and white also counts as Statute text. The MOH FAQ gets one rule number wrong (in the outbound-link row); the regulations' own text prevails, and this is noted on that row.

Rule number	Original sentence	URL	Label	Used in
HCSA section 31(1) (who may advertise), section 31(2) (both the licensee and the authorised person must ensure the advertisement complies), section 31(3) (penalty)	"As stipulated in section 31(1) of HCSA, only a licensee or a person acting on the authority of a HCSA licensee (referred to as an "authorised person"...) may advertise licensable healthcare services. In this regard, third parties who are authorised persons can be held liable..." "Advertisement of a licensable healthcare service by someone who is not a HCSA licensee nor an authorised person contravenes section 31(1) of HCSA." "The appointments and authorisations should be appropriately documented such as through contractual arrangement or letter of appointments." Penalty, the original text of section 31(3): "...liable on conviction to a fine not exceeding \$20,000 or to imprisonment for a term not exceeding 12 months or to both and, in the case of a continuing offence, to a further fine not exceeding \$1,000 for every day or part of a day during which the offence continues after conviction." Reg 18 of the regulations sets the same penalty for breaching Reg 13, 14 and 16	MOH FAQ (original wording on liability); SSO sso.agc.go.v.sg/Act/HS-A2020 , section 31 (original wording on the penalty)	Statute text (the liability sentences and the penalty)	0.2, 1.1, 6.1, 6.5
Reg 5(1)(a) factually accurate and capable of being substantiated	"there must be sufficient evidence to support and validate the information contained in the advertisement" "If a licensee does not or is unable to provide MOH with the required information, the licensee may have contravened Regulation 5(1)(a)."	MOH FAQ	Statute text	1.5

Rule number	Original sentence	URL	Label	Used in
Reg 5(1)(d) (the before-and-after photo ban), 5(2) (may be shown to patients at consultation); result timeframes: the MOH FAQ lists this as a Reg 5(1)(g) soliciting example	"advertisements must not feature "before-and-after" or only "after" treatment photographs, pictures, videos or films, even with disclaimers"; at consultation, "may be shown to patients during their consultation with the doctor". Both ""Before-and-after" treatment photos" and "Information that promises or suggests that the services can bring about results within a certain time period, e.g. "Instant / immediate teeth whitening", "straight teeth in 2 weeks"." are listed as soliciting examples	MOH FAQ	Statute text	1.4, 1.5, 5.13
Reg 5(1)(g) soliciting: promotional and pricing wording (the regulation only bans soliciting; the word list and the miles/points example: detail from the MOH FAQ)	""promotions" which refer to free or discounted services or products provided at or by licensees" "Words or phrases such as "package", in connection with a price discount" "Preferential prices for licensable healthcare services with a "validity period"" "Words or phrases such as "discount", "interest free", "preferential rate", "promotion", "offer", "complimentary", "free", or other words or phrases to the same effect"; miles / points redemption: "Using miles/points/vouchers has a soliciting effect... and this may contravene Regulation 5(1)(g)"	MOH FAQ	Statute text	1.2, 5.6
Reg 6(1) advertising media (the current version of the regulations also lists flyers, and only covers advertising outside clinic premises); the two SEO sentences: detail from the MOH FAQ (its answer on Reg 6(4)(a) push technology)	"Such advertisements are only allowed in the following: newspapers, directories, medical journals, magazines, brochures, leaflets, pamphlets and the Internet..." "SEO is not considered as "advertising"... However, if the SEO platform utilises patient reviews and ratings, then such information listed is considered as an advertisement..."	MOH FAQ	Statute text	1.4, 2.4, 6.2

Rule number	Original sentence	URL	Label	Used in
Reg 12 public talks (the regulation only permits advertising talks the licensee organises itself, and does not list the fields); the allowed fields: detail from the MOH FAQ (the FAQ's original table also has items such as the topic and a synopsis)	"...confine the advertisement of such events to information that is factual... Names; and Registered professional qualification(s); and Professional title(s) reflecting the register(s) in which the speakers are registered (if any); and Qualification(s) accepted and recognised for display by the relevant professional bodies (if any); and Name(s) of the place(s) of practice..."	MOH FAQ	Statute text	1.6, 3.2
Reg 13(1), 13(3)(b), 13(4)(c), 13(5) certification and third-party lists; also 13(2): an authorised person must not publish information about honours in any manner (this applies to an agency publishing on the client's behalf); the point that the licensee is not liable when a third party publishes on its own accord: detail from the MOH FAQ	"Licensees can only display... any accreditation, certification or award... on their websites and social media accounts... only awards / accreditation that are awarded... for compliance with technical standards..."; "...do not include professional qualifications conferred on registered healthcare professionals, such as professional registration certificates..."; "materials containing... a list of the names of HCSA licensees that have been accorded an honour... are deemed to be an act of advertising... If the party putting up the content is a HCSA licensee and/or an authorised person, they contravene Regulation 13"; "The licensee will not be held responsible if a third party, acting on its own accord, publishes the information on their websites."	MOH FAQ	Statute text	1.6, 3.3, 6.2, 6.6
HCSA section 31(1); a third party's list of honoured clinics counts as advertising, and once aware, the licensee takes steps to get the publisher to remove it and verifies that it did: detail from the MOH FAQ (pages 15 and 20)	"any organisation that is not a HCSA licensee or an authorised person, and that puts up such information contravenes Section 31(1) HCSA in relation to the publication of that advertisement."; "once the licensee is made aware of such an advertisement, the licensee should take reasonable steps to get the unauthorised person to remove it and verify that the unauthorised person had done so properly."	MOH FAQ	Statute text	6.2, B.2

Rule number	Original sentence	URL	Label	Used in
Reg 14(2), 14(5)(a), 14(5)(b) reviews, testimonials and endorsements (Reg 2 counts a numeric rating as a review too)	"Licensees are not allowed to reproduce (be it in whole, or in part) any testimonials, endorsements or photos in their premises, website or social media accounts. This includes sharing a user's post that were originally posted on Facebook, Instagram or any social media..."; "Where the review is self-initiated by the patient and not under the influence of the provider, it will be allowed... is not an act of advertising"; "licensees and healthcare professionals must not coerce or offer valuable consideration of any kind to induce patients... to provide testimonials"; an allowed review must be "not modified by the licensee or authorised person... (this does not preclude... removing offensive comments (e.g. expletives))"; paid reviews with the sponsorship disclosed: "...it is unethical and inconsistent to allow licensees to pay for and, in so doing, influence the content of the "review"..." One more sentence: "Displaying or publishing of any testimonial, endorsement, or photos within a licensee's premises, website or social media account is allowed as long as these testimonials, endorsements or photos were given by the patient directly to the healthcare institution." (for how to answer a client who cites this, see 1.4)	MOH FAQ	Statute text	1.4, 6.2, 6.5, 7.1
Reg 15(1) (gift and referral-type schemes must not be advertised), 15(2)(a) (instalment plans disclosed only at payment); listing only the exact and final price, with no prefix and no comparison with the original price, and disclosing promotional packages only at payment, are not in the regulations: detail from the MOH FAQ, with Reg 5(1)(g) soliciting as the underlying rule	"Licensees would only be able to list the exact and final price of the services, subject to the following conditions: The advertisement does not indicate any prefix/description to the price; and The advertisement does not include a comparative listing of the prices / original price."; promotional packages (the original question also covers referral programmes): "advertisements of promotional packages are not allowed as they may induce consumption of the service" "Patients can be informed of such promotional packages only at the point of payment"; referral incentives: "Licensees and/or authorised person are allowed to provide incentives for referral programmes. However, advertisements of such referrals are not allowed as they may induce consumption of the service." "Patients can be informed of such programmes only at the point of payment"	MOH FAQ	Statute text	0.4, 1.2, 1.3, 5.1, 5.4

Rule number	Original sentence	URL	Label	Used in
Reg 16(1)(a)(i), 16(3) outbound links (the MOH FAQ text writes "Regulation 17(1)(a)", which is a slip in the FAQ: regulation 17(1) is the general duty to correct and has no (a) sub-item); 16(2) is the defence of not having known when the link was created	"a hyperlink which contains non-factual information about the healthcare service provided by the licensee could potentially be a contravention under Regulation 17(1)(a)... Where the licensee becomes aware of a non-compliant hyperlinked website, the licensee must immediately remove the contravening hyperlink..."	MOH FAQ	Statute text	1.5, 5.2
Reg 5(1)(e) (for hyperlinked pages, see also 16(1)(e)); MOH FAQ Annex A Table 1, the laudatory terms table (a non-exhaustive list, 40-plus entries in the full table)	FAQ body text: "laudatory statements are strictly prohibited, regardless of whether they are factually accurate or not". Listed in the table exactly as written: "Best e.g. options, available techniques" "Extensive experience" "Fully experienced" "Highest volume e.g. surgeon, precision" "Leading" "Only e.g. expert, key opinion leader" "State-of-the-art e.g. technology" "Latest e.g. version, technology, innovations, evolution, breakthrough" "Cutting-edge" "Five star services"	MOH FAQ	Statute text	1.5, 1.6, 3.3, 6.1, 6.2, B.3
Exemption Order (S 1034/2021), paragraph 4, the pure-directory exemption	MOH FAQ: "Pure directory listings comprising only factual contact details of licensees and/or other businesses/occupants listed, e.g. building directories." The Exemption Order's paragraph 4(2) sets three conditions: "the listing relating to a licensee in a directory must contain only contact information about the licensee" "the directory must list all licensees — (i) by name in alphabetical order; or (ii) in numerical or other sequential order" "the directory must not give greater prominence to the listing relating to any licensee relative to the listing relating to any other licensee". A paid "featured" or "pinned to top" placement is not covered by the exemption	MOH FAQ; SSO S 1034/2021	Statute text	6.2

A.2 SDC ECEG, SMC ECEG and SMC documents

What you'll do in this section: when you check the bans on testimonials, before-and-after photos, promotions, comparisons and title layout, come here to check the SDC / SMC original sentences and

links. The Circular 2/2022 row is labelled Original text not obtained: write titles only from the register fields, and do not use that row as a basis for judging questions on testimonials, titles and the like.

The original sentence for SMC ECEG G2(7) comes from the verbatim quotation of it in the SMC Advisory of 2020-11-25. The MOH FAQ also quotes this clause under Reg 14, changing the grammatical person in square brackets and leaving out "about yourself".

Rule number	Original sentence	URL	Label	Used in
SDC ECEG 5.4.2	"In general, dental practitioners may provide information about their qualifications (approved by SDC), areas of practice, practice arrangements and contact details. Such information should be factual, accurate, verifiable, without extravagant claims, not misleading, not sensational, not persuasive, not comparative, and not disparaging."	SDC ECEG	Statute text	0.2, 1.3, 1.5, 1.6, 3.2
SDC ECEG 5.4.3	"A dental practitioner must ensure that he/she does not solicit or encourage the public to seek consultation or treatment from him/her or the organisation he/she is associated with. Only the dental practitioner's name, registered field of practice and place of practice may be mentioned in such instances."	SDC ECEG	Statute text	6.4
SDC ECEG 5.4.3.2	"If case studies, images (for example, photographs, videos, graphics, animation), devices, models or other props are used to illustrate or explain dental procedures or treatments or their outcomes, dental practitioners must ensure that it is for educational purposes and not used gratuitously. These must not be used in such a way as to exaggerate the quality of their services or to mislead the public into thinking that they are making a claim or guarantee of their expected results."	SDC ECEG	Statute text (the original sentence covers props such as case studies, images, devices and models); the ban on result guarantees in written copy that 1.6 derives from it: Conservative line (not statute text)	1.6

Rule number	Original sentence	URL	Label	Used in
SDC ECEG 5.4.5	"Dental practitioners who have any financial or professional relationship with organisations offering dental services have responsibility for the organisation's information output about themselves... it will not be sufficient for the dental practitioner to plead lack of awareness of the nature or the content of the organisation's information... or lack of ability to exert any influence over it."	SDC ECEG	Statute text	1.4, 3.2
SDC ECEG 5.4.6(a)	"Dental practitioners may advertise by providing neutrally toned and objective information about their SDC-registered qualifications, experience, areas of practice and their expertise in procedures."	SDC ECEG	Statute text	1.6, 3.2
SDC ECEG 5.4.6(b)	"Dental practitioners must not use "before" and "after", or even only "after" images or information for medical advertising in the public domain as anecdotal cases create unjustified expectations of the results of treatment, which may vary."	SDC ECEG	Statute text	1.4, 5.2
SDC ECEG 5.4.6(e)	"Dental practitioners must not offer financial inducements such as free or discounted examinations or treatments... must not lure patients through time-limited special offers, tie-ups with unrelated commercial entities (such as credit cards) or offering gifts or other material incentives... must not offer medical services and products as prizes or gifts in any context."	SDC ECEG	Statute text	1.2, 5.6
SDC ECEG 5.4.6(f)	"Testimonials are subjective and must not be used in advertising on any media where the dental practitioner has any control over the content about himself/herself. Dental practitioners must not ask or induce their patients or anyone to write positive testimonials about themselves in any media."	SDC ECEG	Statute text	1.4, 3.1, 5.2, 6.5
SDC ECEG 5.4.6(g)	"Dental practitioners must not disparage other dental practitioners or their practices in their advertising and must not give any impression that they and their practice are superior in any way when compared to other dental practitioners who provide similar services."	SDC ECEG	Statute text	0.2, 1.3, 1.5

Rule number	Original sentence	URL	Label	Used in
SDC ECEG 5.4.6, final paragraph	"the following guidelines are recommended: the websites must not have on its web pages or provide hyperlinks to commercial companies, testimonies from satisfied patients or colleagues."	SDC ECEG	Statute text (covers dentists only); for the 5.15 aesthetic-clinic page: Conservative line (not statute text)	1.5, 5.2, 5.15, 5.17
SMC ECEG G2(7)	"Testimonials are subjective and must not be used in advertising on any media where you have any control over the content about yourself. You must not ask or induce your patients or anyone to write positive testimonials about you in any media." (quoted verbatim via the SMC Advisory)	smc.gov.sg/p ublications- and- newsroom/anno uncements/adv isory-- medical- practitioners -- participation -in-online- search- engine- optimisation- platforms/	Statute text	1.4, 6.5
SMC Advisory (2020-11- 25)	"Medical practitioners should refrain from participating in online Search Engine Optimisation platforms that make use of patient feedback and ratings, as these feedback and ratings can be considered to be patient testimonials which are forbidden under the circumstances stated in G2(7) of the Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines..." "In particular, medical practitioners should not be paying for such services by purchasing packages from these platforms for the purpose of obtaining patient testimonials, as payment for such packages or services could be considered to be express agreement on the part of medical practitioners to allow patient testimonials to be part of their publicity and medical advertisement activities."	same as the row above	Statute text	1.4, 6.2

Rule number	Original sentence	URL	Label	Used in
SMC Circular No. 2/2022	Title layout rule: titles from a Singapore university may be placed before the name, and every other title only below the name; no title that is not legally held may be used, and nothing may imply specialist status that has not been accredited. This sentence is paraphrased; the circular's original text was not opened and checked directly	smc.gov.sg (specific circular page to be verified)	Original text not obtained	3.2

Circular 2/2022: before launch, legal must pull up the circular's original text, check it clause by clause and give a written sign-off. Until that check is done, copy the titles on doctor pages exactly as the two registers below show them.

Register lookup pages (taken from the register lookup links on the SDC and SMC official websites; check date 2026-09-23): dentists prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=SDC ; doctors prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=SMC .

A.3 HSA, PDPA and cross-border

What you'll do in this section: when a clinic also sells skincare or health supplements, when a review reply touches a patient's identity, or when you are putting up a Chinese- or Indonesian-language page, come here to check the sources for the HSA, PDPA and cross-border rules. Indonesia's medical advertising law is labelled Original text not obtained: verify it separately before launch, and do not use this table as the conclusion.

Rule number	Original sentence	URL	Label	Used in
HSA · advertising for therapeutic products and health supplements	Must not claim to prevent, relieve or cure a regulated disease; labels and advertisements must not be false or misleading; the penalty for a false advertisement is a fine of up to S\$5,000 or up to 2 years' imprisonment (our paraphrase; the HSA's original sentence was not obtained). On the point that this falls under HSA, the MOH FAQ's original wording: "Advertisements of health and medicinal products, including those issued by direct-to-consumer companies, are regulated by HSA under relevant legislation such as the MASA or the Health Products Act (HPA)."	hsa.gov.sg/th-erapeutic-products/advertisements ; hsa.gov.sg/health-supplements/overview/ ; MOH FAQ	Statute text (falls under HSA); the ban on efficacy claims: Conservative line (not statute text); the penalty figure: Original text not obtained	0.2, 5.15

Rule number	Original sentence	URL	Label	Used in
PDPA · the sensitivity of health data	Confirming in a public reply to a review that "this reviewer is our patient" and restating the treatment they received counts as disclosing personal health data without consent; the patient writing it in their own review does not mean the organisation has authorisation to confirm it publicly. No specific PDPA section number was obtained; this is a compliance judgement, not a verbatim quotation of a rule	pdpc.gov.sg (specific clause page to be verified)	Conservative line (not statute text)	5.18, 6.5, B.2
China's <i>Advertising Law</i> (2021), Article 9	The original wording is "国家级、最高级、最佳等用语" (terms such as national-level, highest-level or best, and the like), banning absolute terms; the matching penalty is RMB 200,000–1,000,000 (paraphrased; the penalty clause's original sentence was not obtained)	china-law-trans.com/advertising-law-2021/ (English translation)	Statute text (the Article 9 wording); the penalty figure: Original text not obtained	1.6, 5.3
Whether Article 9 applies to overseas operators	For overseas operators targeting Chinese consumers, enforcement in practice runs through the platforms — this sentence is inferred (70% confidence), not a scope of application that the statute itself states	same as above	Conservative line (not statute text)	5.3
SAMR's <i>Enforcement Guidelines on Absolute Terms in Advertising</i>	Not every expression containing "最" (most) or "第一" (first / No.1) is unlawful: for wording that points to the operator itself rather than the product, that states a sequence in time or space, or that is limited to a specific scope and can be proven by the operator, there is room for it not to be treated as a violation	SAMR's official website (specific page to be verified)	Original text not obtained (not used as a basis for relaxing the rule)	1.6, 5.3
Local regulation does not relax because the buyer is overseas	The licensee is local and the service is provided locally, so a page aimed at foreign buyers is still governed by the full set of bans; a medical-tourism page must not add before-and-after photos on the grounds that "this page is for foreign readers" — inferred (85% confidence): no rule granting an exemption based on the audience's location was found, and under the regulator's own position, the internet (including social media and websites) all counts as a regulated medium	No separate rule; for the regulator's position on media, see the Reg 6 row in A.1	Conservative line (not statute text)	5.3

Rule number	Original sentence	URL	Label	Used in
Indonesia's medical advertising law	Current confidence: to be verified; what exists so far is only a directional judgement — enforcement targets entities within Indonesia, and the mechanism is revoking the local Indonesian licence — this is not a verified conclusion	to be verified	Original text not obtained	5.3

Appendix B

Templates and checklists

Directory and source lists, outreach declaration and review-reply templates, mapping table

B.1 Singapore dental and aesthetics source list

B.2 Outreach letter declaration and review reply template

B.3 The Annex A three-language mapping table skeleton, and the fixed monthly-report sentence

B.1 Singapore dental and aesthetics source list

What you'll do in this section: Copy the 10 third-party dental sites and the 10 aesthetics sites, row by row, into your *Citation-slot table* (contact, payment / billing method, compliance verdict and priority go straight into the matching fields), then work each row the way the figure below shows.

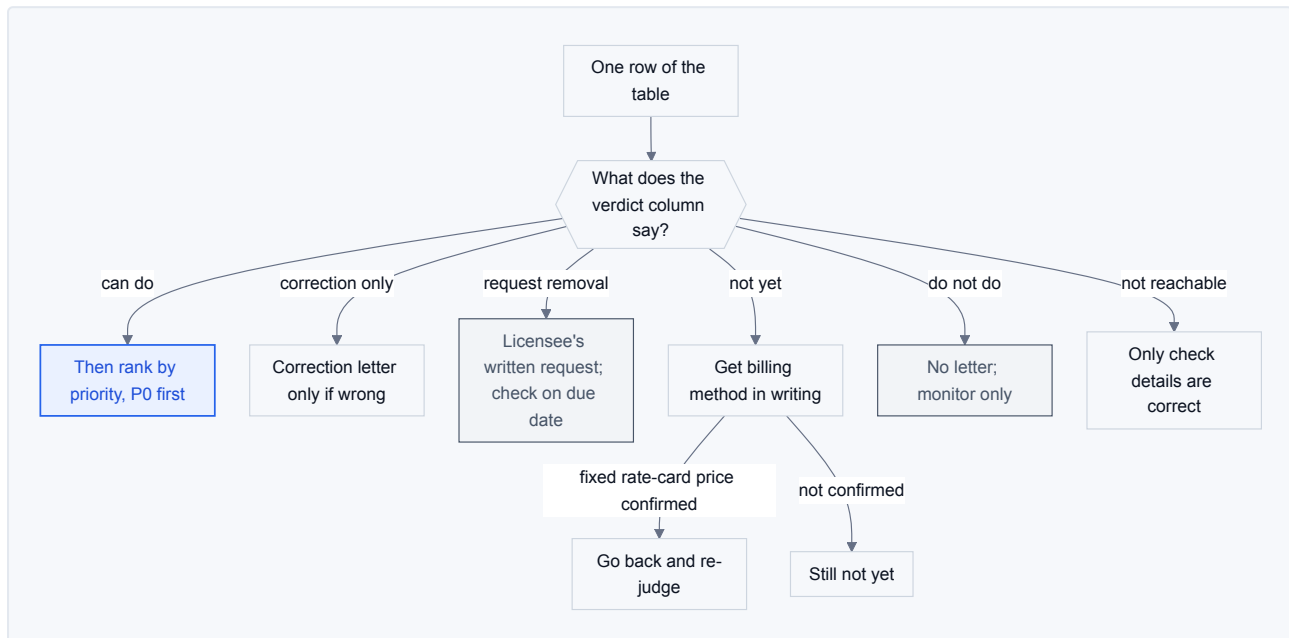


Figure: Branch on the compliance verdict column first. Priority only sets the order inside the "can do" branch; a row judged correction only, request removal or do not do gets no submission letter, however high its priority.

How each verdict is reached (government register, self-described "MOH-verified", Best / Top titles, billing method) is shown in the decision diagram in chapter 6, 6.3; these two tables are the result of running every site through that diagram, one by one. Where a verdict cell carries a condition in brackets ("if the page you submit to has 'Best' in the title", "judged page by page"), judge it again on the specific page you are submitting to.

Dental sites (10)

Site (type)	URL	Contact and payment/billing	Compliance verdict	Priori
BestDoctors.sg (directory + listicle)	bestdoctors.sg/list-your-clinic/	hello@bestdoctors.sg; WhatsApp 6588467041 · Free (in their words: "We take no placement fees")	Can do (directory entry; if the page you submit to has "Best" in the title, don't submit to that page, and request removal if the clinic is listed on it). Listing is their editorial decision; don't treat it as something you control	P0
SGDentistry (directory of 1,202 clinics + guide)	sgdentistry.com/claim/	nora@01-digital.com · Free ("no paid placements, ever")	Can do (claim the existing profile)	P0
Terris Recommends (listicle, personal site)	terris.sg/blog/best-dental-clinics-singapore	hello@terris.sg · No paid slots; the editor makes their own picks and doesn't accept submissions	Request removal (Best-type title; send only if we are listed)	P1
Erufu Care (directory + price guide)	erufucare.com/clinics/dentists/singapore/core	/contact-us · Fees not published; has a B2B channel; billing method unknown → ask first	Not yet: wait for written confirmation that the billing method is a fixed rate-card price, then reassess	P2

Site (type)	URL	Contact and payment/billing	Compliance verdict	Priori-
WhatClinic (international directory + price comparison)	whatclinic.com/dentists/singapore	On-site sign-up · Not disclosed, suspected to charge per enquiry (inferred, 50% confidence) → ask first	Not yet	P2
SGTopRated (listicle + directory)	sgtoprated.com/best-dental-clinics-singapore/	/contact · Has an advertise page, billing method unknown	Request removal (Best-type title + paid slot; send only if we are listed)	P3
The Singapore Blog (listicle)	thesingaporeblog.com/best-dental-clinic-in-singapore/	/contact-us/ · Has write-for-us, billing method unknown	Request removal (Best-type title; send only if we are listed)	P3
SingSaver (financial-media price comparison article)	singsaver.com.sg/.../cheap-dentists-singapore-dental-clinic-price	Contact unverified · affiliate (inferred), billing method unknown	Can do (supplying price material directly); the title contains "cheap" but no laudatory self-description, yet the entry description you supply must still contain no laudatory terms	P1
HCI Directory (MOH, government register)	hcidirectory.sg	— · Free	Not reachable; only check that the details are correct	—

Site (type)	URL	Contact and payment/billing	Compliance verdict	Priori
MOH healthcare professionals search (includes SDC, government register)	hpp.moh.gov.sg/healthcare-professionals-search/	— · Free	Not reachable; only check	—

Aesthetics sites (10)

Site (type)	URL	Contact and payment/billing	Compliance verdict
Certified Aesthetic (directory + listicle)	certifiedaesthetic.com/best-aesthetic-clinic-singapore.php	contact@certifiedaesthetic.com; +65 6834 3026 · Clearly paid ("Get Listed Today")	Do not do: paid Best-type title · described "MO verified" (implied regulatory endorsement, cite: Conservation line (not statute text))
Best Web Design SG (listicle, Top 50)	bestwebdesign.sg/articles/best-aesthetic-clinics-singapore	jason@bestwebdesign.sg; +65 9118 6913 · Fees not published	Request removal (Best/Top-type send only if we listed). The same operator also runs bestthingreview one removal request can cover both
SethLui (lifestyle-media listicle)	sethlui.com/best-aesthetic-clinic-guide-singapore/	info@sethlui.com · Paid (influencing the angle requires buying an advertorial package)	Do not do (Best + paying for the angle)
Honeycombers SG (lifestyle media + directory)	thehoneycombers.com/singapore/directory/	sales@thehoneycombers.com · Paid	Directory entry do (must have laudatory word best-of articles not do
Tatler Asia SG (luxury lifestyle media)	tatlerasia.com	advertising-sg@tatlerasia.com · Paid	Judged page by page; any page Best/Top: do not

Site (type)	URL	Contact and payment/billing	Compliance verdict
Singapore Listicles (listicle)	singaporelisticles.com/top-aesthetic-clinics-in-singapore/	/contact-us · Fees not published	Request removal (Top-type title; only if we are li
BestPrice.com.sg (listicle)	bestprice.com.sg/best-aesthetic-clinics-in-singapore/	Unverified · unverified	Request removal (send only if w listed)
WhatClinic (international directory, aesthetics)	whatclinic.com/beauty-clinics/singapore	Same as the dental table: on-site sign-up · suspected to charge per enquiry	Not yet (billing method unclear)
Bookimed (cross-border medical platform)	us-uk.bookimed.com/clinics/country=singapore/...	Unverified · commission / lead-based (inferred)	Not yet (billing method unclear; cross-border patients are a different pool fr local enquiries)
Terris Recommends (aesthetics, listicle)	terris.sg/blog/best-aesthetic-clinics-singapore	hello@terris.sg · Doesn't accept submissions	Request removal (send only if w listed)

One more site sits outside the two tables and is not counted in these 20: HealthHub (healthhub.sg, a government health-content platform). It doesn't accept commercial submissions (inferred, 70% confidence, not measured); verdict: not reachable.

The five business profiles (Google, Bing, Foursquare, Apple, Yelp) are not among these 20 sites either, but every free-text box, business Q&A, business post and photo caption on them is advertising, and the same compliance-memo word list applies to them as to your website pages. How to fill in the profiles: see chapter 3, 3.4.

Both tables come from opening and checking every site one by one on 2026-09-21; recheck them every quarter. Anything marked "unverified" is something that check could not find. Copy "inferred" and the confidence level into the ledger exactly as they are; don't turn them into firm statements. If a page actually states a price, copy that price exactly into the rate-card price field; if it doesn't, always enter "quote on request".

B.2 Outreach letter declaration and review reply template

What you'll do in this section: Fill the few items dental and aesthetics need (your self-declared licensed status, one line for the materials list, one credentials line for the update letter, the declaration paragraph, and the statute sentence for the removal request) into the spots marked "Insert for regulated sides" in the main letter in → [General Edition B.3 Outreach emails and review replies](#). Then copy the review reply template, together with its three fixed rules, into your operating manual. Before you send anything, clear the three gates in chapter 6, 6.1 (letter of appointment, sign-off sheet, banned-word list).

How to fill the regulated-side slots in the main letter

Copy the rest of the main letter exactly from → [General Edition B.3 Outreach emails and review replies](#); fill in text only at the spots below:

Insert point	English	Chinese
Self-declared licensed status (right after the end of the first sentence)	, a licensed [dental clinic / aesthetic clinic] in Singapore ([UEN / MOH licence no.])	" (新加坡持牌 [牙科诊所 / 医美诊所], UEN / MOH 牌照号: [填]) "
Add a line to the materials list	• practitioner names with their MOH/SMC/SDC registration numbers	"从业人员姓名及其 MOH/SMC/SDC 注册号"
Add a line to the update letter	• Credentials: [Dr/Mr X] is registered with [SMC/SDC], registration no. [XXXX] — verifiable at [official register URL].	—
The "optional, whole paragraph" slot	Use the declaration paragraph below	Use the declaration paragraph below

Declaration paragraph (in every main letter)

English

Two things we will not send, so you know up front: no patient or client testimonials, no success rates, no before/after images, no comparisons against other practices, and no superlatives such as "best", "top" or "leading" — including in any headline or list title that carries our entry. Singapore's advertising rules for this sector don't allow them, and we'd rather you hear that from us first.

Chinese

"有几类内容我们不会提供，先说清楚：患者或客户证言、成功率数字、前后对比图、与同行的比较，以及「最好 / 首选 / 领先」一类的褒扬用语（包括承载我方条目的标题或榜单名）。新加坡该行业的广告规则不允许。"

The General Edition marks this paragraph "optional". For dental and aesthetics it is not optional: every letter carries it. Use the wording here, not the General Edition's version (this one names "patient" explicitly). When you switch to an update letter, a correction letter or a removal request, replace only points 1 and 2 of the main letter and keep this paragraph.

Removal request (when the clinic is listed on a Best / Top page)

When to use it: the clinic is listed on a list page whose title or entries carry laudatory terms (Best / Top N, "the best N clinics"). Use the "removal request" swap-in in → [General Edition B.3 Outreach emails and review replies](#) and replace its whole sentence about the rules and the removal ask with the sentence below. Send the letter in the licensee's name, have the compliance officer look it over before it goes out, and attach no materials:

English

Under section 31 of Singapore's Healthcare Services Act, only a licensee, or a person it has authorised, may advertise its healthcare services. We have not authorised this listing, so please remove [clinic name] and any details about us from this page.

Chinese

"按新加坡《医疗服务法》第 31 条，只有持牌方或它授权的人可以为它的医疗服务做广告。我们没有授权这一刊登，请把 [诊所名] 以及与本院有关的内容从该页撤下。"

Check on the due date as in the General Edition: on day 14, open the original page and save a screenshot; if the listing is still there, follow up at +7 and +21. Basis: the MOH FAQ requires the licensee, once aware, to take reasonable steps to get the publisher to remove it and to verify that it was removed properly (**Statute text**; see Appendix A.1); treating editorial "best N clinics" blog posts as this kind of advertisement is this book's reading (Conservative line (not statute text)).

Review reply template (reply to every review within 72 hours, negative ones included)

Never confirm whether the reviewer is a patient of this clinic, and never restate the procedure they received.

Chinese

"感谢您留下反馈。我们不会在公开渠道讨论任何个人的就诊情况。如果您希望我们跟进，请通过 [电话 / 邮箱] 联系，我们会由 [职位] 直接处理。"

English

Thank you for the feedback. We do not discuss any individual's care in a public channel. If you would like us to follow up, please contact us at [phone / email] and [role] will handle it directly.

Three fixed rules: ① The reply never contains a combination of procedure name, branch name and personal information ② The reply never mentions prices, efficacy, success rates or peer comparisons ③ Every negative review gets the same template: no justifying, no restating what happened.

Basis: confirming in a public reply that "this reviewer is our patient" and restating the treatment they received is disclosure of personal health data without consent (under the PDPA, health data is sensitive personal data), and breaches SMC / SDC medical confidentiality obligations. A patient writing about it in their own review does not mean the organisation is authorised to confirm it publicly [Conservative line (not statute text)]. How to reply is not set out in the regulations themselves [Original text not obtained]. Sources and labels: see Appendix A.3 (the specific PDPA section number was not obtained).

B.3 The Annex A three-language mapping table skeleton, and the fixed monthly-report sentence

What you'll do in this section: Hand the three-column table below to legal, and have legal fill in, entry by entry and in one pass, the Chinese and Indonesian equivalents of the 40-plus laudatory terms in Annex A of the MOH FAQ, to build the *Annex A Chinese–English mapping table*. Then add the fixed monthly-report sentence to the reviews section of the monthly report exactly as written, without changing a word.

Annex A three-language mapping table skeleton

The five rows below hold the Chinese seed words that are already settled. Leave the Indonesian column blank for legal to fill in; don't fill it in yourself:

Annex A original term	Chinese equivalent	Indonesian equivalent
Leading	"领先 / 首屈一指"	(legal to fill in)
Best	"最好 / 首选 / 第一"	(legal to fill in)
Extensive experience	"经验丰富 / 资深"	(legal to fill in)

Annex A original term	Chinese equivalent	Indonesian equivalent
State-of-the-art	"顶尖 / 尖端"	(legal to fill in)
Highest volume	"例数最多"	(legal to fill in)

Fill in the remaining entries in the same three-column format. Annex A's source and the original terms verified so far are in Appendix A.1. Once it's built, attach it to the compliance memo: a single copy used for both on-site and off-site work. This is the table used for the compliance proofread before Chinese-language and Indonesian-language pages go live.

Fixed monthly-report sentence (reviews section, copy verbatim)

Below the three monthly review numbers in the monthly report (for the table headers, see → [General Edition B.4 Headers for work orders, ledgers and monthly reports](#)), always add this line without changing a word. It replaces the General Edition's sentence in the same spot:

This clinic does not request reviews. The figures above are a passive record of reviews that arose naturally and are not used as a work target or acceptance measure.

Keep going

Web edition

canlah.ai/playbook/

Version for AI assistants (open-source skill)

github.com/Canlah-AI/geo-playbook

Measurement data (CC BY 4.0)

canlah.ai/data/ai-citations-sg-2026/

Want help with round one?

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Scan for the web edition

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