

Dr. Nanar: digital marketing research and growth plan

Prepared October 3, 2026 | Public evidence review | Glendale, California

Recommendation: Build Dr. Nanar into a clearly identifiable specialty contact lens practice through Google Business Profile, focused service pages, referring-doctor relationships, and consistent patient reviews. Add a measured Google Search Ads pilot once intake and tracking are ready. Use video and social media to demonstrate expertise. Integrate AI search visibility into that work.

What Leonard-Bennett teaches us: The observable advantage is a combination of a specialty brand, a substantial educational library, specific clinical capabilities, professional visibility, and conversion paths. SEO appears to support that system. Public evidence does not establish his patient volume, revenue, channel shares, advertising spend, or current Google rankings.

The practice is now Leonard-Bennett Optometry, formerly Dr. Barry Leonard & Associates, with the California Keratoconus Center specialty brand. The reported reliance on SEO is consistent with the visible content strategy, although acquisition shares are not publicly verified. [Practice transition FAQ](#).

Research scope: The competitor and Dr. Nanar websites, public content inventories, provider directories, professional media and published platform guidance. Sources appear alongside the findings they support.

How to interpret the findings: Public pages show the services and marketing assets a practice promotes. They do not establish patient volume, revenue, channel shares, advertising spend or current local rankings. Sitemap entries are content inventory counts, not verified indexed pages.

Success definition: A sustainable number of additional, appropriate patients at an acceptable acquisition cost and within fitting/follow-up capacity. Matching a mature multi-doctor practice's total traffic or patient volume is not a useful initial target.

What his SEO efforts actually look like

- 1. A substantial content footprint.** The downloaded [post sitemap](#) lists 174 URLs and the [page sitemap](#) lists 113: 287 combined, including archives, older material, and Spanish content. Of these, 250 do not contain /es/ and 68 contain "keratoconus" in the URL. Additional sitemaps list 9 employee URLs, 43 category URLs, one employee-category URL, and one KML location file. These are inventory counts, not a quality score or indexing count. Dr. Nanar's [sitemap](#) lists four indexable routes, of which three are core marketing pages.
 - 2. A connected specialty topic library.** The [keratoconus hub](#) links condition education to symptoms, doctors, lens choices, treatment information, technologies, videos, and appointments. This architecture can meet people at different stages of research and lead them toward an evaluation. The likely benefit comes from answering distinct needs and connecting the answers, not merely accumulating URLs.
 - 3. Specific reasons to choose the clinic.** Pages discuss Eaglet Eye, wavefront-guided lenses, and other technology, tied to patient problems such as residual glare. His [higher-order aberration page](#) markets a capability that a general "contact lenses" page cannot explain. These are the practice's clinical claims; this review does not validate its outcomes or superiority.
 - 4. Evidence that search has brought individual patients.** A [published fitting case story](#) explicitly describes a patient finding the practice by searching for a keratoconus doctor. This is a practice-published anecdote. It supports search acquisition, but not the assertion that most patients come from SEO.
 - 5. An identifiable web/SEO vendor.** Homepage HTML shows WordPress and Rank Math output, a canonical URL, structured data, and a Google Analytics tag. The footer credits West Hills Web, and [the agency portfolio](#) lists Dr. Barry Leonard & Associates. This establishes vendor association and SEO tooling; it does not prove an ongoing contract, effective conversion tracking, spend, or results.
 - 6. Preservation of legacy discovery.** A direct HTTP test found <https://drbleonard.com/> returning a 301 redirect to the new homepage. That supports continuity after the name change. It does not establish that every legacy deep link redirects correctly. Sitemap last-modified dates include September 2026 changes; bulk modification dates should not be interpreted as publication frequency.
- Interpretation:** His SEO approach is visibly specialty-led and sustained across many assets. The evidence is stronger for a structured content and authority strategy than for a particular backlink tactic or technical trick.

How the practice turns attention into patients

Observed activity	Acquisition role	What remains unverified
Doctor-facing education and referral assurances	Helps referring clinicians understand whom to send and preserves their patient relationship	Number of referring doctors and referral volume
Free keratoconus ebook requested with name/email	Captures an interested visitor for possible follow-up	Delivery reliability, email nurture sequences, conversion rate
Public appointment-request forms and repeated phone CTAs	Gives readers a next step beyond reading	Submission handling, response time, booked/attended conversion
Videos, supplier case reports, professional interviews	Demonstrates expertise and extends professional reach	Audience quality and resulting appointments
Provider/insurance/financing directory listings	Helps patients find and evaluate an established practice	Complete backlink profile and listing-attributed acquisition
Patient travel information	Supports a specialty catchment beyond nearby neighborhoods	Current proportion of patients traveling from outside the area

The strongest referral lesson is explicit: [resources for doctors](#) promise to return referred patients for their other optometric needs. This reduces a practical objection to sending a patient to another practice. The [diagnosing keratoconus page](#) also describes professional teaching, referral coordination, and a shareable infographic. That supports education and outreach intent; it does not prove that other sites embedded the graphic or that its links increased rankings.

The [ebook page](#) is an observable lead-capture offer. The [eye-exam appointment page](#) requests contact details and preferred dates/times, with staff confirmation. This is a request form, not verified real-time scheduling.

His [January 14, 2025 Specialty Lens Success interview](#) concerns building a referral center and advanced lens care. An [Eaglet case report](#) is another professional visibility signal. These are industry/supplier appearances, not independent validation of marketing performance.

Probable patient journey, inferred: Search or professional referral -> useful specialty information -> confidence in the doctor's experience/capabilities -> practical questions answered -> appointment request or call -> evaluation. This is a plausible mechanism supported by the site's assets; funnel volumes remain unknown.

Offsite marketing and lessons to adapt carefully

An established identity contributes to discovery. [Health Net's 2025 provider directory](#), [UCLA Health Medicare Advantage's provider listing](#), and [CareCredit's locator](#) show the legacy practice identity. These are real listings, but this research did not establish the complete backlink graph, authority score, or referral traffic from them.

Longevity is part of the explanation. The practice's [VSP differentiation article](#) dates the family practice to 1957 and describes generations of patients. A [1996 Los Angeles Times article](#) documents that history. Longstanding patient relationships and professional recognition cannot be recreated with a short SEO campaign.

Social and promotions exist, but their present acquisition contribution is unknown. The homepage links Facebook, Yelp, and YouTube and displayed a September 16-17 frames/lenses promotion. A [2010 local business article](#) describes Dr. Leonard using Facebook for community promotion and moving away from Yellow Pages advertising. This is historical evidence of digital/community marketing, not proof of current paid social or Google Ads activity. Current paid advertising activity was not independently confirmed.

The benchmark also has weaknesses. Legacy names remain in directories, and [WebMD](#) displays a different phone number from the practice's primary number. It may be an alternate booking number or a data problem. The homepage HTML has a generic "Optometrist" H1 and repeated responsive content blocks. The sitemap includes older Spanish pages and a test-named URL. These are reasons to audit selectively, not copy the implementation wholesale.

Adapt the useful mechanics: Distinct specialty positioning; patient-centered service pages; original explanations of actual methods/equipment; easy appointments; useful referrer materials; consistent reviews and legitimate professional mentions.

Avoid importing unverified claims: "Best" or "leading" language, unsupported success percentages, promises of perfect fits, outdated equipment-rarity claims, or services she does not provide. Do not recommend buying equipment solely because another practice marketed it successfully. Clinical need, patient benefit, operating capacity, and economics must lead that decision.

Do not imitate the page count. A focused clinic can begin with 5-8 substantial additions addressing real patient/referrer needs. Word count, plugin choice, FAQ markup, and a large blog are not substitutes for relevance, clinical accuracy, and useful next steps.

Dr. Nanar's starting position and local opportunity

Her current website is a useful foundation. Live retrievals of the homepage, services page, and biography returned the redesigned static site with readable HTML, descriptive titles, canonicals, indexable directives, and structured data. Its specialty positioning and direct phone CTA are already clear. No performance score or Core Web Vitals measurement was obtained; a static architecture is not itself a measured speed result. [Homepage](#), [services](#), [biography](#).

The major gap is dedicated discovery and proof. Lens types and multiple conditions currently share one services page. No dedicated scleral-lens or keratoconus lens-management page, referring-doctor page, or article library appears in the current sitemap. The new-patient form remains a placeholder. Inspected page source showed only the shared site script; no client-side analytics tag was observed. Search Console ownership, server-side measurement, current inquiries, and booking results are unknown.

A concrete directory issue comes before paid traffic. CMS records for [Dr. Nanar's individual NPI](#) and [corporation NPI](#) list 1808 Verdugo Blvd, Suite 103 and (310) 906-0393. [WebMD](#) shows a different phone and another location, plus three ratings and two dated written reviews. Verify whether those locations are historical/current and whether the phone routes correctly; correct information that is stale. These reviews are not a Google review count.

Clarify the relationship with Fuerst Eye Center. [Fuerst's keratoconus page](#) markets corneal management and cross-linking at the same Glendale suite. Shared address does not establish common ownership or duplicated Google listings. Confirm Nanar's public-facing signage, direct contact, organizational relationship, and existing profiles. [Google's practitioner rules](#) may support an individual practitioner profile when eligible. Do not create competing duplicates or attribute Fuerst's reviews/services to her.

Relevant public competitor	What its page demonstrates	Implication for Dr. Nanar
Jewel City Optometry	Dedicated Glendale scleral-lens education	A generic specialty label alone is not distinctive
Monji Optometry	Burbank family practice promotes scleral lenses and myopia care	Compete on a clear complex-fit experience, not breadth
Westwood & Montrose Eye Center	Montrose specialty lens page discusses training and affordability	Address patient logistics, handling, and benefits questions
Fuerst Eye Center	Corneal care and lens-team pathway	Clarify collaboration/referral roles accurately

Proposed position: Personalized specialty contact lens fitting in Glendale for people whose glasses or conventional contacts do not meet their needs. Highlight her actual evaluation, fitting, training, and follow-up process. Expand beyond Glendale geographically only when inquiry data supports it. Armenian-language assistance is an opportunity to confirm with her, not an assumed campaign promise.

Channel priorities and the future of discovery

Channel	Recommended role	Initial priority
Google Business Profile / local SEO	Accurate identity, nearby discovery, reviews, calls and directions	Highest
Specialty organic SEO	Capture diagnosed patients and complex-fit searches; support regional discovery	Highest
Referring doctors	Suitable cases, professional trust, recurring introductions	Highest
Google Search Ads	Test near-term demand for specific services and bridge the SEO ramp	Conditional pilot
Instagram / Facebook organic and video	Demonstrate the doctor, visit experience, patient education	Supporting
Instagram / Facebook paid	Test broader awareness only after search economics and intake work	Later/optional
AI Overviews, AI Mode, ChatGPT Search	Make existing expertise/identity discoverable in newer search interfaces	Integrated into SEO

Why local search first: [Google](#) identifies relevance, distance, and prominence as local ranking factors. Accurate profiles, useful service information, legitimate links, and authentic reviews address controllable factors. No campaign can remove physical distance or purchase a higher organic Maps rank. General optometry and specialty lens demand should be evaluated separately.

Why information-only SEO needs a stronger conversion strategy: [Pew's July 2025 study](#) analyzed March 2025 browsing by 900 US adults. Regular-result clicks occurred on 8% of visits with an AI summary versus 15% without; AI-summary source-link clicks were about 1%. This was observational, not an optometry/local-booking study. It supports caution about traffic forecasts for generic informational articles, not abandoning search.

AI optimization should strengthen the core work. [Google's current guide](#) emphasizes original useful content, sound technical foundations, and current local information. It says special AI markup, llms.txt files, and content rewriting for AI are unnecessary for Google Search. Create doctor-reviewed answers, useful original video, clear services and location details, and credible professional profiles. None guarantees citation or placement.

Current 2026 measurement matters: Google says its [generative AI impression report](#) and [inclusion control](#) rolled out worldwide by August 31, 2026. Check the production Search Console property's inclusion/inherited setting; inclusion is the default. Use the dedicated report for AI exposure when data exists. It is not an AI-only patient/booking attribution report. Legacy Web reporting still contains the aggregate data.

Keep search and training controls separate. [OpenAI's crawler documentation](#) distinguishes OAI-SearchBot for ChatGPT Search from GPTBot for potential model training. Consider search access to public pages if desired, and decide training access separately. Eligibility is not a placement guarantee. Do not blanket-allow bots or expose patient content.

Avoid outdated promises: [Google's documentation update log](#) says FAQ rich results stopped appearing May 7, 2026. Keep patient FAQs; do not sell FAQPage markup as a rich-result growth tactic. The sensible future bet is trustworthy expertise, accurate identity, helpful video, and an easy appointment path; autonomous booking adoption and local AI referrals remain uncertain.

The first 90 days: foundation, content, then a measured pilot

Days 1-14: establish truth and capacity. Diran/marketing lead and office manager confirm priority services, open appointment capacity, lens training/follow-up load, collected revenue and variable costs, existing referral sources, phone ownership, GBP ownership, and the relationship with Fuerst. Export available historical Search Console and GBP data. Start a consistent intake-source log and four-week inquiry baseline. Inspect eligibility/signage before profile creation or consolidation. Verify WebMD's phone/location accuracy and the most important insurance/provider listings.

Days 15-30: repair the appointment path. Assign responsibility for answering and returning inquiries. Audit missed calls and caller outcomes. Keep the phone CTA and add a secure appointment-request option if the office can respond reliably; a new-patient medical-history form is a different workflow. Replace or relabel the placeholder link when the real workflow is ready. Publish visit logistics, benefits-verification language, and records-to-bring guidance. Confirm the existing Google profile's category, address, hours, website, services, appointment link, and real office photographs.

Days 15-45: publish the first two priority pages. Create doctor-reviewed scleral contact lens and keratoconus contact lens pages with distinct patient purposes. Preserve the current brand, accessibility, and static architecture. Add original fit-process explanations, realistic visit expectations, who the service helps, practical questions, and clear appointment actions. Internal-link from the homepage and services hub. Validate indexing/canonicals and submit the updated sitemap; submission does not guarantee indexing.

Days 30-60: build the referral path. Publish a referring-doctor page and one-page referral guide covering appropriate cases, records needed, secure contact, referral acknowledgement, and return-care boundaries. Dr. Nanar approves the clinical scope and follow-up protocol. Build a focused list of 10-15 potential local optometrist/cornea/ophthalmology partners. Offer useful education and case discussion rather than a generic sales pitch. This plan does not authorize sending outreach messages.

Days 30-90: implement authentic review requests. Ask all eligible patients neutrally through a consistent office workflow; make leaving a review optional. Avoid incentives, review gating, keyword scripts, or public replies that disclose care details. Use the correct practitioner/practice profile. Review counts, patient privacy, and platform rules must guide the workflow. [Google review guidance](#).

Days 45-90: test Google Search Ads if ready. Obtain local Keyword Planner estimates and confirm healthcare policy eligibility. Start with the two strongest service themes, tightly relevant exact/phrase keywords, and matching landing pages. Use location presence targeting and a practical travel area; segment wider regional tests later. Review search terms for jobs, wholesale/product shopping, unrelated procedures, and other unsuitable intent. Schedule call-oriented ads around staffed hours. Prefer a simple Search pilot before automated cross-channel expansion.

Decision at day 90: If appropriate inquiries arrive but few patients book, fix intake, benefits/fee clarity, response times, or service fit before buying more traffic. If demand is too low, broaden one geography/theme at a time. If attended patient economics work and follow-up capacity exists, increase the winning effort. If specialty search is sparse, strengthen referrals rather than automatically switching to broad paid social.

A focused website and six-month content schedule

Proposed URLs below are plans, not existing pages. Keep /services/ as the service hub. Each addition must earn its place through a distinct patient/referrer need; consolidate overlaps rather than publish near-duplicates.

Timing	Proposed asset	Purpose and queries to validate
Month 1-2	/services/scleral-contact-lenses/	Scleral lenses Glendale; scleral lens fitting; candidacy, comfort, fitting and handling
Month 1-2	/services/keratoconus-contact-lenses/	Keratoconus contact lenses Glendale; clarify visual rehabilitation and referral/co-management
Month 2	/referring-doctors/	Case criteria, records, secure referral route, communication, return-care boundaries
Month 2-3	/your-visit/	Appointment process, parking/access, records, benefits verification, expected follow-ups
Month 3	/services/post-surgical-contact-lenses/	Complex fits after corneal surgery/injury, limited to verified services
Month 3	/resources/scleral-lens-fitting-process/	Original explanation and doctor video; answer patient uncertainty
Month 4	/services/dry-eye-scleral-lenses/	Carefully defined lens role for selected ocular-surface cases; doctor-approved scope
Month 4	/resources/scleral-lens-cost-insurance/	Explain evaluation/fit/lens/follow-up components and individual benefit verification
Month 5-6	/resources/scleral-lens-handling/	Original handling/training material; reviewed instructions and video

Page brief: Address the patient's problem; explain the actual service; give suitable/unsuitable case boundaries; show the doctor's real approach; explain evaluation, training and follow-ups; answer appointment/logistics questions; distinguish claims from evidence; provide the next step. Add authorship/review date when useful and credible sources for clinical statements. Do not pad text to an arbitrary word count.

Clinical scope: Lens-based visual rehabilitation and disease stabilization are different. Do not imply Dr. Nanar performs corneal cross-linking, cures keratoconus, or provides myopia-control programs without confirmation. Medicare and VSP acceptance does not mean every lens/visit is covered. All clinical content and benefit language require her review before publication.

One useful recording session per month. Suggested topics: who may need a specialty lens; what a first fitting visit involves; why fitting sometimes requires adjustments; how patients learn handling; what records to bring. Turn one doctor's explanation into a website video with transcript and 2-4 short Instagram/Facebook clips. Avoid exposing patient data or making results promises. Measure qualified inquiries and use for consultations; follower growth alone is not the objective.

Legitimate authority building: Correct and complete relevant provider, association, insurer, and lens-specialist directory entries where she qualifies. Contribute actual professional education or an approved case discussion. Seek accurate mentions through existing professional relationships. A listing or link is valuable when it helps real people discover and trust the practice; avoid bulk backlink packages and invented awards.

Geography: Start with Glendale/Montrose/La Canada and nearby travel patterns confirmed by the office. Explain the actual office location and regional service in useful copy. Do not build dozens of city-swapped pages or fake offices. Confirm language capacity before creating an Armenian-language page; prioritize a useful translation of a strong page over a separate thin site.

Budget scenarios, patient economics, and measurement

These are proposed allocations, not market-rate quotes, observed CPCs, or forecasts. Setup/migration work, secure form software, and clinical production may require separate one-time costs. Final scope depends on who performs the work and the clinic's capacity.

Monthly scenario	Suggested allocation	Appropriate use
\$1,500 foundation	\$1,200 local/profile, selective content, referrals; \$300 intake/reporting	Build the foundation; avoid fragmenting a small budget across ad platforms
\$3,000 balanced pilot	\$1,500 local/content/referral work; \$1,200 Search media; \$300 campaign/reporting work	Test 1-2 service themes; reduce scope if management/production needs exceed the allowance
\$5,000 growth test	\$2,000 local/content/referrals/video; \$2,300 Search media; \$700 management/measurement	Scale only after profitable attended-patient outcomes and available capacity

No paid social allocation is required initially. Budget lines include work/management allowances separately from media. Unused media should remain unspent if search volume is limited or economics fail. These envelopes do not guarantee that an outside agency will quote those prices.

Calculate from attended new patients, not clicks. Qualified bookings = ad spend / CPC x qualified booking rate. Attended new patients = qualified bookings x attendance rate. Media acquisition cost = ad spend / attended new patients. All-in acquisition cost adds management, content, software, and other attributable costs. Track accepted specialty cases and collected contribution separately; attendance alone does not establish profitability.

\$1,200 media stress test	Assumed CPC	Qualified booking rate	Attendance rate	Expected bookings / attended	Media cost per attended
Strong conversion case	\$6	10%	90%	20 / 18	\$67
Middle case	\$10	6%	85%	7.2 / 6.1	\$196
Weak conversion case	\$15	3%	80%	2.4 / 1.9	\$625

Every input above is hypothetical; fractional patients are arithmetic expectations, not promised outcomes. Management/setup costs increase the totals. Use [Google Keyword Planner](#) for location-specific demand/price assumptions, then replace them with actual pilot results. Health-sensitive queries can have limited Planner data.

Set an affordable acquisition ceiling: Collected revenue minus lens/lab costs, variable clinical/staff time, follow-up and remake costs gives contribution before acquisition. Choose a conservative share of that contribution for marketing and a payback window. For illustration only, \$600 contribution and a 25% acquisition allowance yields a \$150 ceiling. Actual practice economics must replace this example; do not use gross billing or assumed lifetime value as available cash.

Primary dashboard: New qualified inquiries by source -> booked evaluations -> attended new patients -> appropriate lens cases -> collected contribution -> all-in acquisition cost. Report missed calls, callback time, booking/attendance rates, and available follow-up capacity. Supporting metrics: non-branded specialty search clicks, relevant page indexing, GBP interactions, real review activity, defined local-grid visibility, and AI impressions.

Measurement safeguards, milestones, and management decisions

Use a first-party operational baseline. The office records discovery source, referral source, booked/attended status, and aggregate outcomes in its approved practice workflow. Marketing reports receive aggregate counts, with small identifying case groups suppressed or combined. Use source-tagged GBP links where appropriate. A phone-link click is not a completed call or a patient. [GBP performance](#) includes button interactions and may include Ads-related activity; do not simply add it to Ads conversions and claim unique patients.

Healthcare data affects tracking choices. [Google Analytics](#) prohibits sending sensitive/identifiable data and notes HIPAA considerations, including some unauthenticated healthcare pages; it does not provide a BAA. [Google Ads](#) restricts personalized audiences related to health, including advertiser-curated remarketing/customer lists. This does not mean all contextual Search advertising is prohibited. [Meta's Business Tools terms](#) prohibit sending health information. Have the clinic's privacy/technical reviewer assess any analytics, call tracking, pixel, CAPI, or conversion upload before installation; do not send patient/diagnosis data to ad/analytics platforms or use health-condition-based remarketing/customer lists. This is implementation guidance, not a legal determination.

Create a reproducible search baseline. Record a small defined keyword set, fixed grid coordinates near the office and relevant patient areas, date/device, and organic versus Maps results. Compare the same grid over time; one screen capture from the office is not citywide visibility. No such baseline was measured in this review. Select keywords using local demand and actual inquiry relevance, not reported keyword-count totals.

Milestone	Deliverables within the team's control	Outcome gate
Day 30	Ownership/identity reviewed; intake baseline; directory corrections submitted; priority page briefs approved	Can inquiries be answered, classified, and booked reliably?
Day 60	First 2 pages and referral path live; neutral review workflow; privacy-reviewed measurement; optional Search pilot	Do inquiries match services, geography, and fee/benefit expectations?
Day 90	Pilot and intake review; content/indexing check; referrer feedback; capacity check	Scale, revise, or pause each channel using attended-case economics
Month 6	Focused content set; regular video; functioning referral relationships; repeatable reporting	Does one or more channel produce affordable suitable patients?
Month 12	Expand winning services/geographies; maintain clinical content and profiles; mature retention/referral workflow	Is demand sustainable alongside care quality, margin and capacity?

Planning horizon: Search Ads can generate inquiries after approval/launch; local/profile improvements and organic pages need indexing, competition, and time. Budget a 3-6 month learning period and a 6-12 month authority-building program. These are planning horizons, not ranking guarantees. A decades-old multi-doctor practice's scale may take much longer or may be unnecessary for her goals.

Vendor/account requirements: Dr. Nanar retains ownership of the domain, GBP, Search Console, and ad accounts. Require disclosed media versus service fees, clinical review before publication, documented work, and reports on suitable attended patients. Reject guaranteed #1 rankings, purchased reviews, generic mass articles, unverified AI-citation claims, and backlink volume as a substitute for results.

Decisions still needed: Monthly budget; new-patient/follow-up capacity; target service mix; current paid/organic/referral baseline; actual case contribution; staff response capacity; secure intake tools; professional relationship with Fuerst; actual equipment/lens options; language services; and profile ownership. These unknowns do not prevent the foundation work, but they do affect paid spend and success targets.

Supporting sources

Research date: October 3, 2026. Links are placed beside the claims they support throughout the report. Publication/rollout dates below are used only when the source explicitly states them. Directory ratings and search snippets can change.

Evidence group	Strongest sources and what they support
Competitor content inventory	Sitemap index , posts , pages : observed URL counts and organization; not indexation
Specialty/referral strategy	Keratoconus hub , doctor resources , diagnosing page : patient and clinician paths
Search anecdote/conversion offers	First-fit story , ebook , appointment request : published acquisition anecdote and offers; not conversion rates
Vendor attribution	West Hills Web portfolio plus competitor homepage HTML/footer: vendor association; no performance case study verified
Professional visibility	Podcast , Jan. 14, 2025, Eaglet case report : supplier/professional exposure
Nanar identity	Individual CMS NPI , corporation CMS NPI , live website : matching core phone/address
Local and practitioner rules	Google local ranking , practitioner guidance : ranking principles and eligibility conditions
AI trends/current controls	Pew , July 22, 2025, Google AI guide , AI report , AI control , OpenAI bots : bounded trend evidence and current configuration guidance

Information to establish next: Current inquiry sources, suitable patient volume, appointment capacity and acquisition economics for Dr. Nanar. The competitor's private traffic, spending and patient figures remain unavailable.

First 30-day priorities: Confirm clinic information and profile ownership, establish the patient-source and capacity baseline, approve two specialty-page briefs and the referral process, complete appointment intake, and price a focused Search Ads pilot using current local estimates.