ARIA DENTAL IMPLANT CENTER

The Full-Mouth Dental Implant *Decision Guide*

How to understand your options, evaluate any implant center, and choose with confidence — from the Phoenix team behind more than 3,000 full-mouth cases.

CANDIDACY · OPTIONS · HONEST TIMELINES
12 QUESTIONS TO ASK · RECOVERY · YOUR NEXT STEP

2026 Edition

BEFORE YOU BEGIN

What this guide will do for you — and what it won't

If you are researching full-mouth dental implants, you have probably discovered the problem already: the internet is full of confident answers that contradict each other. This guide exists to replace ten hours of confusing searching with one credible, organized answer.

What this guide will do

- **Explain your options honestly** — dentures, single implants, implant-supported options, and full-arch fixed treatment — including who each is generally for.
- **Help you understand candidacy**, including what it means if you've been told you "don't have enough bone."
- **Walk you through each stage of treatment**, with honest timelines and the qualifiers that responsible providers use.
- **Give you an evaluation tool**: twelve questions worth asking any implant center — including us.
- **Prepare you for the financial conversation** — what shapes a treatment plan and what a trustworthy written quote should include.

What this guide will not do

- **It is not a diagnosis.** No document can tell you whether you are a candidate. Only a clinical examination and 3D imaging of your own anatomy can answer that.
- **It is not a sales pitch.** Most of this guide is useful even if you never set foot in our center. That is intentional. A well-informed patient makes a better decision — wherever they choose to be treated.
- **It makes no promises.** Candidacy, treatment sequence, comfort, healing, restoration timing, and results vary by patient. Where we describe what is possible, we say "for qualifying patients" and "in as little as" — and we mean it.

> **HOW TO USE THIS GUIDE**
>
> Read it in order, or skip to what worries you most. Most readers start with Chapter 3 (*Am I a Candidate?*), Chapter 6 (*the 12 questions*), or Chapter 7 (*Understanding the Investment*). Bring it — and your questions — to any consultation you attend.

CONTENTS

Nine chapters. One clear decision.

A NOTE ON THE QUALIFIERS YOU’LL SEE

Throughout this guide, phrases like *“for qualifying patients”* and *“in as little as”* appear wherever timing or outcomes are described. They are not fine print — they are honesty. Any provider who omits them is telling you less than the truth.

CHAPTER ONE

01

If You’re Losing Your Teeth, Read This First

Maybe it happened slowly — one tooth, then another, years of dental work that never quite held. Maybe dentures that once seemed like the answer now slip when you talk, ache when you chew, and sit in a glass at night as a reminder. Or maybe a dentist recently said the words you had been dreading: *“We can’t save them.”*

However you arrived here, we want you to know three things before anything else.

You are not alone

Millions of American adults live with severe tooth loss or failing teeth. They are teachers, mechanics, grandmothers, executives, veterans. Most of them waited years longer than they needed to — not because treatment didn’t exist, but because shame kept them from asking about it. If you have ever covered your mouth when you laugh, ordered soft food you didn’t want, or avoided being in photographs, you already know the real cost of failing teeth. It isn’t dental. It’s personal.

This is a health decision, not a vanity decision

Teeth are how you eat, and eating is how you live. People with failing teeth often drift toward soft, processed foods and away from proteins, fresh vegetables, and the meals they love. Infection around failing teeth is a chronic burden your body carries every day. And when teeth are missing, the jawbone that once supported them gradually resorbs — which is why long-time denture wearers often notice their facial profile changing over the years. Addressing failing teeth is not cosmetic self-indulgence. It is healthcare.

You have options — real ones

Modern dentistry offers a genuine range of solutions, from removable dentures to full-arch fixed implant treatment. None of them is right for everyone. Each carries its own trade-offs in stability, comfort, maintenance, treatment time, and cost. The purpose of this guide is to help you understand those trade-offs clearly — so that when you sit across from any provider, you can ask sharp questions and recognize honest answers.

Why waiting has a cost of its own

Tooth loss is progressive. Bone that no longer supports teeth continues to resorb over time, and advanced bone loss can narrow your future options or make treatment more complex. Failing teeth rarely stabilize on their own; infections deepen, neighboring teeth take on load they were never designed for, and the eventual treatment becomes larger than it needed to be. None of this means you should rush a decision — a choice this significant deserves careful research, which is exactly what you are doing now. It simply means that *gathering real information* about your own anatomy, sooner rather than later, works in your favor.

The emotional part is real — and it matters

Patients tell us the same things again and again: *"I haven't smiled in photos for years."* *"I stopped going out to dinner."* *"I didn't want my grandchildren to see me without my teeth."* If those sentences sound familiar, take them seriously. They are not vanity. They are quality of life. A good treatment decision accounts for how you want to eat, speak, laugh, and be seen — not just what an X-ray shows.

> **WHAT GOOD RESEARCH LOOKS LIKE**
>
> Serious patients don't need hype; they need a map. In the chapters ahead you will find your options compared honestly (Chapter 2), a clear-eyed look at candidacy (Chapter 3), an explanation of what "teeth in a day" marketing actually means (Chapter 4), and a checklist for evaluating any provider (Chapter 6). By the final page, you should know exactly what your next step is — and why.

A promise about how this guide talks to you

You will not find pressure tactics in these pages, and you will not find guarantees. Where treatment can be fast, we say so — with the qualifiers that make the statement true. Where treatment is demanding, we say that too. You are researching one of the most significant healthcare decisions you may ever make. You deserve to be spoken to like an adult.

Let's begin with the question every patient asks first: *what are my choices?*

CHAPTER TWO

02

Your Options, Honestly Compared

There are four broad paths for replacing many or all of your teeth. Each is legitimate. Each is right for someone. The honest comparison below is the one we would give a family member.

OPTION ONE

Traditional Removable Dentures

A removable acrylic prosthesis that rests on the gums. Dentures are the most accessible option and require no surgery. Their limitations are structural: because they sit on soft tissue rather than anchoring to bone, they can shift when eating or speaking, typically restore only a fraction of natural chewing force, and may need adhesives, relines, and periodic replacement. Because they do not stimulate the jawbone, bone resorption continues beneath them — which is why fit tends to worsen over the years.

Generally suited to: patients who cannot or prefer not to undergo surgery, or for whom cost and simplicity are the deciding factors.

OPTION TWO

Individual Dental Implants

A titanium implant replaces a single missing tooth root and supports a crown. For patients missing one tooth or a few scattered teeth, individual implants are often the standard of care: they function independently, preserve bone at the implant site, and don’t burden neighboring teeth. But replacing an entire failing arch tooth-by-tooth is rarely practical — it would require many implants, extensive grafting in areas of bone loss, and a long, costly sequence of procedures.

Generally suited to: patients missing one or a few teeth, with adequate bone and otherwise healthy surrounding dentition.

OPTION THREE

Implant-Supported Overdentures (“Snap-In” Dentures)

A removable denture that clips onto a small number of implants — usually two to four. The implants add meaningful stability compared with a traditional denture: less slipping, more chewing confidence. The prosthesis is still removable, still rests partly on the gums, and its attachments require periodic maintenance and replacement. For many patients it is a genuine middle path — better function than a conventional denture, less surgery and cost than a fixed arch.

Generally suited to: denture wearers who primarily want more stability, and patients seeking implant benefits with a smaller surgical footprint.

OPTION FOUR

Full-Arch Fixed Implant Treatment (All-on-4® / All-on-6)

A complete arch of fixed, non-removable teeth supported by four to six implants placed at strategic positions and angles. Because the implants can use the strongest available bone, many patients avoid extensive grafting. The prosthesis does not come out at night, does not rest on the gums, and restores chewing function far closer to natural teeth than a removable option can. For qualifying patients, a fixed provisional (temporary) set of teeth can be attached the same day the implants are placed.

It is also the most involved option: it is a surgical reconstruction requiring careful planning, an experienced team, a significant financial commitment, and a lifelong maintenance relationship.

Generally suited to: patients losing (or having lost) most or all of the teeth in an arch who want a fixed, stable, permanent-feeling solution — and who are candidates on 3D imaging and health review.

ALL-ON-4 VS. ALL-ON-6 — WHICH IS “BETTER”?

Neither, universally. The right implant count is an anatomical and engineering decision based on your bone volume, bite forces, and arch shape — not a package upgrade. Six implants are not automatically superior simply because six is more than four. A well-planned configuration matched to *your* anatomy beats a one-size-fits-all formula every time.

The four paths, side by side

	Traditional Denture	Individual Implants	Snap-In Overdenture	Full-Arch Fixed
Removable?	Yes — nightly	No — fixed	Yes — clips on/off	No — fixed
Stability while eating	Lowest; may shift	High (per tooth)	Improved; some movement	Highest of the four
Chewing function	Limited fraction of natural force	Near-natural per tooth	Moderate improvement	Closest to natural teeth
Preserves jawbone?	No — resorption continues	Yes, at implant sites	Partially, at implant sites	Yes, at implant sites
Surgery required	None	Per implant	Minor–moderate	Full-arch procedure
Typical maintenance	Adhesives, relines, replacement	Normal hygiene + checkups	Attachment upkeep, relines	Professional maintenance every 4–6 months + home care
Best-fit patient	Non-surgical preference; simplicity first	One or a few missing teeth	Denture wearer wanting stability	Failing or missing full arch; wants fixed teeth

This table describes general characteristics, not promises about any individual outcome. Your evaluation may identify factors that change which options are available or advisable for you.

How to read this table for yourself

Start with the row that matters most to you. If your top priority is *never dealing with a removable appliance again*, the fixed options deserve your attention. If your priority is *avoiding surgery altogether*, a traditional denture is the honest fit — and no one should shame you for it. If you are a denture wearer whose main complaint is movement, the overdenture row may describe your middle path.

What you should be skeptical of is any provider who recommends the same solution to every patient who walks in. The pattern to look for is the opposite: a team that maps *your* anatomy, listens to *your* priorities, and explains why a particular option fits — including what you would be giving up.

The next question is the one that keeps most researchers up at night: *would I even qualify?*

CHAPTER THREE

03

Am I a Candidate?

This is the question underneath every other question — and it is also where the most misinformation lives. Here is the honest picture.

What candidacy actually depends on

Full-arch implant candidacy is determined by a handful of concrete factors: the **volume and density of your jawbone** (revealed accurately only by 3D imaging), your **overall health** and how well you would tolerate a surgical procedure, **medical conditions and medications** that affect healing — such as uncontrolled diabetes or certain bone medications — **smoking**, which measurably impairs healing, and your ability to commit to **long-term maintenance**. Age, by itself, is rarely the deciding factor; healthy patients in their seventies and eighties are treated routinely.

“I was told I don’t have enough bone.”

If a dentist has told you this, it deserves a careful second look — not because it is never true, but because it is often a conclusion drawn from incomplete information. A two-dimensional X-ray or visual exam cannot fully measure bone volume. And modern full-arch techniques were developed specifically for patients with bone loss: implants placed at strategic positions and angles can use the strongest bone you still have, allowing many patients to avoid the extensive grafting they were told they would need.

Some patients truly do have severe, advanced bone loss — and even then, the responsible answer is a thorough evaluation, not an automatic no. Severely atrophic cases may involve additional specialists, staged treatment, or grafting. The point is not that everyone qualifies. The point is that **“no” should come after a 3D scan, not before one.**

> **A DISTINCTION WORTH REMEMBERING**
>
> A center that tells every patient “yes” is not being honest. A dentist who tells you “no” without three-dimensional imaging is not being thorough. What you are looking for is the middle: *a real evaluation before a real answer.*

Why only a 3D CT scan can answer this

A cone-beam CT (CBCT) scan creates a three-dimensional image of your jaws. Unlike a flat X-ray, it shows the true height, width, and density of your bone, the position of anatomical structures like nerves and sinuses, and exactly where implants could — and could not — be placed. It is the same imaging used to plan actual surgeries. Every meaningful statement about your candidacy flows from it.

This is why you should treat any candidacy verdict delivered without 3D imaging — positive or negative — as an opinion, not an answer. It is also why a consultation that includes a CT scan is worth more to you than any amount of further internet research: it converts the conversation from generalities about "patients like you" to facts about *you*.

Health factors: disqualifiers vs. considerations

Very few conditions rule out implant treatment outright. Far more common are *considerations to manage*: diabetes that needs to be under control, medications that need review with your physician, smoking that you may be asked to pause around surgery, or gum disease that must be addressed as part of treatment. A thorough center reviews your full health history and, when appropriate, coordinates medical clearance with your physician before surgery is scheduled. If a provider shows little interest in your medical history, that is not convenience — it is a warning sign.

The honest summary

- Most adults researching full-arch treatment turn out to have options — sometimes more than they were led to believe.
- Bone loss narrows options but frequently does not eliminate them; strategic implant positioning was designed for exactly this situation.
- A small number of patients are better served by other solutions — and a trustworthy center will tell them so plainly.
- No one — including us — can tell you which group you are in without 3D imaging of your anatomy.

THE ONLY REAL ANSWER IS A SCAN

Only a 3D CT scan can answer the candidacy question — and at Aria, yours is complimentary, with no obligation attached. You will see your own anatomy on screen and hear your realistic options, whatever they are. Call or text 602-877-0429

CHAPTER FOUR

04

What “Teeth in a Day” Really Means

“Teeth in a day.” “Smile in 24 hours.” “New teeth by dinner.” You have seen the slogans. Some of what they describe is real and remarkable. Some of it is marketing that quietly skips the details. This chapter separates the two — because understanding it will protect you at every consultation you attend.

The truth: you will likely have three sets of teeth

In a well-run full-arch treatment, most patients actually receive **three** sets of teeth over the course of care — and each has a distinct job:

1. The surgery-day fixed provisional. For qualifying patients, a fixed (non-removable) provisional set of teeth is attached the same day the implants are placed. This is the “teeth in a day” that the slogans describe — and it is genuinely important. It means you are never without a smile: you walk out of full-mouth surgery with complete, fixed teeth rather than an empty smile or a loose appliance. But these are *provisional* teeth, made within a demanding same-day timeline. They protect the surgical sites, restore your appearance, and require a careful soft-food diet while your implants heal beneath them. They are a beginning — not the finished product.

2. The refined provisional. In the most integrated workflows, the team uses postoperative records to deliver a refined provisional as early as the day after surgery. This is a second design opportunity: with surgery complete, the team can evaluate how your smile actually looks and functions — tooth display, lip support, speech, bite — and improve on the surgery-day version rather than treating it as the final word. Many centers skip this step entirely; it is worth asking about (see Chapter 6).

3. The final restoration. After your implants have integrated with the bone and your team confirms clinical readiness, your final teeth are made — commonly a custom zirconia bridge, designed from your digital records, far stronger and more refined than any provisional. This is the smile you will live with.

An honest treatment timeline

Here is how the journey unfolds in a fully integrated center, for qualifying patients:

Day 0 — **Surgery + fixed provisional teeth**

Extractions (if needed), implant placement, and attachment of your fixed provisional — in one visit, under dedicated anesthesia care. You leave with a complete smile.

Day 1 — **Refined provisional**

As early as the next day, postoperative records can be used to deliver a refined provisional — improving esthetics, bite, and speech while healing continues.

~2 weeks — **Healing evaluation**

Your team re-evaluates the surgical sites, your healing, and how the provisional is functioning — and determines when you are clinically ready for the final phase.

As little as 21 days* — **Final custom zirconia teeth**

For qualifying cases, the final zirconia restoration can be delivered in as little as 21 days — a timeline made possible only when surgery, design, and laboratory work share one roof. Many patients, and most traditional workflows, take longer — often months.

** "In as little as 21 days" describes the fastest pathway for qualifying cases — it is not a promise. Healing, implant stability, surgical complexity, and needed adjustments can extend any timeline, and your team should welcome that conversation rather than avoid it.*

Why the qualifier is a feature, not a hedge

When a center says "in as little as" and "for qualifying patients," it is telling you something valuable: that timelines are set by your biology and reviewed by clinical judgment — not by a marketing department. Be more skeptical, not less, of any provider who promises every patient the same speed. Your healing is not a slogan.

> **QUESTIONS THIS CHAPTER SHOULD PROMPT**
>
> At any consultation, ask: *Will my provisional teeth be fixed or removable? Is a next-day refinement part of your workflow? What determines when I receive my final teeth — and what material will they be?* The answers reveal more about a center than any advertisement will.

CHAPTER FIVE

05

The Anatomy of a Well-Run Treatment

Full-arch implant treatment is one of the most demanding disciplines in dentistry. It combines oral surgery, bite engineering, facial esthetics, anesthesia, and laboratory craftsmanship in a single plan. What separates an excellent experience from a chaotic one is rarely a single machine or a single doctor — it is whether those disciplines operate as *one system*. Here is what each part should look like when it is done well.

1. Planning: the destination comes first

A well-run treatment never starts with "where can implants fit?" It starts with "where should your new teeth be — and how should implants support them?" Your team should plan the final smile digitally first — tooth position, bite, lip support, facial relationship — and then position the implants to serve that plan. This is the practical meaning of all the technology you will hear about: the CBCT scan maps your anatomy; intraoral scanning replaces goopy impressions with precise digital records; digital smile design plans the destination before the surgery; and the surgical plan aligns implant position, depth, and angulation with the restorative goal.

2. Surgery: hours of coordinated work

Surgery day may involve extractions, bone shaping, implant placement, and the records for your provisional teeth — several hours of coordinated clinical work. Ask who will actually perform your surgery, how many full-arch cases they have completed, and who will be supporting them. In this discipline, repetition builds pattern recognition: a team that has seen thousands of variations of anatomy, bite, and healing is a team that is rarely surprised.

3. Anesthesia: who is watching you sleep?

Most full-arch patients choose to sleep through surgery — and this is a part of treatment that deserves far more scrutiny than it usually gets. The question is simple: **while the surgical team is focused on your mouth, who is focused on you?**

Models vary across the industry. In some offices, the surgeon supervises sedation while also operating. In others, a qualified anesthesia provider — a dental anesthesiologist or a certified registered nurse anesthetist — is dedicated solely to administering anesthesia and monitoring your vital signs throughout the procedure. Both dental anesthesiologists and CRNAs are qualified professionals; the structural point is that a *dedicated* anesthesia provider means one clinician's entire attention belongs to your safety and comfort for the duration of a procedure that can run several hours, while the surgeon's entire attention belongs to the surgery. When you compare centers, ask specifically who manages anesthesia and whether that is their sole role during your procedure.

4. The laboratory: the least visible, most underrated part

Your new teeth are not manufactured by the surgeon — they are designed and crafted by laboratory professionals: CAD/CAM designers, technicians, and ceramists. In most dental offices, that laboratory is an outside vendor, sometimes in another state. The case travels by shipping label; questions travel by work order; revisions add days or weeks per round-trip.

The alternative model brings the laboratory *inside* the treatment center. When the people designing your teeth work from the same digital records as the people who examined you — and can walk down the hall to discuss a detail of your bite or smile line — communication tightens, revisions accelerate, and accountability stops diffusing across companies. This integration is precisely what makes same-day provisionals and compressed final-restoration timelines achievable for qualifying patients. It is also rare, which is why Chapter 6 tells you to ask about it directly.

5. Follow-up: the same team, start to finish

A well-run treatment does not end at surgery. It includes a next-day visit, healing evaluations, delivery of the final restoration at the clinically right time, and a long-term maintenance relationship. Continuity matters here: when the team that planned your case is the team that follows it, nothing is lost in translation — and responsibility is never someone else's.

The digital thread: how good centers keep every step connected

You will encounter a parade of technology names as you research. None of them matters as isolated equipment; what matters is whether they form **one connected chain of information** from your anatomy to your finished teeth:

- **CBCT (3D CT) imaging** — maps your bone, nerves, and sinuses so recommendations rest on actual anatomy, not guesswork.
- **Intraoral scanning** — captures your mouth digitally, replacing physical approximations with records the whole team shares instantly.
- **Digital smile design** — plans your future teeth, bite, and facial relationship *before* surgery, so implants are placed to serve the final result.
- **Photogrammetry** — records the three-dimensional positions of your implants with high precision, supporting a restoration that fits accurately and reducing repeat impressions and remakes.
- **3D printing** — converts the digital design into your physical provisional teeth on an accelerated timeline.
- **Digital zirconia production** — mills your final bridge from your own digital records through a precision CAD/CAM process.

When these steps live in one center, information moves without handoffs and your treatment moves without waiting on vendors. When they are scattered across companies, every gap is a place where delay — or error — can enter. Technology does not replace clinical judgment; it removes the excuses between clinical judgment and a well-fitting result.

> **THE ONE-SENTENCE TEST**
>
> If you remember a single question from this chapter, make it this one: *"Walk me through who does what — planning, surgery, anesthesia, and the lab work — and where each of those people physically works."* A well-run center will answer in specifics, with names. A fragmented one will answer in generalities.

Now let's turn that test into a complete toolkit — twelve questions that will serve you at every consultation you ever attend.

CHAPTER SIX

06

12 Questions to Ask Any Implant Center

Take these questions to every consultation — including ours. A center worth trusting will enjoy answering them. Evasive, defensive, or vague answers are themselves an answer.

1 How many full-arch cases has the surgeon personally completed?

WHY IT MATTERS

Volume builds pattern recognition — familiarity with difficult anatomy, failing dental work, and complications. Expect a specific number, not “extensive experience.” Ask how many were cases like yours.

2 Who will actually perform my surgery — and who follows my case afterward?

WHY IT MATTERS

In some organizations, a rotating cast of clinicians handles different stages. Continuity means the people who planned your case stay connected to its execution and refinement — and you never re-explain your history to a stranger.

3 Where is your laboratory, and who designs my teeth?

WHY IT MATTERS

An in-house laboratory means the people crafting your teeth work from the same records as the people who examined you — faster revisions, tighter quality control, clearer accountability. If the lab is external, ask how revisions are handled and how long they take.

4 Who manages my anesthesia, and is that their only role during surgery?

WHY IT MATTERS

A dedicated anesthesia provider — focused solely on your safety and comfort while the surgeon focuses on surgery — is a meaningful structural difference for a procedure that can last hours.

5 Will I receive fixed provisional teeth on surgery day — or go home without teeth?

WHY IT MATTERS

"Same-day teeth" can mean a fixed provisional attached to your implants — or a removable denture handed to you at discharge. These are profoundly different experiences. Ask which one, exactly, and what the qualifying criteria are.

6 Is a refined provisional part of your workflow?

WHY IT MATTERS

A next-day (or early) refinement of the provisional is a second design opportunity — a chance to improve esthetics, speech, and bite after surgery instead of living with the surgery-day version for months. Many centers skip it.

7 What will my final teeth be made of, and when will I receive them?

WHY IT MATTERS

Materials differ meaningfully — zirconia and acrylic are not equivalent in strength or refinement. And some patients discover late that their quote covered only provisional-grade teeth. Get the material and the expected timeline in writing.

8 How do you decide between All-on-4, All-on-6, or another configuration?

WHY IT MATTERS

The right answer references your anatomy: bone volume, bite forces, arch shape. Be wary of a center that sells every patient the same package — or upsells implant count as if more were automatically better.

9 What exactly is included in my written quote — and what could cost extra later?

WHY IT MATTERS

An itemized written quote should cover the full plan discussed: extractions, implants, anesthesia, provisional teeth, the final restoration, and follow-up visits. Ask specifically what happens — and what it costs — if the provisional breaks or the final needs adjustment. Surprises live in the gaps.

10 Who owns this practice?

WHY IT MATTERS

Ownership shapes accountability. In a locally owned center, the people who set the standards work in the building and their names are attached to the outcome. In a corporate or investor-owned group, decisions may be made far from your chair. Neither model guarantees quality — but you deserve to know which one you are choosing.

11 What happens if something needs adjustment after treatment?

WHY IT MATTERS

Provisionals can chip; bites need refinement; life happens. Ask how adjustments and remakes are handled, by whom, on what timeline, and at what cost. The quality of a center shows most clearly in how it handles the imperfect moments.

12 Can I see real patient evidence — reviews and video testimonials?

WHY IT MATTERS

Anyone can publish polished before-and-after photos. A large body of public reviews and on-camera patient stories — people describing their fears and experiences in their own voices — is much harder to manufacture. Ask where you can watch and read them.

YOUR POCKET CHECKLIST

1 Surgeon's full-arch case count · 2 Who operates & who follows up · 3 Where's the lab · 4 Who manages anesthesia · 5 Fixed provisional on surgery day? · 6 Refined provisional? · 7 Final material & timing · 8 How is my configuration chosen · 9 What's itemized in the quote · 10 Who owns the practice · 11 How are adjustments handled · 12 Where's the patient evidence

AN OPEN INVITATION

Bring these twelve questions to us — we would genuinely enjoy answering them. And bring them everywhere else, too. If this checklist helps you choose another excellent provider, it has done its job. 602-877-0429

CHAPTER SEVEN

07

Understanding the Investment

You will notice this chapter contains no prices. That is deliberate — and it is worth explaining, because how a center handles the money conversation tells you a great deal about how it handles everything else.

Why credible centers price after imaging, not before

Full-mouth treatment is not a product on a shelf; it is a surgical reconstruction planned around one person's anatomy. The factors that genuinely shape a treatment plan include **how many teeth need extraction**, **the condition and volume of your bone** and whether any grafting is involved, **the type of anesthesia** your procedure and health call for, **the implant configuration** your anatomy supports, and **the final restoration material** you choose. None of these can be known from a website visit or a phone call. They are revealed by a 3D CT scan and a clinical examination.

This is why a number quoted *before* imaging is, at best, a guess — and guesses in this field have a way of being revised upward once reality arrives. A center that examines you first and prices your actual plan is not being evasive. It is being accurate.

The one document that protects you

Whatever center you choose, insist on one thing before you commit: **a written, itemized quote for your specific plan.** It should clearly cover everything discussed — extractions, implants, anesthesia, your provisional teeth, your *final* teeth and their material, and follow-up care — so that the number you agree to is the number you pay. The most expensive quote is the vague one: patients who accept an un-itemized figure sometimes discover that the "final teeth" they assumed were included are a separate phase entirely (see Question 9, Chapter 6).

> **A FAIR STANDARD FOR ANY PROVIDER**
>
> You should never have to commit to treatment to learn what treatment costs. A credible center will examine you at no charge or low cost, explain your plan, and hand you an exact, itemized number in writing — then give you room to decide.

How patients actually pay for treatment

Most full-arch patients do not pay for treatment all at once. The common approaches, in plain terms:

- **Monthly financing.** Healthcare lenders offer payment plans that spread treatment over time, turning a large one-time commitment into a predictable monthly amount. Terms vary by lender and by your credit profile; ask any center which financing partners they work with and what the application involves.
- **Health savings accounts (HSA/FSA).** Medically necessary dental treatment is generally an eligible expense for these tax-advantaged accounts. Your plan administrator or tax professional can confirm the specifics of your situation.
- **Dental insurance — a realistic word.** Conventional dental insurance typically contributes only a small portion, if any, toward full-arch implant treatment; annual maximums are usually modest relative to the scope of care. It is worth checking your benefits, but plan as though insurance will be a supplement, not a solution.
- **Phased or combined approaches.** Some patients combine savings, financing, and family support. A good treatment coordinator will walk through the options without judgment — this is a normal conversation they have every day.

Questions to ask about money — anywhere you go

- Is my quote itemized, in writing, and inclusive of my final teeth — not just the provisionals?
- What financing options do you offer, and can I see real terms before committing?
- What would change the price after treatment begins — and how are those situations handled?
- Is there any charge for the consultation, the scan, or a second opinion?

A note on comparing quotes

If you gather quotes from multiple centers, compare *plans*, not just totals. Two numbers are only comparable when they cover the same things: the same final material, the same anesthesia model, the same follow-up care, the same answer to “what if it needs adjustment?” A lower figure that omits the final restoration or bills adjustments separately is not actually lower. The itemized quote is what makes an honest comparison possible — which is exactly why you should require one everywhere.

CHAPTER EIGHT

08

Recovery and Living With Your New Teeth

Patients are often surprised by how manageable recovery is — and equally surprised by the parts nobody warned them about. Here is the honest picture, so nothing catches you off guard.

The first days

Expect swelling, some bruising, and discomfort that is typically well controlled with medications your team prescribes or recommends — many patients rotate over-the-counter pain relievers on a schedule. Ice packs, sleeping with your head elevated, and rest do real work in the first 48–72 hours. You will have left surgery with fixed provisional teeth (for qualifying patients), so you heal with a complete smile — but those provisional teeth come with one non-negotiable rule: **a soft-food diet while your implants integrate with the bone.**

The eating timeline, honestly

Implant integration — the process of bone fusing to the implant surface — takes time and is the foundation of everything. During the provisional phase, that means weeks of genuinely soft foods: eggs, fish, pasta, well-cooked vegetables, smoothies, soups. Not because your new teeth are fragile as objects, but because excessive chewing force too early can disturb healing implants. Patients who respect the soft-food phase protect their result; patients who test it take a real risk with a significant investment. Once your final restoration is delivered and your team confirms integration, the menu opens up — steak, apples, corn on the cob — the foods that may have been off your table for years.

Speech, sensation, and adjustment

New teeth change the landscape of your mouth. Expect a short adjustment period for speech — certain sounds may feel different for days to a few weeks, and reading aloud speeds the adaptation. Expect your bite to be checked and refined at follow-up visits. These are normal chapters of the process, not signs of a problem.

Caring for provisional vs. final teeth

Your provisional teeth are working temporaries: strong enough for daily life on a careful diet, but not built for decades. Treat them gently, follow the dietary guidance, and report chips or looseness promptly — refinement is a normal part of this phase. Your final restoration — commonly a custom zirconia bridge — is engineered for long-term strength and esthetics. It is not, however, maintenance-free, and no honest provider will tell you otherwise.

The long-term maintenance rhythm

Full-mouth implants trade the problems of failing teeth for a much smaller, manageable responsibility: **professional maintenance visits, commonly every four to six months**, plus daily home care with the tools your team recommends (water flossers and specialized brushes are typical). At maintenance visits, your team cleans where home care cannot reach, checks the health of the tissue around your implants, and verifies that your restoration and bite are functioning as designed. Skipping maintenance is the most common way patients endanger an otherwise excellent result — the tissues around implants need care even though the teeth themselves cannot decay.

What long-term success looks like

- You eat what you want to eat, in public, without thinking about your teeth.
- Your teeth are simply *yours* — nothing comes out at night, nothing needs adhesive.
- You keep a modest rhythm of professional maintenance, the way you would service anything built to last.
- Your team remains reachable — and accountable — for the result they delivered.

> **ASK ABOUT THE MAINTENANCE RELATIONSHIP BEFORE YOU COMMIT**
>
> At any center, ask: *What does long-term maintenance involve, what does it cost, and who will I see at those visits?* A center that plans your maintenance from day one is planning for your result to last. A center with no answer is planning to be done with you at delivery.

CHAPTER NINE

09

Your Next Step

You have read the honest version of this decision. The next step is not a commitment — it is information about *you*. Here is exactly what happens at a complimentary consultation at Aria, so there are no surprises.

The agenda, in full

- **A conversation first.** Your concerns, your goals, your health history — before any imaging, we listen. Bring anyone you like; this decision is often a family decision.
- **Your complimentary 3D CT scan.** The same imaging we plan real surgeries with — not a screening shortcut. It shows your bone, your anatomy, and your real options.
- **You see your own anatomy on screen.** We walk through what the scan shows, in plain language, and answer the candidacy question with facts instead of generalities.
- **Your realistic options and timelines.** Including which options we would *not* recommend for you, and why. If another path — or another provider — serves you better, we will say so.
- **A written, itemized plan — if you want one.** Your exact treatment plan with an exact number attached, in writing, before you leave. Financing options explained alongside it, if you ask.

Plan for about an hour. You will leave with your scan findings discussed, your questions answered, and real information you keep — whatever you decide.

Our promises about pressure

- **No same-day-only discounts.** Any offer that expires when you walk out the door is a pressure tactic. We don’t use them.
- **You don’t have to decide anything that day.** We will tell you this in the room, because it is true.
- **Second opinions are welcome — in both directions.** Already have a treatment plan from another office? Bring it. We will give you an honest read, including “their plan is solid.”
- **Your information is yours.** Your scan findings and your written plan go home with you either way.

ARIA DENTAL IMPLANT CENTER

Why patients trust *Aria* with this decision

3,000+

FULL-MOUTH IMPLANT CASES COMPLETED BY DR. JOE MEHRANFAR

1,000+

LICENSED DENTISTS TRAINED BY DR. MEHRANFAR IN IMPLANT TREATMENT

One roof

SURGERY, RESTORATION, DEDICATED ANESTHESIA & IN-HOUSE DIGITAL LABORATORY

4.9★

GOOGLE RATING ACROSS HUNDREDS OF PATIENT REVIEWS, PLUS 65+ VIDEO TESTIMONIALS

Aria is locally and independently owned by Dr. Joe Mehranfar and Scott Lauer — not a corporate chain. The people who set our standards work in the building, and their names are attached to every outcome. For qualifying patients, our integrated team provides fixed teeth on the day of surgery, a refined provisional as early as the next day, and custom zirconia teeth in as little as 21 days.

YOUR COMPLIMENTARY 3D CT SCAN & CONSULTATION

Call or text 602-877-0429

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