

# The 7 Things Most Patients Get Wrong Before Choosing a Dental Implant Provider

I'm Dr. Conner Noland. I place every implant in my practice, from a single tooth to a full arch, and I have sat across from hundreds of people who were trying to make this decision. The same seven mistakes come up again and again. Not because patients are careless, but because nobody hands them the questions that matter. This guide does. Read it before any consultation, including mine.

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| 5 | Ignoring the lab behind the teeth          | Who actually makes your smile           |
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**How to use this guide.** Each mistake gets one page: why it happens, what it costs you, what a good practice does instead, and the exact questions to ask. Page 9 is a tear-out checklist. Take it to every consultation. A practice that answers all of it without flinching is one you can trust.

## WHAT I HOLD MYSELF TO

- I personally place and restore every implant
- 3D CBCT scan on every case, included, never optional
- In-house lab, teeth designed steps from the surgical chair
- Over 98% success on implants we track, 5-year prosthetic warranty
- 15+ full-arch cases a month, 4.9 stars across 270+ reviews

## 1 MISTAKE NO. 1 Choosing on price alone

The lowest number on the table is almost never the lowest amount you will pay. It is usually just the number that leaves the most out.

I understand the instinct. Full-arch implants are one of the biggest purchases a person makes, and when three practices quote three prices, the brain reaches for the smallest. But a quote is only meaningful if you know what it covers, and low quotes are built by moving essential items off the page. The 3D scan becomes an add-on. The temporary teeth you wear for months become an upgrade. The lab fee shows up at delivery. Bone grafting gets "discovered" after surgery starts. By the time you have your final teeth, the cheap quote has quietly passed the complete one.

### WHAT IT REALLY COSTS YOU

The bigger risk is not a surprise line item. It is an implant that fails because planning, technique, or materials were where the savings came from. A failed implant means removal, a bone graft, months of waiting for the graft to mature, and a second surgery. Redoing a full arch can cost as much as the first one, and nobody gets those months back.

#### ASK THIS

- "What exactly is in this number, and what could cost extra?"
- "Is the 3D scan included? The temporaries? The final zirconia teeth? Every follow-up visit?"
- "If I need grafting or an extra implant, what happens to the price?"
- "Is the lab work done here, or billed from somewhere else?"

#### A good answer sounds like:

"One price. Scan, extractions, sedation, implants, same-day temporaries, all healing visits, and the final teeth. If the scan shows you need more, we tell you before you commit, not after."

**Red flag:** a price given before anyone has looked at a 3D scan of your jaw. That is a marketing number, not a treatment plan.

*"A quote built on your imaging is worth far more than a quote built on a marketing number. Price transparency is how you tell who actually understands your case."*

MISTAKE NO. 2

2

## Not asking who actually places the implants

Patients research the procedure, the price, and the reviews, and almost nobody asks the one question that decides how the next five years go: who is holding the drill?

Here is how a lot of implant marketing works. You consult with a friendly dentist. You like them. Then the practice books a traveling surgeon who comes to town one or two days a month. You meet that person the morning of surgery. They did not plan your case, they will not build your teeth, and if something aches at week three, they are in another city. The dentist you liked is now relaying messages between you and someone who has moved on.

This split exists because it is efficient for the practice, not because it is better for you. Surgery and restoration are one project. The person who decides where the implants go should be the person who knows what the final teeth need, and the person you call when something feels wrong should be the person who did the work.

### WHAT CONTINUITY OF CARE ACTUALLY MEANS

- The surgeon planning your case is the one who saw your scan, not a summary of it.
- Your teeth are designed by the clinician who knows exactly where every implant sits.
- Follow-up is one relationship, not a handoff between offices that rarely talk.
- Experience compounds. Volume is not a bragging point; it is how a surgeon has already seen the version of your case that does not go to plan.

#### ASK THIS

- "Will you personally perform my surgery, or will a different surgeon handle it?"
- "Who will I see at month six? At year five?"
- "How many full-arch cases do you complete in a typical month?"

**A good answer sounds like:** a name, the same name, for consultation, surgery, temporaries, and final delivery, and a number of cases per month they will say out loud.

**Red flag:** "our surgical team," "a specialist we work with," or any answer that changes who you will meet on surgery day.

*"When I place your implants, I'm the one who designed the plan, built the temporaries, and will deliver your final teeth. Every piece of the case is connected because I'm the one connecting them."*

## MISTAKE NO. 3

## 3 Skipping the 3D CBCT scan

If a provider quotes your case or plans your surgery from a flat X-ray, walk away. Not because they are dishonest, but because they are guessing about the only thing that matters: your bone.

A cone-beam CT scan is a three-dimensional picture of your jaw, teeth, nerves, and sinuses. A traditional 2D X-ray is one flat angle. It can show a cavity or a shadow. It cannot tell me how deep or wide your bone is, how dense it is, where the nerve runs through your lower jaw, or how close your sinus floor sits to the implant site. Every one of those decides implant length, diameter, and angle. Planning surgery from a 2D film is like navigating a city with a hand-drawn sketch. You might get somewhere. The margin for error is not acceptable for permanent hardware in your jaw.

### WHAT THE SCAN CHANGES

- **Bone volume and density.** Whether an implant will hold without grafting, and which implant to use.
- **Nerve position.** Too close in the lower jaw risks permanent numbness. The scan shows exactly where it is.
- **Sinus clearance.** Upper implants must not enter the sinus. The scan dictates length and whether a lift is needed.
- **Hidden problems.** Retained root tips, cysts, and infections invisible on 2D film show up clearly in 3D.
- **Advanced options.** Angled, pterygoid, or zygomatic implants for severe bone loss can only be planned on a 3D map.

#### ASK THIS

- "Will my implants be planned on a 3D scan, and can I see it with you?"
- "Is the scan included, or billed separately?"
- "What did my scan show that changed the plan?"

**A good answer sounds like:** the scan on a screen in front of you, with the provider pointing at your nerve, your sinus, and where each implant will go and why.

**Red flag:** a treatment plan or a price offered before a scan exists. In my practice the scan is part of every workup from day one. It is not optional and it is not an add-on.

*"I won't quote a case I haven't imaged. The CBCT is how I see what's actually there, not what a 2D film suggests might be there."*

Read the full article: [Why a 3D CBCT Scan Is Non-Negotiable Before Dental Implants](#)

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## MISTAKE NO. 4

4

## Not understanding what "All-on-X" means

All-on-4, All-on-6, All-on-X. Marketing uses them interchangeably. They are not the same thing, and the difference is the difference between a plan built for your jaw and a plan built for a price sheet.

**All-on-4** is a specific protocol: four implants per arch, the back two tilted to reach the bone that exists. It is efficient and it works well for the right patient, especially with limited back-jaw bone. **All-on-6** spreads chewing force across six anchors, which generally means better long-term stability where bone allows. **All-on-X** is not a trademark. The X is deliberately blank. It means the number of implants is chosen after your scan, from your anatomy, not before it from a formula.

Most high-volume practices default to four because it is faster and cheaper to deliver. My philosophy is different. I place five, six, or more implants per arch whenever your bone volume allows, because better load distribution means less stress on each implant and a more durable result over the years. And where the back of the upper jaw has almost no bone, pterygoid or zygomatic implants can anchor into dense bone farther back and skip sinus grafting entirely. That is a decision made case by case, never a default setting.

## PLACEMENT MATTERS AS MUCH AS THE COUNT

Four well-placed implants in good bone beat six crowded into poor bone. What you are really buying is judgment: where each implant goes, at what angle, and why. A number without reasoning is a sales pitch.

## ASK THIS

- "How many implants do you plan for my arch, and why that number for my anatomy?"
- "Will any be angled? What if my scan shows very little bone in the back?"
- "What happens if one implant doesn't take?"

**A good answer sounds like:** a number tied to your scan, a reason for it, and a plan B that does not start with "we'd have to start over."

**Red flag:** the same number for every patient, quoted before imaging, with "that's our protocol" as the explanation.

*"The right number of implants isn't four or six. It's the number your jaw needs for a stable outcome. That's what I evaluate on every case."*

## MISTAKE NO. 5

5

## Ignoring the lab behind the teeth

The surgery is half the procedure. The other half is the teeth themselves, and most patients never ask where they are made, by whom, or what happens when something needs to change.

The majority of practices send digital files to a commercial lab in another city. The lab makes the teeth, ships them back, and the dentist delivers them. It is the industry standard, and it has real costs for you. Communication between surgeon and technician runs through order forms. An adjustment means shipping the arch back and waiting weeks for a redo. Your case is one of dozens on the bench that day. The dentist has no direct say over how your teeth are finished. And the lab's markup rides along on your bill.

### WHAT IN-HOUSE CHANGES

My lab is down the hall, staffed by a full-time master ceramist who works on your case with me from the day of surgery. When I see something in the chair that affects the design, I walk over and say so. When the ceramist has a question about your bite or your shade, I answer it that afternoon. Your teeth are refined through multiple review steps before you ever sit down for delivery.

- **Fit.** Teeth built with direct surgeon-to-ceramist communication fit the first time, with less adjustment.
- **Time.** No shipping, no waiting on a queue. A change happens the same day, not next week.
- **Looks.** Shape, shade, and character are matched to your face by someone who has seen it, not pulled from a catalog template.

#### ASK THIS

- "Where are my teeth made, and can I meet the person designing them?"
- "If something needs adjusting at delivery, how long does that take?"
- "Can I see examples of your lab's finished work?"

**A good answer sounds like:** a name, a room you can look into, and finished cases on the counter.

**Red flag:** "we use a great lab" with no name, no location, and no answer for what a remake costs you in weeks.

*"The ceramist and I collaborate on every case from the day of surgery. By the time you're in the chair for final delivery, your arch has been refined through multiple review steps, not just milled and shipped."*

## MISTAKE NO. 6

6

## Not asking about temporary vs. final teeth

You do not get your permanent teeth on surgery day. You get a temporary set first and the final set months later. Patients who do not know this feel misled. Patients who do know it feel prepared.

### SURGERY DAY

Failing teeth come out, implants go in, and you leave the same day with a full set of temporary teeth attached to those implants. They are made of durable resin, not the zirconia of your finals, and they are functional: you will speak normally and eat soft foods that evening. They protect the implants while they heal and give me a preview of your bite, your speech, and your smile before anything is final. Hard and crunchy foods wait.

### THE HEALING MONTHS

Bone fuses to titanium on its own schedule, typically three to six months depending on your bone density, health, and how many implants were placed. That process cannot be rushed or skipped. During it you come in at set intervals so I can check healing and adjust the temporaries. Most people are comfortable eating and talking within a week or two.

### FINAL DELIVERY

Once every implant is confirmed stable, our in-house lab builds your final arch, usually zirconia: strong, stain resistant, shaped and shaded to your face. We refine fit and bite in the chair until it feels right. A well-made arch is planned to hopefully last a very long time; nationally they average 15 to 20 years, and how long yours lasts depends heavily on how it is cared for. Ours carries a five-year prosthetic warranty.

#### ASK THIS

- "What will my temporaries look like and feel like, and what can I eat?"
- "How many visits happen between surgery and final teeth?"
- "What are the finals made of, and what is the warranty?"

**A good answer sounds like:** a timeline with dates, a description of both sets of teeth, and a warranty in writing.

**Red flag:** "final teeth in a few weeks." Biology does not work on a marketing calendar, and rushing integration risks the implants themselves.

*"The two-phase process exists to protect your investment. Rushing doesn't save time, it risks the implants. The temporaries work. Trust the timeline."*

MISTAKE NO. 7

## 7 Making the decision alone

This is a permanent decision with real money and a real recovery attached. That is not a reason to be afraid. It is a reason to bring someone with you.

Anxiety erodes memory. When you are in the consultation chair hearing words like osseointegration and pterygoid while also doing math on cost and time off work, details slip and the questions you meant to ask never get asked. A spouse, an adult child, or a trusted friend catches what you miss, takes notes, asks the follow-up, and helps you reconstruct the conversation at the kitchen table that night. That is not weakness. It is how careful people make big decisions.

A companion also helps you separate feeling from fact afterward, and they are the one who can say "we need more time" when you are too close to the situation to say it yourself.

### HOW TO SPOT PRESSURE

- A price that "expires" if you do not sign today.
- A treatment agreement pushed at the first visit.
- Rushed explanations with no room for questions.
- Vague answers about who will actually do the surgery.
- A quote before any 3D imaging.

Every one of those is easier to see with a second person in the room. A practice that is confident in its work does not need you to decide before you leave.

#### ASK THIS

- "Can I take this home and come back with questions?"
- "Will I meet the doctor at the consultation, or a coordinator?"
- "Is there any cost or penalty for taking a few weeks to decide?"

**A good answer sounds like:** "Of course. Bring whoever you want, come back as many times as you need." My consultations are built to educate first and sell never. You meet me, we go through your scan together, and you leave with a clear picture and no deadline.

**Red flag:** a discount that only exists today.

*"Bring your spouse. Bring your questions. Bring your skepticism. I'd rather answer hard questions now than have you regret a decision you made too fast."*

Read the full article: [Why You Shouldn't Choose a Dental Implant Provider Alone](#)

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# The consultation checklist

Print this page or keep it on your phone. Check each box only when you have heard a specific answer, not a reassuring one.

- ☐ 1 The quote lists the 3D scan, extractions, sedation, implants, temporaries, every healing visit, and the final teeth. Anything that could cost extra is named now.

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- ☐ 1 I know what happens to the price if the scan shows I need grafting or an additional implant.

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- ☐ 2 The doctor I met will personally place my implants and deliver my final teeth. I have their name.

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- ☐ 2 They told me how many full-arch cases they complete in a typical month.

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- ☐ 3 My plan was built on a 3D CBCT scan, and I saw it on a screen with the doctor.

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- ☐ 3 The scan was included, not billed as an add-on.

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- ☐ 4 I know how many implants are planned for my arch and the reason for that number in my anatomy.

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- ☐ 4 I know what the plan is if one implant does not integrate.

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- ☐ 5 I know where my teeth will be made and who designs them. If in-house, I have seen the lab.

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- ☐ 5 I know how long an adjustment or remake takes.

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- ☐ 6 I understand the temporaries: what they are made of, what I can eat, and how long I will wear them.

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- ☐ 6 I know what the final teeth are made of and I have the warranty in writing.

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- ☐ 7 I was told I can take the plan home, bring someone with me, and come back with questions at no cost.

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- ☐ 7 Nobody offered me a price that expires today.

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**Scoring is simple.** Fourteen boxes. A practice you can trust checks all fourteen without hesitation. If a practice cannot check the first three, the rest do not matter.

WHAT TO DO NEXT

## You now know more than most patients ever ask

Use it on us. Bring this guide to your consultation and go down the list. I would rather answer hard questions on day one than have you find out the answers on day ninety.

1

Call or book online. Tell us you have the guide. There is no charge for a full-arch consultation.

2

We take your 3D scan and review it together on the screen, tooth by tooth, bone by bone.

3

You leave with one written plan, one all-inclusive number, and no deadline. Come back as many times as you need.

### ON PAYING FOR IT

Most dental insurance caps out at one or two thousand dollars a year, so it rarely carries a full-arch case, though we will use every bit that applies. Most of my patients finance monthly. We work with Proceed Finance, LendingClub, and Cherry, and the monthly number is usually far more manageable than the total suggests. Ask us to run it before you decide anything.

### ALREADY TOLD YOU'RE NOT A CANDIDATE?

Ask again, with a scan. "Not enough bone" is a sentence too many people have accepted as final. Angled, pterygoid, and zygomatic implants exist precisely for jaws that lost their bone years ago. Whether they fit your case is a question the CBCT answers, not a conversation.

## Schedule your consultation

Call **(501) 362-0550** or book online at [nolandimplants.com/book](https://nolandimplants.com/book). Noland Implants & Aesthetics, 821 W Main St, Heber Springs, AR 72543. Patients come to us from across Arkansas; if you are traveling, ask about consolidating visits.

Dr. Conner Noland, DDS. Member, American Academy of Implant Dentistry and the International Congress of Oral Implantologists.