

THE GEORGETOWN PATIENT VETTING GUIDE

CHOOSING A FULL MOUTH DENTAL IMPLANT PROVIDER IN GEORGETOWN, TX

HOW TO USE THIS VETTING GUIDE

This vetting guide is engineered to protect both your health and your financial investment. Full mouth dental implant restorations are a life-changing, multi-decade decision that can total between \$14,000 and \$36,000 per arch. In Georgetown, TX, where the All-on-4 average is \$13,720 per jaw, patients must carefully evaluate clinical credentials, surgical techniques, and structural warranties. Bring this comprehensive evaluation sheet to every consultation. Check off the rating boxes, note the doctor's exact answers, and listen for critical red flags highlighted in each section.

Rating Key:

☐ **Poor (P):** Relies on 2D, lacks credentials, or has hidden fees.

☐ **Fair (F):** Standard clinic, outsourcing labs, partial warranty.

☐ **Excellent (E):** All-in-one clinic, 3D guide, lifetime zirconia warranty.

SECTOR 1: PROVIDER CREDENTIALS & TRAINING

Q1. Are you a licensed general dentist, or do you have specialized postgraduate residency training in oral surgery, periodontics, or prosthodontics?

Vetting Benchmark: While any licensed dentist is legally permitted to place implants under ADA guidelines, implant-focused specialists receive advanced, high-level postgraduate training (such as an AEGD residency) which dramatically elevates precision. **Red Flags:** Providers downplaying the surgical complexity or lacking formal surgical/restorative residency training.

Rating: ☐ P ☐ F ☐ E

Notes:

Q2. What specific credentials or fellowships do you hold from recognized professional implant organizations, such as the American Academy of Implant Dentistry (AAID)?

Vetting Benchmark: Look for credentialed statuses like Associate Fellow or Fellow of the American Academy of Implant Dentistry (AAID), which require rigorous postgraduate training, exams, and peer-reviewed clinical evaluations. **Red Flags:** Claiming expert status based solely on short 1-2 day manufacturer weekend courses.

Rating: ☐ P ☐ F ☐ E

Notes:

Q3. How many dental implants do you place on average each year, and what is your personal clinical success rate?

Vetting Benchmark: Experienced specialists place hundreds of implants annually, keeping risks to a minimum. While overall dental implant success rates are up to 98%, individual outcomes depend heavily on the doctor's routine familiarity with the procedure. **Red Flags:** Placing fewer than 50 implants per year or claiming an unrealistic '100% success rate' (which ignores natural biological failure rates of 5-10%).

Rating: ☐ P ☐ F ☐ E

Notes:

Q4. What advanced training do you have in managing, diagnosing, and treating unexpected surgical complications?

Vetting Benchmark: A qualified specialist possesses advanced surgical education to immediately diagnose and treat unexpected biological issues (such as nerve irritation or infections). **Red Flags:** Dismissive attitudes toward surgical risks or claiming complications 'never happen in my office.'

Rating: ☐ P ☐ F ☐ E

Notes:

Q5. Do you handle the entire full-mouth implant process in-house, or will I be referred to separate specialists for the surgery and the final teeth?

Vetting Benchmark: Dedicated implant centers provide all-in-one care under a single roof, where a cohesive team of oral surgeons, prosthodontists, and in-house lab technicians collaborate. **Red Flags:** Referring you to separate clinics for extractions, surgical placement, and final bridges, which increases costs and communication gaps.

Rating: ☐ P ☐ F ☐ E

Notes:

Q6. Where did you receive your dental degree and advanced surgical training, and how do you stay updated on the latest digital implant technologies?

Vetting Benchmark: Look for degrees from premier institutions (e.g., UT Health San Antonio, Creighton, or NYU) and active training in 3D CBCT, digital scanners, and 3D printing. **Red Flags:** Lack of transparency regarding academic backgrounds or failing to utilize custom digital surgical guides.

Rating: ☐ P ☐ F ☐ E

Notes:

Q7. Do you have extensive experience in advanced bone-grafting techniques and alternative full-arch methods like All-on-4?

Vetting Benchmark: If bone density is lacking, the doctor must be trained in bone grafts or sinus lifts, or possess advanced mastery of the All-on-4 technique, which strategically angles rear implants to completely bypass grafting. **Red Flags:** Forcing expensive, highly invasive bone grafts without offering graftless angled alternatives.

Rating: ☐ P ☐ F ☐ E

Notes:

SECTOR 2: CONSULTATION & DIAGNOSTICS

Q8. What imaging and diagnostic technology will be used during my initial consultation, and is the cost included in my quoted price?

Vetting Benchmark: Expect comprehensive oral exams and 3D CBCT (Cone-Beam CT) scans. Verify if this scan is part of a free promotional consultation or billed as a separate diagnostic fee. **Red Flags:** Relying solely on traditional, flat 2D X-rays to plan complex full-mouth surgeries.

Rating: ☐ P ☐ F ☐ E

Notes:

Q9. How do you evaluate my jawbone density to ensure it can support dental implants, and what are my options if my bone is too thin or weak?

Vetting Benchmark: The doctor must analyze 3D CBCT scans to measure bone height, width, and depth microscopically. If bone is insufficient, options include a bone graft, sinus lift, or choosing an angled All-on-4 configuration. **Red Flags:** Proceeding to surgery without a detailed 3D mapping of your jawbone density.

Rating: ☐ P ☐ F ☐ E

Notes:

Q10. Why is 3D CBCT scan technology preferred over traditional 2D X-rays for my dental implant diagnostics?

Vetting Benchmark: CBCT scans provide a three-dimensional view of bone contours and accurately map critical anatomical structures (nerves, blood vessels, sinuses) to eliminate guess work and minimize risks. **Red Flags:** Stating that a standard 2D panoramic X-ray is 'plenty of detail' for full-arch implants.

Rating: ☐ P ☐ F ☐ E

Notes:

Q11. Will I receive a written, personalized treatment plan, and what specific steps and timeline will it cover?

Vetting Benchmark: You must receive a written plan outlining the surgical phase (placement and extraction), healing phase (osseointegration), and restorative phase (impressions and final crown). **Red Flags:** Vague verbal estimates, high-pressure 'buy now' sales tactics, or refusing to outline the clinical timeline in writing.

Rating: ☐ P ☐ F ☐ E

Notes:

Q12. How is my overall health and eligibility assessed during the consultation, and what factors might delay or disqualify me from getting implants?

Vetting Benchmark: A thorough medical review must check for uncontrolled diabetes, active gum disease, jaw growth status (must be completed by ages 18-21), and medications (bisphosphonates). **Red Flags:** Failing to evaluate systemic health, gum infections, or lifestyle habits like heavy smoking (which doubles failure risk).

Rating: ☐ P ☐ F ☐ E

Notes:

Q13. How do you determine during the diagnostic phase if I will need tooth extractions, and can they be done on the same day as my implant surgery?

Vetting Benchmark: Failing or damaged teeth in the arch are mapped for extraction. Standard full-mouth restoration should combine extractions and implant placement on the same day for maximum efficiency. **Red Flags:** Requiring multiple surgical appointments weeks apart to extract teeth and place implants separately.

Rating: ☐ P ☐ F ☐ E

Notes:

Q14. Will I be able to see a preview of my new smile or try on samples of my teeth during the consultation?

Vetting Benchmark: Modern centers offer a digital smile simulation or physical try-on mockup, enabling you to customize your tooth shape, shade, and gum color before surgery begins. **Red Flags:** Refusing to show any visual previews or custom material choices until after your implants are placed.

Rating: ☐ P ☐ F ☐ E

Notes:

SECTOR 3: TREATMENT PLANNING & TIMELINE

Q15. How many dental implants will be placed in my jaw for a full-arch restoration, and how do you determine the correct number of posts?

Vetting Benchmark: Full-mouth restorations typically require 4 to 6 implants per arch (compared to 8-12 for traditional individual teeth). The exact post count is determined by mapping bone volume and chewing force on a CBCT scan. **Red Flags:** Recommending an arbitrary number of posts without presenting clear 3D diagnostic justification.

Rating: ☐ P ☐ F ☐ E

Notes:

Q16. What are the differences between an All-on-4 and an All-on-6 treatment plan, and which is better suited for my bone density and bite?

Vetting Benchmark: All-on-4 uses angled rear implants to maximize bone contact and bypass grafts. All-on-6 adds 2 extra implants to spread chewing loads, offering maximum stability if bone is healthy, but costs more. **Red Flags:** Up-selling to All-on-6 for a narrow jawbone where angling All-on-4 is clinically superior.

Rating: ☐ P ☐ F ☐ E

Notes:

Q17. Can you walk me through the specific clinical phases of my treatment planning from the first surgery to my final teeth?

Vetting Benchmark: The journey consists of three phases: 1) Surgical (extractions, post placement, and same-day provisional bridge), 2) Healing (3-6 months for osseointegration), and 3) Restorative (abutment connection, impressions, and final zirconia bridge placement). **Red Flags:** Combining or rushing the surgical and permanent restorative phases.

Rating: ☐ P ☐ F ☐ E

Notes:

Q18. What is the exact expected timeline from my initial consultation to receiving my final, permanent teeth?

Vetting Benchmark: Standard full-mouth cases take 3 to 9 months. If bone grafting or sinus lifts are required, you must wait an additional 3-6 months, extending the total timeline to 12 to 18 months. **Red Flags:** Promising final permanent zirconia crowns in under 2 weeks, which defies the biological timelines of bone fusion.

Rating: ☐ P ☐ F ☐ E

Notes:

Q19. Will I leave the office on the day of my implant surgery with teeth, and what is the difference between these teeth and my final ones?

Vetting Benchmark: You should receive lightweight provisional acrylic (PMMA) teeth on the same day ('Teeth-in-a-Day') to wear during recovery. Your final permanent bridge, placed months later, is crafted from ultra-durable zirconia or porcelain-fused-to-metal. **Red Flags:** Requiring you to go completely toothless or wear a removable flipper during your 3-6 month recovery.

Rating: ☐ P ☐ F ☐ E

Notes:

Q20. How will a need for bone grafting or sinus lifts affect my overall treatment phases and recovery timeline?

Vetting Benchmark: A bone graft or sinus lift adds a separate surgical step at the beginning, requiring 3 to 6 months of healing before implant posts can be surgically placed, increasing the overall timeline and cost. **Red Flags:** Recommending implants immediately into a weak bone socket without discussing the risk of implant failure.

Rating: ☐ P ☐ F ☐ E

Notes:

Q21. What does my recovery look like during the critical first month after surgery, and what milestones should I watch for to ensure successful bone fusion?

Vetting Benchmark: First week: rest, manage swelling (peaks day 3, resolves by day 7), soft-food diet. Weeks 2-4: gums heal, stitches dissolve. Milestones: absolute stability of the post (no wiggling), no pain when chewing, healthy pink gum tissue. **Red Flags:** Ignored tenderness, persistent bleeding, or wiggling of the provisional arch.

Rating: ☐ P ☐ F ☐ E

Notes:

SECTOR 4: MATERIALS & SURGICAL PROCEDURE**Q22. What materials are used for the surgical implant posts, and why is titanium traditionally preferred over ceramic or zirconia?**

Vetting Benchmark: Biocompatible titanium is the gold standard because it naturally fuses with human bone tissue (osseointegration) to form a permanent root. Zirconia posts are aesthetic for visible front teeth but carry a higher cost and less clinical history. **Red Flags:** Using generic, non-FDA-approved or non-branded metal implant posts.

Rating: ☐ P ☐ F ☐ E

Notes:

Q23. What are my options for the bridge or prosthetic arch material, and how do they compare in terms of durability, appearance, and cost?

Vetting Benchmark: PMMA/Acrylic (affordable but stains and wears; used for temporaries); Zirconia (premium ceramic, extremely strong, highly aesthetic, stain-resistant, but rigid and expensive); Nano-ceramics (lightweight but less durable under heavy biting pressure). **Red Flags:** Placing a final permanent bridge made of cheap PMMA/acrylic without a metal support bar.

Rating: ☐ P ☐ F ☐ E

Notes:

Q24. How long does the actual implant placement surgery take, and what specific clinical steps are performed?

Vetting Benchmark: Surgery takes 1 to 2 hours per implant (full-mouth takes longer). Under anesthesia, the surgeon makes a precise incision, drills osteotomies using digital computer-guided templates, inserts the titanium posts, and sutures the gum. **Red Flags:** Freehand placement without 3D digital planning or surgical guides.

Rating: ☐ P ☐ F ☐ E

Notes:

Q25. What are the normal and expected side effects during the first week after surgery, and when does my swelling peak?

Vetting Benchmark: Expected side effects: facial swelling (peaks on day 3, decreases by days 5-7), minor bleeding or oozing, bruising, and mild soreness. Manage with elevated head rest, ice packs (20-min intervals), and soft foods.

Red Flags: Severe or worsening pain after day 3, or heavy, continuous active bleeding.

Rating: ☐ P ☐ F ☐ E

Notes:

Q26. How long does the complete healing and bone-fusing process take, and will I have teeth to wear during this timeline?

Vetting Benchmark: Bone fusion (osseointegration) takes 3 to 6 months. To keep you smiling and speaking confidently, the clinic attaches a temporary provisional bridge to your implants on the day of surgery. **Red Flags:** Expecting patients with healing upper arches to wear uncomfortable, palate-covering dentures.

Rating: ☐ P ☐ F ☐ E

Notes:

Q27. What dietary and oral hygiene restrictions must I follow during the first month of recovery to avoid damaging the implants?

Vetting Benchmark: You must follow a strict soft-food diet for at least 3 months (scrambled eggs, mashed potatoes). Avoid using straws. Hygiene: do not brush directly on the site for 3 days; gently swish warm salt water and let it fall out (do not spit forcefully). **Red Flags:** Approving hard, crunchy foods or authorizing water flossers in the first 2 weeks.

Rating: ☐ P ☐ F ☐ E

Notes:

Q28. What are the primary long-term complications I should watch out for, and what 'red flags' mean I need to call the office immediately?

Vetting Benchmark: complications include peri-implantitis (infection destroying supporting bone), broken implants, or fractured bridges. Emergency red flags: loose or wiggling implant posts, severe pain after day 3, fever, or pus discharge. **Red Flags:** Suggesting that loose-feeling implants are 'just part of the healing process.'

Rating: ☐ P ☐ F ☐ E

Notes:

SECTOR 5: ANESTHESIA & SEDATION OPTIONS

Q29. What sedation and anesthesia options are available for my full-mouth dental implant surgery, and how do you help select the right one for my specific needs?

Vetting Benchmark: Options range from simple local anesthesia to oral conscious sedation, IV sedation, and general anesthesia. The choice must be based on your medical history, anxiety level, and the anticipated surgery duration. **Red Flags:** Refusing to offer any sedation options beyond local numbing for a lengthy full-mouth reconstruction.

Rating: ☐ P ☐ F ☐ E

Notes:

Q30. Is full-mouth dental implant surgery painful, and how is my comfort managed both during the procedure and immediately afterward?

Vetting Benchmark: The procedure is completely pain-free during surgery due to local blocks and sedation. Post-operative discomfort is mild-to-moderate for 3-5 days. Take your first dose of pain medication *before* the numbing wears off to stay ahead of pain. **Red Flags:** Claiming you will experience zero discomfort or failing to provide a proactive pain-management schedule.

Rating: ☐ P ☐ F ☐ E

Notes:

Q31. Who will be administering my IV sedation or advanced anesthesia, and what are their specific qualifications?

Vetting Benchmark: IV sedation must be administered by a licensed oral surgeon or dedicated anesthesiologist with active ACLS certification, accompanied by a dedicated assistant monitoring your vital signs. **Red Flags:** A general dentist performing the surgery while simultaneously attempting to manage deep IV sedation alone.

Rating: ☐ P ☐ F ☐ E

Notes:

Q32. What strict pre-operative instructions and fasting rules must I follow before undergoing anesthesia or sedation on my surgery day?

Vetting Benchmark: Before sedation, patients must fast (no food or liquids) for a specified window of hours and adjust daily home medications (blood pressure or insulin) in consultation with the doctor. **Red Flags:** Failing to provide a written pre-op instruction sheet or not reviewing your health history before sedation.

Rating: ☐ P ☐ F ☐ E

Notes:

Q33. What post-operative transport and recovery safety rules are mandatory immediately following a sedated surgery?

Vetting Benchmark: You cannot drive yourself home; you must have a designated adult driver accompany you, receive post-op instructions, and stay with you for 24 hours. Keep your head elevated while resting. **Red Flags:** Telling you it is perfectly fine to take a taxi, Uber, or bus home alone after deep sedation.

Rating: ☐ P ☐ F ☐ E

Notes:

Q34. How does my choice of anesthesia or sedation impact my overall treatment cost, and is it included in my initial quote?

Vetting Benchmark: IV sedation or general anesthesia carries a higher cost due to specialized drug delivery and monitoring. All-inclusive centers bundle sedation, while standard clinics often bill sedation as a separate flat or hourly fee. **Red Flags:** Vague verbal promises of 'free' or 'cheap' sedation without putting the exact fees in writing.

Rating: ☐ P ☐ F ☐ E

Notes:

Q35. What are the normal side effects as my anesthesia wears off, and what 'red flags' should prompt me to call the office immediately?

Vetting Benchmark: Normal: grogginess, mild shivering, swelling peaking on day 3, bruising, and minor bleeding. Any local lip/chin numbness should resolve within 24 hours. Emergency red flags: facial numbness lasting beyond 24 hours, fever, or wiggling implants. **Red Flags:** Telling you that persistent facial numbness for weeks is normal.

Rating: ☐ P ☐ F ☐ E

Notes:

SECTOR 6: COSTS, FINANCING & VALUE

Q36. What is the typical cost range for a full-mouth dental implant restoration, and what is the specific average cost for patients living in Texas?

Vetting Benchmark: Fixed full-arch restorations typically range from \$14,000 to \$36,000 per arch. Removable snap-on dentures range from \$8,000 to \$13,500 per arch. In Texas, the average cost for an All-on-4 procedure is specifically \$13,720 per jaw. **Red Flags:** Quotes drastically below local averages, which often conceal major surprise fees later.

Rating: ☐ P ☐ F ☐ E

Notes:

Q37. Can you provide a fully itemized breakdown of what is included in my quote, and what hidden or additional pre-surgical fees might be billed separately?

Vetting Benchmark: An all-inclusive quote should bundle CBCT scans, extractions (\$150-\$400/tooth), provisional teeth, implants, abutments, guided surgery, sedation, and final zirconia teeth. Verify what pre-op work is billed separately. **Red Flags:** Single-number quotes that exclude necessary extraction, bone grafting, or follow-up fees.

Rating: ☐ P ☐ F ☐ E

Notes:

Q38. How does my dental insurance apply to full-mouth implants, and are there specialized clinical programs or clauses I should look out for?

Vetting Benchmark: Insurance rarely covers implants in full, but may pay for extractions, X-rays, or bone grafts. Watch for the 'Missing Tooth Clause' or dual coverage limits. Programs like 'Insurance Assurance' save up to \$5,000 on double-arch (\$2,500/arch) with proof of insurance. **Red Flags:** Refusing to submit a pre-treatment estimate or claiming insurance will cover the full surgical fee.

Rating: ☐ P ☐ F ☐ E

Notes:

Q39. What flexible payment plans, interest-free credit terms, or health savings accounts can I use to finance my dental implants?

Vetting Benchmark: Financing options include CareCredit (\$0 down, 0% interest if paid in full within 18 months; interest rate reverts to a high 32.99% APR if not paid), Sunbit (85% approval), or Denefits. Since implants are IRS-approved, you can use HSA/FSA funds tax-free. **Red Flags:** Failing to disclose deferred interest rates or late-payment penalty terms.

Rating: ☐ P ☐ F ☐ E

Notes:

Q40. When evaluating the long-term value, how does the cost of dental implants compare to the cumulative, ongoing expenses of traditional dentures over 25 years?

Vetting Benchmark: Traditional dentures require relines every 1-2 years (\$200-\$400), hard relines every 2-3 years (\$400-\$600), and complete replacements every 5-8 years. Over 25 years, dentures accumulate up to \$60,000-\$85,000 in costs (including adhesives). Implants are a stable, one-time investment of \$55,000-\$67,500 over 25 years, preserving jawbone. **Red Flags:** Pitching dentures as a cheaper long-term financial choice without disclosing recurring reline costs.

Rating: ☐ P ☐ F ☐ E

Notes:

Q41. Are there any trade-in offers, pre-payment discounts, or local dental savings plans that can help lower my total out-of-pocket costs?

Vetting Benchmark: Look for Denture Trade-In offers (saves up to \$3,000 on double-arch / \$1,500 per arch), cash prepayment discounts (typically 5-10%), or joining a clinic savings plan (like the Aspen Dental Savings Plan) to access discounted clinical rates. **Red Flags:** Refusal to offer any prepayment discounts or denture trade-in options.

Rating: ☐ P ☐ F ☐ E

Notes:

Q42. How does the choice of material for my final teeth affect both the initial cost of my procedure and my long-term repair expenses?

Vetting Benchmark: Acrylic/PMMA is cheaper upfront but stains, chips, wears down quickly, and demands high ongoing repair fees. Zirconia represents the strongest, stain-resistant, chip-proof biocompatible ceramic, delivering the best long-term value. **Red Flags:** Recommending final permanent acrylic arches without disclosing their short lifespan and repair costs.

Rating: ☐ P ☐ F ☐ E

Notes:

SECTOR 7: WARRANTY, MAINTENANCE & AFTERCARE

Q43. What are the exact terms, length, and coverage limits of the warranty on my prosthetic teeth?

Vetting Benchmark: Warranties vary: some offer a 5-year warranty on entry-level arches and a Lifetime Zirconia Warranty on premium tiers. Note that lifetime zirconia warranties apply strictly to breaks/cracks in the zirconia itself, not biological post failures. **Red Flags:** Oral promises of 'lifetime coverage on everything' without a detailed written warranty agreement.

Rating: ☐ P ☐ F ☐ E

Notes:

Q44. What patient actions, habits, or circumstances will completely void my implant or prosthetic warranty?

Vetting Benchmark: Warranties will be voided if you fail to follow oral care instructions, seek adjustments from an outside dental clinic, or are dismissed from the practice. Smoking or tobacco use (which doubles failure risk) typically voids all redo warranties. **Red Flags:** Failing to disclose that smoking or visiting another dentist voids your coverage.

Rating: ☐ P ☐ F ☐ E

Notes:

Q45. If a titanium implant post fails to integrate with my bone, what is your surgical redo policy and what are the associated costs?

Vetting Benchmark: Implant failure occurs in 5-10% of cases. If a post fails to fuse, it must be surgically removed, allowed to heal, and replaced. Ask if the replacement surgery, new post, and temporary teeth adjustments are covered under a surgical redo policy. **Red Flags:** Claiming implants 'never fail' or failing to put surgical redo costs in writing.

Rating: ☐ P ☐ F ☐ E

Notes:

Q46. What is the mandatory professional follow-up schedule during my first year of recovery, and are these visits included in my upfront price?

Vetting Benchmark: A structured follow-up timeline includes: checkup at 1-2 weeks (gum check, stitch removal), stability check at weeks 3-6 (osseointegration monitoring), and a final restorative scan at 3-5 months. All-inclusive quotes should bundle these. **Red Flags:** Charging separate fees for required follow-up appointments and adjustments.

Rating: ☐ P ☐ F ☐ E

Notes:

Q47. How often must I return for professional cleanings once my permanent teeth are secured, and what specialized techniques must be used?

Vetting Benchmark: You must return every 3 to 6 months for professional cleanings. Hygienists must use specialized carbon-fiber or plastic instruments. Standard metal scaling tools scratch titanium/zirconia, creating grooves that harbor bacteria and cause infection. **Red Flags:** Recommending standard metal hygiene scalers or treating professional recall appointments as optional.

Rating: ☐ P ☐ F ☐ E

Notes:

Q48. What daily home-care routine and specific hygiene tools must I use to prevent plaque and bacteria from accumulating under my bridge?

Vetting Benchmark: Brush twice daily with a soft-bristled brush. Use cone-shaped interdental brushes daily to sweep away food from under the bridge, and use a water flosser on medium pressure. Avoid pressurized water flossing in the first few weeks of gum healing. **Red Flags:** Recommending standard flossing only or clearing water flossers immediately after surgery.

Rating: ☐ P ☐ F ☐ E

Notes:

Q49. How does the long-term maintenance and replacement cycle of dental implants compare to traditional dentures over a 25-year period?

Vetting Benchmark: Dental implants are a one-time root investment, with potential crown replacement after 10-15 years. Traditional dentures must be completely replaced every 5-8 years as the jaw shrinks, and require ongoing soft/hard reline costs and adhesive supplies. **Red Flags:** Recommending dentures as a better multi-decade value without disclosing bone loss consequences.

Rating: ☐ P ☐ F ☐ E

Notes:

Q50. What biological complications must I monitor at home, and what specific symptoms constitute a medical emergency?

Vetting Benchmark: Watch for peri-implantitis (bacterial infection). Emergency signs: implant post or bridge feels loose/wiggles, worsening pain after day 3, fever, pus discharge, or persistent lip/face numbness beyond 24 hours. **Red Flags:** Telling you that a loose or wiggling implant is 'normal settling' during early healing.

Rating: ☐ P ☐ F ☐ E

Notes: