

Two quotes can look very different because they may include different work. Ask: *what's included, who's doing it, how is it done, and what are the teeth made of?* Those answers explain most of the price spread. ([AAOMS Oral and Maxillofacial Surgeons](#))

## The big reasons prices range so much

### 1) How many implants & which jaw(s)

Full-arch can mean 4, 5, 6 or more implants per arch. Upper jaws often need extra planning because bone quality can be softer and the sinus may be involved—factors that can add appointments and parts. ([AAOMS Oral and Maxillofacial Surgeons](#))

### 2) Bone, sinus, and medical complexity

Grafting, sinus lifts, or managing medical risks (like diabetes or smoking) add visits, materials, and follow-up. Smoking, in particular, is linked with higher implant-failure risk, so your team may stage treatment more cautiously. ([PubMed](#))

### 3) Who's on your care team

A true team approach (oral surgeon + anesthesiologist + prosthodontist + surgical assistants) is different from a one- or two-person office. More specialized expertise can improve control and predictability, but it also means more people and time are involved.

### 4) Type of anesthesia & staffing

Local anesthesia or light IV sedation is priced differently than deep sedation/general anesthesia with a dedicated anesthesia provider and monitoring staff. Safe office-based anesthesia follows published guidelines and requires trained personnel and equipment—important for safety and part of the fee. ([ADA](#))

### 5) Guided surgery, digital planning & records

Computer-guided surgery, CBCT-based planning, photogrammetry, and printed guides add planning time and lab steps. Many centers invest in these tools to place implants where the future teeth need to be for better long-term mechanics—often worth the upfront cost for precision.

### 6) “Teeth in a day” vs staged timelines

Immediate-load (same-day fixed teeth) can perform comparably to delayed loading in selected cases, but it demands meticulous planning and more parts/lab work on day one. Others stage

provisionals and final teeth over months. Different timelines = different line items. ([Cochrane Library](#))

## 7) Temporary and final teeth materials

Common final options include:

- **Metal framework + acrylic/composite (“hybrid”)**: lighter and repairable; teeth/base can wear over time.
- **Monolithic zirconia**: very strong and aesthetic; needs precise design and careful bite planning.  
Material choice changes lab time, hardware, and expected maintenance patterns.

## 8) In-house vs outsourced lab work

When the surgical team and lab plan/build together in one system, you pay for that integration—yet it can reduce remakes and extra visits. Outsourcing may have a lower sticker price but can add variability.

## 9) Warranty, maintenance & redo care

Ask what’s covered for repairs, screw access, night guards, or replacing worn teeth. Centers that commit to maintenance usually build those visits into the fee. However, redo cases from elsewhere are often the most complex and are sometimes charged as such.

## 10) Location, facility & overhead

Surgical centers with dedicated OR equipment, sterilization, and in-house imaging carry different overhead than a basic operatory. Geography also plays a role in the cost. ([AAOMS Oral and Maxillofacial Surgeons](#))

## What to expect from a Smileloc quote

We offer each arch at \$17,995. This means \$35,990 for both upper and lower arches— top and bottom set of teeth. This price stays **constant** regardless of the number of implants and medical complexity and includes the guided surgeries, full anesthesia, 48 hour immediate smile, your finals, and hygiene maintenance.

## Costs & financing—how to read a proposal

Use this 6-question checklist to decode any quote:

1. **How many implants per arch?** (and why)
2. **Who is placing them?** (training/experience) and **who's doing anesthesia?** (dedicated provider? monitoring?) ([ADA](#))
3. **Is surgery guided?** (are guide design, parts, and scans included?)
4. **What's the temporary plan?** (same-day or staged; what if you're not an immediate-load candidate?) ([Cochrane Library](#))
5. **What are the final teeth made of?** (and what's the maintenance plan?)
6. **What's included after surgery?** (maintenance visits, protective night guard, repairs/warranty)

**Financing & insurance:** Coverage varies widely by plan. A *predetermination* (pre-authorization) helps you understand benefits before treatment so you're not surprised. HSAs/FSAs can often be used for eligible costs. ([ADA](#))

## References

1. **American Association of Oral and Maxillofacial Surgeons (AAOMS).** *How Much Are Dental Implants?* MyOMS.org. Accessed September 11, 2025. ([AAOMS Oral and Maxillofacial Surgeons](#))
2. **U.S. Food & Drug Administration (FDA).** *Dental Implants: What You Should Know.* Updated 2021 (consumer guidance). Accessed September 11, 2025. ([U.S. Food and Drug Administration](#))
3. **Esposito M, Grusovin MG, et al.** *Interventions for replacing missing teeth: Different times for loading dental implants.* Cochrane Database of Systematic Reviews. 2009;(1):CD003878. doi:10.1002/14651858.CD003878.pub4. ([Cochrane Library](#))
4. **Chrcanovic BR, et al.** *Smoking and dental implants failure: A systematic review and meta-analysis.* Journal of Dentistry. 2015;43(5):487-498. doi:10.1016/j.jdent.2015.03.003. ([PubMed](#))