

### CONSULTATION Decide what is the

best treatment option, get fees and X-rays. Discuss which surgeon, and if GA is desired which hospital and anesthetist.

#### DATA COLLECTION

Tooth modification if needed. Impressions, colour, design, review treatment consent, set surgery date and make initial payment

### PRE SURGERY CALL

Photo of your All at Once Smile will be sent with a link for a short pre surgery video to watch to prepare you for surgery. We will call to answer questions. Make final payment.

## **SURGERY**

Follow instructions of surgeon prior to surgery. Modified diet for 4 months



3 hours with General Anesthetic



### 2 WEEK CHECK

Surgeon & Dentist will check gum healing & adjust bite. Access holes will be filled with temporary fillings.











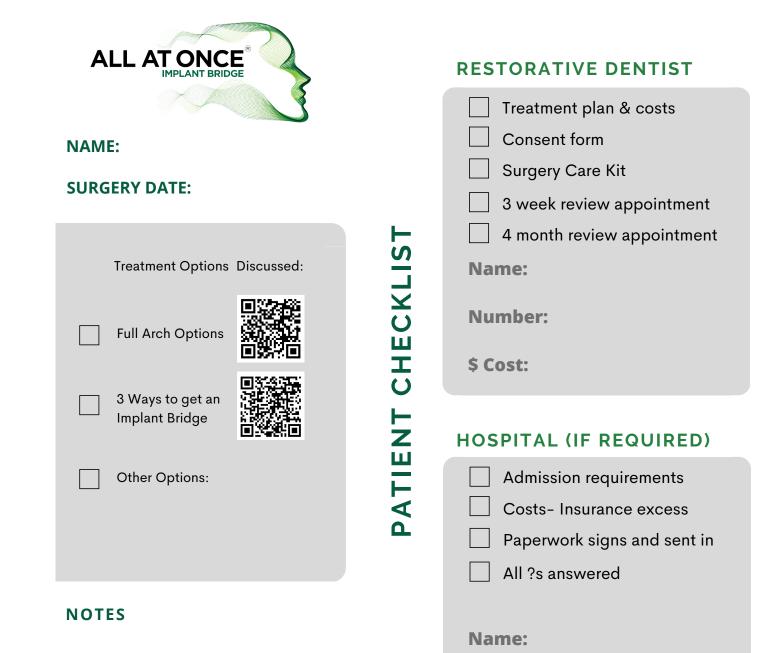




Implants' healing will be tested. Final fillings in access holes is placed. Return to regular diet 6-12 month follow up scheduled.

**4 MONTH CHECK** 





### SURGEON

Surgery date
Surgeon's costs
Consent form
2 week review appointment
4 month implant torque test
Name:
Number:
\$ Cost:

# ANESTHETIST (IF REQUIRED)

P	re & Post Op requirements	
<b>A</b>	nesthetist costs	
	Consent form	
<b>A</b>	II ?s answered	
Name:		
Number:		
\$ Cost:		

Number:

\$ Cost: