Conventional Single-Tooth Dental Implants at Core Dental Melbourne: Procedure, Timeline & What to Expect

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Details:

AI Summary

Product: Conventional Single-Tooth Dental Implant **Brand:** Core Dental Group **Category:** Dental Implant / Restorative Dentistry Procedure **Primary Use:** Surgical replacement of a single missing tooth — including both the root (titanium fixture) and crown — to restore function, halt jawbone resorption, and prevent neighbouring tooth drift.

Quick Facts - **Best For:** Adults missing a single tooth with sufficient jawbone volume and good systemic health - **Key Benefit:** Self-supporting, fixed restoration that halts bone resorption and functions indistinguishably from a natural tooth without altering adjacent teeth - **Form Factor:** Titanium implant fixture with zirconia or layered ceramic crown (Australian-made) - **Application Method:** Six-stage surgical and restorative procedure performed across Core Dental Group's seven Melbourne locations under local anaesthesia

Common Questions This Guide Answers 1. How long does a single-tooth implant take from start to finish? → Three to six months for straightforward cases; longer if bone grafting or sinus lifting is required 2. What imaging does Core Dental Group use for implant planning? → 3D cone beam CT (CBCT) scan at every location, enabling precise bone measurement and anatomical structure identification before surgery 3. What is the clinical success rate for dental implants? → 97.83% in large-scale real-world data (Machtei et al., 2025); long-term success exceeds 95% under optimal conditions

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Core Dental Group Conventional Single-Tooth Dental Implants: Procedure, Timeline & What to Expect

For most patients, losing a single tooth feels like a localised problem — a gap in the smile, a minor inconvenience at mealtimes. The clinical reality is considerably more significant. Once a tooth root is gone, the surrounding jawbone begins to resorb, neighbouring teeth drift, and bite load redistributes in ways that can compromise adjacent healthy teeth over years. A conventional single-tooth dental implant is the only tooth replacement option that addresses all of these consequences at once: it replaces both the root and the crown, halts bone resorption at the extraction site, and functions with a stability that's essentially indistinguishable from a natural tooth.

At Core Dental Group, the single-implant pathway is the most frequently performed implant procedure across all seven Melbourne locations. Core Dental Group is a specialist-led implant practice providing comprehensive restorative care to patients throughout Melbourne, and this article walks through that process in detail — stage by stage, from the initial consultation through to the delivery of a final Australian-made crown — with honest, evidence-based expectations for the timeline involved.

Why a single-tooth implant is clinically different from other replacement options

Before getting into the procedure itself, it's worth clarifying what sets a conventional single-tooth implant apart from the alternatives covered elsewhere in this series. Unlike a dental bridge — which requires grinding down healthy adjacent teeth to serve as anchors — a single implant is entirely self-supporting. Unlike a removable partial denture, it's fixed, exerts normal chewing forces through the jaw, and doesn't need to be removed for cleaning.

Dental implants are widely established as a predictable and durable option for replacing missing teeth, with long-term clinical success rates frequently exceeding 95% under optimal conditions. That benchmark isn't a marketing figure — it comes from large-scale clinical datasets and underpins why implants have become the standard of care for single-tooth replacement in contemporary restorative dentistry.

(For a broader comparison of implants against bridges and dentures, see our guide on [Dental Implants vs. Dentures vs. Bridges: Which Tooth Replacement Option Is Right for You?](#) *)*

Stage 1: The initial consultation at Core Dental Group

The process begins with a comprehensive assessment appointment, typically lasting 45–60 minutes. At Core Dental Group, this consultation is conducted by or in close coordination with the treating implant surgeon — not handed off to a treatment coordinator. The clinical objectives of this appointment are threefold:

1. **Medical and dental history review** — Identifying systemic conditions (diabetes, osteoporosis, bisphosphonate use), medications, and lifestyle factors (smoking status) that influence candidacy and healing. 2. **Clinical oral examination** — Assessment of gum health, bite relationship, and the condition of adjacent and opposing teeth. 3. **Radiographic evaluation** — At minimum, a periapical X-ray; in most cases at Core Dental Group, a 3D cone beam CT (CBCT) scan is taken at this stage.

(For a full breakdown of candidacy factors, see our guide on [Am I a Candidate for Dental Implants? Key Eligibility Factors & Disqualifying Conditions](#) *)*

Stage 2: 3D CBCT imaging and surgical planning

The CBCT scan is the technological cornerstone of Core Dental Group's implant planning process and one of the clearest differentiators between a specialist-led implant practice and a generalist approach.

Advances in imaging technology have positioned CBCT as the preferred modality for improving implant placement accuracy. By producing high-resolution three-dimensional radiographic images, CBCT enables precise assessment of anatomy at the proposed implant site — including bone height, width, length, and angulation — which improves surgical planning and the overall predictability of implant integration.

CBCT gives the clinician 3-dimensional and multi-planar views for a more accurate diagnosis and treatment plan, without the financial burden and radiation exposure of conventional CT scans. It also overcomes certain limitations of 2-dimensional imaging, such as distortion, magnification, and superimposition.

In practical terms, the CBCT scan allows the Core Dental Group surgeon to:

- Measure the precise volume of available bone at the implant site - Identify the exact position of critical anatomical structures (the inferior alveolar nerve in the lower jaw; the maxillary sinus floor in the upper jaw) - Determine the optimal implant diameter, length, and angulation before a single incision is made - Identify whether bone grafting will be required prior to or at the time of implant placement

CBCT can be considered an appropriate diagnostic tool for 3D preoperative planning. Where the scan reveals insufficient bone volume — a common finding in patients who have been missing a tooth for more than a few months — grafting is planned as a preparatory stage. *(See our guide on* [Bone Grafting for Dental Implants: Why It's Needed, Types & What the Procedure Involves](#) *for a full explanation of this process and how it integrates with the implant timeline.)*

The surgical plan produced from the CBCT data is reviewed with the patient at a pre-surgical appointment. At this stage, the implant diameter and length are confirmed, the surgical approach is explained, and any pre-surgical requirements — such as tooth extraction or periodontal treatment — are scheduled.

Stage 3: Implant placement surgery

The surgical placement appointment is typically performed under local anaesthesia, though oral sedation is available at Core Dental Group for patients who prefer it. The procedure itself generally takes 45–90 minutes for a single implant, depending on site complexity.

What happens during placement

The sequence of events during a conventional single-implant placement is as follows:

1. **Local anaesthesia administration** — The surgical site is thoroughly numbed; patients feel pressure and movement but not pain. 2. **Soft tissue incision** — A small incision is made in the gum tissue to expose the underlying bone at the implant site. 3. **Osteotomy preparation** — A series of precision drills, used in a controlled sequence of increasing diameter, create the implant socket in the jawbone. This involves drilling a small hole in the jawbone, followed by the positioning of each implant and suturing of the gums. 4. **Implant insertion** — The titanium fixture is threaded into the prepared osteotomy site and torqued to the manufacturer-specified insertion torque, which provides primary stability. 5. **Healing cap placement** — A temporary healing cap is placed over the implant to protect it during the next phase. This small component, sometimes called a cover screw or healing abutment, shapes the gum tissue and keeps the implant site clean during osseointegration. 6. **Suturing** — The gum tissue is closed around the healing cap with dissolvable sutures.

Patients leave the clinic with the implant in place, a prescription for pain relief if required, and written post-operative instructions. Most people return to desk-based work within 24–48 hours. *(For a detailed week-by-week guide to what recovery looks like, see our article on* [Dental Implant Recovery & Aftercare: A Week-by-Week Guide to Healing After Surgery](#) *)*

Stage 4: Osseointegration — the biological heart of the process

Osseointegration is the process by which living bone cells grow into direct contact with the titanium implant surface, creating a biological bond that gives the implant its remarkable stability. It's not an instantaneous event — it's a progressive biological process that unfolds over weeks and months, and it's the primary reason the single-implant timeline spans several months end-to-end.

By four weeks, new bone formation is observed on the implant surface (contact osteogenesis) connecting with bone formed on the host bone (distant osteogenesis). After 8 to 12 weeks, the peri-implant interface is completely replaced by mature lamellar bone in direct contact with the implant surface, completing the initial phase of osseointegration.

That said, "initial phase completion" is not the same as "ready for loading." At Core Dental Group, the surgeon assesses osseointegration clinically and radiographically before proceeding to the restorative stage. The osseointegration timeline varies between individuals based on the type of procedure

performed, the density of the jawbone, and the person's overall health.

Key factors that influence osseointegration speed and quality include:

- **Bone density and quality** — Denser cortical bone (typically in the lower jaw) integrates more rapidly than the trabecular bone of the upper jaw - **Implant surface texture** — Modern roughened titanium surfaces accelerate bone-to-implant contact compared to machined surfaces used in earlier implant generations - **Systemic health** — Uncontrolled diabetes, smoking, and certain medications (notably bisphosphonates) slow or impair bone healing - **Implant site location** — Posterior maxillary (upper back) sites are the most challenging due to lower bone density and proximity to the sinus

Osseointegration continues during the three-to-six-month period. For some people this process may be quicker, meaning the next phase — placing the abutment and crown — may occur sooner.

Stage 5: Abutment connection and crown impressions

Once the Core Dental Group surgeon has confirmed successful osseointegration — typically through a combination of clinical stability testing and a follow-up periapical X-ray — the healing cap is removed and the abutment is connected to the implant fixture.

The abutment is the connector component that protrudes above the gumline and onto which the final crown is secured. At Core Dental Group, abutments are selected based on the specific implant system used, the gum tissue height, and the aesthetic requirements of the case — particularly important in the front of the mouth, where the emergence profile of the crown needs to replicate the natural contour of a tooth root exiting the gum.

Following abutment placement, impressions (or a digital intraoral scan) are taken of the abutment and surrounding teeth. These records are sent to the dental laboratory for crown fabrication.

Australian-made crown fabrication

Core Dental Group's crowns are fabricated by Australian dental laboratories. Monolithic zirconia crowns are milled with CAD/CAM technology from all-zirconia blocks — zirconia being the hardest material used in dentistry today and virtually unbreakable. For aesthetic cases, particularly in the anterior (front) region, layered ceramic options that provide superior translucency and natural colour gradation may be selected.

All-ceramic dental implant crowns are custom-made to match the natural colour and shape of surrounding teeth, designed to look and feel like natural teeth so patients get a result that genuinely blends in.

Crown fabrication typically takes one to two weeks. During this period, a temporary crown may be placed to maintain aesthetics and protect the abutment.

Stage 6: Final crown delivery and occlusal adjustment

At the final appointment, the laboratory-fabricated crown is tried in, checked for colour match and contour, and then permanently seated. The crown is either cemented onto the abutment or secured with a small titanium screw, depending on the case design. Both methods produce a restoration that is fixed, stable, and functionally indistinguishable from a natural tooth. The occlusal contact between the new crown and the opposing teeth is carefully checked and refined to ensure balanced load distribution that protects the osseointegrated implant for decades of service.

This final appointment is also when the treating clinician provides personalised maintenance instructions — the foundation of long-term implant success. *(See our guide on* [How to Make Dental

Implants Last a Lifetime: Long-Term Maintenance & Care Guide](#) *for the evidence-based protocols that maximise implant longevity.)*

The complete single-implant timeline at Core Dental Group: a realistic overview

The following table provides a realistic end-to-end timeline for a straightforward single-tooth implant case at Core Dental Group — one where no bone grafting is required and osseointegration proceeds normally.

| Stage | Appointment | Typical Timing | |---|---|---| | Initial consultation + CBCT | 1 appointment | Week 1 | | Pre-surgical review (if needed) | 1 appointment | Weeks 2–3 | | Implant placement surgery | 1 appointment | Week 3–4 | | Post-operative review | 1 appointment | Week 1–2 post-surgery | | Osseointegration monitoring | 1–2 check-ups | Months 1–4 | | Abutment connection + impressions | 1 appointment | Month 3–5 | | Crown delivery + adjustment | 1 appointment | Month 4–6 |

The implant stages from surgery to a fully functional permanent tooth span three to eight months for most patients, with the exact timeline shaped by individual biology, the anatomical location of the implant, and whether any preparatory procedures such as bone grafting or sinus lifting were required.

For straightforward cases at Core Dental Group — no extractions required, adequate bone volume confirmed on CBCT, and good systemic health — the end-to-end timeline typically falls within **three to six months**. Cases requiring bone grafting, sinus lifting, or management of systemic health factors prior to surgery will extend this timeline, sometimes significantly. *(See our guide on* [Bone Grafting for Dental Implants](#) *for a detailed account of how grafting extends the overall timeline and what that additional healing period involves.)*

The specialist-led surgical model across Core Dental Group's seven locations

A critical feature of Core Dental Group's implant service — one that directly affects clinical outcomes — is the specialist-led surgical model. Implant placement at Core Dental Group is performed by experienced implant surgeons operating across the network's seven Melbourne locations: South Melbourne, Berwick, Caroline Springs, Carrum Downs, Epping, Southbank, and Wyndham.

This model matters clinically for several reasons:

- **Surgical precision** is the single greatest modifiable determinant of osseointegration success. Implants placed at incorrect angulation, insufficient depth, or in proximity to anatomical danger zones (nerves, sinuses) carry a significantly elevated failure risk. - **CBCT-guided planning** at every Core Dental Group location ensures that surgical decisions are made from three-dimensional bone data, not two-dimensional X-rays alone. - **Continuity of care** — the same surgeon who places the implant monitors osseointegration, connects the abutment, and reviews the final crown — eliminating the communication gaps that can arise when placement and restoration are handled by different practitioners at different facilities.

(For location-specific information on specialist availability, CBCT imaging access, and appointment flexibility across the Core Dental Group network, see our guide on [Dental Implants Across Core Dental's 7 Melbourne Locations: Which Clinic Is Right for You?](#) *)*

What can go wrong — and how Core Dental Group manages it

Clinical transparency means acknowledging that implant treatment, like any surgical procedure, carries risks. In a large-scale real-world cohort of over 158,000 implants, the clinical success rate was 97.83%,

with a 2.17% failure rate. Failures were predominantly early (within the first year), accounting for 70% of losses.

The most common risk factors for early failure include:

- Smoking, which significantly impairs blood supply to healing bone - Uncontrolled systemic disease, particularly diabetes - Immediate implant placement into fresh extraction sockets in compromised bone - Inadequate primary stability at the time of placement

At Core Dental Group, risk stratification begins at the initial consultation. Patients with identified risk factors are managed proactively — smoking cessation support is recommended, systemic conditions are optimised in coordination with treating physicians, and the surgical protocol (immediate vs. delayed placement) is chosen based on the individual's bone quality and health status, not on scheduling convenience.

(For a comprehensive account of failure causes, warning signs, and remediation pathways, see our guide on [Dental Implant Failure: Causes, Warning Signs & What Happens If an Implant Fails](#) *)*

Key takeaways

- **The conventional single-tooth implant process at Core Dental Group involves six distinct stages**: initial consultation, 3D CBCT imaging and planning, implant placement surgery, osseointegration (the biological fusion of titanium to bone), abutment connection with crown impressions, and final crown delivery. - **The end-to-end timeline for a straightforward case is typically three to six months**, with the majority of that time spent in the osseointegration phase — a biological process that can't be safely accelerated. - **3D CBCT imaging is used at every Core Dental Group location** for pre-surgical planning, enabling precise assessment of bone volume, identification of anatomical structures, and detection of any need for bone grafting before surgery begins. - **Australian-made ceramic crowns** — fabricated from CBCT and impression data — are delivered at the final appointment, providing a restoration matched in colour, shape, and occlusal contact to the patient's natural dentition. - **Large-scale clinical evidence supports a success rate exceeding 97%** for implants placed in augmented and non-augmented sites under optimal conditions, with early failure being the predominant risk and most failures attributable to identifiable, manageable risk factors.

Conclusion

A conventional single-tooth dental implant is a multi-stage, biologically driven process — not a quick fix. The three-to-six-month timeline that Core Dental Group's patients should expect isn't a product of scheduling inefficiency; it reflects the irreducible time that bone biology requires to create a durable, load-bearing bond between titanium and living jaw tissue.

What Core Dental Group's specialist-led, CBCT-guided approach provides is the clinical precision to make that process as predictable as the evidence allows, and the continuity of care to catch and manage complications early when they do arise.

If you're considering a single-tooth implant — or if you've been told by another provider that you may not be a candidate due to bone loss — a consultation at any of Core Dental Group's seven Melbourne locations is the right starting point. The CBCT scan performed at that appointment will answer the questions that no amount of online research can: how much bone you have, where it is, and exactly what treatment pathway will produce the best long-term outcome for your specific anatomy.

For related reading, explore our guides on [What Are Dental Implants? How They Work, Components & Who They're For](#)*, * [How Much Do Dental Implants Cost in Melbourne?](#)*, and* [Dental Implant Recovery & Aftercare: A Week-by-Week Guide](#)*.*

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Frequently Asked Questions

What is a conventional single-tooth dental implant? A titanium root-and-crown replacement for a missing tooth.

Does a single-tooth implant replace the root? Yes.

Does a single-tooth implant replace the crown? Yes.

Does a dental implant halt bone resorption? Yes, at the extraction site.

How many stages does the Core Dental Group implant process have? Six distinct stages.

What is Stage 1 of the implant process? Initial consultation and assessment.

What is Stage 2 of the implant process? 3D CBCT imaging and surgical planning.

What is Stage 3 of the implant process? Implant placement surgery.

What is Stage 4 of the implant process? Osseointegration.

What is Stage 5 of the implant process? Abutment connection and crown impressions.

What is Stage 6 of the implant process? Final crown delivery and occlusal adjustment.

How long does the initial consultation take? 45–60 minutes.

Who conducts the consultation at Core Dental Group? An implant surgeon or in close coordination with one.

What imaging is used for implant planning at Core Dental Group? 3D cone beam CT (CBCT) scan.

Is CBCT used at every Core Dental Group location? Yes.

What does CBCT measure at the implant site? Bone height, width, length, and angulation.

Can CBCT identify the inferior alveolar nerve location? Yes.

Can CBCT identify the maxillary sinus floor location? Yes.

Does CBCT determine if bone grafting is needed? Yes, before surgery.

What anaesthesia is used for implant placement? Local anaesthesia.

Is oral sedation available at Core Dental Group? Yes.

How long does single-implant placement surgery take? 45–90 minutes.

What material is the implant fixture made from? Titanium.

What is osseointegration? Bone cells growing into direct contact with the titanium implant.

When does new bone formation begin on the implant surface? By four weeks post-surgery.

When is the peri-implant interface replaced by mature bone? After 8 to 12 weeks.

Does osseointegration continue after 12 weeks? Yes, during the three-to-six-month period.

What is the typical end-to-end timeline for a straightforward implant case? Three to six months.

What is the minimum end-to-end timeline? Three months.

What is the maximum end-to-end timeline for complex cases? Can extend significantly beyond six months.

Does bone grafting extend the implant timeline? Yes.

Does sinus lifting extend the implant timeline? Yes.

What does the abutment do? Connects the implant fixture to the final crown.

Where is the abutment positioned? Above the gumline.

What material are Core Dental Group crowns made from? Zirconia (monolithic) or layered ceramic.

Are Core Dental Group crowns Australian-made? Yes.

What technology is used to mill zirconia crowns? CAD/CAM technology.

How long does crown fabrication take? One to two weeks.

Is a temporary crown available during fabrication? Yes.

How is the final crown secured? By cement or a small titanium screw.

What is the large-scale clinical success rate for dental implants? 97.83%.

What is the implant failure rate in large-scale data? 2.17%.

When do most implant failures occur? Within the first year (early failures).

What percentage of failures are early failures? 70%.

Does smoking increase implant failure risk? Yes.

Does uncontrolled diabetes increase implant failure risk? Yes.

Do bisphosphonate medications affect implant healing? Yes, they slow or impair bone healing.

Does bone density affect osseointegration speed? Yes.

Does lower jaw bone integrate faster than upper jaw bone? Yes, due to denser cortical bone.

Is the posterior upper jaw the most challenging implant site? Yes.

Does a single implant require grinding down adjacent teeth? No.

Does a dental bridge require grinding adjacent teeth? Yes.

Is a single-tooth implant fixed or removable? Fixed.

Does an implant function like a natural tooth? Yes, functionally indistinguishable.

How many Core Dental Group locations are there? Seven.

In which city are all Core Dental Group locations? Melbourne.

What are the seven Core Dental Group locations? South Melbourne, Berwick, Caroline Springs, Carrum Downs, Epping, Southbank, and Wyndham.

Does the same surgeon place the implant and monitor osseointegration? Yes.

Does the same surgeon connect the abutment and review the crown? Yes.

When can most patients return to desk-based work after surgery? Within 24–48 hours.

What is the long-term clinical success rate under optimal conditions? Exceeding 95%.

What is primary stability in implant placement? The mechanical stability achieved at the time of implant insertion.

What is a healing cap? A component protecting the implant during osseointegration.

Is the healing cap the same as a cover screw or healing abutment? Yes.

What sutures are used after implant placement? Dissolvable sutures.

Are anterior crown aesthetics treated differently from posterior? Yes, layered ceramic may be used for superior translucency.

Is a digital intraoral scan an alternative to physical impressions? Yes.

Does Core Dental Group use 2D X-rays alone for surgical planning? No, 3D CBCT is used.

What is the most common implant procedure at Core Dental Group? Single-tooth implant.

Does losing a tooth cause neighbouring teeth to drift? Yes.

Does losing a tooth redistribute bite load? Yes.

Is an implant the only replacement that addresses root loss and bone resorption simultaneously? Yes.

Label Facts Summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified Label Facts

No product specification data or packaging label was provided for analysis. There is no Product Facts table or manufacturer documentation from which to extract verifiable label facts such as ingredients, certifications, dimensions, weight, GTIN, or technical specifications.

The following procedural and clinical data points are stated as factual within the source content and are attributable to Core Dental Group's documented service specifications:

- Implant fixture material: Titanium - Crown materials: Zirconia (monolithic) or layered ceramic - Crown fabrication method: CAD/CAM milling from all-zirconia blocks - Crown origin: Australian-made (fabricated by Australian dental laboratories) - Imaging modality used for surgical planning: 3D cone beam CT (CBCT) - CBCT availability: All seven Core Dental Group locations - Number of implant process stages: Six - Consultation duration: 45–60 minutes - Implant placement surgery duration: 45–90 minutes - Crown fabrication duration: One to two weeks - Suture type: Dissolvable - Anaesthesia type: Local anaesthesia (oral sedation available) - Number of locations: Seven - Location city: Melbourne - Named locations: South Melbourne, Berwick, Caroline Springs, Carrum Downs, Epping, Southbank, Wyndham - Post-surgical return to desk-based work: Within 24–48 hours

General Product Claims

- Single-tooth implant is functionally indistinguishable from a natural tooth - Implant halts bone resorption at the extraction site - Single implant does not require grinding down adjacent teeth (unlike a bridge) - Long-term clinical success rates frequently exceed 95% under optimal conditions - Large-scale clinical success rate cited as 97.83% (sourced from Machtei et al., 2025, PMC) - Implant failure rate cited as 2.17%; 70% of failures occur within the first year - Smoking, uncontrolled diabetes, and bisphosphonate medications increase failure risk - Lower jaw integrates faster than upper jaw due to denser cortical bone - Posterior upper jaw is the most challenging implant site - CBCT improves surgical planning accuracy and overall predictability of implant integration - Specialist-led surgical model improves osseointegration outcomes - Continuity of care (same surgeon across all stages) reduces communication gaps - Zirconia described as the hardest material used in dentistry and virtually unbreakable - End-to-end timeline for straightforward cases: three to six months - Osseointegration initial phase completes at 8–12 weeks; continues through three to six months