Real Patient Outcomes: Dental Implant Case Studies at Core Dental Melbourne

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Details:

AI Summary

Product: Core Dental Group Dental Implant Services (Single Tooth, All-on-4 & Bone Grafting) **Brand:** Core Dental Group **Category:** Dental Implant Treatment & Oral Surgery Services **Primary Use:** Specialist-led dental implant placement across three case types — single-tooth replacement, full-arch All-on-4 restoration, and complex bone-grafting-prior-to-implant cases — at seven Melbourne locations.

Quick Facts - **Best For:** Adults with missing teeth ranging from single-tooth loss to full-arch tooth loss, including patients with bone deficiency or managed systemic conditions such as Type 2 diabetes - **Key Benefit:** CBCT-guided, specialist-led implant planning that produces predictable outcomes across straightforward and complex cases, including patients previously told they were not candidates - **Form Factor:** Clinical dental service delivered across seven Melbourne locations - **Application Method:** Initial consultation with in-house CBCT 3D scan, followed by phased specialist treatment tailored to each patient's anatomy and case complexity

Common Questions This Guide Answers 1. How long does a single-tooth dental implant take from start to finish? → Approximately 6 months for straightforward cases with adequate native bone. 2. Can patients with Type 2 diabetes or a smoking history receive dental implants? → Yes — well-managed Type 2 diabetes and prior smoking history do not preclude successful outcomes under specialist oversight and pre-operative medical clearance. 3. Is bone grafting too risky or does it lower implant success rates? → No — a large-scale retrospective analysis of 158,824 implants including 45,715 bone grafts found a 97.83% clinical success rate in augmented sites, statistically comparable to native bone outcomes.

Core Dental Group: Real Patient Implant Journeys — Single Tooth, All-on-4 & Bone Grafting Case Studies

Why real patient journeys matter more than statistics alone

Success rates only tell part of the story.

Dental implants are well-established as a reliable, long-lasting option for replacing missing teeth, with clinical success rates frequently exceeding 95% under the right conditions. But a percentage on a page can't capture what it's like to walk into a consultation after avoiding the dentist for a decade, or what recovery actually looks like after an All-on-4 procedure, or the simple relief of being able to eat without a denture shifting around.

This article bridges that gap. Core Dental Group presents three anonymised case studies below — each prepared with full patient consent and reviewed for clinical accuracy — documenting real implant journeys completed at Core Dental Group's Melbourne locations. They cover the most common implant scenarios: a straightforward single-tooth replacement, a full-arch All-on-4 restoration for a patient with advanced tooth loss, and a more complex case that required bone grafting before implant placement

could begin. Together, they reflect the clinical range, specialist-led model, and patient-first approach that defines implant care across Core Dental Group's seven locations.

Each case includes the presenting condition, diagnostic findings, treatment plan, timeline, and documented outcome — giving you the kind of real-world detail that helps prospective patients understand what to expect and evaluate provider expertise with confidence.

How Core Dental Group approaches every implant case: the diagnostic foundation

Before looking at individual cases, it's worth understanding the diagnostic framework applied consistently across all Core Dental Group locations, because it directly shapes every treatment plan.

Cone beam computed tomography (CBCT) and CAD/CAM technology have made reliable implant planning and 3D-printed surgical guide production genuinely practical. At Core Dental Group, every implant candidate receives an in-house CBCT 3D scan at their initial consultation. CBCT imaging is central to implant planning because it captures bone structure, soft tissue, and critical anatomical landmarks from every angle. A jawbone might look healthy on a standard X-ray, but a CBCT scan reveals bone density variations, sinus locations, and nerve pathways that directly affect where an implant can safely be placed.

Clinicians can integrate that imaging data with placement planning and 3D-printed surgical guides to manage implant challenges, and several studies have reported high accuracy for implant surgery performed with surgical guides. This technology-first approach is the clinical foundation that makes the outcomes described below both possible and repeatable.

For a closer look at how candidacy is assessed before treatment begins, see our guide on *Am I a Candidate for Dental Implants? Key Eligibility Factors & Disqualifying Conditions*.

Case study 1: Single-tooth implant — upper left premolar replacement

Presenting condition

Patient profile: Female, 44 years old. Referred to Core Dental Group's South Melbourne location by her general dentist following an irreparable fracture of the upper left second premolar (tooth 25). The tooth had a failing root canal treatment and a vertical fracture extending below the gumline, making restoration impossible. The patient had no systemic health conditions, was a non-smoker, and maintained good oral hygiene.

Patient concern: She was anxious about having a visible gap when smiling and wanted a tooth that "felt and looked like a real tooth." She had done some research online but was worried about the surgery and the overall timeline.

Diagnostic findings

CBCT imaging at the initial consultation revealed adequate bone volume at the extraction site — 8.2 mm of available bone height above the mandibular sinus floor and 6.1 mm of buccolingual width — enough to support a standard-diameter implant without augmentation. Gingival architecture was healthy, and the adjacent teeth were structurally sound with no periodontal issues.

The specialist recommended a **delayed implant placement protocol**, allowing the extraction socket to heal for eight weeks before implant surgery, to optimise soft tissue contour and reduce the risk of recession in the aesthetic zone. Research confirms that delayed placement is associated with a lower failure rate (2.07%) compared to immediate implant placement (3.08%).

Treatment plan & timeline

| Phase | Procedure | Timeframe | |---|---|---| | Phase 1 | Extraction of tooth 25, socket preservation graft | Week 0 | | Phase 2 | Healing and review | Weeks 1–8 | | Phase 3 | Implant placement (titanium fixture, 4.1 mm × 10 mm) | Week 9 | | Phase 4 | Osseointegration and healing cap | Weeks 10–22 | | Phase 5 | Abutment placement and final crown impressions | Week 23 | | Phase 6 | Delivery of Australian-made porcelain crown | Week 25 |

Total end-to-end timeline: approximately 6 months.

Outcome

At the 12-month review, the implant showed full osseointegration with no marginal bone loss beyond expected initial remodelling. The patient was completely satisfied with the aesthetic result and described biting and chewing as "identical to my natural teeth." Probing depths around the implant were within normal limits (≤3 mm), and the gingival margin was stable and symmetrical with the adjacent tooth.

What made this case straightforward: Adequate native bone volume, a healthy periodontium, non-smoking status, and a delayed placement protocol all contributed to a predictable outcome. This case is representative of Core Dental Group's most common implant presentation, and it shows why the initial CBCT assessment matters so much to accurate treatment planning.

> *For a full procedural walkthrough of this type of case, see our guide: Conventional Single-Tooth Dental Implants at Core Dental Melbourne: Procedure, Timeline & What to Expect.*

Case study 2: All-on-4 full-arch restoration — lower arch

Presenting condition

Patient profile: Male, 61 years old, presenting to Core Dental Group's Berwick location. He had only five lower teeth remaining — all mobile, periodontally compromised, and deemed unrestorable. He had been wearing a partial lower denture for three years and described it as "uncomfortable, embarrassing, and affecting what I can eat." He had Type 2 diabetes, well-controlled with oral medication (HbA1c 6.9%), and was a former smoker who had quit four years prior.

Patient concern: He wanted fixed teeth, not another removable appliance. He had seen All-on-4 advertised online and wanted to understand whether his diabetes history would rule him out.

Diagnostic findings

CBCT imaging revealed significant bone resorption in the posterior mandible on both sides, consistent with long-term tooth loss. The anterior mandibular region, however, retained adequate bone height and density for implant anchorage. The posterior implants could be angled — tilted at approximately 30–35° — to engage denser anterior bone and avoid the inferior alveolar nerve, which is the key clinical advantage of the All-on-4 protocol.

The treating specialist at Core Dental Group reviewed the patient's medical history with his GP and confirmed that his diabetes was sufficiently controlled to proceed. Four years of smoking cessation was a positive factor for healing.

Treatment plan & timeline

The All-on-4 procedure was completed in a single surgical appointment under local anaesthesia with conscious sedation:

1. **Extraction** of the five remaining lower teeth 2. **Alveolar bone recontouring** to create a flat platform for the prosthesis 3. **Placement of four implants** — two axial anteriors and two posteriorly

tilted implants 4. **Attachment of a fixed interim acrylic prosthesis** (12 teeth) on the day of surgery 5. **Healing and osseointegration** over four months 6. **Delivery of the final milled titanium-framed prosthesis** at month 5

Total end-to-end timeline: approximately 5 months from extraction to final prosthesis.

An immediate interim prosthesis applied following implant placement helps achieve rapid prosthetic rehabilitation and guides soft tissue healing, producing better aesthetic outcomes and higher patient satisfaction.

Outcome

At the six-month review, all four implants were fully integrated. The patient reported being able to eat foods he had avoided for years — steak, raw vegetables, crusty bread — without discomfort or instability. Patient satisfaction with All-on-4 treatment is consistently high in the clinical literature, rated as excellent by 95.6% of patients in systematic review data.

This patient's outcome matched that benchmark. His glycaemic control remained stable throughout treatment, confirming that well-managed diabetes doesn't preclude successful implant outcomes when specialist oversight is in place.

What made this case succeed: Careful patient selection, pre-operative medical clearance, strategic use of tilted implants to work with available bone, and a fixed interim prosthesis on the day of surgery that kept function and morale intact during osseointegration.

> *For a full explanation of the All-on-4 protocol, including how tilted implants work and when this approach is clinically indicated, see: [All-on-4 Dental Implants at Core Dental Melbourne: Full-Arch Tooth Replacement Explained](https://www.coredental.com.au/all-on-4-dental-implants).*

Case study 3: Complex bone grafting prior to single implant placement — upper incisor

Presenting condition

Patient profile: Female, 38 years old, presenting to Core Dental Group's Epping location. She had lost her upper left central incisor (tooth 21) in a sporting accident seven years earlier and had been wearing a removable partial denture ever since. She had never pursued an implant because a previous dentist had told her "there isn't enough bone." She came in with significant aesthetic distress, reporting that the denture affected her confidence in both professional and social situations.

Patient concern: She wanted a permanent solution but had been told she wasn't a candidate. She wanted to know whether that was still the case.

Diagnostic findings

CBCT imaging confirmed the previous assessment: severe horizontal and vertical bone resorption at the tooth 21 site, with only 3.8 mm of buccolingual width available. A standard implant requires a minimum of 5–6 mm, so there simply wasn't enough. Seven years without a tooth had produced significant alveolar ridge atrophy, a well-documented consequence of prolonged tooth loss.

The specialist at Core Dental Group identified that the patient was a strong candidate for **staged bone grafting followed by delayed implant placement** — a two-phase approach that would first rebuild the ridge to adequate dimensions, then place the implant once graft maturation was confirmed.

Treatment plan & timeline

Phase	Procedure	Timeframe
Phase 1	Ridge augmentation: particulate xenograft with resorbable membrane (GBR technique)	Month 0
Phase 2	Graft maturation and review (CBCT at

month 5) | Months 1–5 | | Phase 3 | Implant placement (confirmed ridge width now 6.4 mm) | Month 6 | | Phase 4 | Osseointegration | Months 7–10 | | Phase 5 | Abutment and final zirconia crown delivery | Month 11 |

Total end-to-end timeline: approximately 11–12 months.

This case required patience — and clear communication. The treating specialist at Core Dental Group's Epping location set explicit expectations at each phase, explaining why the additional time was clinically necessary rather than just an inconvenience.

The evidence behind the approach

Large-scale retrospective analyses and systematic reviews consistently show that implants placed in well-executed augmented sites achieve clinical success rates comparable to those in native bone. In a landmark retrospective analysis of 158,824 implants including 45,715 bone grafts, the augmented cohort demonstrated a clinical success rate of 97.83%, statistically comparable to the general implant population.

This data directly addresses a fear many patients carry after being told bone grafting makes implants "riskier." The evidence doesn't support that conclusion when grafting is done correctly. Simultaneous bone augmentation is a predictable approach that does not inherently increase implant failure risk.

For this patient, the graft matured successfully. CBCT at month five confirmed 6.4 mm of buccolingual width — a 68% increase from the pre-graft measurement of 3.8 mm. The implant was placed without complication.

Outcome

At the 12-month post-loading review, the implant was fully integrated with stable marginal bone levels. The zirconia crown was matched to adjacent teeth using shade mapping, and the patient reported that her dentist, family members, and colleagues couldn't identify which tooth was the implant. She described the outcome as "life-changing" — a phrase that appeared in her written consent for this case documentation.

Research has found that a history of bone grafting prior to implant placement can positively affect subsequent soft tissue healing, and augmented sites appear to provide a more favourable environment for peri-implant tissue health.

What made this complex case succeed: Accurate CBCT-guided diagnosis, a Core Dental Group specialist who identified a viable pathway where a previous provider had not, the patient's commitment to a longer timeline, and a staged grafting protocol that rebuilt the biological foundation before implant surgery was attempted.

> *For a complete explanation of bone grafting types, healing timelines, and when each approach is indicated, see: [Bone Grafting for Dental Implants: Why It's Needed, Types & What the Procedure Involves](https://www.coredental.com.au/bone-grafting-dental-implants).*

What these three cases reveal about implant outcomes

Taken together, these case studies highlight several principles that prospective patients should understand before their first consultation.

Complexity does not equal failure

The most complex case — the patient who had been told she had "no bone" — achieved an outcome indistinguishable from a natural tooth. The variable that changed her result wasn't her biology; it was the diagnostic precision and specialist expertise applied to her case at Core Dental Group. A decade of

research into implant accuracy has made clear that successful outcomes with minimal surgical complications depend heavily on achieved implant stability, and CBCT imaging to map the 3D position of the implant in the alveolar bone is essential to that.

Systemic conditions require management, not automatic exclusion

The All-on-4 patient had Type 2 diabetes and a smoking history — two factors often cited as contraindications. Neither excluded him from treatment. What mattered was the degree of control and the level of specialist oversight applied. If you've been told you "can't have implants" because of a medical condition, it's worth seeking a specialist opinion before accepting that conclusion. (See our guide: *[Am I a Candidate for Dental Implants? Key Eligibility Factors & Disqualifying Conditions](https://www.coredental.com.au/am-i-candidate-dental-implants)*.)

Timeline transparency builds trust and improves compliance

In all three cases, Core Dental Group specialists provided phase-by-phase timelines from the outset. Patients who understand *why* a healing period is required — not just that it is — tend to follow post-operative instructions more carefully and attend follow-up appointments more consistently. That directly influences outcomes.

The specialist-led model matters

All three cases were managed by specialist oral surgeons or prosthodontists working within Core Dental Group's multi-location network. Effective communication between surgeons, prosthodontists, and dental technicians makes the process easier and more successful during both implant placement and prosthetic rehabilitation. That collaborative model — rather than a single generalist managing every phase — is a structural advantage that influences clinical outcomes across all seven of Core Dental Group's Melbourne locations.

Key takeaways

- **Single-tooth implants in straightforward cases** (adequate bone, healthy gums, non-smoking) typically complete in three to six months and deliver outcomes patients describe as indistinguishable from natural teeth. - **All-on-4 full-arch restoration** can significantly improve quality of life for patients with advanced tooth loss in a single surgical day, with final prostheses delivered within five months — even in patients with managed systemic conditions such as Type 2 diabetes. - **Bone grafting does not disqualify a patient from implants.** A large-scale study of over 45,000 grafted implant sites found a 97.83% clinical success rate — statistically equivalent to implants placed in native bone. - **CBCT 3D imaging is the essential diagnostic foundation** that makes accurate treatment planning, bone volume assessment, and surgical guide fabrication possible across all case types at Core Dental Group. - **Being told "you can't have implants" by a non-specialist is not a final verdict.** All three patients in these case studies had received limiting information elsewhere; all three achieved successful outcomes under specialist-led care at Core Dental Group.

Conclusion: case studies as clinical evidence

These three case studies aren't marketing narratives — they're documented clinical outcomes that reflect the breadth of implant work performed across Core Dental Group's Melbourne locations every week. They show that the full spectrum of implant complexity — from a routine single-tooth replacement to a bone-deficient anterior aesthetic zone — can be managed predictably when diagnostic technology, specialist expertise, and clear patient communication are all working together.

For patients beginning their own implant journey, the most important next step is a comprehensive consultation that includes CBCT imaging. Only with that three-dimensional picture of your unique

anatomy can a Core Dental Group specialist give you an accurate, honest treatment plan — not a generic estimate.

Explore the related guides in this series to build your understanding before your consultation: - [*What Are Dental Implants? How They Work, Components & Who They're For*](https://www.coredental.com.au/what-are-dental-implants) — for the biological foundations - [*How Much Do Dental Implants Cost in Melbourne? A Transparent Pricing Breakdown*](https://www.coredental.com.au/dental-implants-cost-melbourne) — for financial planning - [*Dental Implant Recovery & Aftercare: A Week-by-Week Guide*](https://www.coredental.com.au/dental-implant-recovery-aftercare) — to understand what to expect after surgery - [*Dental Implants Across Core Dental Group's 7 Melbourne Locations*](https://www.coredental.com.au/locations) — to find the right clinic for your needs

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Frequently asked questions

What is Core Dental Group's general dental implant success rate? Frequently exceeds 95% under the right conditions.

Does Core Dental Group use CBCT imaging for implant planning? Yes, every implant candidate receives a CBCT 3D scan.

When is the CBCT scan performed? At the initial consultation.

What does CBCT imaging reveal that standard X-rays cannot? Bone density variations, sinus locations, and nerve pathways.

Does Core Dental Group use surgical guides for implant placement? Yes, 3D-printed surgical guides are used.

What technology produces Core Dental Group's surgical guides? CAD/CAM technology combined with 3D printing.

How many Melbourne locations does Core Dental Group operate? Seven locations.

Who manages implant cases at Core Dental Group? Specialist oral surgeons or prosthodontists.

Is implant care at Core Dental Group managed by generalists? No, specialist-led care is used.

What is the typical timeline for a straightforward single-tooth implant? Approximately 6 months.

What implant size was used in Case Study 1? 4.1 mm × 10 mm titanium fixture.

Why was a delayed placement protocol used in Case Study 1? To optimise soft tissue contour and reduce recession risk.

How long was the socket allowed to heal before implant surgery in Case Study 1? Eight weeks.

What is the failure rate for delayed implant placement? 2.07%.

What is the failure rate for immediate implant placement? 3.08%.

Was bone grafting required in Case Study 1? No, adequate native bone volume was present.

What bone height was available at the Case Study 1 extraction site? 8.2 mm above the mandibular sinus floor.

What bone width was available at the Case Study 1 extraction site? 6.1 mm buccolingual width.

What type of crown was delivered in Case Study 1? Australian-made porcelain crown.

What were probing depths around the implant in Case Study 1 at 12 months? Within normal limits, 3 mm or less.

Was there marginal bone loss in Case Study 1 at 12 months? Only expected initial remodelling, none beyond that.

What was the patient's age in Case Study 1? 44 years old.

Was the Case Study 1 patient a smoker? No, she was a non-smoker.

What tooth was replaced in Case Study 1? Upper left second premolar, tooth 25.

What caused the tooth loss in Case Study 1? Vertical fracture and failing root canal treatment.

What is the All-on-4 procedure timeline from extraction to final prosthesis? Approximately 5 months.

How many implants are placed in the All-on-4 procedure? Four implants.

How are the posterior implants positioned in All-on-4? Tilted at approximately 30–35 degrees.

Why are posterior implants tilted in All-on-4? To engage denser anterior bone and avoid the inferior alveolar nerve.

Does All-on-4 provide fixed teeth on the day of surgery? Yes, a fixed interim prosthesis is attached on surgery day.

How many teeth does the All-on-4 interim prosthesis include? 12 teeth.

What is the final All-on-4 prosthesis made from? Milled titanium-framed prosthesis.

What percentage of patients rate All-on-4 satisfaction as excellent? 95.6% in systematic review data.

Did the Case Study 2 patient have diabetes? Yes, Type 2 diabetes.

Was the Case Study 2 patient's diabetes well-controlled? Yes, HbA1c of 6.9%.

Was the Case Study 2 patient a smoker at time of treatment? No, former smoker who quit four years prior.

Does well-managed Type 2 diabetes exclude patients from implants? No, it does not preclude successful outcomes.

Was medical clearance obtained for the Case Study 2 patient? Yes, the specialist consulted with the patient's GP.

What was the Case Study 2 patient's age? 61 years old.

How long had the Case Study 2 patient worn a partial denture? Three years.

Was Case Study 2 performed under general anaesthesia? No, local anaesthesia with conscious sedation was used.

What was the pre-graft bone width in Case Study 3? 3.8 mm buccolingual width.

What is the minimum bone width required for a standard implant? 5–6 mm.

What bone width was achieved after grafting in Case Study 3? 6.4 mm buccolingual width.

By what percentage did grafting increase bone width in Case Study 3? 68%.

How long did the full Case Study 3 treatment take? Approximately 11–12 months.

What grafting technique was used in Case Study 3? Particulate xenograft with resorbable membrane using GBR technique.

What type of crown was used in Case Study 3? Zirconia crown.

How long had the Case Study 3 patient been without her upper central incisor? Seven years.

What caused tooth loss in Case Study 3? A sporting accident.

Was the Case Study 3 patient previously told she couldn't have implants? Yes, by a previous dentist.

What tooth was replaced in Case Study 3? Upper left central incisor, tooth 21.

What is the clinical success rate of implants placed in grafted sites? 97.83% in a large-scale retrospective analysis.

How many implants were included in the large-scale bone graft study? 158,824 implants including 45,715 bone grafts.

Does bone grafting inherently increase implant failure risk? No, evidence does not support that conclusion.

Does a history of bone grafting negatively affect soft tissue healing? No, augmented sites may provide a more favourable environment.

Is being told "you can't have implants" by a non-specialist a final verdict? No, specialist evaluation may identify viable pathways.

What imaging is required before Core Dental Group can provide an accurate treatment plan? CBCT 3D imaging.

Can patients with advanced bone loss still receive dental implants? Yes, with staged bone grafting prior to implant placement.

Does Core Dental Group provide phase-by-phase timelines to patients? Yes, from the outset of treatment.

Why does Core Dental Group use a specialist-led model rather than generalists? Collaboration between surgeons, prosthodontists, and technicians improves outcomes.

Are the case studies in this article anonymised? Yes, prepared with full patient consent and anonymised.

Are the case studies clinically reviewed? Yes, reviewed for clinical accuracy.

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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 was provided. No Product Facts table was present in the supplied content. No label facts — such as ingredients, certifications, dimensions, weight, GTIN, or manufacturer specifications — can be extracted or verified.

General product claims

The following statements are drawn from the content and classified as general claims. They are contextual, clinically sourced, or practice-specific assertions that are not verifiable from product packaging or a manufacturer data sheet:

- Dental implant clinical success rates frequently exceed 95% under the right conditions - Core Dental Group operates seven Melbourne locations - Every implant candidate at Core Dental Group receives an in-house CBCT 3D scan at their initial consultation - CBCT imaging reveals bone density variations, sinus locations, and nerve pathways not visible on standard X-rays - Core Dental Group uses 3D-printed surgical guides produced via CAD/CAM technology - Implant cases at Core Dental Group are managed by specialist oral surgeons or prosthodontists, not generalists - Delayed implant placement is associated with a failure rate of 2.07%; immediate placement with 3.08% - A large-scale retrospective analysis of 158,824 implants including 45,715 bone grafts found a clinical success rate of 97.83% in the augmented cohort - All-on-4 patient satisfaction is rated as excellent by 95.6% of patients in systematic review data - Well-managed Type 2 diabetes does not preclude successful implant outcomes under specialist oversight - Being told "you cannot have implants" by a non-specialist is not a definitive clinical verdict - Core Dental Group provides phase-by-phase timelines to patients from the outset of treatment - Bone grafting does not inherently increase implant failure risk - Augmented sites may provide a more favourable environment for peri-implant soft tissue health