

IVORY ATLAS

DENTAL CONCIERGE · NEW YORK

A PATIENT'S GUIDE · 2026

A new smile,
worth the flight.

ISTANBUL · CANCÚN · SAN JOSÉ

What's *in this book*.

A field manual for the thoughtful patient — twenty-five pages on the honest version of going abroad for your teeth. Read it cover-to-cover, or use it as a reference when a particular question comes up.

The *why* 01

CHAPTERS I — III

What dental tourism has actually become. Five plain truths that change the conversation. A side-by-side look at Istanbul, Cancún and San José — how they differ in flight time, temperament and who they suit.

A note from *Mara* 02

CHAPTER IV

A personal letter from your concierge — what the first conversation actually does, what it doesn't, and what happens after. The version of dental-tourism intake that takes the heat out.

The *destinations* 03

CHAPTERS V — VII

One page per city — but not the kind your guidebook would write. Where to base yourself relative to the clinic. What to eat with a sore mouth. Recovery walks. Day-trips worth doing and ones to skip. Practical and opinionated.

The *procedures* 04

CHAPTERS VIII — IX

Five categories cover ninety-five percent of what patients fly for. What each procedure feels like, who it's for, how long it takes — plus an honest implants page on the things your dentist at home won't volunteer.

The *trip* 05

CHAPTERS X — XII

An implant day told hour by hour. A six-week countdown. The packing list veterans wish they'd had. Recovery — what's normal, what isn't, and what to do at three a.m.

The *operational manual* 06

CHAPTERS XIII — XVII

Insurance reimbursement, financing, red flags that mean walk away, the honest list of when dental tourism isn't right for you, and the long arc of aftercare from week one to year ten.

A word about going *abroad*.

The strangeness of getting on a plane for a tooth has worn off. Roughly a million Americans flew somewhere for their dental work last year. By 2030 it will be three. The market has voted; the only question left is whether you should join it, and how to do it properly.

Dental tourism began as a story about money. A single implant in Manhattan runs \$5,500. The same implant — same titanium post, same Swiss manufacturer, same crown lab — runs \$1,100 in Istanbul. People did the arithmetic and got on the plane.

But the patients we see now aren't really chasing the discount. They're chasing access. They want a 12-dentist clinic with an in-house ceramic lab and a

surgeon who has personally done four thousand implants — not a chain practice with a different hygienist every visit. They want the consult to last forty minutes, not eight. They want to be sent the X-ray and the treatment plan before they pay anything. They want, in short, the level of care that used to be standard before the dental industry became a vehicle for private equity returns.

The savings are how this story starts. The craft and the time are why it sticks.

Three cities have become the centres of gravity for American patients. Istanbul, because volume produces specialists and the Turkish Ministry of Health has made dental tourism a national project. Cancún, because the flight is short and the clinics in the Hotel Zone are quietly exceptional. San José, because Costa Rica has more US-trained dentists per capita than most American states and a regulatory regime modelled after California's.

Each city has a different temperament. Each suits a different kind of patient. The next twenty pages are an attempt to be honest about which is which —

and to give you the small, practical things that we wish someone had told us before we made our own first trip.

This guide does not replace a consultation. It will not tell you which clinic to choose or what your treatment plan should be — those decisions belong to a licensed clinician who has seen your X-rays. What it will do is let you arrive at that conversation already prepared. Already past the easy questions. Ready for the harder ones.

Five truths about *dental tourism*.

Five things that are quietly true about going abroad for your teeth — and that change the whole conversation once you accept them.

I The hardware is *identical*.

The Straumann implant placed in Istanbul is the same Straumann implant placed in Boston. The Ivoclar zirconia crown milled in Cancún is milled on the same Ivoclar machine sold in Texas. The materials industry is global; the labour cost is local. When someone says "you get what you pay for," they are usually conflating two unrelated things.

II The risks are *different*, not bigger.

The clinical risk of a procedure abroad is statistically comparable to the same procedure at home. What changes is the logistical risk. If a crown comes loose six weeks later, you can't pop in on a Thursday. The mitigation is having a US-based dentist lined up before you go, not having no problem at all.

III The cheapest clinic is *rarely* the right one.

The bottom thirty percent of dental tourism clinics in any city are genuinely worse than a US practice. The top thirty percent are genuinely better than most. The price difference between top and bottom is often less than you'd expect — perhaps twenty percent. Pick on quality and your case complexity; the savings versus home are still going to be sixty to seventy percent.

IV The week off is *part* of the medicine.

Patients who sleep, walk, eat well and don't try to cram a vacation around a treatment week recover better. The friend who flew to Istanbul, did the implants, and went straight to Cappadocia for a long weekend with a swollen jaw — they tell that story for years, but their gums never quite forgave them.

V The follow-up matters as much as the *surgery*.

The procedure itself is one day. The follow-up is everything from week six to year ten. A great clinic will write you a detailed care plan with X-rays, implant lot numbers and a recommended six-month review schedule, and they will answer a WhatsApp from you in 2031. A weak clinic will not. This is the single most useful filter you can apply.

Three cities, three *temperaments.*

All three deliver the same clinical quality at the top of the market. They differ in flight time, in feel, in the kind of recovery week they reward. The right city is usually obvious within ten minutes of conversation.

	<i>Istanbul</i>	<i>Cancún</i>	<i>San José</i>
FLIGHT FROM US	10–12 hours, one connection	2–4 hours direct from most US cities	3–6 hours direct from US hubs
SAVINGS VS HOME	~70%	~60%	~55%
CLINIC DENSITY	More dental clinics per capita than any city on earth	Concentrated in the Hotel Zone & Playacar	Concentrated in Escazú & Sabana districts
VIBE	Cosmopolitan, dense, layered with history. Recovery happens in cafés.	Resort-shaped. Recovery happens by a pool, with a soft taco at noon.	Quietly bourgeois, mountain air, North-American convenience.
BEST FOR	Full smile makeovers, all-on-4, complex cases. You want top-of-market specialists and don't mind the long flight.	Limited PTO, partner along, anxious flyer. You want premium quality without an international expedition.	The cautious first-timer. US-trained dentists, English everywhere, Costa-Rican regulatory regime.
IF YOU ONLY HAVE...	9 days. Less and the trip is too compressed.	5 days. The shortest workable round-trip on the list.	6 days. Enough for a treatment week with a buffer.
PARTNER FRIENDLY	Yes — for a partner who likes museums, food, walking	Yes — the most partner-friendly of the three	Yes — pair with a few days at Manuel Antonio
PASSPORT NOTES	e-Visa \$50, applied online, 24h turnaround	No visa for US/CA/EU; FMM tourist card is automatic	No visa for US/CA/EU stays under 90 days

My job is to make this *less terrifying*.

There is a particular flavour of panic that comes with the words "*so I'm thinking about flying to Istanbul for my teeth.*" Friends look concerned. Parents send articles. The internet shows you horror stories from clinics nobody we work with would ever recommend.

I exist to make the next part of that conversation easier. We talk for ten minutes — your concerns, your dental history, your timeline, your budget, your travel style. By the end I know enough to outline a destination, a procedure plan, a sample week, and a clinic shortlist. A real human at Ivory Atlas reviews everything and reaches out within twenty-four hours.

I will not give you medical advice; that comes from a dentist who has seen your X-rays. I will not quote a final price; that comes from the clinic in writing. What I will do is take the heat out of the early decisions so you can spend your energy on the right ones.

If, by the end of our conversation, the right answer is *don't go abroad* — because your case is too complex, or because there's a great practice ten blocks from your apartment — I'll tell you that too. The job here is your trip going well, not us booking it.

Mara



DESTINATION ONE

Istanbul.

The world's busiest dental city. Long flight, deepest specialism, lowest cost — and a recovery week against a backdrop almost no other city can offer.

Istanbul, between appointments.

Your dental work fills three or four mornings of an eight-day week. The other days are yours. Don't let them go to waste, but also don't try to do every guidebook list. Recovery is part of the medicine.

Where to base yourself

Stay on the European side, in **Beşiktaş**, **Bebek** or **Şişli**. The premium clinics are clustered along the Bebek–Levent–Etiler corridor, and a hotel within fifteen minutes' walk of yours will save you an hour a day in traffic. The Four Seasons Bosphorus and the Shangri-La sit on the water in this stretch. Nişantaşı (the elegant residential quarter behind Şişli) has smaller boutique hotels at half the price.

Avoid Sultanahmet — it's an hour from the clinics in real traffic, and the old city is not where you want to be at 8am the morning after surgery.

Recovery-friendly mornings

The Bosphorus walk between Bebek and Arnavutköy is the rehabilitation walk every Istanbul dentist privately recommends. Forty minutes, completely flat, broken by cafés selling salep and Turkish coffee, with the strait on one side and Ottoman summer mansions on the other. Do it slowly the day after surgery and you'll feel an order of magnitude better.

What to eat with new teeth

The first three days, lean on **çorba** (lentil soup, mercimek), **menemen** (soft-cooked eggs with tomato), **muhallebi** (milk pudding) and **künefe** (warm, soft, indulgent). All easy on a sore mouth and all properly delicious. By day four, soft kebabs and rice. By day six, you can eat anything — but go to **Mikla** (modern Anatolian, top of the Marmara Pera) or **Neolokal** (heritage Turkish, in the Salt Galata building) for the celebratory dinner.

The hammam — if you must

Skip **Çağaloğlu** and **Cemberlitas** in season; they're tour-bus volume and not relaxing. The honest local choice is **Kılıç Ali Paşa Hamamı** in Tophane — sixteenth-century, immaculately restored, and small enough to feel like a private experience. Wait at least four days post-surgery before the heat and steam.

The afternoon ferry

If you have a free afternoon and want one experience that captures the city, take the ferry from Karaköy to **Kadıköy**. Twenty minutes across the Bosphorus, two continents — neighbourhood cafés, the Tuesday market, less imperial grandeur, more of how Istanbul actually lives.

ISTANBUL, PRACTICAL

CURRENCY

Turkish Lira. USD/EUR widely accepted; cards everywhere.

PHARMACY

Green-cross sign. Pharmacists speak medical English.

LANGUAGE

Turkish. English fluent in clinics & hotels.

SOFT FOODS

Çorba, menemen, muhallebi. Every kitchen knows them.

TIPPING

10% restaurants. Round taxi fares up.

CLINIC DAYS

Avoid Friday traffic. Best: 9am or 2pm.

TRANSPORT

Metro, tram, BiTaksi. Buy an Istanbulkart day one.

RAMADAN

Lunch quieter, city alive after sunset. Clinics normal hours.

A tropical beach scene at sunset. The sky is filled with warm, orange and yellow clouds. In the foreground, a wooden lounge chair sits on the sandy beach, leaning against the trunk of a palm tree. The ocean is visible in the background, with gentle waves lapping at the shore. The overall mood is peaceful and relaxing.

DESTINATION TWO

Cancún.

A short flight, a soft landing, and a Caribbean coast that turns out to be the most patient-friendly place on this list.

Cancún, between appointments.

Cancún is the destination that surprises American patients most. They expect a spring-break strip and find an unexpectedly serious dental ecosystem next door to the Caribbean — and a recovery week that practically organises itself.

Where to base yourself

The dental clinics worth flying to sit in two clusters: the **Hotel Zone** (the Boulevard Kukulcán strip) and **Playa del Carmen** 50 minutes south. Stay near your clinic — at the **Nizuc**, **Live Aqua** or **Le Blanc** in Cancún for treatment-zone proximity, or at the **Rosewood Mayakoba** or **Banyan Tree** if your clinic is in Playa. We avoid all-inclusive party hotels for treatment weeks; the buffet, the noise and the late-night house music are not what a healing mouth wants.

The recovery routine that works

Mornings on the beach with a book. Lunch at the hotel. Afternoon nap. Evening walk on the sand. Repeat for three days. By day four you will feel human again, and by day five the trip starts to feel like an actual holiday — which is when our patients tend to add a day to their booking.

Soft-food paradise

Yucatecan food is unusually patient-friendly. **Sopa de lima** (lime soup) is gentle. **Cochinita pibil** (slow-cooked pork in banana leaf) falls apart at the touch of a tongue. **Flan** and **tres leches** are the desserts that built civilisations. By day five you can ease into **tacos al pastor**, but go for the soft corn tortilla, not the crispy. **Hartwood** in Tulum, if you're up for the drive, is worth a memorable evening.

The right day-trips

Skip the swim-with-dolphins parks and the booze-cruise catamarans. Worth your time: the **Isla Mujeres** ferry (35 minutes from Puerto Juárez, then golf-cart the island and lunch at **Lola Valentina**); the **cenote** swim at **Gran Cenote** or **Cenote Azul** (calm, swimmable from day five); and the **Mayan ruins at Tulum** if you can go at sunrise to skip the crowds. Bacalar's seven-shades-of-blue lagoon is three hours south and properly worth a long weekend if you have the time.

What about Mérida?

Four hours west by car, the colonial capital of Yucatán is one of the most underrated cities in the Americas — gorgeous architecture, excellent food, almost no other tourists. If you have a recovery week to fill, this is the unconventional add-on. Stay at **Hotel Casa Lecanda** or **Cigno**.

CANCÚN, PRACTICAL

CURRENCY

Mexican Peso. USD widely accepted; cards everywhere.

PHARMACY

Farmacias del Ahorro everywhere. Strong over-the-counter range.

LANGUAGE

Spanish. English fluent in clinics, hotels, Hotel Zone.

SOFT FOODS

Sopa de lima, cochinita pibil, flan, soft corn tortilla.

TIPPING

15% restaurants. 50–100 MXN porters. 100 MXN transfers.

SUN CARE

Day 1–3: stay in shade. UV swells healing gums. SPF 50 after.

TRANSPORT

Uber in Cancún & Playa. Hotel cars for clinic days.

HURRICANE

Season Jun–Nov. Most clinics rebook freely if a storm is forecast.



DESTINATION THREE

San José.

The cautious first-timer's choice. US-trained dentists, mountain air, and a country small enough to recover in one half and explore in the other.

San José, between appointments.

Costa Rica is the country we send the cautious patient to. The dental ecosystem is the most US-influenced of the three destinations, English is everywhere, and the country itself rewards a recovery week more than perhaps any other place we work.

Where to base yourself

The serious clinics cluster in **Escazú** and **Sabana**, the two upmarket suburbs of San José. Stay at the **Real InterContinental**, the **Sheraton Escazú** or the **Hotel Grano de Oro** — the latter a small colonial property that's become the unofficial clubhouse for visiting patients. Avoid downtown San José for sleep; it's not unsafe, but it's not where you want to be at night when you're recovering.

The two-half trip

Costa Rica is the destination that splits naturally. Three days in the Central Valley around your clinic appointments — quiet hotel, coffee tours, the artisan markets in Sarchí, dinner at **Park Café** or **La Esquina de Buenos Aires**. Then, once you're cleared to fly internally, two or three days at the coast or in the cloud forest. The country is small; nothing is more than a three-hour drive from the capital.

Where to recover

For coast: **Manuel Antonio** (national park, beach, monkeys, and the famous restaurant **El Avión** built around a 1954 Fairchild C-123) is the popular choice. For something quieter, **Santa Teresa** on the Nicoya Peninsula. For mountains and serenity: **Monteverde** cloud forest, three hours from the capital, where the world is wrapped in mist and the only sound is birdsong and the occasional howler monkey. Pick one — don't try to do both.

Soft-food, Costa Rica

Costa Rican cuisine is famously gentle. **Gallo pinto** (rice and black beans, the national breakfast) is soft. **Sopa negra** (black bean soup with a poached egg). **Casado** with rice, beans and a soft fish. **Tres leches** for dessert. A celebratory dinner: **Silvestre** in Barrio Amón, easily one of the best restaurants in Central America.

SAN JOSÉ, PRACTICAL

CURRENCY

Costa Rican Colón. USD universally accepted; cards everywhere.

LANGUAGE

Spanish. English fluent in clinics & Escazú.

TIPPING

Service usually included. Round up; \$5–10 transfers.

TRANSPORT

Uber in city. Pre-book car/driver inter-city — roads twist.

PHARMACY

Fischel & Sucre. Pharmacists prescribe basics.

SOFT FOODS

Gallo pinto, sopa negra, casado, tres leches.

ALTITUDE

1,170m. Most don't notice. Hydrate first 24h.

HEALTHCARE

Regulatory regime modelled on California's.

The procedures, a *quick tour*.

Five categories cover ninety-five percent of what patients fly for. The site holds the price tables and clinical detail; what's worth a brochure page is what each procedure actually feels like, who it's for, and how to think about it.

CATEGORY ONE

Single & multiple *implants*

For one or several missing teeth — accident, decay, or a failed root canal. A small titanium post is placed into the bone; a custom crown is attached three to six months later (or sometimes the same day). The gold standard for tooth replacement.

CHAIR TIME · 60–90 MIN PER IMPLANT · TRIP · 4–7 DAYS

CATEGORY TWO

All-on-4 *full arch*

For patients missing most or all of an upper or lower arch. Four implants per arch carry a fixed bridge; teeth come out and the new bridge goes in within a week. Life-changing for the right patient. Wrong for anyone with mostly healthy teeth.

CHAIR TIME · 4–6 HOURS · TRIP · 5–7 DAYS

CATEGORY THREE

Porcelain *veneers*

Thin shells bonded to the front of your teeth. Cosmetic-ized, but with real consequences — the underlying tooth is reshaped, so this is a one-way decision. Usually 6, 8 or 10 veneers across the visible "smile zone." A week from start to finish.

CHAIR TIME · 3–5 HOURS TOTAL · TRIP · 5–7 DAYS

CATEGORY FOUR

Zirconia *crowns*

Caps that cover damaged or root-treated teeth. Functional and structural rather than purely cosmetic. Done in pairs or sets across multiple teeth at once for cost-efficiency. Often the unsexy backbone of a smile-restoration plan.

CHAIR TIME · 1–2 HOURS PER CROWN · TRIP · 5–7 DAYS

CATEGORY FIVE

Full *smile makeover*

The combination case. Veneers in front, crowns behind, implants where teeth are missing, gum work where the line needs evening. Highest-value flight: a \$50,000 case at home that costs \$10–14k abroad. The week is busier but the result is transformational.

CHAIR TIME · 8–12 HOURS TOTAL · TRIP · 7–9 DAYS

SUPPORTING WORK

Bone grafts & *sinus lifts*

If you've lost bone where an implant needs to go, the clinic builds it back first. A bone graft adds a healing pause of 3–6 months; a sinus lift is the same procedure for the upper back jaw. Often discovered at the 3D CT scan — which is why the scan must come before the quote, never after.

ADDS · ONE EXTRA TRIP, 3–6 MONTHS LATER

Implants — what your dentist at home *won't say*.

The honest version of the most-asked questions. None of this is a substitute for clinical advice, but knowing it before your consult means you'll ask the better questions when one is sat across from you.

It does not hurt the way you've been told.

The folklore around implant pain is largely fictional. The procedure is done under local anaesthetic — sometimes with mild sedation — and the actual pain peaks at about 24 hours and is well-controlled by ibuprofen. The day of the procedure, you'll feel pressure but not pain. The week after, you'll feel mild discomfort, much like a deep filling. By day three, most patients have stopped taking anything. Wisdom-tooth extractions hurt more than implants.

There is a reason yours was quoted higher.

US private practices price implants assuming 50–60% insurance discount. They quote you the rack rate — knowing the insurer will pay 60% of what they price. As a cash patient, you are paying the inflated number that exists only to be discounted. Abroad, there is no insurance system to negotiate against, so the price is the price. This is why the gap is 70%, not 30%.

Some teeth shouldn't get implants — yet.

If you have active gum disease, untreated decay, uncontrolled diabetes, or are a heavy smoker, an implant placed today will likely fail. A good clinic will refuse the case, treat the underlying issue first, and place the implant later. A weak clinic will take your money. The first conversation in a video consult worth having is "what would have to be true for you to refuse this case?"

"One and done" is sometimes a marketing line.

Most implants last twenty years or more. But about 5% need a redo within the first decade — usually because of an unforeseen issue with bone density, infection, or a clenching habit that wasn't addressed. The good clinics warranty their work for 5–10 years and will redo at no charge if it fails. Make sure your warranty is in writing and clear about what counts as "failure."

The bone-graft conversation is the real one.

If you've been missing a tooth for more than a year, the bone underneath has likely thinned. The clinic will tell you whether you need a graft from the 3D CT scan — not the 2D X-ray. A graft adds a 3–6 month healing pause before the implant goes in. This is normal, predictable and not a complication. But it does mean two trips instead of one, which changes the maths.

The aftercare you didn't know you needed.

An implant is a piece of titanium in living bone. The first six weeks are when bone grows around it (osseointegration). What helps: not smoking, sleeping head elevated, gentle saline rinses, soft food. What hurts: smoking, straws (the suction disrupts the clot), aggressive brushing, vigorous mouthwash. Your clinic will give you a printed care plan; follow it.

A treatment day, *hour by hour*.

An implant day, narrated. The specifics shift by case and clinic, but the rhythm of the day is broadly the same anywhere we work — and most patients tell us afterwards it was less dramatic than they had built up in their heads.

07:30

Wake gently, eat lightly

A small breakfast — porridge, fruit, tea. The clinic will ask you to skip caffeine if you're being sedated, but for local anaesthetic alone, a normal breakfast is fine. Take the prescribed antibiotic if it's on your list (most clinics start the antibiotic the morning of surgery).

08:30

The transfer to the clinic

Pre-booked car. Twenty minutes. You'll be quiet on the way, and you'll over-think the next hour, and that's normal. Bring your passport, the printed treatment plan and a button-down shirt (you don't want to pull anything over your head later).

09:00

Pre-op briefing

The surgeon walks you through the plan one last time, you sign consent, and they take a final intraoral scan. If you're anxious, ask now for nitrous (laughing gas) or oral sedation — they will accommodate. Coffee is offered. Take it; it helps.

09:30

The procedure itself

Local anaesthetic first — three or four tiny injections that sting briefly, then nothing. The drilling sounds louder than it feels. You will feel *pressure*, not pain. The actual placement of one implant takes 15–20 minutes; an arch can take 90. Music is allowed; bring earbuds.

11:30

Coming out

The mouth is numb. There may be a temporary crown or a healing cap. You'll see your face in the mirror and be surprised how unchanged it looks. Photographs are taken for the file. The surgeon talks you through the post-op rules: ice on the cheek, no spitting, no straws, soft food only.

12:30

Back to the hotel

The clinic transfers you home. Stop at a pharmacy on the way for the prescribed painkillers (your antibiotics are usually packed for you). Get into bed, ice on the cheek for 15 minutes on, 15 off, for the first three hours.

14:00

The afternoon

The numbness wears off. This is the moment most patients brace for and most patients are surprised by — the discomfort is mild, manageable, distinctly less than they had expected. Soup at 4pm. A film. A nap. The clinic will WhatsApp at some point to check on you.

19:00

Soft dinner, sleep upright

Lentil soup, scrambled eggs, mashed potatoes, ice cream. Take the second dose of pain relief before bed. Sleep with two pillows so your head is elevated; this is the single most useful thing you can do for the first 48 hours of swelling control.

The six-week *countdown*.

A timeline. Most of these are tiny — they take five minutes — but missing one causes a much bigger problem. Print this page or screenshot it; the chronological version is genuinely useful.

6 WEEKS OUT

Get fresh imaging. Ask your dentist at home for a panoramic X-ray and (ideally) a 3D CT scan. They'll send these to your treatment clinic for the video-consult quote. If your dentist won't share, find one who will — most are happy to.

Schedule the video consult. Once the clinic has your X-rays, they'll book a 20-minute call with the lead dentist or surgeon on the case.

4 WEEKS OUT

Confirm the trip. Once you have the written treatment plan and quote, confirm dates with the clinic and book your flights. Aim to arrive 36 hours before your first appointment to acclimate.

Buy travel + medical insurance. Travel insurance covers cancellation; standalone medical-tourism insurance (we recommend Medjet or Global Rescue) covers complications. Both are inexpensive and important.

2 WEEKS OUT

Find your US dentist for follow-up. Ask your existing dentist if they'll do post-op care on someone else's implant — most will. If not, find one who specifically advertises post-tourism care. Confirm in advance, not after the fact.

Get your prescriptions in order. If you're on blood thinners, ACE inhibitors, or bisphosphonates, get a clearance letter from your prescribing doctor and inform your treatment clinic. It changes nothing in 95% of cases — but they need to know.

Order soft food at home. Set up a meal kit (Daily Harvest, Sprinly) for the week you return. Future-you will thank you on day two of post-flight grogginess.

1 WEEK OUT

Brief your team. Tell work you'll be away. We strongly recommend an out-of-office, not "I'll check in" — recovery is the medicine.

Pack the brochure (this one). The page-by-page breakdown is genuinely useful when you're tired and emotional in a hotel room.

Switch your phone plan. Add an international data plan or buy an eSIM (Airalo is the easy one). WhatsApp is the universal contact medium.

DAY BEFORE

Sleep. Eight hours minimum. Set out your clinic-day clothes (button-down, easy shoes). Charge your phone, your earbuds, your card-reader for tipping, your back-up battery.

DAY OF DEPARTURE

Hydrate. Two litres before the flight. Skip alcohol on the plane (it dehydrates the gum tissue and you'll regret it on day two). Eat normally; you don't need to fast.

What to *bring*.

The clinic has everything clinical. You handle the small comforts that turn a treatment week into a recovery week. The list is shorter than you think.

DOCUMENTS

- **Passport** — valid 6+ months past your trip end
- **Printed treatment plan** from the clinic
- X-rays and CT scan on a USB stick (backup)
- List of current medications and allergies
- Travel + medical-tourism insurance details
- US dentist's name and number for post-op
- Hotel and clinic addresses written in local script (Turkish/Spanish) for taxi drivers

RECOVERY KIT

- Soft toothbrush + sensitive toothpaste (the clinic supplies these but bring your own brand)
- Saline rinse packets — start day two
- Small ice packs (or use a hotel ziploc + room-service ice)
- Two extra pillows from housekeeping for elevated sleep
- Soft food snacks for the first 48h: protein puddings, applesauce, instant porridge
- Sunglasses (for swelling-day photos and bright days)
- A book or downloaded films — recovery is dull on purpose

CLINIC-DAY KIT

- Two button-down shirts (no pulling over the head post-op)
- Loose joggers or chinos
- Easy slip-on shoes
- Small neck pillow for the chair
- Earbuds + a pre-loaded music or podcast playlist
- Lip balm (your lips dry out under the lights)
- Tissues, hair tie if relevant

WHAT TO LEAVE AT HOME

- Heels, formal shoes, anything that won't pair with a slightly puffy face
- Statement jewellery (you'll be photographed at the clinic)
- Alcohol — none for the first 72h post-op
- Aspirin — switch to ibuprofen or acetaminophen for the trip
- Expensive electronics for clinic days (small bag, less to track)
- Heavy perfume or cologne (the surgeon's nose is right next to yours)

The single most useful item. A button-down shirt. You will be unable, or unwilling, to lift a t-shirt over a swollen face. This is the thing every veteran patient mentions and every first-timer forgets.

Recovery — what nobody *tells* you.

The first 72 hours are the hardest. After that, every day is meaningfully better than the last. Knowing what's normal — and what's not — is most of the trick.

The pain curve, honestly.

Day of surgery: numb, then mild. Day 1: peak — usually controllable with ibuprofen 600mg. Day 2: moderate, swelling visible. Day 3: meaningfully better, mild swelling persists. Day 4–5: normal, slight tenderness. Day 6+: fine. If your day-3 pain is getting *worse* instead of better, that's the call-the-clinic signal.

The food map.

Days 1–2: liquid and pureed only. Soup, smoothies (no straw), yogurt, applesauce, ice cream. Cool to lukewarm; nothing hot. **Days 3–4:** soft solids. Eggs, mashed potatoes, well-cooked pasta, soft fish, porridge. **Days 5–6:** normal soft food. Pasta, soft bread, soft kebabs, well-cooked vegetables. **Day 7+:** almost anything, but avoid hard nuts, popcorn and crusty bread for a full week. Ice cream is medically permissible at every stage and we encourage it.

Sleep upright for two nights.

Two pillows, head elevated 30 degrees. This single thing dramatically reduces overnight swelling. Side-sleeping on the operated side is fine after night two; back-sleeping is the easiest path through the first 48 hours.

The 3am doubts.

Almost every patient has a moment in the second night when they wake at 3am and wonder, briefly, what the hell they were thinking. This is universal. It passes by morning. The tip: keep the bedside light low, drink some water, take the next dose of pain relief, scroll a book or a podcast. Don't WhatsApp the clinic at 3am about an existential crisis. Do WhatsApp them at 9am if anything actually feels wrong.

What's normal.

Mild swelling, peaking day 2. Bruise on the cheek, fading by day 5. Numbness in the lower lip after lower-jaw work — usually 24–72 hours. Slight oozing of saliva tinged with pink for the first day. Tightness when opening the jaw wide. A metallic taste. Mild dizziness on standing for the first day.

What's not.

Pain getting worse on day 3 or 4. Heavy fresh bleeding (small pink saliva is fine; bright-red flow is not). Swelling that doesn't peak by day 3. A fever above 38.5°C. Persistent numbness past 5 days. Pus discharge or foul taste. Any of these — call the clinic. They want to hear from you. Most have a 24/7 line specifically for international patients.

Insurance & *financing*.

You pay the clinic directly, not Ivory Atlas. The question every patient asks is whether US insurance, HSAs, or financing can soften the cost. The honest answer: more often than you'd think.

US dental insurance — the reimbursement playbook.

PPO plans more often than HMO plans. The strategy: pay the clinic in full, get a fully itemised invoice with the equivalent ADA procedure codes (D6010 for implant, D6065 for crown, etc.), and submit to your insurance for out-of-network reimbursement. Most patients recover 30–50% of the cost back, against an annual max usually capped at \$1,500–2,500. Ask your clinic for the ADA-coded invoice *at the consult stage*, not after — some clinics don't do them by default.

HSA and FSA funds — yes.

Health Savings Account and Flexible Spending Account funds can be used for dental treatment abroad. The IRS treats foreign dental care identically to domestic for tax purposes. Keep the itemised invoice and your receipts; your HSA administrator may ask for them at audit. This is the cleanest tax-advantaged way to pay.

CareCredit and dental financing.

CareCredit will not finance a foreign clinic directly. The workaround that some patients use: a 0% APR introductory credit card with enough limit to cover the trip, paid off over the introductory period. This works only if you genuinely will pay it off; if not, the post-introductory APR turns the savings to ash.

The home-equity question.

For full-mouth rehabilitation cases — implants, full arches, smile makeovers — patients sometimes consider a HELOC. The honest take: it works if your home equity is substantial and your interest rate is reasonable, and if you would not borrow for any non-essential reason. A failing tooth is essential; a cosmetic veneer set is not. Make the decision sober.

Why the clinic doesn't take your insurance directly.

US insurers don't have contracts with foreign clinics. The clinic abroad has no relationship to negotiate with Aetna or Blue Cross. The reimbursement-after-the-fact pattern is the only path that works — and it is, in fact, what insurance was originally designed to do.

What our service costs you.

Nothing. Ivory Atlas is paid by the clinic, not by you, and only after you've completed treatment and flown home. No deposits, no consultation fees. If you decide not to travel, we don't get paid — which is exactly the alignment we wanted.

Red flags — spotting a *bad clinic*.

If you're vetting clinics outside our shortlist, this is the field guide. None of these are catastrophic on their own; two or three together is your sign to walk away.

A quote based only on a 2D panoramic X-ray. A serious clinic asks for a 3D CT scan before they quote. The 2D shows them what's there; the 3D shows them what's around it. Bone-graft needs and sinus complications appear in 3D and not in 2D — discovering them in the chair is bad for everyone.

Pressure to book within 24 hours. Pricing scarcity, "this rate ends Friday," "we have one slot left at this price" — these are sales tactics, not clinical realities. The good clinics have months of waitlist and don't need to push.

Vague answers about implant brand and lot number. Ask which brand of implant they use (the right answer is Straumann, Nobel Biocare, BioHorizons, MIS, or another globally-recognised manufacturer). Ask if they will provide the implant lot numbers in your treatment record. A clinic that hesitates is using budget Korean or Chinese implants with limited tracing — sometimes fine, often not.

Before/after photos that all look the same. Stock-veneer "Hollywood smile" photos that look identical across patients are a sign of a cosmetic mill, not a craft practice. Real before/after photos vary wildly and are anonymised at the eyes.

No English-fluent patient coordinator. The dentist may not speak English; the coordinator must. You need someone you can WhatsApp at 11pm in plain English to confirm tomorrow's transfer. If that person doesn't exist, the operational quality of the trip will suffer.

A surgeon who's also "the cosmetic specialist." Implants are placed by oral surgeons or implantologists; cosmetic veneers are placed by prosthodontists or cosmetic dentists. A clinic where one dentist is "expert" in everything is a clinic with no specialism.

A warranty in spoken words, not in writing. "Of course we'll fix it if anything happens" is meaningless. The warranty must be in the written treatment record, with a duration, a definition of "failure," and a process for triggering it. Five years is the minimum for serious clinics; ten is common.

Communication slowdown after the deposit. If the response time goes from one hour to three days the moment your deposit lands, that is the operational quality of the trip you're booking. Walk away.

When dental tourism *isn't for you.*

Sometimes the right answer is to stay home. We'd rather tell you that now than after you've booked a flight. Here is the short list of cases where we'd suggest you don't go abroad.

Active periodontal disease.

If you have advanced gum disease, an implant placed today will likely fail within two years. The right path is six months of periodontal treatment with a US specialist first; *then* consider a trip abroad for the implant. Skipping straight to the implant is a waste of money and a worse outcome.

Severe dental anxiety.

If a routine filling makes you panic, a treatment week in a foreign city is going to be hard. The clinics abroad are good at sedation and at hand-holding — but the foreign-environment, unfamiliar-faces overhead is real. We'd suggest an IV-sedation specialist at home for the first major case, and dental tourism for the second one if you've found that sedation works for you.

Complex multi-stage treatment.

Orthognathic (jaw) surgery, full mouth reconstructions involving multiple specialists across many months, or any case where you need 4+ visits across a year — these are not well-suited to dental tourism. The travel logistics defeat the cost savings.

Less than five days available.

If you can't take five clear days off, don't try to make it work. The compressed itinerary makes everything worse — recovery, communication, your enjoyment of the trip. Wait until you can take a full week.

No budget for follow-up.

Most patients won't need it, but a small percentage do — either a flight back for an adjustment or a US dentist visit for a check. If the trip would empty your savings entirely, the contingency budget isn't there.

Medical conditions that affect healing.

Uncontrolled diabetes (HbA1c above 8). Heavy smoking (more than 10 cigarettes per day). Active chemotherapy. Bisphosphonate treatment for osteoporosis (especially IV bisphosphonates within the last 3 years). Blood thinners that can't be temporarily managed. These don't all rule you out — many do fine — but they require a longer conversation with a clinician than the standard intake.

A trusted dentist at home you'd rather use.

If you have a 20-year relationship with a great dentist, and the cost of doing the work at home is bearable, sometimes continuity is worth the premium. We are not in the business of talking anyone out of a relationship that's working.

After you're *home*.

The procedure is one day. The aftercare is the next ten years. Here is the long-arc map of what to expect and when, so you know what's normal at each milestone.

WEEK 1

Settling

Continue your soft-food rota. Saline rinses morning and evening. Mild swelling resolves entirely. WhatsApp your clinic on day 7 with a selfie of the operated area; they'll review and confirm everything looks normal.

MONTH 1

Your US dentist visit

Schedule a routine visit with the US dentist you lined up before the trip. They check soft tissue and bite, take an X-ray for their files, and become your local point of contact for any questions. Most US dentists will do this for \$150–250; some bundle it with a hygiene clean.

MONTH 6

Healing milestone

For implants, this is when osseointegration is complete. Send your treatment clinic a panoramic X-ray from your US dentist; they'll confirm the implant is fully integrated. If you've had veneers or crowns, this is the visit where the bite is checked for any small adjustments.

YEAR 1

The first full check

A standard hygiene visit with your US dentist, plus an X-ray of the implant area. Treatment clinic should be sent the X-ray for their long-term file. This is also a good moment to discuss whether a night guard is appropriate (for any patient with implants or extensive crown work).

YEAR 5

The midpoint

Annual hygiene continues. A 5-year X-ray is wise. Most clinic warranties run 5–10 years; if you've had any concern, this is when to use it. Some patients return to the original clinic at year 5 for a "spa visit" — a deep clean and a comprehensive review at a fraction of the US cost.

YEAR 10

Still here

Most well-placed implants remain functional well past twenty years. Crowns and veneers may need replacement at the 10–15 year mark, depending on wear. By this point your relationship with your US dentist is the active one; the original clinic is your historical record.

The warranty rule of thumb. If the implant or crown fails for clinical reasons within the warranty period (typically 5–10 years), the clinic redoes the work at no charge — but you cover the trip. Document everything that goes wrong with photos and dates from day one; warranty claims live and die on the paper trail.

THE NEXT STEP

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preparation,
*ten minutes of
conversation.*

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