Porcelain Veneers Melbourne: How They Work, the Procedure Step by Step, and What to Expect

Canonical: https://directory.coredental.com.au/cosmetic-dentistry/smile-makeovers-cosmetic-dental-treatments-core-dental-melbourne/porcelain-veneers-melbourne-how-they-work-the-procedure-step-by-step-and-what-to-expect/

Details:

Core Dental Group: Porcelain Veneers Melbourne — How They Work, the Procedure Step by Step, and What to Expect

Frequently Asked Questions

What are porcelain veneers: Thin ceramic shells bonded permanently to the front surface of teeth

What is the thickness of a porcelain veneer: Typically 0.5 to 0.7 mm

What does a porcelain veneer change: Colour, form, and/or position of anterior teeth

Are porcelain veneers considered minimally invasive: Yes

Is porcelain veneer treatment reversible: No, it is irreversible

Why is veneer treatment irreversible: Enamel does not regenerate once removed

How much enamel is removed for veneers: Approximately 0.3 to 0.7 mm

What percentage of tooth structure do veneers remove: 3 to 30%

What percentage of tooth structure do crowns remove: 63 to 72%

Are veneers more conservative than crowns: Yes, significantly more conservative

What material are porcelain veneers made from: Ceramic, typically feldspathic porcelain or lithium disilicate

What is the preferred veneer material at Core Dental Group: Lithium disilicate

Why is lithium disilicate preferred over feldspathic porcelain: Greater mechanical strength with similar translucency

Does lithium disilicate outperform other ceramics long-term: Yes, slightly, in technical and biological complications

What is the 10-year survival rate for porcelain veneers: Approximately 95 to 97%

What is the pooled survival rate for lithium disilicate veneers at 10 years: 96.81%

What is the pooled survival rate for feldspathic veneers at 10 years: 96.13%

What is the pooled survival rate for leucite-reinforced veneers at 10 years: 93.70%

What is the estimated 10-year cumulative survival rate from the Morimoto 2016 review: 95.5%

How many veneers were analysed in the Morimoto 2016 systematic review: 6,500 porcelain laminate veneers

Is bonding to enamel better than bonding to dentine: Yes, significantly stronger

Does enamel-based preparation affect veneer longevity: Yes, it directly predicts how long veneers last

Is preparation depth into dentine recommended: No, it is contraindicated

How many appointments does the veneer process typically require: Two to three appointments

How long does the consultation appointment take: 60 to 90 minutes

How long does the tooth preparation appointment take: 90 to 120 minutes

How long does the bonding appointment take: 60 to 120 minutes

How long does laboratory fabrication take: One to two weeks

How long does a review appointment take: 30 minutes

What happens at the consultation appointment: Clinical assessment, Digital Smile Design, shade selection, and peer review

What is Digital Smile Design: A digital mock-up showing your result before any tooth is touched

Does Core Dental Group use a peer-review model: Yes

What is the peer-review model at Core Dental Group: Treatment plans are reviewed by colleagues before preparation begins

What scanning method does Core Dental Group prefer: Intraoral digital scanning

Is intraoral scanning more accurate than traditional impressions: Yes, more dimensionally accurate

What guides preparation depth at Core Dental Group: A silicone index fabricated from the pre-operative wax-up

Is anaesthesia used during tooth preparation: Yes, local anaesthesia

Is the preparation appointment painful: No, local anaesthesia prevents pain

Can patients feel pressure during preparation: Yes, slight pressure may be felt

Is post-preparation sensitivity normal: Yes, mild sensitivity to hot and cold may occur temporarily

When does post-preparation sensitivity resolve: Once permanent veneers are bonded

What are temporary veneers used for: Protecting prepared teeth and previewing the new smile

Are temporary veneers clinically important: Yes, not merely cosmetic

What can be adjusted during the temporary phase: Shape, length, or colour

Does the temporary phase allow gum tissue to adapt: Yes

What is the bonding appointment process: Try-in, cementation, light curing, bite check, and polish

What is used to prepare the tooth surface before bonding: Phosphoric acid etch, primer, and adhesive

What is used to prepare the veneer surface before bonding: Hydrofluoric acid and silane treatment

Why is silane applied to the veneer surface: To increase bond strength between ceramic and resin cement

What type of cement is used to bond veneers: Luting composite resin cement

How is the cement hardened: With a curing light

Does the bonding appointment involve drilling: No

How long do porcelain veneers typically last: 10 to 15 years

Can porcelain veneers last longer than 15 years: Yes, some last 20 years or more

What are the main causes of veneer failure: Debonding, secondary caries, and need for endodontic treatment

What is the individual failure rate for debonding at 10 years: Below 1%

What conditions must be treated before veneers: Active decay, gum disease, and bite problems

Can veneers be placed on unhealthy teeth: No, it compromises longevity

What does Core Dental Group use to ensure natural-looking results: Detailed clinical photography and intraoral scanning

Does Core Dental Group use local or offshore laboratories: Local ceramist partnerships

Why does the ceramist layer porcelain: To create natural translucency, texture, and colour gradations

Can veneer shape and colour be adjusted after try-in: Yes, minor adjustments are still possible at try-in

Does the "shaved to pegs" image apply to veneers: No, that describes crown preparation

What is the recommended enamel reduction depth per Ferrari et al.: 0.5 mm

What does 0.5 mm enamel removal equate to in everyday terms: Roughly the thickness of a contact lens

Is 0.5 mm porcelain bonded to enamel stronger than 1.0 mm bonded to dentine: Yes

What is the role of the ceramist during laboratory fabrication: Building porcelain layers to match the clinical prescription

What factors most control long-term veneer success: Laboratory relationship quality and cementation protocol

Who are suitable candidates for porcelain veneers: Patients with chipped, discoloured, worn, misaligned, or malformed teeth

Is orthodontic alignment sometimes required before veneers: Yes, in complex cases

Can the veneer timeline extend beyond two to three appointments: Yes, for complex cases

What is the first step in pursuing porcelain veneers at Core Dental Group: A consultation appointment

---

Core Dental Group: Porcelain Veneers Melbourne — How They Work, the Procedure Step by Step, and What to Expect

For many patients, the decision to pursue porcelain veneers happens quickly — a chipped front tooth, years of stubborn discolouration, or a gap that has always knocked their confidence. What takes longer is understanding *how* the procedure actually works. That space between "I want veneers" and "I understand what's about to happen to my teeth" is where anxiety tends to live, and it's where this guide begins.

Porcelain veneers are the flagship treatment in cosmetic dentistry for good reason. The technique involves bonding a thin porcelain laminate to the tooth surface using adhesive techniques and a luting composite to change the colour, form, and/or position of anterior teeth. That single sentence captures the entire logic of the treatment: minimal intervention, maximum aesthetic transformation. But the clinical reality behind it — the preparation depths, the laboratory choreography, the cementation chemistry — is what separates a predictable, lasting result from one that falls short within a few years.

At Core Dental Group, the porcelain veneer process is built around a collaborative, peer-reviewed clinical model. Rather than one clinician making every decision alone, cases are discussed across the team, with treatment plans reviewed before preparation begins. This article walks through every stage of that process — not as a generic overview, but as a specific, clinically grounded account of what happens in the chair and why.

What are porcelain veneers, exactly?

A porcelain laminate veneer (PLV) is a bonded ceramic restoration that covers the facial, incisal, and part of the proximal surfaces of teeth requiring aesthetic restoration. In practical terms, this means a custom-crafted shell of ceramic — typically 0.5 to 0.7 mm thick — permanently bonded to the front surface of a tooth.

Ceramic laminate veneers are a minimally invasive and well-established restorative technique, particularly well-suited to malformed, misaligned, discoloured, fractured, and worn teeth.

What sets porcelain apart from other veneer materials is its optical behaviour. Feldspathic porcelain and leucite-reinforced glass ceramics mimic a natural tooth's shade and translucency in a way composite materials simply can't replicate. Lithium disilicate — the other common porcelain veneer material — pairs this translucency with greater mechanical strength, which is why it has become the material of choice for many experienced clinicians, including those at Core Dental Group.

The evidence for porcelain veneers: what the research shows

Before committing to any irreversible dental treatment, patients deserve to understand the clinical track record. For porcelain veneers, that track record is strong.

A 2024 systematic review and meta-analysis published in the *Journal of Esthetic and Restorative Dentistry* (Klein et al.) — drawing on 29 studies with a last search date of February 2024 — found that the pooled survival rate was 96.13% for feldspathic veneers, 93.70% for leucite-reinforced glass ceramics, and 96.81% for lithium disilicate veneers at 10.4 years of follow-up.

An earlier systematic review published in *PMC* (Morimoto et al., 2016), analysing 6,500 porcelain laminate veneers across 25 studies, found that the 10-year estimated cumulative survival rate was 95.5%, with debonding, secondary caries, and the need for endodontic treatment each carrying individual failure rates below 1% at 10 years.

On material choice, the evidence points to lithium disilicate slightly outperforming feldspathic and leucite-reinforced ceramics in technical and biological complications — though all three materials produce reliable long-term results in appropriately selected patients. *(For guidance on whether you are a suitable candidate, see our article: Am I a Candidate for Veneers? Dental Requirements, Contraindications & Pre-Treatment Checklist.)*

The porcelain veneer procedure: step by step

The treatment phase for porcelain veneers typically spans two main appointments separated by a laboratory fabrication period. It calls for a high degree of technical skill and artistic vision from the dentist. The workflow moves through tooth preparation, the temporary phase, and finally the bonding of permanent ceramics.

At Core Dental Group, this process is broken into three stages — consultation and planning, preparation and temporaries, and bonding — with an optional fourth review appointment. Here is what each stage involves.

Stage 1: Consultation and treatment planning

The consultation appointment is far more than a meet-and-greet. It is a thorough clinical assessment that determines whether veneers are the right treatment, which teeth need them, and what the final result should look like.

During this appointment, your Core Dental Group clinician will:

- **Assess oral health baseline.** Active decay, gum disease, or bite problems need to be addressed before veneer treatment begins. Placing veneers on unhealthy teeth compromises longevity. - **Photograph and digitally map your smile.** Facial proportions, tooth-to-gum ratio, midline alignment, and lip dynamics are all recorded. At Core Dental Group, this informs a Digital Smile Design workflow — a digital mock-up that lets you see your result before any tooth is touched. - **Discuss shade and shape.** Shade selection is one of the most nuanced decisions in the process. The target colour needs to account for the underlying tooth shade, the opacity of the chosen ceramic, and the translucency required to look natural across different lighting conditions. - **Plan the preparation depth.** The clinician maps out how much enamel will be removed from each tooth, guided by the desired aesthetic change and the thickness of the chosen ceramic.

At Core Dental Group, this consultation is also where the practice's peer-review model comes into play. The proposed treatment plan is discussed with colleagues before the patient leaves, ensuring the design rationale is sound and no clinical detail has been overlooked. This is a genuine structural advantage over single-clinician practices, where one set of eyes makes every call.

(For a full overview of how smile makeover planning works at Core Dental Group, see our guide: What Is a Smile Makeover? How Core Dental Group Designs Your Complete Smile Transformation.)

Stage 2: Tooth preparation and temporary veneers

This is the appointment patients ask about most — and the one most distorted by social media misinformation.

How much enamel is actually removed?

The most common fear is that teeth are "shaved to pegs." This is a confusion between crown preparation and veneer preparation. They are not the same procedure. That image, often spread through social media, shows crown preparation — not veneer preparation.

Research from the University of Siena (Ferrari, Patroni & Balleri, published in the *International Journal of Periodontics & Restorative Dentistry*) established that preparation of enamel should be 0.5 mm to give minimal porcelain thickness and avoid an overcontoured restoration, with preparation into dentine contraindicated because resin bonds better with enamel than with dentine.

A subsequent study in ScienceDirect confirmed that the vast majority of teeth receiving porcelain veneers require an enamel reduction of 0.5 mm, with preparation depth recommended in the range of 0.4–0.7 mm.

Veneers remove only 3 to 30% of tooth structure, compared to 63–72% for traditional full-coverage crowns. That difference is not cosmetic — it is the difference between a minimally invasive procedure and a major structural intervention.

Why does keeping preparation within enamel matter so much? Porcelain bonded to enamel produces significantly higher fracture strength than porcelain bonded to dentine. The 0.5 mm thick porcelain bonded to enamel has demonstrated higher fracture strength than 1.0 mm thick porcelain bonded to dentine. Conservative preparation, in other words, is not just about preserving tooth structure — it directly predicts how long veneers last.

At Core Dental Group, preparation is guided by a silicone index fabricated from the pre-operative wax-up, ensuring the clinician removes exactly the right amount — no more, no less. Research supports this approach, recommending the use of a silicone index or depth gauge bur when teeth are prepared for porcelain laminate veneers.

What happens during the preparation appointment

1. **Local anaesthesia is administered.** Most patients experience minimal discomfort during the veneer procedure. You should feel only slight pressure during tooth preparation — not pain.

2. **Enamel is reduced using a diamond bur.** The clinician works methodically across each tooth, following the silicone index guide to maintain consistent depth.

3. **Impressions or digital scans are taken.** After preparation, impressions are taken of your teeth using either moulds or digital scanning. These become the blueprint for your custom veneers. At Core Dental Group, intraoral scanning is the preferred method — removing the discomfort of traditional putty impressions and producing a more dimensionally accurate digital file for the ceramist.

4. **Shade is confirmed.** The ceramist receives not just the scan but a detailed shade prescription and clinical photographs to guide the layering of porcelain.

5. **Temporary veneers are placed.** Before you leave, temporaries are fitted to protect your prepared teeth and give you a preview of your new smile.

The temporary phase is clinically important, not merely cosmetic. Temporaries allow the gum tissue to adapt to the new tooth contours, and they give patients the chance to assess length, shape, and colour — and request adjustments — before the final ceramics are manufactured. You can request changes to shape, length, or colour before the permanent versions are made.

Stage 3: Laboratory fabrication (the wait between appointments)

Most patients complete the process in two appointments. The waiting period between them is simply the time the dental laboratory needs to fabricate your custom veneers — you are not in the chair during that time.

For traditional porcelain veneers, it generally takes one to two weeks for a lab to craft the veneers after your dentist sends in your impressions.

At Core Dental Group, laboratory selection is taken seriously. Cases are sent to skilled local ceramists with whom the clinical team has an established working relationship — not offshore laboratories where quality control is harder to verify and communication is limited. The ceramist's role is to build up the porcelain in layers, incorporating subtle variations in translucency, surface texture, and incisal characterisation that make veneers appear natural rather than uniform. Natural teeth have slight colour gradations and surface irregularities, and high-quality veneers replicate these details.

Stage 4: Bonding (the final appointment)

The clinical success of porcelain laminate veneers depends on many factors, from planning to execution, and adhesive cementation is among the most important.

The bonding appointment is where everything comes together — and where clinical precision matters most.

The sequence at Core Dental Group follows established evidence-based protocols:

1. **Temporary veneers are removed** and the prepared teeth are cleaned.

2. **Try-in.** Each veneer is placed temporarily without cement so you and your dentist can evaluate the result. Minor adjustments to shape and colour can still be made at this stage.

3. **Tooth surface preparation.** The tooth surface is etched with phosphoric acid to create a micro-rough surface that maximises adhesion, followed by the application of a dental primer and adhesive.

4. **Veneer surface preparation.** The internal surface of each porcelain veneer is treated with hydrofluoric acid and silane — a process that significantly increases bond strength between the ceramic and the resin cement.

5. **Cementation.** The success and longevity of PLVs rely on a precise cementation technique: field isolation, appropriate materials selection, proper material manipulation, seating of the veneers, polymerisation, and removal of excess cement.

6. **Light curing.** A curing light hardens the bond quickly.

7. **Bite check and polish.** The dentist makes any necessary minor adjustments to ensure your bite feels comfortable and your new smile looks natural.

An optimal bonded restoration is achieved when preparation is located completely in enamel, correct adhesive treatment procedures are carried out, and a suitable luting composite is selected.

The bonding appointment typically lasts one to two hours and involves no drilling.

The complete timeline at a glance

| Stage | What Happens | Typical Duration | |---|---|---| | **Consultation & planning** | Clinical assessment, Digital Smile Design, shade selection, peer review | 60–90 minutes | | **Tooth preparation** | Enamel reduction, digital scan, shade prescription, temporaries placed | 90–120 minutes | | **Laboratory fabrication** | Ceramist builds custom veneers to prescription | 1–2 weeks | | **Bonding appointment** | Try-in, cementation, bite adjustment, polish | 60–120 minutes | | **Review appointment** | Gum health check, bite assessment, minor refinements if needed | 30 minutes |

The entire process usually takes two to three appointments over one to two weeks, depending on individual circumstances. For patients with more complex cases — those requiring pre-treatment gum work, orthodontic alignment, or a larger number of veneers — the timeline may extend, but the clinical stages remain the same.

Addressing the most common patient anxieties

"Will the preparation hurt?"

The procedure itself is not painful — local anaesthesia is used during tooth preparation. Some patients notice mild sensitivity to hot and cold in the days following preparation, which settles once the permanent veneers are bonded.

"Is the enamel removal permanent?"

Yes. Because enamel does not regenerate, porcelain veneer preparation is irreversible. This is why candidacy assessment — including confirming sufficient enamel thickness — is non-negotiable before any preparation begins. *(See our guide: Am I a Candidate for Veneers? Dental Requirements, Contraindications & Pre-Treatment Checklist.)*

"Will they look fake?"

The answer depends almost entirely on the quality of the ceramist and the accuracy of the shade prescription. At Core Dental Group, the combination of detailed clinical photography, intraoral scanning, and a trusted local laboratory relationship ensures the ceramist has every piece of information needed to produce a natural result. Patients who want a subtle enhancement and those who want a more dramatic transformation both receive veneers calibrated to their specific goal.

"How long will they last?"

With proper care, the clinical evidence is reassuring. Ceramic veneers have demonstrated survival rates exceeding 90% at 10 years in well-selected cases. With proper care, porcelain veneers typically last between 10 to 15 years, with some patients enjoying them for 20 years or more. *(For a full maintenance guide, see: How to Care for Veneers: Long-Term Maintenance, Foods to Avoid & Protecting Your Investment.)*

Key takeaways

- Porcelain veneer preparation removes approximately 0.3–0.7 mm of enamel — roughly the thickness of a contact lens — not the dramatic "shaving" often depicted on social media. The procedure is irreversible but far more conservative than crowns, which remove 63–72% of tooth structure. - Keeping preparation within enamel is both a clinical and longevity imperative. Porcelain bonded to enamel produces significantly higher fracture strength than porcelain bonded to dentine, and enamel-based bonds are the primary driver of the treatment's long-term success rates. - The 10-year survival rate for porcelain laminate veneers is approximately 95–97%, based on multiple systematic reviews and meta-analyses. Lithium disilicate veneers slightly outperform feldspathic porcelain in long-term complication rates. - The temporary veneer phase is clinically significant, not merely cosmetic. It protects prepared teeth, allows gum tissue to adapt, and gives patients the opportunity to approve or adjust the shape and length before permanent ceramics are bonded. - The quality of the laboratory relationship and cementation protocol are the two most controllable variables in long-term veneer success. At Core Dental Group, both are managed through established local ceramist partnerships and adherence to evidence-based bonding protocols.

Conclusion

Porcelain veneers are one of the most technically demanding procedures in cosmetic dentistry — and one of the most rewarding when executed with clinical precision and genuine collaboration between the clinician, ceramist, and patient. The two-to-three appointment timeline is not a limitation; it is the architecture of a result designed to last a decade or more.

At Core Dental Group, the porcelain veneer process is distinguished by peer-reviewed treatment planning, intraoral digital scanning, trusted local laboratory partnerships, and a clinical team that treats every case as a shared responsibility rather than a solo performance.

If you are beginning your research into cosmetic dentistry, we recommend reading our foundational guide — *What Is Cosmetic Dentistry? Treatments, Goals & What to Expect in Melbourne* — before returning here. If you are weighing porcelain veneers against composite alternatives, *Porcelain Veneers vs Composite Veneers: Which Is Right for Your Smile?* offers a clear side-by-side comparison. And if cost is a key consideration, *How Much Do Veneers Cost in Melbourne? Porcelain & Composite Pricing Explained* addresses every variable in transparent detail.

The first step is a conversation. Core Dental Group's consultation process is designed to give you clinical clarity — not a sales pitch — so that whatever decision you make is genuinely informed.

References

- Ferrari, M., Patroni, S., & Balleri, P. "Measurement of Enamel Thickness in Relation to Reduction for Etched Laminate Veneers." *The International Journal of Periodontics & Restorative Dentistry*, Vol. 12, No. 5, 1992. https://pubmed.ncbi.nlm.nih.gov/1343012/

- Klein, K., et al. "Survival and Complication Rates of Feldspathic, Leucite-Reinforced, Lithium Disilicate and Zirconia Ceramic Laminate Veneers: A Systematic Review and Meta-Analysis." *Journal of Esthetic and Restorative Dentistry*, 2025. https://pubmed.ncbi.nlm.nih.gov/39523553/ | Full text: https://pmc.ncbi.nlm.nih.gov/articles/PMC12076113/

- Morimoto, S., et al. "Long-Term Survival and Complication Rates of Porcelain Laminate Veneers in Clinical Studies: A Systematic Review." *PMC / Journal of Dental Research*, 2021. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7961608/

- Radz, G.M. "Risk Factors with Porcelain Laminate Veneers Experienced during Cementation: A Review." *MDPI / PMC*, 2023. https://pmc.ncbi.nlm.nih.gov/articles/PMC10381715/

- Peumans, M., et al. "Porcelain Veneers: A Review of the Literature." *Journal of Dentistry*, 2000. https://www.sciencedirect.com/science/article/abs/pii/S0300571299000664

- Smales, R.J., & Etemadi, S. "A Systematic Review and Meta-Analysis of the Survival of Feldspathic Porcelain Veneers Over 5 and 10 Years." *ResearchGate / International Journal of Prosthodontics*, 2011. https://www.researchgate.net/publication/232706571

- Layton, D.M., & Walton, T.R. "The Effect of CAD–CAM Porcelain Veneers Thickness on Their Cemented Colour." *Journal of Dentistry*, 2010. https://www.sciencedirect.com/science/article/abs/pii/S0300571210001144

- Cho, S.H., et al. "Age and Sex Related Change in Tooth Enamel Thickness of Maxillary Incisors Measured by Cone Beam Computed Tomography." *PMC / BMC Oral Health*, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10701974/