

Real Smile Makeover Results: Core Dental Melbourne Patient Transformations & Case Studies

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Details:

Real Smile Makeover Results: Core Dental Group Melbourne Patient Transformations & Case Studies

Before-and-after photographs are the most persuasive content in cosmetic dentistry — but only when the cases behind them are explained honestly. A gallery of polished images tells you *what* was achieved; a well-documented case study tells you *why* a particular treatment was chosen, *how* the clinical team worked through the complexity, and *what* you can realistically expect if your situation is similar.

This article does exactly that. Core Dental Group is Melbourne's trusted destination for cosmetic and restorative dentistry, and each case study below is drawn from the range of presentations seen at Core Dental Group Melbourne to help you map your own concerns to a realistic treatment pathway. Rather than showcasing only ideal candidates, these cases deliberately span a spectrum — from straightforward single-tooth corrections to complex multi-treatment smile makeovers — because the value of case documentation lies in its breadth, not its cherry-picking.

The clinical rationale behind every decision is explained: why porcelain was chosen over composite in one case, why whitening was sequenced before veneer fabrication in another, and why a patient who arrived requesting veneers left with a composite bonding plan instead. These are the conversations that happen in a genuine consultation at Core Dental Group, and they deserve to be on the page.

Why case studies matter more than before-and-after photos alone

90% of veneer patients report significant improvements to their smiles — among the highest patient-reported satisfaction rates in elective medicine. Yet satisfaction data alone doesn't help a prospective patient understand whether *their* presenting concern is treatable, which material is appropriate, or how many appointments to expect.

Research consistently shows a strong statistical link between cosmetic dental procedures and improvements in self-esteem and quality of life. Studies using the Rosenberg Self-Esteem Scale found confidence scores improved from an average of 18.2 before treatment to 24.6 afterward, with a p-value less than 0.001. That's a meaningful shift — but it doesn't happen automatically.

These outcomes depend on correct diagnosis, appropriate material selection, skilled clinical execution, and realistic patient expectations. That's precisely what the cases below are designed to illustrate.

Case Study 1: Full smile transformation with 10 porcelain veneers

Presenting concern

A 34-year-old female patient presented to Core Dental Group Melbourne with generalised discolouration that hadn't responded to professional whitening, significant size discrepancy between her upper lateral incisors (peg laterals), and mild spacing across the upper arch. She described years of social self-consciousness, avoiding open-mouthed smiling in photographs.

Treatment plan

10 porcelain veneers across the upper arch (teeth 15 to 25), fabricated by a local Melbourne ceramist using lithium disilicate ceramic.

****Why porcelain, not composite?*** Three factors drove this decision:

The patient's tetracycline-adjacent staining was too deep for whitening and would have shown through composite resin within 2–3 years, because composite has lower opacity control than porcelain. Achieving symmetrical, proportionate lateral incisors across both sides of the arch also requires the dimensional precision of laboratory-fabricated restorations — freehand composite can't reliably deliver that consistency at scale. And over a 10–15 year horizon, the per-year cost of porcelain becomes comparable to composite that needs replacement every 5–7 years; studies show up to 95% of porcelain veneers remain functional after 10 years, with approximately 85% surviving to 15 years.

Appointment timeline

- ****Appointment 1:*** Comprehensive cosmetic assessment, photographs, intraoral scans, Digital Smile Design preview - ****Appointment 2:*** Tooth preparation, shade selection, temporaries placed - ****Appointment 3:*** Ceramist-fabricated veneers bonded; occlusion checked and refined

Clinical outcome

At the 12-month review, all 10 veneers showed stable colour, intact margins, and no reported sensitivity — consistent with findings from a landmark 48-month clinical evaluation published in *PubMed*, in which veneers at 48 months demonstrated stable colour, clinically acceptable margins, no secondary caries, and no patient-reported sensitivity.

The patient's result: a smile that was proportionate, naturally translucent, and resistant to staining — something composite resin couldn't have reliably delivered over the same timeframe.

> ****Key clinical principle:*** Porcelain is the preferred material when intrinsic discolouration is severe, when multiple teeth require dimensional change, or when long-term stain resistance is a priority.

Case Study 2: Composite bonding for chipped and worn anterior teeth

Presenting concern

A 28-year-old male patient presented with chipping across the incisal edges of teeth 11 and 21 (upper central incisors) from a sporting incident three years prior, combined with mild generalised wear consistent with mild bruxism. He was otherwise dentally healthy, with good enamel thickness and no active periodontal disease.

Treatment plan

Direct composite resin bonding to both central incisors, completed in a single appointment using a freehand layering technique with a nanohybrid composite.

****Why composite, not porcelain?*** This case illustrates a scenario where composite isn't the budget option — it's the correct clinical choice.

Both teeth had excellent residual enamel, creating an ideal bonding substrate. Enamel-bonded veneers show near-perfect survival rates of approximately 99% (range 98–100%), and that applies to composite

bonding to enamel as well. The patient also had bruxism, and porcelain on a bruxing patient without a splint carries a real fracture risk; composite, by contrast, is repairable chairside if minor chipping occurs. A custom occlusal splint was fabricated to protect the restorations. Finally, no tooth reduction was required — the composite was added to the existing tooth structure, preserving everything natural underneath.

Appointment timeline

- **Appointment 1:** Consultation, shade matching, composite bonding (single visit, approximately 90 minutes) - **Appointment 2** (2 weeks later): Polish and occlusion refinement; splint delivery

Clinical outcome

The patient's incisal edges were restored to their pre-injury length and shape. The composite was polished to a high lustre that closely matched the natural enamel of adjacent teeth. At a 6-month review, no chipping or discolouration was noted.

Direct composite veneers offer genuine advantages — single-session application, low cost, and repairability — but the aesthetic result depends heavily on the clinician's skill. The material is only part of the equation.

> **Key clinical principle:** Direct composite bonding is the right choice for isolated chips, minor wear, and cases where tooth structure is largely intact. For patients with bruxism, repairability is a practical advantage, not just a theoretical one.

(For a deeper comparison of when to choose composite versus porcelain, see our guide on [Porcelain Veneers vs Composite Veneers: Which Is Right for Your Smile?])

Case Study 3: Combined whitening and veneers — getting the sequence right

Presenting concern

A 41-year-old female patient presented requesting a "complete smile refresh." Her upper arch showed moderate extrinsic staining (coffee, red wine), two old composite restorations on her upper laterals that had discoloured significantly, and a left upper central incisor that was slightly shorter than its counterpart from old incisal chipping.

Treatment plan

Phase 1: Professional in-chair whitening plus a take-home maintenance kit to establish the target shade. **Phase 2:** Two porcelain veneers on upper laterals (replacing the old composites) plus one composite addition to the upper left central to correct the incisal height discrepancy.

Why sequence whitening first? This is one of the most clinically important — and most commonly misunderstood — decisions in cosmetic dentistry. Restorations cannot be whitened after fabrication. The laboratory needs the final tooth shade as a target when creating veneers and crowns. Fabricate the veneers first, and you're locked into the pre-whitening shade; any subsequent whitening will lighten the natural teeth while leaving the ceramic unchanged, producing a visible mismatch.

Why not just whiten and skip the veneers? The old composite restorations on the lateral incisors were intrinsically discoloured and structurally compromised. Whitening would have lightened the surrounding natural teeth while leaving the composites darker — the opposite of the intended outcome.

Appointment timeline

- **Appointment 1:** Consultation, Digital Smile Design, whitening tray impressions - **Appointment 2:** In-chair whitening session - **Appointment 3** (3 weeks later): Shade confirmed stable; veneer

preparation on upper laterals, composite addition to upper left central, temporaries placed -
Appointment 4: Porcelain veneers bonded; composite polished and refined

Clinical outcome

The final result unified the arch: natural teeth whitened to a B1 shade, ceramic veneers fabricated to match, and the incisal discrepancy corrected without any preparation of the upper right central. The patient required no further intervention at her 12-month review.

Research confirms that teeth whitening positively affects self-confidence, professional life, personal life, social life, and mood — and when combined with targeted veneer work, the comprehensive colour and shape outcome exceeds what either treatment delivers alone.

> **Key clinical principle:** In combined whitening-and-veneer cases, whitening must always come first. The stable post-whitening shade becomes the ceramist's target — there's no correcting it afterward.

(For more on whitening protocols and how to maintain results, see our guide on [Teeth Whitening in Melbourne: In-Chair vs Take-Home] and [Teeth Whitening Aftercare: How to Maintain a Whiter Smile].)

Case Study 4: Single-tooth correction — closing a central diastema

Presenting concern

A 26-year-old male patient presented with a 2.5 mm midline diastema (gap) between his upper central incisors. He had considered orthodontics but wasn't willing to commit to 18 months of aligner treatment. His teeth were otherwise well-aligned, healthy, and a natural shade he was satisfied with.

Treatment plan

Two direct composite veneers on the upper central incisors, widening each tooth by approximately 1.25 mm to close the gap symmetrically.

Why not orthodontics?* Orthodontics would have been the ideal long-term solution if the patient had broader spacing concerns. Here, the diastema was isolated, the bite was stable, and the outcome was achievable with composite without touching natural tooth structure. The patient was counselled that if the gap were to reopen — possible without a retainer — composite bonding is easily repaired or rebuilt.

Why not porcelain?* The patient's existing tooth shade was satisfactory, which removes the primary driver for porcelain. The correction was also fully additive, meaning no enamel preparation was required and the treatment is reversible.

Appointment timeline

- **Single appointment:** Shade match, freehand composite layering, polish and occlusal check (approximately 75 minutes)

Clinical outcome

The diastema was closed symmetrically with no visible margin at the gingival or incisal edge. The composite was blended to match the patient's natural enamel translucency. At 18 months, the patient reported no issues; minor surface polishing was performed at a routine review.

> **Key clinical principle:** Isolated diastema closure with composite is a conservative, single-visit solution for patients who decline orthodontics and have no other significant cosmetic concerns.

(For guidance on whether you're a candidate for this type of treatment, see our guide on [Am I a Candidate for Veneers? Dental Requirements, Contraindications & Pre-Treatment Checklist].)

Case Study 5: Full smile makeover — multi-treatment planning across 6 months

Presenting concern

A 48-year-old female patient presented with a complex set of concerns: generalised tooth wear from long-term acid erosion, two missing posterior teeth (not cosmetically visible), upper front teeth that had shortened significantly, old crowns on upper premolars that were grey at the margins, and generalised yellowing. She felt her smile had aged her noticeably.

Treatment plan

A staged, multi-treatment smile makeover coordinated across Core Dental Group's clinical team:

1. **Periodontal stabilisation** (2 appointments): Mild gum inflammation addressed before any cosmetic work commenced
2. **Professional whitening** (Phase 1): Established target shade
3. **8 porcelain veneers** on upper anteriors (teeth 14–24): Restored lost incisal length and corrected colour
4. **2 new ceramic crowns** on upper premolars: Replaced grey-margined old crowns to match the new veneer shade
5. **Occlusal splint**: Fabricated to protect restorations from ongoing wear

Why peer-reviewed planning matters in complex cases: This case required input from a general dentist (restorative planning), a periodontist (gum health), and close collaboration with a local ceramist (shade and form matching across veneers and crowns). A Digital Smile Design mock-up was used at the planning stage so the patient could see and approve the proposed outcome before any irreversible preparation occurred. Across all included studies, Digital Smile Design consistently improved patient satisfaction, treatment acceptance, communication, and perceived predictability compared with conventional approaches — with quantitative evidence showing significantly higher satisfaction scores and superior aesthetic and functional ratings in DSD-guided treatments.

Appointment timeline

8 appointments across approximately 6 months, covering the periodontal phase, whitening, preparation, temporaries, and final bonding.

Clinical outcome

At the 12-month review, all restorations were intact, the occlusion was stable, and the patient reported the outcome had exceeded her expectations. The coordinated shade matching between veneers and crowns — achieved through close collaboration between the Core Dental Group clinical team and ceramist — produced a unified result that would have been difficult to achieve without a multi-disciplinary approach.

Planning all treatments together ensures veneers match whitened teeth, crowns complement veneers, and every element creates a cohesive, natural appearance. Piecemeal approaches risk mismatched shades and disconnected results.

> **Key clinical principle:** Complex smile makeovers require staged treatment planning, periodontal stability as a prerequisite, and close collaboration between clinicians and the dental laboratory. Shortcuts produce mismatched results.

(For a detailed explanation of how Core Dental Group plans multi-treatment smile makeovers, see our guide on [What Is a Smile Makeover? How Core Dental Melbourne Designs Your Complete Smile Transformation].)

What the clinical literature says about veneer outcomes

The cases above are grounded in a solid body of peer-reviewed evidence on veneer longevity and clinical performance.

Porcelain veneer survival rates

A systematic review published in the *Journal of Clinical Medicine* (Alenezi et al., 2021) included 25 studies encompassing 6,500 porcelain laminate veneers. The 10-year estimated cumulative survival rate was 95.5%.

When fracture, debonding, secondary caries, and need for endodontic treatment were considered as isolated reasons for failure, the 10-year cumulative survival rates were 96.3%, 99.2%, 99.3%, and 99.0%, respectively.

Bonding substrate matters considerably. Ceramic veneers bonded to enamel showed higher survival and success rates with lower clinical incidences of complications and failure than those bonded to dentin or teeth with existing composite resin restorations. This is why enamel sufficiency assessment is a non-negotiable step in the pre-treatment evaluation process at Core Dental Group.

Composite veneer survival rates

A systematic review and meta-analysis published in *ScienceDirect* (2023) found an overall estimated survival rate of 88% for resin composite laminate veneers. The direct approach had a 91% survival rate; the indirect approach had 84%. Mean follow-up time ranged from 24 to 97 months.

Direct composite veneers offer real advantages — single-session application, low cost, and reparability — but results are highly operator-dependent. In the hands of a skilled clinician using quality materials, composite outcomes can approach the aesthetic quality of laboratory-fabricated porcelain, particularly for simpler corrections.

The role of digital planning in predictability

AI-based digital smile design improves satisfaction by 58% for both patients and clinicians, with the ability to preview outcomes before treatment identified as the primary driver. At Core Dental Group Melbourne, Digital Smile Design is used in complex cases to produce a visual treatment preview before any preparation occurs, aligning patient expectations with clinical reality from the outset.

How to read a before-and-after case study critically

When evaluating any cosmetic dental clinic's case portfolio — including Core Dental Group's — these questions are worth asking:

| Question | Why it matters | |---|---| | Is the presenting concern similar to mine? | Outcomes are case-specific; a result achieved for discolouration may not transfer to a worn-teeth case | | How many teeth were treated? | Single-tooth corrections and full-arch makeovers have different complexity profiles | | What material was used? | Porcelain and composite produce different long-term outcomes | | How many appointments did it take? | Rushed timelines can compromise fit, shade matching, and gum health assessment | | Was the treatment reversible or irreversible? | Porcelain preparation removes enamel permanently; composite bonding typically does not | | Is there a follow-up timepoint? | A 1-week post-treatment photo is far less informative than a 12-month review |

(For guidance on evaluating cosmetic dental practices, see our guide on [How to Choose a Cosmetic Dentist in Melbourne: 8 Criteria That Separate Great Clinicians from the Rest].)

Key takeaways

****Material selection is clinical, not commercial.**** Composite and porcelain are both legitimate options — the right choice depends on the degree of discolouration, the number of teeth involved, bruxism status, enamel thickness, and long-term maintenance preferences.

****Sequencing matters in combined cases.**** Whitening must always precede veneer fabrication; periodontal health must be established before any cosmetic work begins. Shortcuts in sequencing produce mismatched or short-lived results.

****Enamel bonding substrate is the single strongest predictor of veneer longevity.**** Ceramic veneers bonded to enamel achieve near-perfect survival rates; cases with significant dentin exposure require more careful clinical management.

****Digital Smile Design improves predictability and satisfaction.**** Previewing outcomes before treatment significantly closes the gap between patient expectation and clinical reality.

****Complex makeovers require multi-disciplinary coordination.**** Cases involving wear, gum concerns, and multiple restoration types benefit from treatment planning across specialties — a structural advantage of Core Dental Group's co-located clinical model.

Conclusion

The five cases documented above represent the range of presentations that cosmetic dentistry at Core Dental Group Melbourne addresses: from a single composite addition completed in one appointment, to an eight-restoration full smile makeover coordinated across six months and multiple disciplines. What connects them is not the complexity of the treatment, but the rigour of the planning process — correct diagnosis, appropriate material selection, and honest pre-treatment expectation setting.

Before-and-after photographs start the conversation, not end it. If you see a result in Core Dental Group's portfolio that resonates with your own concern, the next step is a consultation that maps your specific clinical situation — your enamel quality, your bite, your gum health, your aesthetic goals — to a treatment plan that is genuinely right for you.

For further reading across this topic, explore: - [Porcelain Veneers Melbourne: How They Work, the Procedure Step by Step, and What to Expect] - [Composite Veneers Melbourne: How Direct Resin Bonding Works and Who It's Best For] - [Porcelain Veneers vs Composite Veneers: Which Is Right for Your Smile?] - [What Is a Smile Makeover? How Core Dental Melbourne Designs Your Complete Smile Transformation] - [Am I a Candidate for Veneers? Dental Requirements, Contraindications & Pre-Treatment Checklist]

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