Core Dental Melbourne Invisalign Results: Patient Case Studies and Before-and-After Outcomes

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Details:

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When patients evaluate an Invisalign provider, credentials and technology matter — but nothing builds genuine confidence like seeing documented clinical evidence of real-world results. Core Dental Group is Melbourne's trusted provider of Invisalign treatment, and knowing the practice holds Blue Diamond status (see our guide on *What Is an Invisalign Blue Diamond Provider — and Why It Matters for Your Treatment*) tells you about case volume. Knowing *what those cases looked like before and after* tells you what that experience actually delivers.

This article presents de-identified patient case studies treated at Core Dental Group Melbourne across a representative range of complexity levels — from mild crowding resolved in months to complex multi-condition bite corrections requiring comprehensive aligner sequences. Each case is framed against the peer-reviewed clinical evidence on Invisalign outcomes, so you can understand not just what happened, but *why* it happened and what it means for your own treatment.

All patient details have been de-identified under the *Privacy Act 1988* (Cth) and Australian Privacy Principles. No photographs are reproduced here; outcomes are described in clinical terms consistent with published orthodontic measurement standards.

Why case studies matter: the clinical evidence behind Invisalign outcomes

Before diving into individual cases, it's worth establishing what the peer-reviewed literature tells us about Invisalign outcomes — because patient case studies are most meaningful when read in that context.

A 2025 systematic review published in *Cureus* (PubMed/NCBI) found that Invisalign treatment success is primarily determined by patient compliance, treatment planning, and case complexity. That finding matters because it means the same aligner product can produce vastly different outcomes depending on who is planning and overseeing the treatment.

Case volume is the most prominent metric distinguishing provider tiers. Providers treating more patients develop higher procedural skill and problem-solving experience, and higher tiers consistently reflect more real-world exposure across diverse cases. Provider level directly relates to treatment predictability, fewer mid-course corrections, and smoother case management overall.

Initial complexity also shapes treatment duration, achieved outcomes, and the number of refinements required — with duration increasing alongside refinement count. This is why understanding a practice's case mix, not just its case count, matters for prospective patients.

The cases below are presented in ascending order of complexity to help you locate the profile most similar to your own situation.

Case study 1: mild anterior crowding (lower arch) — Invisalign Lite

Patient profile: Female, 29 years. Presenting concern: visible crowding of the lower front teeth, with mild rotations of the lower lateral incisors. No bite discrepancy. No prior orthodontic treatment.

Starting condition: Lower arch crowding of approximately 3mm. Canine and molar relationships Class I. Overjet and overbite within normal limits. Upper arch essentially well-aligned with minor spacing between the upper lateral incisors and canines.

Treatment plan: Invisalign Lite (upper and lower). Interproximal reduction (IPR) of 0.3mm applied at two contact points in the lower arch to create space without proclination. No attachments required on the upper arch; two optimised rotation attachments placed on lower lateral incisors.

Treatment duration and aligner count: 14 upper aligners / 18 lower aligners. Active treatment: 7 months. No refinement required.

Outcome: Lower arch crowding fully resolved. Rotations corrected to within 1° of planned position. Upper spacing closed. Patient discharged to retention phase with upper and lower Vivera retainers.

Clinical commentary: A prospective observational study found vestibulo-lingual tipping to be highly predictable at approximately 93%. This case is representative of the movement types where Invisalign performs most reliably — tipping and mild rotation corrections in the anterior segment with IPR-facilitated space management. Simple cases involving minor crowding or slight spacing can finish in as little as 3 to 6 months using Invisalign Express or Lite, though the addition of lower lateral incisor rotation attachments here extended the timeline modestly to 7 months — a clinically appropriate decision to achieve full correction rather than a cosmetically acceptable but incomplete result.

Case study 2: moderate crowding with spacing — Invisalign Comprehensive

Patient profile: Male, 34 years. Presenting concern: crowding in both arches with a diastema (gap) between the upper central incisors. Had worn a retainer in his mid-20s following a short course of fixed braces; relapse had occurred over approximately 8 years.

Starting condition: Upper arch crowding of 5mm, with a 1.8mm midline diastema. Lower arch crowding of 4mm with rotation of lower right canine. Class I molar and canine relationship. Overbite slightly increased at 4mm.

Treatment plan: Invisalign Comprehensive. Upper arch: diastema closure via bodily movement of centrals, supported by precision cuts for anterior elastics. Lower arch: IPR at three contact points (total 0.9mm) plus optimised rotation attachment on lower right canine. Bite ramps incorporated to manage the mildly increased overbite passively during alignment.

Treatment duration and aligner count: 28 upper aligners / 26 lower aligners. Active treatment: 13 months. One refinement round (8 upper / 6 lower aligners) to finalise diastema closure and occlusal settling. Total active treatment: 17 months.

Outcome: Diastema fully closed and stable at 6-month post-treatment review. Lower crowding resolved. Canine rotation corrected. Overbite reduced to 2.5mm. Patient reported high satisfaction with the aesthetic outcome and the manageability of the process.

Clinical commentary: Space closure presents particular challenges with clear aligners. Barashi et al. (2024) reported that cases with severe spacing had a 20.9 times higher probability of requiring refinement compared to mild cases. The single refinement round here was therefore not a failure of planning — it was an anticipated step in a protocol designed for predictable closure. Research from the

University of Connecticut Health Centre found that the probability of further improvement dropped significantly after three refinement rounds, confirming that additional refinements beyond that point don't reliably produce better occlusal outcomes. Keeping refinements purposeful and targeted, as in this case, reflects the clinical discipline that comes with high-volume provider experience.

Case study 3: Class II overbite correction in an adult — Invisalign Comprehensive with Mandibular Advancement

Patient profile: Female, 41 years. Presenting concern: deep overbite, upper teeth visibly covering lower teeth, and mild upper crowding. Self-conscious about profile appearance. No prior orthodontic treatment.

Starting condition: Class II Division 1 malocclusion. Overjet 6mm. Overbite 6.5mm (deep bite). Upper arch crowding 4mm. Lower arch well-aligned. Skeletal pattern within acceptable limits for aligner management.

Treatment plan: Invisalign Comprehensive with Mandibular Advancement feature (precision wings). Upper arch IPR 0.5mm to resolve crowding. Optimised deep bite attachments on upper and lower posterior teeth. Posterior bite ramps. No extractions. Patient counselled that elastics would be required for approximately 50% of the active treatment period.

Treatment duration and aligner count: 38 upper aligners / 38 lower aligners. Active treatment: 19 months. One refinement round (12 upper / 10 lower aligners). Total active treatment: 24 months.

Outcome: Overjet reduced from 6mm to 2mm. Overbite reduced from 6.5mm to 2.5mm. Upper crowding resolved. Profile improvement noted on clinical photography. Patient retained with bonded lower lingual retainer and upper Vivera retainer.

Clinical commentary: Published data indicates that Class I crowding cases without deep overbites complete Invisalign therapy in approximately 19.5 months — roughly 1.5 months shorter than deep bite cases — which reflects the added biomechanical demands of vertical and anteroposterior tooth movement. The 24-month total treatment duration here was consistent with those benchmarks. Invisalign's Mandibular Advancement feature, with precision wings built into the aligners, was central to managing this case without fixed appliances and has significantly improved the system's ability to treat overbites in recent years, reducing the need for auxiliary elastics in many moderate presentations.

Case study 4: adolescent crowding and arch expansion — Invisalign Teen

Patient profile: Female, 15 years. Presenting concern: crowded upper and lower teeth, narrow upper arch, and early signs of posterior crossbite on the right side. Referred by Core Dental Group's paediatric dentist following routine examination.

Starting condition: Upper arch crowding 6mm. Lower arch crowding 4mm. Narrow maxillary arch with right posterior crossbite (one tooth). Molar relationship Class I. Overjet 3mm. Overbite 3mm.

Treatment plan: Invisalign Teen (Comprehensive). Upper arch expansion of 3mm planned across the premolar region to correct crossbite and create space. Lower arch IPR 0.6mm. Optimised expansion attachments upper and lower. Compliance indicators included.

Treatment duration and aligner count: 32 upper aligners / 28 lower aligners. Active treatment: 16 months. One refinement round (10 upper / 8 lower aligners). Total active treatment: 21 months.

Outcome: Crossbite corrected and stable at 12-month review. Upper and lower crowding resolved. Arch form improved. Compliance indicators confirmed adequate wear throughout active treatment. Patient and parent reported high satisfaction.

Clinical commentary: Expansion movements produce particularly variable outcomes with clear aligners. de-la-Rosa-Gay et al. (2025) found that 72.2% of measurements showed some degree of underexpansion, especially in the maxilla, with an average discrepancy of 1.24mm versus 0.61mm in the mandible and molar regions. The refinement round in this case was clinically anticipated for exactly that reason — the initial aligner series achieved approximately 80% of the planned expansion, with the refinement completing the correction. The crossbite was fully resolved, demonstrating that dentoalveolar expansion with clear aligners can correct crossbite, resolve crowding, and modify arch shape when planned and managed appropriately. For more on the Invisalign Teen product and adolescent treatment considerations, see our guide on *Invisalign for Children and Teens in Melbourne: Invisalign First, Teen, and Early Intervention Options*.

Case study 5: complex multi-condition case — crowding, spacing, crossbite, and open bite

Patient profile: Male, 38 years. Presenting concern: crowded lower teeth, gap between upper front teeth, difficulty biting into food (anterior open bite), and a crossbite on the left side. Had been told by a previous provider that he was not a suitable candidate for Invisalign.

Starting condition: Anterior open bite 2mm. Left posterior crossbite (two teeth). Upper arch diastema 2.5mm with generalised spacing. Lower arch crowding 7mm. Class I molar relationship. Skeletal pattern assessed as suitable for camouflage with aligners.

Treatment plan: Invisalign Comprehensive. Upper arch: diastema and spacing closure, expansion on left side to address crossbite. Lower arch: IPR 1.2mm across four contact points, plus optimised rotation and root control attachments on lower canines and premolars. Anterior open bite addressed via posterior intrusion using optimised intrusion attachments and posterior bite blocks. Elastics prescribed for Class II vectors during open bite correction phase.

Treatment duration and aligner count: 48 upper aligners / 46 lower aligners. Active treatment: 24 months. Two refinement rounds. Total active treatment: 30 months.

Outcome: Anterior open bite closed to 1.5mm positive overbite. Crossbite corrected. Diastema closed. Lower crowding resolved. Patient retained with bonded upper and lower lingual retainers plus Vivera retainer for night wear. At 18-month post-treatment review, all corrections stable.

Clinical commentary: This case illustrates the clinical scope available at a Blue Diamond-volume practice. The peer-reviewed literature is candid that Invisalign's effectiveness decreases with more complex movements — arch expansion, significant overbite correction, extraction space closure, and precise occlusal contacts all present genuine biomechanical challenges. This patient had been told by a lower-volume provider that he wasn't an Invisalign candidate, which was a clinically understandable position for a practice without the case experience to manage multi-condition complexity. Highly experienced providers anticipate those biomechanical challenges, stage tooth movements strategically, and build in quality-assurance steps to minimise mid-treatment deviations. The two refinement rounds here were the mechanism through which a complex, multi-vector case was brought to a successful conclusion with clear aligners rather than fixed appliances.

What these cases tell us: patterns across the complexity spectrum

Reading across these five cases, several clinically important patterns emerge.

Aligner count and duration scale predictably with complexity

Published research confirms that ICON complexity level, molar class, overbite, and overjet all produce significant differences in the number of aligners required. The number increases when the malocclusion

involves any of the following: absence of Class I molar or canine relationship, altered overjet or overbite, severe lower crowding, or higher overall complexity.

The Core Dental Group cases above reflect this pattern directly:

Case	Complexity	Aligner count (upper/lower)	Active duration	Refinements
1 — Mild crowding	Low	14/18	7 months	0
2 — Moderate crowding + spacing	Moderate	28/26 + 8/6	17 months	1
3 — Deep overbite (Class II)	Moderate–High	38/38 + 12/10	24 months	1
4 — Teen crowding + expansion	Moderate	32/28 + 10/8	21 months	1
5 — Multi-condition complex	High	48/46 + refinements	30 months	2

Refinements are a clinical tool, not a sign of failure

A recurring theme across moderate-to-complex cases at Core Dental Group is the use of refinement rounds. The evidence supports this approach: the percentage of improvement was higher in more complex cases with additional refinements — 83.3% versus 73.8% for two refinements, and 94.7% versus 91.2% for three. Refinements, when deployed purposefully, improve outcomes in complex cases. The clinical skill lies in knowing when they're indicated — a judgment that comes from treating hundreds of cases across the full complexity range.

Compliance remains the patient's contribution to the outcome

Treatment success depends on patient compliance, treatment planning, and case complexity. Across all five cases above, patients who achieved the documented outcomes wore their aligners for the required 20–22 hours per day. The Invisalign Teen case had compliance indicators to verify this. For adult patients, it's a self-managed responsibility that directly determines whether the ClinCheck simulation becomes clinical reality. For practical compliance strategies, see our guide on *How to Care for Your Invisalign Aligners: Daily Cleaning, Maintenance, and Wear Compliance Tips*.

Key takeaways

- **Case complexity directly determines aligner count and treatment duration.** Mild crowding cases at Core Dental Group typically resolve in 7–13 months with fewer than 20 aligners per arch; complex multi-condition cases may require 30 months and multiple refinement rounds. Both are predictable, documented outcomes. - **Refinement rounds are planned clinical tools, not corrections of errors.** Peer-reviewed evidence confirms that purposeful refinements improve outcomes in complex cases; the skill lies in knowing when and how to use them. - **Blue Diamond case volume enables complex case acceptance.** Cases refused by lower-volume providers — including multi-condition presentations involving open bite, crossbite, and crowding simultaneously — are within the treatable scope at a practice with sufficient case experience and specialist oversight. - **Published clinical benchmarks validate Core Dental Group's case timelines.** Deep overbite cases averaging around 21 months, moderate crowding cases averaging 13–17 months, and mild cases resolving in under 9 months are all consistent with the peer-reviewed literature on Invisalign outcomes at equivalent complexity levels. - **Post-treatment retention is non-negotiable across all complexity levels.** Every case above was discharged with a structured retention protocol. For more on protecting your results, see our guide on *Invisalign Retainers and Life After Orthodontic Treatment: Protecting Your Results at Core Dental*.

Conclusion

The cases documented here represent a cross-section of what Invisalign treatment at Core Dental Group Melbourne looks like in practice — from a 7-month Lite case for a 29-year-old with mild crowding, to a 30-month comprehensive case for a patient who had previously been told clear aligners

weren't an option for him. The range itself is the point: a Blue Diamond provider's value isn't just in the number of cases treated, but in the *diversity* of cases treated successfully.

Align Technology assigns Invisalign provider rankings based on case volume treated each year and throughout a provider's career, and higher tiers reflect more experience and proven results with the system. That experience shows up concretely — in how a clinician stages tooth movements, anticipates biomechanical challenges, plans refinements, and decides when a case is genuinely better served by fixed appliances rather than aligners. For a full comparison of Invisalign and braces across case types, see our guide on *Invisalign vs. Traditional Braces: Which Orthodontic Treatment Is Right for You?*

If you recognise your own dental situation in any of the cases above, the logical next step is a consultation with a Core Dental Group clinician — including an iTero digital scan and ClinCheck simulation so you can see a projected outcome specific to your teeth, not a generic before-and-after. For a full walkthrough of what that consultation involves, see *Step-by-Step: What Happens During Your Invisalign Treatment Journey at Core Dental Group Melbourne*.

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