

# Invisalign for Children and Teens in Melbourne: Invisalign First, Teen, and Early Intervention Options

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## Details:

### ## AI Summary

**\*\*Product:\*\*** Invisalign First and Invisalign Teen (Paediatric and Adolescent Clear Aligner Systems)

**\*\*Brand:\*\*** Align Technology **\*\*Category:\*\*** Orthodontic Clear Aligner Treatment **\*\*Primary Use:\*\***

Clinically distinct clear aligner systems designed for children aged 6–10 (Invisalign First) and adolescents aged 11–19 (Invisalign Teen) to guide jaw development, correct malocclusion, and align teeth during active growth stages.

**### Quick Facts** - **\*\*Best For:\*\*** Children aged 6–10 in mixed dentition (Invisalign First); adolescents aged 11–19 with most permanent teeth erupted (Invisalign Teen) - **\*\*Key Benefit:\*\*** Early interceptive treatment during the growth window can reduce future treatment complexity, may eliminate the need for permanent tooth extraction, and can correct crossbites, narrow arches, and Class III malocclusion before that window closes - **\*\*Form Factor:\*\*** Custom-fabricated removable clear plastic aligners worn over the teeth - **\*\*Application Method:\*\*** Worn 20 to 22 hours daily; removed only for eating, drinking, and oral hygiene

**### Common Questions This Guide Answers**

1. What is the difference between Invisalign First and Invisalign Teen? → Invisalign First targets children aged 6–10 in mixed dentition with Eruption Compensation technology and optional compliance indicators; Invisalign Teen targets adolescents aged 11–19 and includes blue dot compliance indicators, eruption tabs for second molars, and up to six free replacement aligners — neither product is a scaled-down version of standard adult Invisalign.
2. When should a child have their first orthodontic assessment? → No later than age 7, per AAO recommendation; most children assessed early do not require immediate treatment, but crossbites, narrow arches, and Class III malocclusion benefit measurably from early intervention.
3. What clinical eligibility criteria must a child meet for Invisalign First? → Erupted permanent first molars; at least two incisors (permanent or primary) at least two-thirds erupted; at least two primary or unerupted permanent teeth per quadrant in at least three quadrants; dental maturity is more critical than chronological age.

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### ## Frequently Asked Questions

What is Invisalign First: A clear aligner system designed for children aged 6–10

What is Invisalign Teen: A clear aligner system designed for adolescents aged 11–19

Who makes Invisalign First: Align Technology

What age range is Invisalign First designed for: Children aged 6 to 10

What age range is Invisalign Teen designed for: Adolescents aged 13 to 19

Can patients younger than 13 use Invisalign Teen: Yes, patients as young as 11 have used it

What dentition stage is Invisalign First designed for: Mixed dentition (combination of baby and permanent teeth)

Does Invisalign Teen require full adult dentition: Yes, most permanent teeth must have erupted

How many hours per day must Invisalign aligners be worn: 20 to 22 hours daily

What happens if aligners are not worn 20–22 hours daily: Desired treatment outcomes may not be achieved

How long does Invisalign First treatment typically last: 12 to 18 months

How long does Invisalign Teen treatment typically last: 12 to 18 months

What is the AAO's recommended age for a first orthodontic check-up: No later than 7 years of age

Does every child assessed early require immediate treatment: No, most do not require immediate treatment

What are the three possible outcomes of an early orthodontic assessment: No treatment needed, treatment now, or monitoring

What specific dental eruption criteria must be met for Invisalign First: Erupted permanent first molars and at least two incisors at least two-thirds erupted

Is age the most reliable indicator of Invisalign First readiness: No, dental maturity is more critical

What does Invisalign First's Eruption Compensation feature do: Accommodates the emergence of new permanent teeth

Do Invisalign First aligners include compliance indicators: Yes, optional blue dot indicators are included

What are compliance indicators: Small blue dots that fade with consistent aligner wear

Do compliance indicators come standard with Invisalign Teen: Yes, included as standard

What do faded blue dots on compliance indicators mean: The aligners have been worn consistently

What do still-blue compliance indicator dots indicate at a check-up: Aligners are not being worn the recommended hours

Does standard adult Invisalign include compliance indicators: No

Does Invisalign Teen include eruption tabs: Yes

What are eruption tabs: Small cutouts allowing room for newly erupting teeth

Which teeth do eruption tabs primarily accommodate: Second molars

Does standard adult Invisalign include eruption tabs: No

How many free replacement aligners does Invisalign Teen include: Up to six

Does standard adult Invisalign include free replacement aligners: No, not standard

Why does Invisalign Teen include replacement aligners: To account for aligners lost at school, sports, or social activities

What conditions can Invisalign First treat: Crowding, spacing, narrow arches, and bite issues including underbites and crossbites

Can Invisalign First correct crossbites: Yes

Can Invisalign First address narrow dental arches: Yes

What is the clinical goal of Invisalign First: Address foundational issues, not necessarily perfect final alignment

What is interceptive orthodontic treatment: Early treatment during mixed dentition to guide jaw and tooth development

What is the average overjet reduction found in the 2024 Sandhu et al. study: 3.5 mm

What was the average overbite correction in the 2024 Sandhu et al. study: 2.1 mm

How many children were studied in the 2024 Sandhu et al. research: 150 children aged 7–11

Are treatment effects of early orthodontic intervention primarily skeletal or dentoalveolar: Primarily dentoalveolar, per 2025 European Journal of Orthodontics study

Can early treatment reduce the need for permanent tooth extraction later: Yes, it may reduce extraction necessity in Phase 2

Can early treatment reduce future treatment duration: Yes

Can early treatment eliminate the need for future treatment entirely: In some cases, yes

What conditions most benefit from early orthodontic intervention: Crossbites, Class III malocclusion, and narrow arches

What happens if jaw problems are left until the growth window closes: Options may be limited to surgery or prolonged treatment

When does the jaw growth window typically close: By the mid-teen years

Does early treatment benefit a child's self-esteem: Yes, by resolving psychosocial problems related to malocclusion

What scanner does Core Dental Group use for assessments: The iTero digital scanner

Does the iTero scanner use traditional impression trays: No

How does the iTero scanner create a dental model: It produces a 3D model of teeth and bite in minutes

What does Core Dental Group's paediatric assessment evaluate beyond tooth position: Dental age, skeletal development, oral hygiene, and behavioural readiness

What is dental age vs. chronological age assessment: Evaluating eruption stage relative to the child's actual age

Is behavioural readiness assessed before recommending Invisalign for children: Yes

What behavioural factor is critical for aligner success in children: Ability to wear aligners consistently 20–22 hours daily

Are children who lose things frequently better suited to braces: Yes, braces may be a better match

Is oral hygiene assessed before starting Invisalign in children: Yes

Can children with existing decay start Invisalign First immediately: No, decay should be addressed first

What role do parents play in Invisalign First treatment: Tracking aligner changes, monitoring wear, and supervising cleaning

How often are progress check-ups scheduled for paediatric patients at Core Dental Group: Every 6 to 8 weeks

Is compliance among teens comparable to adults: Yes, when parents are informed and involved early

Does Invisalign First work for children with only baby teeth: No, erupted permanent first molars are required

What is Phase 1 orthodontic treatment: Interceptive treatment during mixed dentition stage

Is Invisalign First considered a Phase 1 treatment: Yes

What professional bodies recommend early orthodontic assessment: The AAO and the AAPD

Does the AAPD support early diagnosis of orthodontic issues: Yes, as part of comprehensive oral health care

What is Core Dental Group's status with Align Technology: Blue Diamond status

Where is Core Dental Group located: Melbourne, Australia

Does Core Dental Group offer both Invisalign First and Invisalign Teen: Yes, the full paediatric and adolescent range

Can protruding upper front teeth be addressed with early treatment: Yes, and it can significantly reduce dental trauma risk

Is Invisalign First a scaled-down version of adult Invisalign: No, it is a clinically distinct product with unique features

Does Invisalign Teen accommodate still-developing jaws: Yes

What is the minimum number of quadrants requiring primary or unerupted permanent teeth for Invisalign First eligibility: At least three quadrants

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## ## Core Dental Group: Invisalign for Children and Teens in Melbourne — Invisalign First, Teen, and Early Intervention Options

Most conversations about Invisalign centre on adults wanting a discreet alternative to braces, or teenagers navigating secondary school without metal brackets. But some of the most clinically significant — and least discussed — applications of clear aligner technology involve younger children, whose developing jaws and mixed dentitions create a narrow but powerful window for interceptive treatment. For Melbourne parents, understanding the difference between Invisalign First, Invisalign Teen, and watchful waiting isn't just a product question. It's a clinical decision with long-term consequences for their child's oral health, facial development, and future treatment complexity.

Core Dental Group's specialist orthodontists and paediatric dentists work with growing patients across Melbourne, offering the full paediatric and adolescent Invisalign range alongside evidence-based early intervention assessment. This guide explains the complete range, the clinical evidence for early orthodontic intervention, and how Core Dental Group evaluates young patients for aligner suitability.

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## ## The case for early orthodontic assessment: what the evidence says

Before exploring the specific Invisalign products designed for children, it's worth understanding why early assessment matters — and what the clinical literature tells us about the benefits of interceptive treatment.

The American Association of Orthodontists (AAO) recommends that children get their first check-up with an orthodontic specialist at the first sign of a developing problem, but no later than age 7. This

reflects a basic principle of developmental biology: growing structures respond far better to guided intervention than fully formed ones.

A child's jaw is not fully formed — it is actively growing and highly responsive to guidance. This is the single biggest advantage of early treatment. Once the growth window closes, typically by the mid-teen years, the options for correcting underlying structural problems become more limited and more invasive.

The clinical evidence supports this approach. A 2024 retrospective study published in the *Journal of Pharmacy and Bioallied Sciences*\* (Sandhu et al.) examined 150 children aged 7–11 with mixed dentition who received interceptive orthodontic treatment. The results showed significant improvements in dental alignment and occlusion, with an average overjet reduction of 3.5 mm and overbite correction averaging 2.1 mm. These are clinically meaningful changes that, left unaddressed, would require more complex and lengthy treatment in adolescence.

A 2025 population-based study published in the *European Journal of Orthodontics*\* reinforced these findings, noting that although early interceptive treatment has been advocated for its potential to modify craniofacial growth, most treatment effects are dentoalveolar rather than skeletal. Such interventions, often delivered with removable appliances over shorter durations, can produce better short-term outcomes than no treatment at all.

Research has also shown that certain malocclusions can benefit from early intervention in ways that either reduce the duration or avoid the necessity of more substantial treatment later — not to mention the positive effect on a child's quality of life by resolving the psychosocial problems that malocclusion can cause.

The American Academy of Pediatric Dentistry (AAPD) similarly affirms in its clinical best practice guidelines that managing developing dentition and occlusion is an essential part of comprehensive oral health care, and that early diagnosis and treatment of abnormalities can help patients achieve a stable, functional, and aesthetic occlusion.

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## What is Invisalign First? The clear aligner solution for growing children

### Who it's designed for

Invisalign First is designed for children aged 6 to 10 who are in the mixed dentition stage — meaning they still have a combination of baby and permanent teeth. It gently guides jaw growth, arch development, and tooth positioning during a key window of childhood development, functioning as a modern approach to Phase 1, or interceptive, orthodontic care.

Align Technology developed the product specifically because traditional orthodontic treatments for younger patients can be time-consuming and disruptive to daily life. Invisalign First gives younger patients the same clear aligner experience that teens and adults receive with standard Invisalign therapy.

### Clinical eligibility criteria

Age alone doesn't determine whether a child is suitable for Invisalign First. Align Technology specifies that patients must have erupted permanent first molars and at least any two incisors (permanent or primary) that are at least two-thirds erupted. Patients should also have at least two primary (C, D, or E) or unerupted permanent teeth (3, 4, or 5) per quadrant in at least three quadrants.

Beyond dental development, age is not the most reliable indicator of readiness. Dental maturity, oral hygiene habits, and individual treatment requirements play a more critical role.

### What Invisalign First can treat

The goal of early treatment isn't always to perfect final alignment — it's to address foundational issues: crowding and spacing (creating room for permanent teeth to erupt correctly), arch development (correcting narrow dental arches and supporting proper jaw growth), and bite problems such as underbites and crossbites.

The AAO identifies specific conditions where early treatment is clinically indicated. These may include underbites, crossbites, significant crowding, excessive spacing, extra or missing teeth, teeth that meet abnormally or don't meet at all, and thumb, finger, or pacifier habits affecting tooth or jaw development.

### ### Engineering features unique to Invisalign First

Invisalign First aligners were built specifically for growing patients with shorter tooth crowns and incorporate an Eruption Compensation feature that allows treatment to continue as new permanent teeth emerge. The aligners also include optional compliance indicators — small blue dots that fade with wear — to help parents monitor treatment adherence at home.

Treatment involves custom clear aligners worn 20 to 22 hours daily, gradually shifting teeth and guiding jaw development over 12 to 18 months.

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## ## What is Invisalign Teen? Features built for adolescent mouths

### ### Who it's designed for

Invisalign Teen is designed for adolescents aged 13 to 19, though patients as young as 11 have successfully begun treatment. The key factor isn't age but dental development: most permanent teeth need to have erupted. Most teens between 12 and 18 may qualify on that basis.

### ### The three features that differentiate Invisalign Teen from standard Invisalign

Invisalign Teen is not a smaller version of the adult product. It incorporates three design elements that reflect the biological reality of adolescent dental development:

#### \*\*1. Compliance indicators\*\*

One of the biggest concerns for parents is whether their teen is actually wearing the aligners as prescribed. Invisalign Teen addresses this with compliance indicators — small blue dots on the back of the aligners that fade with consistent wear. At each check-up, clinicians can see how much the dot has faded. If it's still quite blue, the aligners aren't being worn for the recommended 20–22 hours a day. This gives both parents and the dental team a straightforward, non-confrontational way to discuss compliance with the teen.

#### \*\*2. Eruption tabs\*\*

Eruption tabs are small cutouts in the aligners that make room for newly erupting teeth, particularly second molars. Teenagers are often still growing — their jaws may not be fully developed, and permanent teeth like second molars might still be coming through. Without eruption tabs, incoming molars could be blocked or misaligned by the aligner itself.

#### \*\*3. Replacement aligners\*\*

Teens get six replacement aligners at no extra cost — a practical provision for aligners lost at school, sports practice, or a sleepover. This removes one of the most common parental objections to aligner treatment for this age group.

### ### Invisalign Teen vs. standard Invisalign: a direct comparison

| Feature | Invisalign Teen | Standard Invisalign | |---|---|---| | Compliance indicators (blue dots) | ■ Included | ■ Not applicable to this product | | Eruption tabs for growing molars | ■ Included | ■ Not

applicable to this product | | Replacement aligners | ■ Up to 6 included | ■ Not standard | | Accommodation for erupting teeth | ■ Yes | ■ Designed for complete dentition | | Recommended age range | ~11–19 years | Adults (18+) | | Typical treatment duration | 12–18 months | 12–24 months |

Standard Invisalign aligners don't include these features because adult teeth are fully developed.

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### ## Early interceptive treatment: when is it genuinely necessary?

One of the most common questions Melbourne parents ask is: does my child actually need treatment now, or can we wait? The honest answer is that most children who come in for an early assessment don't need immediate treatment. An early check-up is primarily informational. There are generally three possible outcomes: no treatment is expected to be necessary (active monitoring is recommended), treatment now is indicated, or treatment will be needed later but monitoring is appropriate in the interim.

That said, certain conditions genuinely benefit from intervention before the permanent dentition is complete. For uni- or bilateral posterior crossbites and Class III malocclusion, the evidence is clear: a relatively short phase of interceptive treatment with simple appliances can normalise abnormal growth patterns, and those results tend to remain stable over time.

Some well-established benefits of early orthodontic treatment include reducing the severity of a developing malocclusion, shortening the complexity of future treatment, correcting problems in skeletal growth while the jaw is still responsive, and reducing the likelihood of permanent tooth extraction during Phase 2 treatment. Correcting severely protruded upper front teeth early can also significantly reduce the risk of dental trauma. And for many children, resolving a visible malocclusion has a real effect on self-esteem.

If jaw problems are left until the growth window closes — typically by the mid-teen years — the remaining options may be limited to surgery or prolonged treatment that still can't fully correct the underlying structure.

This is the argument for early assessment: not to treat every child, but to identify the minority for whom early intervention produces outcomes that simply can't be replicated later.

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### ## How Core Dental Group assesses growing patients for aligner suitability

At Core Dental Group in Melbourne, paediatric and adolescent aligner assessments are conducted by specialist orthodontists and paediatric dentists who evaluate growing patients across multiple dimensions — not just tooth position. A typical assessment covers:

1. **Dental age vs. chronological age** — Eruption stage relative to the child's actual age, since dental development varies significantly between individuals.
2. **Skeletal assessment** — Identifying jaw discrepancies (Class II or Class III relationships, crossbites, narrow arches) that respond better to early guidance than later correction.
3. **Behavioural readiness** — Aligners need to be worn 20 to 22 hours every day, and that requires a level of consistency not all young children have developed yet. If your child tends to misplace things or struggles with routines, braces may be a better fit.
4. **Oral hygiene baseline** — Children with existing decay or poor brushing habits may need to address those issues before starting aligner treatment.
5. **Parental involvement** — Parents play a key role in Invisalign First success: tracking aligner changes, monitoring wear time, and supervising cleaning.

Core Dental Group uses the iTero digital scanner rather than traditional impression materials, which makes the initial assessment considerably less daunting for younger patients. The scanner produces a 3D model of the teeth and bite in minutes, without impression trays. (For a full explanation of the iTero scanning process and how ClinCheck treatment simulation works, see our guide on [\[What Is Invisalign? How Clear Aligner Treatment Works\]](#)(Value not published - contact manufacturer directly)\*.)

The outcome of an initial consultation isn't always an immediate treatment recommendation. In many cases, Core Dental Group's specialists will recommend a monitoring programme — review appointments every six to twelve months — and intervene only when the clinical timing is right.

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## ## Compliance: the defining variable in paediatric aligner success

No honest assessment of paediatric Invisalign is complete without addressing compliance. Unlike fixed braces, which work continuously regardless of patient behaviour, clear aligners depend entirely on the wearer. Children and teenagers must wear aligners for 20–22 hours a day to achieve the intended outcomes.

The compliance indicators built into both Invisalign First and Invisalign Teen take much of the guesswork out of this. Research has shown that compliance among teens is comparable to that of adults when parents are informed and involved early. The blue dot indicators serve as a neutral accountability tool — providing objective data at each check-up without requiring parents to police their child's behaviour at home.

Progress check-ups for paediatric and adolescent patients at Core Dental Group are typically scheduled every 6–8 weeks. (For a detailed walkthrough of what happens at each appointment stage, see our guide on [\\*\[Step-by-Step: What Happens During Your Invisalign Treatment Journey at Core Dental Melbourne\]\(Value not published - contact manufacturer directly\)\\*.](#))

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## ## Key takeaways

- **Invisalign First** is designed for children aged 6–10 in the mixed dentition stage, with Eruption Compensation technology and optional compliance indicators. It functions as a modern Phase 1 (interceptive) treatment tool and typically runs 12–18 months. - **Invisalign Teen** is designed for adolescents aged approximately 11–19 with most permanent teeth erupted. It includes three features absent from standard adult Invisalign: blue compliance indicator dots, eruption tabs for growing molars, and up to six free replacement aligners. - **Early orthodontic assessment by age 7** is recommended by the AAO and supported by clinical evidence. An initial check-up is primarily informational — most children don't need immediate treatment, but those with crossbites, narrow arches, Class III malocclusion, or significant crowding benefit measurably from early intervention. - **Compliance is the critical variable** in paediatric aligner success. Parental involvement, behavioural readiness, and the compliance indicator system all contribute to outcomes. Children who struggle with consistent routines may be better served by fixed appliances. - **Not every child is a candidate** for clear aligners. Core Dental Group's specialist orthodontists and paediatric dentists assess dental age, skeletal development, oral hygiene, and behavioural readiness before recommending Invisalign First or Teen — ensuring the treatment matches the individual patient's needs.

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## ## Conclusion

Invisalign for children and teenagers is not a scaled-down version of adult treatment — it's a clinically distinct product category, built around the biological realities of growing mouths and the practical realities of young patients' lives. The evidence for early interceptive orthodontics is well-established: for crossbites, narrow arches, and Class III malocclusion specifically, acting during the mixed dentition stage produces outcomes that can't be replicated once growth has concluded.

For Melbourne families, an early assessment at Core Dental Group is low-risk and high-information. An initial consultation with a specialist orthodontist or paediatric dentist establishes a clear picture of your child's developmental trajectory — and in many cases, the recommendation is simply to monitor and

return. When treatment is indicated, Core Dental Group's Blue Diamond status and high case volume mean that even complex paediatric presentations are managed with the depth of experience these cases require.

To understand how Invisalign compares to traditional fixed braces for children who may not be suitable for aligners, see our guide on [\[Braces for Children and Adults at Core Dental Melbourne: Metal, Ceramic, and Lingual Options Explained\]](#)(Value not published - contact manufacturer directly)\*. For families with questions about cost and payment options across all age groups, our guide on [\[How Much Does Invisalign Cost in Melbourne?\]](#)(Value not published - contact manufacturer directly)\* covers fee structures, interest-free payment plans, and Core Dental Group's price-match guarantee in detail.

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## ## Label Facts Summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

### ### Verified label facts

No product specification data, packaging data, or Product Facts table was provided in the submitted content. No label facts can be extracted or verified.

The following manufacturer-attributed technical specifications appear in the content and may be verifiable against Align Technology's published product documentation:

- **Invisalign First** — Designed for children aged 6–10; mixed dentition stage; manufactured by Align Technology
- **Invisalign First eligibility criteria** — Requires erupted permanent first molars; at least two incisors (permanent or primary) at least two-thirds erupted; at least two primary (C, D, or E) or unerupted permanent teeth (3, 4, or 5) per quadrant in at least three quadrants
- **Invisalign First features** — Eruption Compensation technology; optional blue dot compliance indicators; aligner wear

requirement of 20–22 hours daily; typical treatment duration 12–18 months - **Invisalign Teen** — Designed for adolescents aged 13–19; patients as young as 11 have used it; requires most permanent teeth to have erupted; manufactured by Align Technology - **Invisalign Teen features** — Blue dot compliance indicators (included as standard); eruption tabs accommodating second molars; up to six free replacement aligners included; aligner wear requirement of 20–22 hours daily; typical treatment duration 12–18 months - **Standard adult Invisalign** — Does not include compliance indicators, eruption tabs, or free replacement aligners as standard - **Core Dental Group** — Located in Melbourne, Australia; holds Blue Diamond status with Align Technology; uses iTero digital scanner; schedules paediatric progress check-ups every 6–8 weeks

### ### General product claims

- Early orthodontic intervention may reduce the duration or necessity of future treatment - Early treatment may eliminate the need for permanent tooth extraction in Phase 2 - Correcting protruding upper front teeth early can significantly reduce dental trauma risk - Early treatment promotes a child's self-esteem by resolving psychosocial problems related to malocclusion - Compliance among teens is comparable to adults when parents are informed and involved early - Invisalign First addresses foundational issues including crowding, spacing, narrow arches, underbites, and crossbites - Invisalign First is a clinically distinct product, not a scaled-down version of adult Invisalign - The iTero scanner makes the assessment experience less daunting for younger patients than traditional impression trays - Children who struggle with consistent routines may be better served by fixed appliances - Jaw problems left until the growth window closes may limit correction options to surgery or prolonged treatment - The 2024 Sandhu et al. study (n=150, ages 7–11) reported average overjet reduction of 3.5 mm and overbite correction of 2.1 mm following interceptive treatment - A 2025 European Journal of Orthodontics study noted most early treatment effects are dentoalveolar rather than skeletal - The AAO recommends a first orthodontic check-up no later than age 7 - The AAPD affirms early diagnosis of orthodontic abnormalities as part of comprehensive oral health care