

Children's Dental Treatments Available at Core Dental Melbourne: From Check-Ups to Complex Care

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Details:

The Full Spectrum of Children's Dental Treatments at Core Dental Group Melbourne

Most Melbourne parents book their child's first dental appointment with a vague sense that check-ups are important. Few arrive knowing that Core Dental Group — a paediatric-focused dental practice in Melbourne — can handle everything from a two-minute fluoride varnish on a toddler to trauma management for a school-aged child who has knocked out a permanent tooth, or that the clinician performing each procedure may hold an entirely different level of qualification. Knowing what's actually available, and why it matters, is the foundation for making genuinely informed decisions about your child's oral health at every stage of their development.

Dental caries — tooth decay — is the most prevalent oral disease among Australian children. Around one in four children aged 5–14 (26%) have at least one tooth with untreated decay. Children with untreated dental problems experience pain, difficulty eating, and trouble concentrating, all of which affect their ability to learn.

Access to the right treatment, at the right time, delivered by the right clinician, is a genuine public health priority. This article covers every major treatment category available at Core Dental Group, explains who delivers each one, and clarifies which services are accessible under CDBS bulk billing.

Who delivers treatment at Core Dental Group? Understanding the clinical team

Before getting into treatments, it's worth understanding that Core Dental Group operates a multi-disciplinary model. Not all children's dental treatments are performed by the same type of clinician, and that distinction matters clinically.

****General dentists**** complete a five-year undergraduate dental degree and are registered with AHPRA. They handle the majority of routine paediatric dental needs comfortably.

****Dental therapists and oral health therapists**** are separately registered allied health professionals. Dental hygienists, dental therapists, dental prosthetists, and oral health therapists are eligible to provide CDBS services on behalf of a dentist. At Core Dental Group, dental therapists play a front-line role in preventive care and basic restorative treatments for children.

****Registered specialist paediatric dentists**** represent the highest tier of clinical expertise in children's dentistry. Dental specialists are dentists who have completed additional specialised training and education and must register with both the Australian Health Practitioner Regulation Agency (AHPRA) and the Dental Board of Australia. Becoming a specialist paediatric dentist requires advanced training from a recognised institution — Australian and New Zealand universities offer these programs at a Doctor of Clinical Dentistry level.

This team structure means Core Dental Group can manage the full range of paediatric dental complexity in-house, from the simplest preventive visit to highly complex developmental and

behavioural cases, without requiring families to seek external referrals. *(For a detailed breakdown of how these roles differ, see our guide on* **What Is a Specialist Paediatric Dentist? How Core Dental Group's Registered Specialists Differ from General Dentists**.*)*

Routine preventive treatments: the foundation of every child's care

Comprehensive dental examination

The dental check-up is the cornerstone of all paediatric dental care. At Core Dental Group, a child's examination is a structured clinical assessment covering teeth (number, eruption sequence, decay status), gums and soft tissues, bite alignment, jaw development, and oral habits such as thumb-sucking or dummy use — not a cursory visual inspection.

For very young children, the knee-to-knee examination technique is used: the child lies with their head in the clinician's lap and feet in the parent's lap, which allows the dentist to safely examine even an anxious or uncooperative toddler. Dental X-rays (bitewing radiographs) are taken when clinically indicated — typically from around age four or five, when proximal surfaces of posterior teeth can't be examined visually — to detect decay between teeth that's invisible to the naked eye.

CDBS coverage: Examinations and X-rays are fully covered under CDBS bulk billing at Core Dental Group for eligible children. *(See our full guide on* **Child Dental Benefits Schedule (CDBS) Explained: Eligibility, Cap, and What's Covered in 2025–2026** *for the complete list of covered items.)*

Professional scale and clean

Professional cleaning removes calculus (tartar) and biofilm that home brushing alone can't eliminate. In children, this is typically a lighter procedure than adult scaling, focused on plaque removal and establishing a clean baseline for preventive treatments. It also serves an important educational function: the clinician can show the child and parent exactly where brushing is falling short. *(For age-appropriate home brushing guidance, see our article on* **At-Home Oral Hygiene for Children: Age-Appropriate Brushing, Flossing, and Diet Guidance from Core Dental Group**.*)*

Preventive interventions: protecting teeth before decay begins

Fluoride varnish application

Professional fluoride varnish is one of the most cost-effective preventive interventions in paediatric dentistry. Fluoride varnishes have been reported to be effective in caries prevention of permanent teeth when applied at 3- or 6-month periods after the first tooth erupts. The varnish contains 50,000 ppm sodium fluoride in a resin base — dramatically higher than over-the-counter children's toothpaste (typically 1,000–1,450 ppm), making professional application a meaningfully different clinical intervention.

At Core Dental Group, fluoride varnish is applied topically by the clinician in a matter of minutes. It sets quickly on contact with saliva, so children can eat and drink shortly after. How often it's applied depends on individual caries risk: high-risk children may receive varnish every three months, while lower-risk children may need it only at their biannual check-up.

CDBS coverage: Fluoride treatments are covered under CDBS bulk billing at Core Dental Group.

Fissure sealants

Fissure sealants are thin protective coatings applied to the deep grooves of back teeth — primarily the first and second permanent molars — where food and bacteria accumulate and decay most commonly begins. The evidence base is strong.

Extensive evidence supports sealants as an effective intervention for both preventing caries and arresting non-cavitated lesions. One study in children demonstrated a 37% reduction in caries risk with pit and fissure sealants compared to a control group. Over a three-year period, first permanent molars treated with sealants showed a 44% lower risk of developing caries compared to untreated teeth. Data from three randomised controlled trials suggest that in children and adolescents with sound occlusal surfaces, pit-and-fissure sealants compared with fluoride varnishes may reduce the incidence of occlusal carious lesions in permanent molars by 73% after two to three years of follow-up.

At Core Dental Group, sealant decisions are made on an individual risk-assessment basis rather than applied universally. The first permanent molars typically erupt around age six and are the primary target for early sealant application. The procedure is entirely painless, requires no drilling, and takes only a few minutes per tooth.

****CDBS coverage:**** Fissure sealants are covered under CDBS bulk billing at Core Dental Group for eligible children. *(For a detailed parent guide to both preventive treatments, see ****Fissure Sealants and Fluoride Treatments for Kids: Are They Worth It? A Melbourne Parent's Guide****.)*

Restorative treatments: repairing damage when decay occurs

Dental fillings

When decay has progressed beyond what preventive measures can address, a filling is required to restore the tooth's structure and prevent further deterioration. Core Dental Group clinicians offer several filling materials appropriate for children.

Composite resin (tooth-coloured) is the most common choice for visible teeth, bonded directly to tooth structure with minimal removal of healthy enamel. Glass ionomer cement is particularly suitable for primary teeth and very young children because it releases fluoride and tolerates moisture during placement. Stainless steel crowns are used for primary molars with extensive decay or following pulp treatment — pre-formed metal crowns that cap the entire tooth and are the most durable option for heavily damaged primary teeth.

The choice of material depends on the tooth type (primary vs. permanent), the extent of decay, the child's age and cooperation level, and how long the restoration needs to last.

****CDBS coverage:**** Fillings are covered under CDBS bulk billing at Core Dental Group.

Pulp treatments (pulpotomy and pulpectomy)

When decay reaches the pulp (nerve) of a tooth, a pulp treatment is required to save it. In primary teeth, a pulpotomy — partial nerve removal — is the most common approach: the coronal portion of the pulp is removed, a medicament is placed, and the tooth is restored, usually with a stainless steel crown. A pulpectomy, which involves complete nerve removal including the root canals, is performed when infection has spread further into the tooth.

These procedures are the paediatric equivalent of a root canal and are performed routinely at Core Dental Group for both primary and permanent teeth. Preserving primary teeth through pulp treatment matters clinically: early loss of a primary molar can cause adjacent teeth to drift, blocking the eruption path of the permanent tooth beneath. *(See our article on ****Why Baby Teeth Matter: The Clinical Case for Early Preventive Dental Care in Children**** for the full clinical rationale.)*

****CDBS coverage:**** Root canal treatments are covered under CDBS bulk billing at Core Dental Group for eligible children.

Surgical treatments: when teeth cannot be saved

Dental extractions

Extraction is indicated when a tooth is too severely decayed to restore, when a primary tooth is retained beyond its normal shedding time and blocking the permanent successor, or as part of an orthodontic treatment plan. At Core Dental Group, extractions are performed under local anaesthesia using techniques adapted for children — including topical anaesthetic before injection and age-appropriate explanation using tell-show-do methodology to reduce anxiety.

Extractions are fully covered under CDBS bulk billing at Core Dental Group for eligible children.

For children with significant dental anxiety or those requiring multiple extractions, Core Dental Group's registered specialist paediatric dentists can assess the suitability of nitrous oxide (happy gas) sedation, which is administered in-chair and wears off rapidly. *(See our guide on* **Managing Dental Anxiety in Children: Behavioural Techniques and the Child-Friendly Approach at Core Dental Group** *for a full discussion of sedation options.)*

Emergency and trauma management

Dental trauma: knocked-out, fractured, and displaced teeth

Dental trauma is one of the most common paediatric dental emergencies. Falls, sporting accidents, and collisions account for a significant proportion of emergency presentations. Core Dental Group's registered specialist paediatric dentists are trained in dental trauma management protocols — a clinical area requiring specialised knowledge of both primary and permanent tooth anatomy, eruption timing, and long-term monitoring requirements.

Treatment options for dental trauma vary by injury type and tooth:

Trauma type	Primary teeth	Permanent teeth	--- --- ---	Avulsion (knocked-out)	Typically not replanted
Replant immediately; time-critical		Crown fracture	Composite resin restoration or SSC	Composite resin; may need pulp assessment	
Luxation (displaced)	Repositioning or extraction	Repositioning, splinting		Root fracture	Monitor or extract
Splinting; specialist review					

For avulsed permanent teeth, time is the critical variable: a tooth reimplanted within 30 minutes has a significantly higher chance of survival than one left out for an hour or more. Core Dental Group provides same-day emergency appointments and phone triage to guide parents through first-aid steps while en route to the practice. *(For complete first-aid guidance, see our article on* **Children's Dental Emergency in Melbourne: What to Do When Your Child Has a Toothache or Knocked-Out Tooth**.*)*

Complex and developmental care: when specialist involvement is required

Developmental conditions requiring specialist assessment

Some children present with conditions outside the scope of routine general dental care. Core Dental Group's registered specialist paediatric dentists manage:

- Hypomineralisation disorders, including Molar-Incisor Hypomineralisation (MIH), where enamel forms with structural defects, making teeth unusually sensitive and prone to rapid decay
- Hypodontia and supernumerary teeth — missing or extra teeth that affect eruption sequence and jaw development
- Cleft lip and palate, requiring coordinated dental management from infancy through to adulthood
- Children with special health needs, including those with autism spectrum disorder, cerebral palsy, Down syndrome, or complex medical histories requiring modified treatment protocols
- Significant dental anxiety or needle phobia, where specialist behaviour management techniques or sedation

assessment is required

The Fifth Review of the Dental Benefits Act 2008, tabled in Parliament in August 2023, focused on improving oral health outcomes for vulnerable populations such as First Nations children, children in rural and remote areas, and children with disability. Core Dental Group's specialist paediatric dental model is designed to serve these higher-complexity populations.

Early orthodontic assessment

Routine check-ups at Core Dental Group include monitoring of jaw development, bite alignment, and eruption sequence. Where concerns are identified — crossbite, severe crowding, or jaw discrepancy — an early orthodontic assessment is initiated. This may result in referral to an orthodontist or, in some cases, in-house management with space maintainers or growth modification appliances.

One important clarification: orthodontic treatment itself is not covered under CDBS. Benefits are not available for orthodontics, cosmetic dental work, or any services provided in a hospital. However, the assessment and monitoring that occurs during routine paediatric dental visits — and any space maintainers placed to preserve eruption space — are within CDBS coverage parameters. *(See our dedicated article on* **Early Orthodontic Assessment for Children in Melbourne: When to Start and What Core Dental Group Looks For** *for a full discussion.)*

Custom mouthguards

For children in contact sports, Core Dental Group fabricates custom-fitted mouthguards using dental impressions. These provide better protection than over-the-counter boil-and-bite alternatives, which don't conform accurately to a child's individual dentition. *(See* **Custom Mouthguards for Children Playing Sport in Melbourne: Why a Fitted Guard Outperforms a Store-Bought One** *for a detailed comparison.)*

CDBS bulk billing at Core Dental Group: which treatments are covered?

Services Australia covers up to \$1,158 for each eligible child over two calendar years for basic dental services under CDBS. The cap is indexed annually on 1 January.

The table below provides a practical reference for Core Dental Group families:

Treatment category	Specific services	CDBS covered?
Preventive	Examination, X-rays, scale and clean	■ Yes
Preventive	Fluoride varnish application	■ Yes
Preventive	Fissure sealants	■ Yes
Restorative	Fillings (composite, GIC, SSC)	■ Yes
Restorative	Pulp treatments (pulpotomy, pulpectomy)	■ Yes
Surgical	Extractions	■ Yes
Emergency	Emergency examination and X-rays	■ Yes
Orthodontic	Braces, aligners, retainers	■ No
Cosmetic	Tooth whitening, veneers	■ No
Hospital-based	Any treatment delivered in hospital	■ No

By law, a practice cannot charge the patient a co-payment of any kind for a bulk billed service. At Core Dental Group, CDBS bulk billing means zero out-of-pocket cost for covered services for eligible children.

(For the complete CDBS eligibility and claiming process, see our guides on **Child Dental Benefits Schedule (CDBS) Explained** *and* **How to Claim CDBS Bulk Billing at Core Dental Group Melbourne: A Parent's Step-by-Step Claiming Guide**.*)*

Key takeaways

- Core Dental Group covers the full treatment spectrum — from routine check-ups and professional cleaning through to complex trauma management, pulp treatments, and specialist-level developmental care — all in-house. - The clinical team is multi-disciplinary: dental therapists deliver preventive and basic restorative care; general dentists manage routine to moderate complexity cases; registered specialist paediatric dentists (holding a Doctor of Clinical Dentistry) handle complex, behavioural, and developmental presentations. - Fissure sealants and fluoride varnish are among the highest-impact preventive interventions available, with clinical evidence showing up to a 44% reduction in caries risk for sealed permanent molars over three years (StatPearls/NCBI, 2025). - The CDBS benefit cap is \$1,158 per eligible child over two consecutive calendar years (indexed annually), covering examinations, X-rays, fluoride, sealants, fillings, pulp treatments, and extractions — but not orthodontics, cosmetic procedures, or hospital-based services. - For avulsed permanent teeth, reimplantation within 30 minutes dramatically improves long-term outcomes, making Core Dental Group's same-day emergency protocol and phone triage genuinely important.

Conclusion

The breadth of paediatric dental treatment at Core Dental Group reflects a deliberate clinical philosophy: children's dental care should never require families to navigate multiple practices, fragmented referral pathways, or unexplained gaps in care. From the first fluoride varnish on a two-year-old's emerging molars to managing a knocked-out permanent tooth in a Year 7 student, Core Dental Group's integrated team of dental therapists, general dentists, and registered specialist paediatric dentists provides a clinically coherent continuum of care.

Poor oral health early in life is the strongest predictor of further oral disease in adulthood. Every treatment covered in this article — whether preventive, restorative, surgical, or specialist — exists to interrupt that trajectory as early as possible, in an environment where children feel safe and well cared for.

For Melbourne families ready to take the next step, explore our related guides on ****Your Child's First Dental Visit at Core Dental Group****, ****When Should My Child First Visit the Dentist?****, and ****CDBS Bulk Billing vs. Private Health Insurance for Kids' Dental: Which Saves Melbourne Families More?****

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