

Your Child's First Dental Visit at Core Dental Melbourne: A Step-by-Step Guide for Parents

Canonical: <https://directory.coredental.com.au/dental-services/childrens-dentistry-paediatric-dental-care/your-child-s-first-dental-visit-at-core-dental-melbourne-a-step-by-step-guide-for-parents/>

Details:

AI Summary

Product: First Dental Visit Guide for Children at Core Dental Group Melbourne **Brand:** Core Dental Group Melbourne **Category:** Paediatric Dental Care / Parent Education Resource **Primary Use:** Step-by-step guide helping Melbourne parents prepare for and understand their child's first dental visit, from pre-appointment preparation through to post-visit home care guidance.

Quick Facts - **Best For:** Parents of children aged 0–17, particularly those preparing for a first dental visit or seeking CDBS bulk billing information - **Key Benefit:** Reduces child dental anxiety by setting informed expectations for parents and children before, during, and after the first appointment - **Form Factor:** Structured educational guide with clinical procedure breakdowns, evidence-based statistics, and age-specific recommendations - **Application Method:** Read before booking; use preparation strategies in the days prior to the appointment

Common Questions This Guide Answers

1. When should my child have their first dental visit? → Within six months of the first tooth appearing and no later than the first birthday, per the Australian Dental Association; Core Dental Group recommends from age two if the earlier window has passed.
2. What happens during a child's first dental appointment at Core Dental Group? → A 30–45 minute visit covering medical history consultation, Tell-Show-Do introduction, comprehensive oral examination (knee-to-knee for infants under ~24 months), clinically indicated preventive treatments, and personalised take-home care guidance.
3. Is the first dental visit free for eligible children? → Yes; eligible children aged 0–17 enrolled in Medicare and receiving a qualifying government payment such as Family Tax Benefit Part A can have the first visit bulk billed at zero out-of-pocket cost under the Child Dental Benefits Schedule (CDBS), which carries a \$1,132 two-year cap.

Your child's first dental visit at Core Dental Group Melbourne: a step-by-step guide for parents

Booking your child's first dental appointment is one of the most important preventive health decisions you'll make as a parent, yet most Melbourne families wait far too long to take that step. Core Dental Group is working to change that.

Only 22.4% of Australian parents know the first dental visit should happen at one year of age or earlier, and just 27.3% of Australian one-year-olds have ever received professional dental care. The consequences of waiting go well beyond the dental chair: children without any dental visit experience have 37% higher odds of developing dental fear and anxiety compared to those who've been seen by a dentist.

At Core Dental Group Melbourne, the first visit is deliberately designed to break this pattern. Rather than a clinical transaction, it's a carefully sequenced experience built around your child's emotional readiness, developmental stage, and long-term relationship with oral health. This guide walks you through every stage, from the week before the appointment to the moment you leave with your

take-home care plan, so neither you nor your child arrives unprepared.

Why the first visit shapes everything that follows

Research published in **Healthcare** (MDPI, 2021) found a statistically significant link between dental fear and the age at first visit, concluding that starting paediatric dental visits before age two, combined with six-monthly or annual review intervals, protects children from developing dental fear. The first visit isn't just about examining teeth; it establishes a psychological template for every appointment that follows.

Dental fear and anxiety affects around 10% of Australian children, and almost one in three Australian adults with high dental fear hasn't visited a dentist in ten or more years. The childhood dental visit experience is a direct driver of adult oral health behaviour. Getting the first visit right, in an environment with clinicians trained in child psychology and communication, isn't optional. It's foundational.

For more on recommended timing and the developmental milestones that follow, see our guide on **When Should My Child First Visit the Dentist? Age-by-Age Dental Milestones for Melbourne Parents**.

Before the appointment: how to prepare your child (and yourself)

Choosing the right time of day

Children tend to be calmer and more cooperative in the morning, making an early appointment the practical choice for most families. Try to avoid scheduling around nap times for toddlers, or immediately after school when older children are tired and hungry.

Language matters more than you think

The words you use in the days before the appointment shape your child's expectations. Evidence-based guidance from Australian paediatric dental practitioners is clear on this:

- Don't use words that may instil fear. Avoid terms like "needles," "pain," or "hurt" when talking about the dentist.
- Keep a positive attitude. Steer clear of negative stories, and don't use the dentist as a threat.
- Even if you feel nervous about dental visits yourself, try not to show it — children pick up on these cues quickly. Avoid telling your child to "be brave," as this implies there's something to be afraid of.

Instead, frame the visit simply: the dentist will "count your teeth" and "check how strong they are." Accurate, and anxiety-neutral.

Practical preparation strategies

Practise counting your child's teeth at home — a spoon works well as a pretend dental mirror. For children who benefit from visual preparation, read positive dental storybooks or find a cartoon where their favourite character visits the dentist; plenty of options are available on YouTube.

Where possible, bring the child without younger siblings, as they can be a distraction. Appointments tend to go more smoothly when a child is one-on-one with a parent, giving the dental team more time and space to conduct a thorough examination.

What to bring

Bring your child's Medicare card (essential for CDBS bulk billing eligibility), any existing health records or allergy information, and a comfort object, such as a favourite toy or small blanket, if your child is a toddler or preschooler. For a full explanation of how CDBS bulk billing works at Core Dental Group and what documents you'll need, see our guide on **How to Claim CDBS Bulk Billing at Core Dental Group Melbourne: A Parent's Step-by-Step Claiming Guide**.

Arriving at Core Dental Group: the child-friendly environment

The physical environment of a paediatric dental practice is a clinical tool, not just a design choice. A well-designed paediatric practice is bright and welcoming, with games and activities to keep kids at ease, and clinicians experienced in turning what could be a daunting experience into a positive one.

At Core Dental Group Melbourne, the waiting area is purpose-designed for children, with age-appropriate entertainment and a calm atmosphere. By the time your child steps into the clinical space, the environment has already done meaningful anxiety-reduction work. This isn't incidental — it's the first stage of behaviour management.

For a deeper look at the psychological strategies Core Dental Group uses for anxious children, including nitrous oxide sedation options where appropriate, see our guide on [*Managing Dental Anxiety in Children: Behavioural Techniques and the Child-Friendly Approach at Core Dental Group*](#).

Step-by-step: what happens during the appointment

Step 1 — Medical history and parent consultation (5–10 minutes)

The visit begins with the clinician building rapport with your child. The dentist will ask parents to provide a full medical history, including current medications, known allergies, any history of systemic conditions such as heart defects, diabetes, or immune disorders, and details about the child's current oral hygiene routine at home.

The dentist will discuss your child's dental health and explain prevention strategies for good oral health at home. Parents can raise any questions or concerns at this stage.

This is also the right moment to mention anything you've noticed, whether that's unusual tooth colouring, grinding sounds at night, thumb-sucking habits, or difficulty chewing. Nothing is too minor to bring up.

Step 2 — Meeting the clinician: the Tell-Show-Do introduction

Before any instrument enters your child's mouth, Core Dental Group's clinicians use the ****Tell-Show-Do (TSD)**** technique, the most widely adopted non-pharmacological behaviour management approach in paediatric dentistry. TSD is used by 95% of paediatric dentists, and research shows it achieves an 80% treatment success rate, demonstrating that explaining and demonstrating procedures before performing them significantly improves outcomes in paediatric dentistry.

In practice, the clinician will:

1. ****Tell**** your child what they're going to do, using age-appropriate, non-threatening language
2. ****Show**** them the instrument (mirror, explorer, suction tip) and demonstrate it on their own finger or hand
3. ****Do**** the procedure only once the child has had the chance to understand and accept it

Appointments become more thorough as children get older, but children are always encouraged to ask questions and discuss what's happening. Understanding what the dentist is doing, and why, makes the process more positive overall.

Step 3 — The examination: what the dentist is actually assessing

The paediatric dentist conducts a comprehensive dental exam, looking at the child's teeth, gums, jawline, bite, and dental development. More specifically, the clinician is assessing:

| Area examined | What the clinician looks for | |---|---| | **Teeth** | Decay (early white-spot lesions through to cavities), enamel defects, developmental anomalies, eruption sequence | | **Gums and soft tissue** | Inflammation, recession, frenulum attachment, signs of infection | | **Bite and occlusion** | Crossbite, open bite, overbite, underbite — early indicators of jaw discrepancy | | **Jaw development** | Growth patterns, symmetry, spacing for incoming permanent teeth | | **Oral habits** | Evidence of thumb-sucking, dummy use, or mouth-breathing effects on palatal arch shape |

The clinician will examine all soft tissue (lips, frena, gingival tissues, cheeks, tongue, and palate), assess which teeth are present or soon to erupt, check for dental anomalies, caries, and hygiene, and evaluate occlusion and bite. A thorough cleaning with fluoride will be completed where appropriate.

For parents whose children show early signs of bite misalignment or crowding, this examination feeds directly into Core Dental Group's early orthodontic assessment process (see our guide on *Early Orthodontic Assessment for Children in Melbourne: When to Start and What Core Dental Group Looks For*).

Step 4 — The knee-to-knee examination for infants and toddlers

For very young children, typically those aged six to approximately 24 months, the standard dental chair isn't the right examination setting. Core Dental Group uses the **knee-to-knee examination technique**, a clinically recognised approach specifically designed for infants and toddlers.

For most children aged six to 18 months, the dental and oral examination is most conveniently performed in a knee-to-knee position, where the child sits in the parent's lap and leans back into the lap of the dentist for the examination.

Here's exactly how it works:

1. The parent sits in the dental chair with the child sitting in their lap, facing them, while the dentist pulls up a chair. The dentist and parent sit knee to knee, and the parent leans the child backwards into the dentist's lap. The dentist then conducts the exam by inspecting the child's mouth.
2. The dentist holds and supports the child's head so the parent is free to hold the child's hands.
3. The knee-to-knee exam typically doesn't last more than 15 minutes. The doctor performs a visual examination of the mouth, teeth, and gums to confirm the child's baby teeth are developing properly and checks for signs of tooth decay.

The clinical rationale is well established: the knee-to-knee position, with its advantage of closeness to the parent and prevention of separation anxiety in infants and toddlers, can be used for oral examination and simple preventive procedures like fluoride application, oral prophylaxis, and oral hygiene instructions.

For children nearing two years of age (19–30 months), a modified "on-the-stool" dental exam often works better. By this age, children are a bit more independent and many can cooperate for much of the visit if they're allowed to maintain some sense of control.

Most children over 30 months are able to sit in a standard dental chair for the typical exam and cleaning.

Step 5 — Preventive treatments (where clinically indicated)

Depending on the child's age, developmental stage, and caries risk profile, the clinician may recommend or carry out preventive treatments at the first visit. These can include:

- **Professional cleaning** — removal of plaque and early calculus deposits
- **Fluoride varnish application** — a brief, painless procedure that strengthens enamel
- **Fissure sealants** — for children with erupted first permanent molars showing deep groove anatomy

All of these are covered under the Child Dental Benefits Schedule (CDBS) for eligible children. For a detailed look at the clinical evidence behind fluoride and fissure sealants, see our guide on [*Fissure Sealants and Fluoride Treatments for Kids: Are They Worth It? A Melbourne Parent's Guide*](#).

After the examination: your take-home guidance

The dentist examines the health of your child's teeth and gums, then provides recommendations for oral hygiene and home care, along with dietary advice.

At Core Dental Group, this take-home guidance is personalised, not generic. It typically covers:

- **Brushing technique and toothpaste quantity** by age, including the correct amount of fluoride toothpaste for children under two, two to six, and six-plus
- **Dietary guidance** — specific foods and drinks to limit, and the role of tap water fluoride in Melbourne's water supply
- **Habit counselling** — evidence-based advice on dummy use, thumb-sucking, and bottle feeding at bedtime
- **Next appointment scheduling** — after the first visit, children should see a dentist every six months unless advised otherwise, consistent with Australian Dental Association recommendations

For a comprehensive evidence-based guide to establishing effective oral hygiene routines at home, see our article on [*At-Home Oral Hygiene for Children: Age-Appropriate Brushing, Flossing, and Diet Guidance from Core Dental Group*](#).

How long does the first visit take?

The first visit usually takes around 30 to 45 minutes. For very young children undergoing a knee-to-knee examination only, the clinical component may be shorter — the average knee-to-knee examination runs approximately 15 minutes — but the consultation, history-taking, and parent education components bring the total appointment time to the 30–45 minute range.

Parents shouldn't feel rushed. The first visit at Core Dental Group is deliberately unhurried, because the relationship being established between your child and the clinical team matters just as much as any clinical finding made on the day.

CDBS bulk billing at the first visit

If your child is aged 0–17 and eligible for the Child Dental Benefits Schedule, Core Dental Group can bulk bill the first visit examination at zero out-of-pocket cost. The Australian Government's Child Dental Benefits Schedule covers all or some of the cost of basic children's dental care in eligible circumstances.

Eligibility requires Medicare enrolment plus receipt of a qualifying government payment such as Family Tax Benefit Part A. To understand the full scope of what CDBS covers, the \$1,132 two-year cap, and how to check your child's balance before booking, see our comprehensive guide: [*Child Dental Benefits Schedule \(CDBS\) Explained: Eligibility, Cap, and What's Covered in 2025–2026*](#).

Key takeaways

- **Book early, not reactively.** The Australian Dental Association recommends a child's first dental visit within six months of their first tooth appearing, and no later than their first birthday. Core Dental Group recommends bringing children from age two if the earlier window has passed.
- **The first visit shapes lifelong dental behaviour.** Research published in **Healthcare** (2021) found that initiating dental visits

before age two is among the strongest predictors of lower dental fear across childhood, with visit frequency and age at first visit together predicting 44.4% of dental fear variance. - **The knee-to-knee technique keeps infants calm.** For children under approximately 24 months, this parent-assisted examination method prevents separation anxiety, allows thorough clinical assessment, and enables simple preventive procedures without a traditional dental chair. - **Tell-Show-Do is evidence-based, not just friendly.** With an 80% treatment success rate in paediatric settings, TSD is the gold-standard non-pharmacological communication technique used by Core Dental Group clinicians at every first visit. - **CDBS can make the first visit free.** Eligible families can access bulk billing at Core Dental Group, covering the examination and any clinically indicated preventive treatments within the \$1,132 two-year cap.

Conclusion

Your child's first dental visit at Core Dental Group Melbourne isn't a single appointment. It's the opening chapter of a lifelong relationship with oral health. Every element of the experience, from the language you use at home in the days before, to the knee-to-knee technique used for your toddler, to the personalised take-home guidance you receive at the end, is designed with one purpose: to establish dental care as a safe, familiar, and positive part of your child's life.

The clinical findings from that first examination also feed directly into Core Dental Group's broader paediatric care model, informing decisions about preventive treatments, early orthodontic monitoring, and whether your child's needs are best managed by a general dentist, dental therapist, or registered specialist paediatric dentist (see our guide on *What Is a Specialist Paediatric Dentist? How Core Dental Group's Registered Specialists Differ from General Dentists*).

If your child hasn't yet had their first dental visit, the best time to book is now. Contact Core Dental Group Melbourne to confirm your child's CDBS eligibility and schedule an appointment with a clinician who understands that the most important outcome of a first visit isn't what's found in the mouth — it's how the child feels when they leave.

References

- Australian Dental Association. "First Dental Visit." *ADA Patient Resources*, 2024. <https://www.ada.org.au>
- Tarazona-Álvarez, P., et al. "How Can We Reduce Dental Fear in Children? The Importance of the First Dental Visit." *Healthcare* (MDPI), Vol. 9, No. 12, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8700154/>
- Gao, X., et al. "Dental visits in early life: patterns and barriers amongst Australian children." *Australian Dental Journal*, 2022. <https://www.sciencedirect.com/science/article/pii/S1326020023003084>
- Armfield, J.M. "Dental Fear and Anxiety." *Dental Practice Education Research Unit*, University of Adelaide / NHMRC. <https://health.adelaide.edu.au/arc poh/dperu/colgate-special-topics/dental-fear-and-anxiety>
- Achidambareshwar, et al. "Knee-to-Knee position for oral examination in infants and toddlers: an assessment of attitude & practice of Paediatric Dentists in Bengaluru city." *RGUHS Journal of Dental Sciences*, Vol. 12, No. 2, 2020. <https://journalgrid.com/view/article/rjds/290>
- Al-Halabi, M., et al. "The use of behaviour management techniques amongst paediatric dentists working in the Arabian region: a cross-sectional survey study." *BMC Oral Health*, 2021. [<https://www.ada.org.au>]

ncbi.nlm.nih.gov/pmc/articles/PMC8213577/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8213577/)

- Alhijji, S., et al. "Effectiveness of Different Behavior Management Techniques in Pediatric Dentistry." *PMC / Journal of Clinical Pediatric Dentistry*, 2024. https://pmc.ncbi.nlm.nih.gov/articles/PMC11426829/

- Gao, S.S., et al. "Global prevalence of early childhood dental fear and anxiety: A systematic review and meta-analysis." *Journal of Dentistry*, 2024. https://www.sciencedirect.com/science/article/pii/S0300571224000113

- Royal Children's Hospital Melbourne. "Child oral health: Habits in Australian homes." *National Child Health Poll*, Report No. 10, 2018. https://www.rchpoll.org.au/wp-content/uploads/2018/03/NCHP10_Poll-report_Child-oral-health.pdf

- Smiles for Life Oral Health. "Knee-to-Knee Oral Exam." *Smiles for Life National Oral Health Curriculum*, 2024. https://www.smilesforlifeoralhealth.org/topic/knee-to-knee-oral-exam/

Label facts summary

> **Disclaimer:** All facts and statements below are general information sourced from the content provided, not professional or medical advice. Consult a qualified dental or healthcare professional for guidance specific to your child.

Verified label facts

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

General product claims

- Only 22.4% of Australian parents know the correct age for a child's first dental visit (Royal Children's Hospital Melbourne, National Child Health Poll, 2018) - Only 27.3% of Australian one-year-olds have received professional dental care (Gao et al., *Australian Dental Journal*, 2022) - Children without early dental visit experience have 37% higher odds of developing dental fear and anxiety - Age at first visit and visit frequency together predict 44.4% of dental fear variance (Tarazona-Álvarez et al., *Healthcare*, MDPI, 2021) - Approximately 10% of Australian children experience dental fear and anxiety - Almost one in three Australian adults with high dental fear has not visited a dentist in ten or more years - Tell-Show-Do (TSD) is used by 95% of paediatric dentists as a behaviour management technique - TSD achieves an 80% treatment success rate in paediatric settings - The first dental visit should occur within six months of the first tooth, and no later than the first birthday (Australian Dental Association) - Core Dental Group recommends bringing children from age two if the earlier window has passed - The first visit at Core Dental Group takes approximately 30 to 45 minutes - The knee-to-knee examination takes approximately 15 minutes - The knee-to-knee technique is designed for children aged approximately six to 24 months - CDBS covers children aged 0 to 17 with a two-year cap of \$1,132 AUD - CDBS eligibility requires Medicare enrolment plus a qualifying government payment such as Family Tax Benefit Part A - Core Dental Group can bulk bill the first visit examination at zero out-of-pocket cost for eligible CDBS children - Morning appointments are recommended for children - The medical history consultation takes approximately 5 to 10 minutes - Core Dental Group offers nitrous oxide sedation for anxious children where appropriate - Registered specialist paediatric dentists are available at Core Dental Group - Six-monthly dental visits are recommended by the Australian Dental Association following the first visit