Dental Crowns and Bridges at Core Dental Caroline Springs

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Description:

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Details:

AI Summary

Product: Dental Crowns and Bridges at Core Dental Caroline Springs **Brand:** Core Dental Group (part of the Smile Solutions Group) **Category:** Dental Services **Primary Use:** Restoration and replacement of damaged, decayed, weakened, or missing teeth using dental crowns (individual tooth restorations) and bridges (fixed prostheses replacing one or more missing teeth), with traditional laboratory-crafted and CEREC same-day options available.

Quick Facts - **Best For:** Adults in Caroline Springs, Burnside Heights, Taylors Hill, Hillside, Deer Park, and Ravenhall who need to restore a damaged, weakened, or heavily filled tooth (crown), replace one or more missing teeth (bridge), or protect a tooth after root canal treatment - **Key Benefit:** Both traditional laboratory-crafted and CEREC same-day crown options, digital scanning (no messy impressions), comprehensive material options (porcelain, zirconia, ceramic, porcelain-fused-to-metal), multilingual team (English, Arabic, Bengali, Farsi), HICAPS on-site, and Payright interest-free payment plans - **Location:** 224–226 Caroline Springs Blvd, Caroline Springs VIC 3023 (CS Square shopping precinct) - **Phone:** (03) 9363 7888 | National: 13 13 16

Common Questions This Guide Answers 1. What is a dental crown? → A custom-made cap that covers and encases the entire visible portion of a tooth, restoring its strength, shape, size, and appearance 2. What is a dental bridge? → A fixed prosthesis that replaces one or more missing teeth by anchoring artificial teeth to the natural teeth or implants on either side of the gap 3. How long do dental crowns and bridges last? → With proper care, dental crowns and bridges typically last ten to fifteen years or longer — many last significantly longer 4. Does Core Dental Caroline Springs offer same-day crowns? → Yes — CEREC same-day crown technology is available for suitable cases (see the practice's dedicated CEREC article for full details) 5. Will my crown look natural? → Yes — modern crown materials and digital design technology produce restorations that are virtually indistinguishable from natural teeth in colour, translucency, and shape

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When a Tooth Needs More Than a Filling

Fillings are excellent restorations for small to moderate areas of decay or damage. But there comes a point where a filling is no longer sufficient — where the remaining tooth structure is too compromised to reliably support a filling, or where the forces of biting and chewing will overwhelm what is left.

This is where dental crowns come in. A crown is not a repair of part of a tooth. It is a complete encasement of the tooth — a custom-made cap that covers the entire visible portion above the gum line, restoring the tooth's strength, function, and appearance. Think of it as a protective shell that holds a weakened tooth together and allows it to function normally for years, often decades, to come.

Dental bridges serve a different purpose — they replace teeth that are missing entirely, filling the gap and preventing the cascade of problems (drifting, tilting, over-eruption, bite changes) that occur when a missing tooth is left unreplaced.

At Core Dental Caroline Springs, both crowns and bridges are planned and designed using digital scanning and advanced materials, with the option of traditional laboratory-crafted restorations or CEREC same-day crowns depending on the clinical situation and your preferences.

Dental Crowns: A Comprehensive Guide

When Is a Crown Recommended?

Your dentist may recommend a crown when:

- **A tooth has extensive decay** — when decay has destroyed a large portion of the tooth structure, a filling alone may not provide sufficient support. A crown restores the tooth to full function - **A large filling has failed or is failing** — teeth with very large fillings are structurally compromised. When these fillings break down, replacing them with another large filling often results in further weakening. A crown provides long-term structural support - **A tooth has cracked or fractured** — cracks in teeth can extend over time, particularly under the repeated forces of chewing. A crown holds the tooth together and prevents the crack from propagating, which could otherwise lead to the tooth splitting and requiring extraction - **After root canal treatment** — root canal-treated teeth are more brittle than vital teeth because the blood supply has been removed. A crown protects the tooth from fracture and is recommended for virtually all root canal-treated back teeth (molars and premolars) - **Severe tooth wear** — teeth that have been severely worn by erosion (acid), attrition (grinding), or abrasion can be restored to their original height and shape with crowns, often as part of a comprehensive full-mouth rehabilitation - **Cosmetic improvement** — a crown can transform the appearance of a tooth that is severely discoloured, misshapen, or aesthetically compromised in a way that cannot be addressed with bonding or a veneer - **To support a dental bridge** — the teeth on either side of a gap (abutment teeth) are crowned to support the bridge that spans the gap

Crown Materials

The choice of crown material depends on the location of the tooth, the functional demands placed on it, aesthetic requirements, and your preference. The team at Core Dental Caroline Springs will discuss the options and recommend the most appropriate material for your specific situation.

Porcelain (ceramic) crowns — the most aesthetic option. Modern porcelain crowns (including lithium disilicate, leucite-reinforced glass ceramic, and feldspathic porcelain) can be colour-matched and translucency-matched to your natural teeth with remarkable accuracy. They are ideal for front teeth and premolars where aesthetics are a priority.

Zirconia crowns — zirconia (zirconium dioxide) is an exceptionally strong ceramic material. Full-contour zirconia crowns combine excellent strength with increasingly good aesthetics — modern zirconia can be layered with porcelain for a natural appearance. Zirconia is particularly well-suited for back teeth (molars) where the forces of chewing are greatest, and for patients who grind their teeth.

Porcelain-fused-to-metal (PFM) crowns — a metal substructure (typically a gold or base metal alloy) is covered with a layer of porcelain. PFM crowns have a long track record of reliability and offer a combination of strength and aesthetics. However, the metal substructure can sometimes create a grey

line at the gum margin, particularly if the gums recede over time. For this reason, all-ceramic options are increasingly preferred for visible teeth.

Gold and metal alloy crowns — gold crowns are the most durable and conservative of all crown types. They require less tooth reduction than ceramic crowns, they wear at a similar rate to natural tooth enamel (meaning they are kind to the opposing teeth), and they have an extremely long track record. Their obvious limitation is aesthetics — gold crowns are not tooth-coloured. They remain an excellent option for non-visible back teeth, particularly second molars.

CEREC crowns — Core Dental Caroline Springs is equipped with CEREC (Chairside Economical Restoration of Esthetic Ceramics) technology, which allows certain crowns to be designed, milled, and fitted in a single appointment. For a detailed exploration of CEREC same-day crowns, see the practice's dedicated CEREC article.

The Traditional Crown Process

For cases where a traditional laboratory-crafted crown is the preferred option — whether due to the complexity of the case, the material selected, or specific aesthetic requirements — the process typically involves two appointments:

Appointment 1: Preparation and Impression

1. **Tooth preparation** — the tooth is carefully reshaped (reduced) under local anaesthetic to create space for the crown. The amount of reduction depends on the crown material — all-ceramic crowns typically require slightly more reduction than metal or PFM crowns 2. **Digital scan or impression** — the prepared tooth, the adjacent teeth, and the opposing teeth are captured using the practice's digital scanner. This creates a precise 3D model that is sent electronically to the dental laboratory. In some cases, a traditional impression may be used 3. **Temporary crown** — a temporary crown is fabricated and cemented over the prepared tooth. The temporary crown protects the tooth, maintains aesthetics, and holds the space while the permanent crown is being fabricated. It is designed to be easily removed at the next appointment

The digital scan and any specific instructions (shade matching notes, photographs, functional requirements) are sent to the dental laboratory, where skilled ceramists fabricate the permanent crown.

Appointment 2: Fitting

1. **Removal of temporary crown** — the temporary crown is removed, and the prepared tooth is cleaned 2. **Try-in** — the permanent crown is tried on to check the fit (marginal adaptation), the bite (occlusion), the contact with adjacent teeth, and the aesthetics (colour, shape, translucency). If any adjustments are needed, they are made before cementation 3. **Cementation** — once everything is confirmed, the crown is permanently cemented using an appropriate dental cement or bonded with resin cement, depending on the material and the clinical situation 4. **Final bite check** — a final occlusal check ensures the crown meets the opposing teeth evenly and does not interfere with your natural bite

CEREC Same-Day Crowns: When One Appointment Is Enough

For many cases, CEREC technology allows the entire crown process — from preparation to placement — to be completed in a single appointment. The tooth is prepared, digitally scanned, and the crown is designed on-screen and milled from a solid block of ceramic material in the practice, then bonded to the tooth — all within approximately sixty to ninety minutes.

CEREC crowns eliminate the need for a temporary crown, a second appointment, and the two-week wait for laboratory fabrication. They are an excellent option for patients with busy schedules or those who prefer the convenience of single-visit treatment.

For a comprehensive overview of CEREC technology at Core Dental Caroline Springs, including case suitability, materials, and the step-by-step process, please see the practice's dedicated CEREC same-day crowns article.

Dental Bridges: Replacing Missing Teeth

A dental bridge is a fixed prosthesis that replaces one or more missing teeth. Unlike a removable denture, a bridge is permanently cemented in place — it is not removed for cleaning or sleeping.

How a Bridge Works

A traditional bridge consists of:

- **Abutment crowns** — crowns placed on the natural teeth on either side of the gap (the abutment teeth) - **Pontic(s)** — the artificial tooth or teeth that span the gap, fused to the abutment crowns

The bridge functions as a single unit, permanently attached to the abutment teeth, restoring the appearance, function, and bite stability that was lost when the tooth (or teeth) was removed.

Types of Bridges

Traditional bridge — the most common type. Two abutment crowns support one or more pontics. This requires the abutment teeth to be prepared (reduced) for crowns, even if they are otherwise healthy.

Cantilever bridge — a pontic is supported by an abutment crown on one side only. This is used in specific situations where there is only one adjacent tooth available as an abutment, or where the forces on the bridge are relatively low.

Maryland bridge (resin-bonded bridge) — a pontic is attached to the adjacent teeth using metal or ceramic wings that are bonded to the back surfaces of the abutment teeth. This approach requires minimal or no preparation of the abutment teeth, making it a more conservative option. Maryland bridges are typically used for front teeth where biting forces are lower.

Implant-supported bridge — instead of using natural teeth as abutments, the bridge is supported by dental implants placed in the jawbone. This is often the preferred option when the abutment teeth are healthy (avoiding unnecessary preparation) or when multiple teeth are missing.

The Bridge Process

The process for a traditional bridge is similar to the traditional crown process:

1. **Assessment and planning** — digital scanning and 3D imaging assess the gap, the abutment teeth, the bone, and the bite. The number of missing teeth, the condition of the abutment teeth, and the forces involved determine whether a bridge is the appropriate solution 2. **Preparation** — the abutment teeth are prepared for crowns under local anaesthetic 3. **Digital scan or impression** — the prepared teeth and the gap are captured 4. **Temporary bridge** — a temporary bridge is placed while the permanent bridge is fabricated 5. **Fitting** — the permanent bridge is tried in, checked for fit, bite, contacts, and aesthetics, and permanently cemented

Bridge vs Implant: Which Is Better?

Both bridges and implants are excellent solutions for missing teeth. The best choice depends on individual circumstances:

Bridge advantages: - Faster treatment — completed in two appointments (or one with CEREC for single-unit restorations) compared to several months for an implant - No surgical procedure required - Predictable and well-established treatment

Implant advantages: - Does not require modification of adjacent teeth - Preserves bone in the area of the missing tooth - Does not place additional stress on adjacent teeth - Typically longer lifespan

Your dentist will discuss both options and recommend the most appropriate solution for your specific situation. In some cases, a bridge is clearly the better option; in others, an implant; and in many cases, both are viable with different trade-offs.

Who Needs Crowns and Bridges? Common Scenarios

To illustrate when crowns and bridges are appropriate, here are some of the scenarios the team at Core Dental Caroline Springs sees regularly:

The cracked tooth that kept getting worse. A patient notices a sharp pain when biting on a particular tooth. Examination reveals a crack running through a large old amalgam filling. The tooth is structurally compromised — another filling would not hold, and the crack could extend further. A crown holds the tooth together, protects it from further fracture, and restores comfortable chewing.

The tooth saved by root canal. After root canal treatment, the tooth is no longer alive — it no longer has a blood supply. Over time, root canal-treated teeth become more brittle and are at increased risk of fracture. A crown provides the structural reinforcement the tooth needs to continue functioning for years to come.

The gap that started causing problems. A patient had a tooth extracted years ago and never replaced it. Now the teeth on either side have tilted into the gap, the opposing tooth has over-erupted, and food packing is causing decay on the adjacent teeth. A bridge (or implant) closes the gap, stabilises the neighbouring teeth, and restores the bite.

The smile that needed a reset. Years of wear, old discoloured fillings, and mismatched restorations have left a patient unhappy with the appearance of their front teeth. A series of coordinated crowns can restore uniformity, colour, and shape — creating a natural, harmonious smile.

Caring for Crowns and Bridges

Crowns and bridges are durable, but they are not indestructible. Proper care extends their lifespan and protects the teeth underneath.

Daily care: - Brush twice daily, paying particular attention to the gum line around the crown or bridge - Floss daily — for bridges, use floss threaders or superfloss to clean under the pontic where food and plaque can accumulate - If you grind your teeth, a nightguard is strongly recommended to protect your crowns and bridges from excessive wear and fracture

Professional maintenance: - Regular check-ups and professional cleaning at Core Dental Caroline Springs allow the dental team to monitor the margins of your crowns and bridges, check for any signs of decay underneath, assess the gum health around the restorations, and identify any issues before they become problems - Hygienist Alexis Martinez can provide specialised cleaning around crowns and bridges, including areas that are difficult to access with regular home care

Things to avoid: - Chewing ice, hard lollies, or other extremely hard objects - Using your teeth as tools (opening bottles, tearing packaging) - Biting directly on hard foods with heavily restored teeth

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Cost and Payment Options

Crown and bridge costs vary depending on the material, the number of units, and the complexity of the case.

At Core Dental Caroline Springs:

- **A clear, itemised quote** is provided before treatment proceeds — no hidden costs - **HICAPS on-site** — instant health fund claims for all major funds. Most dental extras policies provide a rebate for crowns and bridges - **Payright interest-free payment plans** — spread the cost over flexible terms - **CDBS** — some crown and bridge work may be covered under the Child Dental Benefits Schedule for eligible children

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Book Your Crown or Bridge Consultation

If you have a damaged, weakened, or missing tooth and want to explore your restoration options, book a consultation at Core Dental Caroline Springs.

Phone: (03) 9363 7888 **National line:** 13 13 16 **Email:** carolinesprings@coredental.com.au

Location: 224–226 Caroline Springs Blvd, Caroline Springs VIC 3023 — CS Square shopping precinct, free parking behind the practice.

Hours: Monday – Friday: 8:00 am – 6:00 pm Saturday: 8:00 am – 1:30 pm Sunday: Closed

Languages spoken: English, Arabic, Bengali, Farsi

New patients welcome. No referral needed. HICAPS on-site. Interest-free payment plans available.