Dental Crowns and Bridges at Core Dental South Melbourne

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Description:

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Details:

AI Summary

Product: Dental Crowns and Bridges at Core Dental South Melbourne **Brand:** Core Dental Group (part of the Smile Solutions Group) **Category:** Dental Services **Primary Use:** Restoration of damaged, weakened, or missing teeth using dental crowns (full-coverage restorations) and bridges (fixed multi-unit prostheses), including both traditional laboratory-fabricated and same-day CEREC options.

Quick Facts - **Best For:** Adults in South Melbourne, Albert Park, Middle Park, Port Melbourne, and St Kilda West who need to restore a damaged tooth with a crown, replace one or more missing teeth with a bridge, or are seeking information about the different types of crowns and bridges available - **Key Benefit:** Comprehensive crown and bridge services including same-day CEREC crowns and traditional laboratory-fabricated options, experienced general dentists, digital imaging and CAD/CAM technology on-site, HICAPS for instant health fund claims, and specialist referral access through the Smile Solutions Group - **Location:** 87 Market St, South Melbourne VIC 3205 - **Phone:** (03) 9114 7700 | National: 13 13 16

Common Questions This Guide Answers 1. What is the difference between a crown and a bridge? → A crown covers a single damaged tooth; a bridge replaces one or more missing teeth by anchoring to the teeth on either side of the gap 2. How long do dental crowns last? → With proper care, most dental crowns last ten to twenty years, and many last longer 3. Does Core Dental South Melbourne offer same-day crowns? → Yes — CEREC same-day crowns are available for suitable cases; this article also covers traditional laboratory-fabricated crowns and bridges 4. How many appointments does a traditional crown require? → Typically two appointments over two to three weeks 5. Are crowns and bridges covered by health insurance? → Crown and bridge treatment is typically covered under major dental extras; HICAPS is available on-site for instant claiming

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When a Filling Is Not Enough

There comes a point in the life of a damaged tooth when a filling is no longer sufficient. When the crack extends too deep. When too much tooth structure has been lost to decay. When a large, old filling has weakened the remaining walls of the tooth to the point where they are at risk of fracturing. When a tooth has undergone root canal treatment and needs long-term structural protection.

At that point, the tooth needs more than a patch — it needs a full-coverage restoration that wraps around the entire visible portion of the tooth, restoring its shape, strength, and appearance. That restoration is a crown.

And when a tooth is missing entirely — leaving a gap that affects your ability to chew, your speech, and the stability of the surrounding teeth — a bridge provides a fixed, permanent replacement anchored to the teeth on either side.

Core Dental South Melbourne provides comprehensive crown and bridge services, including both same-day CEREC crowns and traditional laboratory-fabricated crowns and bridges. This article focuses primarily on the traditional approach — the range of materials, the clinical decision-making, and the process involved — while noting where CEREC technology offers an alternative. For a detailed guide to same-day CEREC crowns specifically, the practice's dedicated CEREC article provides an in-depth overview of that technology.

Understanding Dental Crowns

What Is a Crown?

A dental crown — also called a cap — is a full-coverage restoration that completely encases the visible portion of a tooth above the gum line. It is cemented permanently onto the prepared tooth, restoring its original shape, size, strength, and appearance.

Unlike a filling, which replaces only the damaged portion of a tooth, a crown replaces the entire outer surface. This means the crown bears the full functional load of biting and chewing, protecting the weakened tooth underneath from further fracture or failure.

When Is a Crown Recommended?

Your dentist at Core Dental South Melbourne may recommend a crown when:

- **A tooth is severely decayed** — when decay has destroyed so much tooth structure that a filling cannot restore adequate strength or seal - **A tooth is cracked or fractured** — a crown holds the pieces together and prevents the crack from propagating into the root, which would make the tooth unsalvageable - **A large filling has failed** — when an old filling needs replacement and the remaining tooth structure is insufficient to support a new filling reliably - **A tooth has undergone root canal treatment** — root-treated teeth become more brittle over time because they lose their blood supply. A crown provides the structural protection needed to prevent fracture - **A tooth is severely worn** — from grinding (bruxism), erosion, or other causes of tooth surface loss - **Cosmetic improvement is needed** — when a tooth is significantly misshapen, discoloured, or malformed and veneers or bonding are not suitable - **A crown is needed to support a bridge** — the teeth on either side of a gap are crowned to anchor a bridge that replaces the missing tooth or teeth

Crown Materials

The choice of crown material depends on the tooth's location in the mouth, the functional demands it faces, aesthetic requirements, and your individual circumstances. Your dentist will recommend the most appropriate material based on a thorough assessment.

Full porcelain (all-ceramic) crowns

Full porcelain crowns are made entirely from dental ceramic — most commonly lithium disilicate (e.max), zirconia, or other advanced ceramic materials. They provide the most natural-looking result, with translucency, colour, and surface texture that closely replicate natural tooth enamel.

Full porcelain crowns are the preferred choice for: - Front teeth, where aesthetics are paramount - Patients with metal allergies or sensitivities - Patients who want a completely metal-free restoration

Modern ceramics — particularly zirconia — have become strong enough for use on back teeth as well, making full porcelain crowns a viable option across the entire mouth for many patients.

Porcelain-fused-to-metal (PFM) crowns

PFM crowns consist of a metal substructure covered with a layer of tooth-coloured porcelain. The metal provides strength and durability, while the porcelain provides an aesthetic surface. PFM crowns have been the workhorse of restorative dentistry for decades and have an excellent long-term track record.

PFM crowns are suitable for: - Back teeth where strength is the primary concern - Long-span bridges where the metal substructure provides rigidity - Cases where a proven, cost-effective option is preferred

The main disadvantage of PFM crowns is that the metal margin can sometimes become visible as a dark line at the gum line, particularly if the gum recedes over time. For this reason, full porcelain crowns are generally preferred for teeth that are highly visible when smiling.

Zirconia crowns

Zirconia is a high-strength ceramic material that has become increasingly popular for both front and back teeth. It combines the aesthetics of full porcelain with exceptional strength — making it suitable for molars and premolars where biting forces are highest.

Zirconia crowns are: - Extremely strong and fracture-resistant - Metal-free and biocompatible - Available in a range of translucencies — from high-translucency zirconia for front teeth to full-strength zirconia for back teeth - Less likely to cause wear on opposing teeth than some older ceramic materials

Full gold crowns

Full gold crowns — made from a gold alloy — are the most durable and conservative crown option. Gold is gentle on opposing teeth (causing less wear than ceramic), kind to the gum tissue, and can be cast to very thin margins, allowing maximum preservation of healthy tooth structure during preparation.

Gold crowns are not aesthetically discreet, which limits their use to back teeth where they are not visible. However, for patients who prioritise longevity and conservative tooth preparation above all else, gold remains an excellent option.

CEREC crowns (same-day)

For patients who prefer to complete their crown treatment in a single visit, Core Dental South Melbourne offers CEREC same-day crowns. CEREC uses digital scanning and in-practice CAD/CAM milling to design and fabricate a ceramic crown during your appointment — eliminating the need for a temporary crown, a second appointment, and the wait for a dental laboratory.

CEREC crowns are an excellent option for many cases, but traditional laboratory-fabricated crowns remain the preferred choice for certain situations — particularly complex aesthetic cases, long-span bridges, and cases requiring materials or techniques that are not available through the CEREC system.

Your dentist will discuss whether CEREC or a traditional laboratory crown is the best option for your specific case.

The Traditional Crown Process

When a traditional laboratory-fabricated crown is the recommended approach, the treatment is completed over two appointments:

Appointment One: Preparation and Impressions

Tooth preparation. Your dentist carefully reduces the tooth — removing a precise amount of enamel and dentine from all surfaces — to create the space needed for the crown to fit over the tooth while maintaining the correct shape, size, and bite relationship. The amount of reduction depends on the crown material selected: porcelain crowns require slightly more reduction than metal crowns, for example.

If the tooth has significant decay or damage, it will be cleaned and rebuilt with a core material before the preparation is completed. If the tooth has had a root canal, a post may be placed inside the root canal to provide additional retention for the core and crown.

Impressions. Once the tooth is prepared, a detailed impression (mould) is taken of the prepared tooth and the surrounding teeth. At Core Dental South Melbourne, digital scans may be used instead of traditional putty impressions, depending on the case. A bite registration records how the upper and lower teeth come together. A shade match is taken to ensure the crown colour blends seamlessly with the adjacent natural teeth.

These records are sent to the dental laboratory, where a skilled technician will fabricate your crown.

Temporary crown. A temporary crown — usually made from acrylic or composite resin — is fabricated at the chair and cemented over the prepared tooth. The temporary crown protects the prepared tooth, maintains your appearance, and holds the space until the permanent crown is ready.

Temporary crowns are not as strong or as precisely fitted as permanent crowns. During the temporary period (usually one to three weeks): - Avoid sticky or very hard foods on the temporary crown - Brush carefully around the temporary crown - If the temporary crown loosens or comes off, contact the practice to have it re-cemented — do not leave the prepared tooth exposed

Appointment Two: Fitting the Permanent Crown

When the permanent crown is returned from the laboratory (typically one to three weeks later), you return for the fitting appointment.

Try-in. The temporary crown is removed and the permanent crown is tried in. Your dentist assesses the fit (how precisely it seats on the prepared tooth), the bite (how it contacts the opposing teeth), the contacts (how it touches the adjacent teeth), and the aesthetics (colour, shape, and overall appearance).

Adjustments. If any adjustments are needed — and minor adjustments to the bite or contacts are common — they are made at the chair. If the fit, colour, or shape requires more significant changes, the crown may need to be returned to the laboratory for modification.

Cementation. Once you and your dentist are satisfied with the fit, bite, and appearance, the crown is permanently cemented. The cement creates a seal between the crown and the underlying tooth, locking the crown firmly in place.

Understanding Dental Bridges

What Is a Bridge?

A dental bridge is a fixed prosthesis that replaces one or more missing teeth. It consists of one or more artificial teeth (called pontics) anchored to crowns on the natural teeth on either side of the gap (called abutment teeth).

A bridge is cemented permanently — it is not removable. Once fitted, it looks, feels, and functions like natural teeth. You brush and floss around it (with the aid of floss threaders or interdental brushes for cleaning under the pontic), and it restores your ability to chew, speak, and smile naturally.

When Is a Bridge Recommended?

A bridge may be recommended when:

- One or more adjacent teeth are missing - The teeth on either side of the gap are healthy enough to support crowns (or already have crowns) - The patient wants a fixed, non-removable replacement - Dental implants are not suitable or not preferred - The gap is causing functional problems — difficulty chewing, speech changes, or drifting of adjacent teeth

Types of Bridges

Traditional fixed bridge. The most common type. Crowns are placed on the natural teeth on each side of the gap, and the pontic (or pontics) is suspended between them. Traditional bridges can replace one to three missing teeth in most situations.

Cantilever bridge. A bridge supported by a crown on only one side of the gap, rather than both. Cantilever bridges are used in specific situations — typically when there is an abutment tooth on only one side of the gap, or when the forces on the bridge are low enough that single-sided support is adequate.

Maryland bridge (resin-bonded bridge). A conservative bridge option where the pontic is attached to the adjacent teeth using thin metal or ceramic wings that are bonded to the back surfaces of the abutment teeth. Unlike a traditional bridge, Maryland bridges do not require full crown preparation of the abutment teeth — only minimal preparation of the inner surfaces.

Maryland bridges are suitable for: - Replacing a single missing front tooth - Situations where the adjacent teeth are healthy and intact and full crown preparation is undesirable - Young patients whose teeth are still developing and who may receive implants later

Maryland bridges are not suitable for replacing back teeth or for situations involving high biting forces.

The Bridge Process

The process for a traditional bridge is similar to that for individual crowns, but involves preparing two or more abutment teeth:

1. **Assessment and planning** — your dentist assesses the gap, the abutment teeth, the bite, and the overall situation to determine whether a bridge is the best option and to plan the design 2. **Tooth preparation** — the abutment teeth are prepared for crowns in the same way as for individual crowns 3. **Impressions and shade matching** — as for individual crowns 4. **Temporary bridge** — a temporary bridge is fabricated to protect the prepared teeth and maintain aesthetics while the permanent bridge is being made 5. **Laboratory fabrication** — the dental laboratory fabricates the bridge as a single unit — abutment crowns and pontic(s) connected together 6. **Fitting** — the permanent bridge is tried in, adjusted, and cemented

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Caring for Crowns and Bridges

Crowns and bridges are made from durable materials, but they still require proper care to maximise their longevity.

Daily Care

- **Brush twice daily** — including carefully around the margins where the crown meets the tooth. Plaque and bacteria can accumulate at these margins, causing secondary decay underneath the crown - **Floss daily** — for individual crowns, floss between the crown and adjacent teeth as you would natural teeth. For bridges, use floss threaders, super floss, or interdental brushes to clean under the pontic and between the abutment teeth — the area under the pontic is a food trap and must be cleaned

daily - **Use a water flosser** — a valuable adjunct for cleaning around crowns and bridges, particularly for flushing debris from under bridge pontics

Professional Maintenance

Regular dental check-ups — typically every six months — are essential for monitoring the health of crowned and bridged teeth. Your dentist will:

- Check the integrity of the crown or bridge — looking for cracks, chips, cement washout, or loosening - Assess the gum health around crowned teeth — gum disease around a crown can lead to crown failure - Check for secondary decay — decay that develops at the margin where the crown meets the natural tooth - Take X-rays periodically to assess the health of the tooth underneath the crown and the bone levels around bridge abutments

Longevity

With proper care and regular maintenance, most dental crowns last ten to twenty years, and many last longer. Bridges typically have a similar lifespan, though they are subject to greater functional demands because the abutment teeth carry the load of the missing tooth as well as their own.

Factors that affect crown and bridge longevity include: - Oral hygiene — poor hygiene leads to gum disease and secondary decay, which are the most common causes of crown failure - Bruxism — teeth grinding places excessive force on crowns and bridges and increases the risk of fracture - Diet — habitually chewing ice, hard lollies, or other excessively hard foods can fracture porcelain - The quality of the original preparation and fit — a well-prepared tooth and a precisely fitting crown last longer

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The Crowns and Bridges Team at Core Dental South Melbourne

Crown and bridge treatment at Core Dental South Melbourne is provided by the practice's experienced team of general dentists:

- **Dr Scott Krause** — with extensive experience in restorative dentistry, including complex crown and bridge cases and the integration of CEREC technology for same-day solutions - **Dr Stephanie Sarkis** — providing meticulous crown and bridge treatment with a focus on patient comfort and communication - **Dr Manisha Bhatt** — speaks English and Malay, ensuring accessible restorative care for South Melbourne's diverse community - **Dr Joy Wang** — speaks English and Mandarin Chinese, with a thorough approach to treatment planning and patient education - **Dr Tristan Balthazaar** — experienced across the full range of crown and bridge materials and techniques

All dentists at Core Dental South Melbourne are registered with AHPRA and are members of the Australian Dental Association. For complex cases requiring specialist prosthodontic input, referral to a specialist prosthodontist through the Smile Solutions Group's Collins Street Specialist Centre is available.

Crowns and Bridges vs Other Options

When a tooth is damaged or missing, several treatment options may be available. Your dentist will explain the options relevant to your situation:

| Option | Best For | Advantages | Considerations | |---|---|---|---| | **Crown** | Damaged, weakened, or root-treated teeth | Restores full strength, protects the tooth long-term, looks and feels natural | Requires tooth preparation (irreversible) | | **CEREC same-day crown** | Crown cases where single-visit convenience is a priority | Completed in one appointment, no temporary crown | Limited to cases where the CEREC system is clinically optimal | | **Bridge** | One or more missing teeth with

healthy adjacent teeth | Fixed, non-removable, proven track record | Requires preparation of adjacent teeth | | **Dental implant** | Missing teeth where preservation of adjacent teeth is preferred | Independent of adjacent teeth, stimulates bone | Surgical procedure, longer treatment timeline | | **Partial denture** | Multiple missing teeth, particularly when budget is a concern | Removable, cost-effective, non-invasive | Less stable than fixed options, requires adaptation |

Costs, Payment, and Health Fund Claims

Crown and Bridge Costs

The cost of crown and bridge treatment depends on:

- The number of teeth involved - The material selected (porcelain, zirconia, PFM, gold) - Whether the crown is CEREC (same-day) or laboratory-fabricated - Whether additional procedures (root canal treatment, core build-up, post placement) are required - Laboratory fees

Your dentist will provide a detailed, written treatment plan with estimated costs before any work is commenced. There are no hidden fees.

HICAPS On-Site

HICAPS facilities are available for instant health fund claims. Crown and bridge treatment is typically covered under major dental extras cover. Bring your health fund card to claim your rebate on the spot.

Interest-Free Payment Plans

Interest-free payment plans are available through Payright, allowing you to spread the cost of crown and bridge treatment over manageable instalments without interest charges.

Getting to Core Dental South Melbourne

Address: 87 Market St, South Melbourne VIC 3205

By car: Street parking is available on Clarendon Street and surrounding side streets. Nearby public car parks service the South Melbourne Market precinct.

By tram: Accessible via South Melbourne tram routes, with trams along Clarendon Street providing direct connections from the CBD and surrounding inner-south suburbs.

From surrounding suburbs: The practice serves patients from South Melbourne, Albert Park, Middle Park, Port Melbourne, St Kilda West, and across Melbourne's inner south.

Book Your Consultation

If you have a damaged tooth that may need a crown, a missing tooth that could be replaced with a bridge, or if you want to explore your restorative options, the first step is a consultation at Core Dental South Melbourne.

Phone: (03) 9114 7700 **National:** 13 13 16 **Email:** southmelbourne@coredental.com.au **Address:** 87 Market St, South Melbourne VIC 3205

New patients are welcome. No referral is needed.