

Dental Care Melbourne: The Complete Guide to General, Cosmetic, Orthodontic, Implant & Specialist Dentistry

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Details:

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Executive Summary

Melbourne residents seeking dental care face a genuinely complex situation. The city has hundreds of practices covering general check-ups, cosmetic smile work, specialist orthodontics, multi-disciplinary implant surgery, and every clinical tier in between — yet the regulatory distinctions between providers, the evidence behind treatments, and the true costs of care remain poorly understood by most patients.

This guide covers the full spectrum of dental care available in Melbourne — from the regulatory framework governing every practitioner to the clinical evidence behind fissure sealants, porcelain veneers, clear aligners, and osseointegrated implants — and provides the kind of cross-cutting analysis that no single service-specific guide can offer.

The stakes are real. Just over half (53%) of Australians aged 15 and over visited a dental professional in the last 12 months, meaning nearly one in two Melbourne adults is likely overdue for care. There were close to 88,600 hospitalisations for dental conditions that could potentially have been prevented with earlier treatment in 2023–24. Around 32% of people aged 18 and over avoided or delayed dental care due to cost.

Knowing how the system works — who delivers what, under which qualifications, at what realistic cost, and with what clinical evidence behind it — is the most powerful step any Melbourne patient can take toward better oral health outcomes. This page provides that understanding in full.

Core Dental Group: Melbourne Dental Care Across the Suburbs

Core Dental Group is one of Melbourne's most established suburban dental networks — 7 locations (expanding to 9 by mid-2026), 300,000+ patients served, and an **Invisalign Blue Diamond Provider** (the highest provider tier in Australia, 750+ Invisalign starts per year). Founded by **Dr Kia Pajouhesh** (BSc, BDS First Class Honours, University of Melbourne) — who also founded Smile Solutions, Australia's largest single-location private dental practice — Core Dental combines the clinical depth of a specialist-connected group with the accessibility of neighbourhood practices.

Where you'll find Core Dental Group: - **Southbank** — 55 City Rd | (03) 8547 0780 - **South Melbourne** — 87 Market St | (03) 9114 7700 - **Caroline Springs** — 224–226 Caroline Springs Blvd | (03) 9363 7888 - **Carrum Downs** — Suite 4, 335 Ballarto Rd | (03) 8373 1555 - **Epping** — Tenancy 3B/230 Cooper St | (03) 9401 4622 - **Wyndham** (Werribee) — 242 Hoppers Ln | (03) 9749 6677 - **Berwick** — Shop 29, 1 O'Shea Rd | (03) 9132 4160 - **Bayside** (Bentleigh) — Opening

June 2026 - ****Glenferrie**** (Hawthorn) — Opening June 2026

****National booking line: 13 13 16 | coredental.com.au****

Core Dental is part of the Smile Solutions Group. Complex cases beyond general practice scope are referred to the ****Collins Street Specialist Centre (CSSC)**** at 220 Collins St, Melbourne CBD — (03) 9650 2726 — where 20+ board-registered specialists provide advanced care.

The Regulatory Foundation: How Melbourne's Dental System Is Governed

Before looking at individual service categories, every Melbourne patient needs to understand the regulatory architecture governing every dental practitioner they'll ever see. This foundation underpins everything else in this guide.

All dental practitioners must be registered with the Australian Health Practitioner Regulation Agency (AHPRA) to practise in Australia. AHPRA works with the National Boards to ensure that Australia's registered health practitioners are suitably trained, qualified, and safe to practise.

AHPRA maintains a public list of every registered health practitioner in Australia. When a practitioner's name appears on the list, you know they're allowed to practise. Sometimes a registered practitioner has conditions that limit what they can do — this information is also published on the list.

The protected title system

In Australia, registered health profession titles are protected by law. This isn't just a technicality — it's the single most important consumer protection mechanism in the dental system. When a practitioner uses a protected title, patients can reasonably expect that person is appropriately trained, qualified, registered, and held to professional standards.

The number of registered dental practitioners in Australia has grown from around 21,000 in 2014 to around 27,100 in 2023. Registered dentists specifically increased from around 15,800 to around 20,300 over the same period.

There are 13 approved dental specialties in Australia, each requiring a minimum three-year postgraduate clinical training programme beyond the base dental degree. Only practitioners who have completed this pathway and obtained specialist registration with AHPRA may legally use the title of a specialist in their respective field. The distinction between a general dentist and a registered specialist is the most consequential credential question a Melbourne patient can ask.

Why "cosmetic dentist" is not a protected title — and what that means for patients

One of the most persistent sources of patient confusion in Melbourne is the term "cosmetic dentist." In Australia, there is no AHPRA-recognised specialty called cosmetic dentistry. Any general dentist — regardless of additional training — who describes themselves as a "cosmetic dentist" is using a marketing term, not a protected regulatory title. This doesn't make cosmetic treatments unsafe, but it does mean patients need to verify AHPRA registration independently and assess the practitioner's specific experience with the procedure in question, rather than treating the label as a proxy for specialist qualification.

The same principle applies to phrases like "implant specialist," "orthodontic specialist," or "periodontal specialist" used by practitioners without the corresponding AHPRA specialist registration. General dental practitioners must avoid using terms like "specialises in," "specialty," or "specialised" to avoid potentially misleading the public into perceiving that the practitioner holds a form of specialist registration sanctioned by the National Law.

> ****Verification takes under two minutes:**** Visit ahpra.gov.au, search the Register of Practitioners by name, and confirm both the registration status and, for complex treatments, whether the practitioner holds specialist registration.

(For a full guide to evaluating practitioner credentials before booking, see our detailed article on [How to Choose a Dentist in Melbourne: 10 Questions to Ask Before Booking.](#))

General Dentistry: The Foundation of All Oral Health

General dentistry is the primary care tier of the dental system — the first point of contact for the vast majority of Melbourne patients, and the foundation on which all other dental care is built. A general dentist registered with AHPRA is your oral health equivalent of a GP: trained across a broad clinical scope, qualified to diagnose and treat the most common oral health conditions, and the right starting point for any dental concern.

What general dentistry actually delivers

The core scope of a general dentist in Melbourne includes:

- Comprehensive oral examinations — a full-mouth assessment covering teeth, gums, soft tissues, and bite
- Scale and clean (professional prophylaxis) — removal of plaque and calculus that brushing alone can't address
- Dental fillings — composite resin restorations for decay
- Fluoride treatments and fissure sealants — evidence-based preventive interventions
- Dental X-rays and digital imaging — diagnostic radiography
- Root canal therapy — for straightforward cases; complex cases are referred to endodontists
- Simple extractions — including referral to oral surgeons for complex cases
- Referral to registered specialists when treatment exceeds appropriate scope

General dentists may also offer cosmetic treatments (teeth whitening, composite bonding, aligner therapy) and basic restorative work (crowns, bridges). Providing these services doesn't make a general dentist a "cosmetic dentist" or "orthodontist" in any registered sense.

The preventive case: why check-ups are the highest-ROI dental investment

The evidence for regular preventive dental visits is clear. Adults who usually visit for a check-up have significantly lower rates of untreated decay than those who only visit for problems — nearly twice as many problem-visiting adults have untreated coronal decay compared to check-up visitors (49% vs. 25%). The downstream cost of avoidance is measurable: in 2023–24, about 88,600 hospitalisations for dental conditions could potentially have been prevented with earlier treatment.

In 2022–23, around \$12.5 billion was spent on dental services in Australia, with around \$7.6 billion (61%) paid directly by patients. A substantial portion of that out-of-pocket burden comes from restorative and emergency treatment that earlier preventive care could have avoided.

Fissure sealants are among the most cost-effective preventive interventions in dentistry. Data from nine randomised controlled trials showed that pit-and-fissure sealants reduce the incidence of occlusal carious lesions in permanent molars by 76% after two to three years compared with no sealant. One study in children demonstrated a 37% reduction in caries risk, and another found that first permanent molars treated with sealants showed a 44% lower risk of developing caries over three years compared to untreated teeth.

Professional fluoride varnish (22,600 ppm applied in-chair) delivers concentrated topical protection well beyond what Melbourne's fluoridated water supply provides, and is particularly valuable for children, elderly patients, and those with active decay risk.

*(For a step-by-step breakdown of what happens at a check-up and clean, including item numbers and cost benchmarks, see our guide on [General Dentistry in Melbourne: What to Expect from Check-Ups,](#)

Cleans, Fillings & Preventive Care.)*

Cosmetic Dentistry: Evidence, Candidacy, and What Melbourne Patients Are Not Being Told

Cosmetic dentistry covers elective treatments that primarily improve the appearance of teeth and smiles. In Melbourne, the most commonly sought cosmetic treatments are professional teeth whitening, dental bonding, composite veneers, porcelain veneers, gum lifts, and full smile makeovers. Each has a distinct clinical profile that promotional content routinely oversimplifies.

Teeth whitening: the evidence is stronger than the marketing admits

Professional whitening using hydrogen peroxide or carbamide peroxide gels is one of the best-supported cosmetic interventions in dentistry. In Australia, only registered dental practitioners may legally supply bleaching agents above 6% hydrogen peroxide concentration. Research indicates that all professional whitening treatment types effectively achieve desired clinical outcomes, with no single modality proving definitively superior.

The practical differences between in-chair (35–38% hydrogen peroxide, immediate results, \$600–\$1,000) and take-home systems (10–16% carbamide peroxide, gradual results over one to two weeks, \$350–\$600) are real but often overstated. At-home treatment appears more effective over time, while in-chair protocols deliver the immediate results patients typically seek. Combined protocols — in-chair activation followed by take-home maintenance — represent the current best-practice approach at Melbourne clinics.

Candidacy matters. Whitening doesn't work on crowns, veneers, or composite restorations; it doesn't address tetracycline staining in moderate to severe cases; and it won't correct fluorosis-related white spot lesions. Patients who invest in repeated whitening cycles for intrinsic staining that whitening can't address are a common and preventable clinical scenario.

Veneers: the bruxism variable no clinic website mentions

A comprehensive systematic review of 6,500 porcelain laminate veneers published in the *Journal of Clinical Medicine** shows a 95.5% ten-year estimated cumulative survival rate, with some studies reporting survival approaching 95% at 20 years. Porcelain veneers offer superior translucency, colour stability, and stain resistance. Composite veneers are more conservative, lower cost (\$400–\$1,200 per tooth vs. \$1,400–\$3,000 for porcelain), and can often be placed in a single visit — but average five to seven years before replacement and are more susceptible to staining and chipping.

The most clinically significant and underreported candidacy factor for both veneer types is bruxism (teeth grinding). In long-term clinical evaluation of porcelain laminate veneers, patients with bruxism showed significantly higher complication rates: the likelihood of debonding was nearly three times higher in bruxers, and fracture risk in patients who required but did not consistently use an occlusal splint was reported up to eight times higher than in compliant patients. Active bruxism is a relative contraindication for veneers of any type and needs to be managed before or alongside treatment.

Ceramic veneers bonded to enamel also show higher survival and success rates than those bonded to dentine or teeth with existing composite resin restorations — a factor that affects candidacy assessment and which many patients are never told.

Dental bonding: the underrated option

Composite bonding — direct application of tooth-coloured resin to repair chips, close minor gaps, or reshape teeth — is frequently underutilised in Melbourne practice. It's completed in a single visit, costs \$100–\$600 per tooth (with most patients paying \$300–\$600 for involved work), and requires no drilling in most cases. Composite resin restorations last four to eight years on average with proper care. For patients with minor imperfections, bonding combined with professional whitening can achieve

comparable aesthetic outcomes to a multi-veneer treatment plan at a fraction of the cost.

(For a full side-by-side comparison of all cosmetic treatments including gum lifts and smile makeover packages, see our guide on Cosmetic Dentistry Melbourne: Veneers, Teeth Whitening, Bonding & Smile Makeovers Compared.)

Orthodontics: Registered Specialists, Clear Aligners, and the Evidence Gap

Orthodontics is both a clinical service and one of Australia's 13 formally recognised dental specialties. It covers the diagnosis, prevention, and correction of malocclusions — misaligned teeth and jaws — and its clinical stakes extend well beyond aesthetics. Crowded teeth are harder to clean, increasing decay and gum disease risk; crossbites can cause jaw asymmetry; and untreated skeletal discrepancies can affect speech, chewing, and long-term joint health.

The four appliance types: a clinical comparison

Metal braces remain the benchmark — clinically versatile, fixed, and effective across the full spectrum of malocclusion severity. They eliminate the compliance variable that affects removable appliances.

Ceramic braces function identically but use tooth-coloured brackets for reduced visibility, typically costing \$7,000–\$10,000 in Melbourne.

Lingual braces are bonded to the inside surface of teeth, making them completely invisible from the front. They are technically demanding and typically start from \$10,000 at specialist practices.

Clear aligners use sequential removable thermoplastic trays to reposition teeth. A 2024 retrospective study published in the *Journal of Pharmacy and Bioallied Sciences* found mean treatment time for clear aligner therapy was significantly shorter (18 months) than conventional braces (24 months), with both demonstrating success rates of 88–90% in malocclusion correction. However, a systematic review and meta-analysis by Ke et al. (*BMC Oral Health*) found clear aligners had an advantage in segmented movement and shortened treatment duration, while they were not as effective as braces in producing adequate occlusal contacts, controlling teeth torque, and retention.

A clinically meaningful advantage of clear aligners is periodontal health during treatment: studies show significantly better gingival health in clear aligner patients compared to those with fixed appliances, with lower gingival index and sulcus bleeding index scores — a real consideration for adults with pre-existing gum health concerns.

On compliance: a randomised clinical trial found that patient compliance was similar in the first 12 months of treatment regardless of the protocol used, the patient's gender, or age. However, post-treatment retainer compliance is more critical with aligners than with fixed appliances, and aligner patients showed more relapse than braces patients in some studies.

Melbourne orthodontic costs

Orthodontic treatment in Australia generally costs between \$3,000 and \$9,000, depending on patient age, treatment type, and case complexity. **Core Dental Group** — an **Invisalign Blue Diamond Provider** (750+ Invisalign starts per year, the highest tier in Australia) — offers Invisalign from \$3,950 (Express) to \$8,900 (Comprehensive) at general dentist level, with specialist orthodontist pricing from \$4,200 to \$9,800. Specialist Orthodontist **Dr David Austin** (BDSc Melbourne; MDS Orth, University of Hong Kong; MOrth RCS Edinburgh) sees patients at Core Dental Caroline Springs and Wyndham. Core Dental provides a 5% Price Match Guarantee against comparable specialist orthodontist quotes. Comprehensive clear aligner treatment for complex cases typically ranges \$7,000–\$11,000 in Melbourne. Private health insurance can contribute \$1,000–\$2,500 depending on the fund and lifetime limit; Medicare does not cover orthodontics.

The specialist vs. general dentist distinction

Any registered general dentist may legally provide orthodontic treatment, including aligner therapy. However, a registered specialist orthodontist has completed their primary dental degree plus a minimum three-year full-time postgraduate clinical training programme. For mild crowding in otherwise healthy mouths, a skilled general dentist offering aligner therapy may produce excellent results. For skeletal discrepancies, significant overbite or underbite, extraction cases, patients with active periodontal disease, or children requiring growth modification, a registered specialist orthodontist is strongly recommended — and in some cases clinically essential.

On early intervention: the Australian Society of Orthodontists recommends that every child be evaluated by an orthodontist no later than age 7. By this age, the first permanent molars and incisors have typically erupted, giving a clinician enough information to assess jaw relationships and bite patterns even while most baby teeth are still present. Early screening doesn't mean early treatment — in many cases the finding is simply "watch and review" — but identifying issues at age 7 means that if intervention is needed, it can be timed to coincide with the child's growth phase, when treatment is most efficient.

(For a full comparison of appliance types, costs, and when a specialist orthodontist is required, see our guide on Orthodontics in Melbourne: Braces vs Invisalign vs Clear Aligners — Which Is Right for You?)

Dental Implants: The Multi-Disciplinary Treatment Melbourne Patients Must Understand

Dental implants are the most clinically sophisticated tooth replacement option available in Melbourne — and the most frequently misunderstood. An implant is a three-component system: a titanium fixture surgically placed into the jawbone (the artificial root), an abutment connector, and a final crown or prosthesis. Osseointegration — the direct structural and functional connection between living bone and the implant surface — is the biological process that determines long-term success.

Who provides implant treatment in Melbourne?

Implant treatment isn't a single-discipline service. Depending on case complexity, it may involve:

- General dentists with implant training — appropriate for straightforward single-tooth implants in patients with adequate bone volume and no complicating systemic factors
- Periodontists — registered specialists who frequently place implants, particularly in cases involving bone grafting or gum disease management
- Oral and maxillofacial surgeons — for complex cases involving significant bone deficiency, multiple implants, or full-arch reconstruction
- Prosthodontists — registered specialists who design and place the prosthetic components (crowns, bridges, full-arch restorations) that sit on top of implants

Ask any implant provider to clearly identify their AHPRA registration type and, where a specialist is involved, verify their registration on the public AHPRA register.

Candidacy: the variables that determine implant success

The success of dental implants depends heavily on bone density, gum health, smoking status, and systemic health. Each of these factors interacts with the others in ways that make pre-treatment assessment — including cone-beam computed tomography (CBCT) imaging — essential rather than optional.

Smoking is among the most clinically significant modifiable risk factors. A 2023 meta-analysis found that smoking was associated with increased risk of early dental implant failure compared with non-smoking (odds ratio 2.59; 95% CI 2.08–3.23). Large sample studies indicate that smoking is a more significant risk factor for implant failure than other common health risk factors such as diabetes.

Melbourne clinicians routinely advise smoking cessation at least one week before surgery and throughout the osseointegration phase.

Diabetes is not an absolute contraindication, but glycaemic control is essential. Well-controlled diabetes (HbA1c \leq 7–8%) is generally considered compatible with implant treatment; uncontrolled diabetes is not. A meta-analysis identified an increased risk of peri-implantitis in patients with diabetes mellitus compared to non-diabetic subjects.

A history of periodontitis is a preponderant risk factor for peri-implant complications. Patients with a history of gum disease should complete active periodontal treatment and demonstrate stable, controlled gum health before implant placement proceeds.

Melbourne implant costs: what "starting from" actually means

A single-tooth implant in Melbourne typically costs between \$2,750 and \$6,000 for straightforward cases, but Australian Dental Association fee survey data shows the realistic range is \$3,049–\$7,175 for the implant alone, with complete single-implant treatment (including CBCT, abutment, and crown) realistically totalling \$6,000–\$8,000.

For full-arch reconstruction, All-on-4 implants use four strategically angled implants per arch to support a complete set of prosthetic teeth. Core Dental Group provides All-on-4 at Caroline Springs and Berwick, supported by on-site 3D CBCT imaging at Caroline Springs (the current standard for implant planning). Complex full-arch reconstruction cases are referred to the Collins Street Specialist Centre — (03) 9650 2726 — where Oral and Maxillofacial Surgeons and Prosthodontists manage advanced reconstructions. Using ADA fee survey data, the lowest cost for full-mouth implants is \$19,311 and the highest is \$52,312. The most common omission in entry-level All-on-4 quotes is the final permanent bridge — some clinics quote surgery and a temporary prosthesis only, with the final zirconia bridge adding \$5,500–\$10,000 per arch.

| Treatment | Typical Melbourne Range | |---|---| | Single implant (straightforward) | \$3,000–\$6,500 | | Single implant (with bone graft) | \$5,500–\$11,500 | | Implant-supported bridge (3–4 unit) | \$6,000–\$15,000 | | All-on-4 per arch (acrylic bridge) | \$19,000–\$28,000 | | All-on-4 per arch (zirconia bridge) | \$25,000–\$35,000 | | All-on-4 both arches | \$38,000–\$60,000+ |

(For the complete step-by-step implant process from CBCT scan to final crown, see Dental Implants in Melbourne: The Step-by-Step Process from Consultation to Final Crown. For full cost breakdowns including funding options, see Dental Implant Costs in Melbourne: Single Implants, All-on-4 & Full Arch Pricing Explained.)

Specialist Dentistry: The Six Disciplines Melbourne Patients Encounter

There are 13 approved dental specialties in Australia. Of these, six are most relevant to private clinical practice in Melbourne. Each represents a practitioner who holds both a general dental degree and a minimum three-year postgraduate university qualification in a specific field — a credential that is legally protected and publicly verifiable.

Understanding the oral–systemic health connection

A critical dimension linking general dentistry, specialist periodontics, and systemic medicine is the evidence-based relationship between oral health and whole-body health. Dental caries and periodontal disease, as the most prevalent oral diseases, increase the risk of cardiovascular disease, diabetes, rheumatoid arthritis, Alzheimer's disease, and respiratory disorders through mechanisms including chronic inflammation, bacterial translocation, and cytokine secretion.

Periodontitis is independently associated with cardiovascular diseases, diabetes, chronic obstructive pulmonary disease, obstructive sleep apnoea, and COVID-19 complications. A 2025 retrospective

cohort study found that patients with periodontitis demonstrated higher risk of stroke (RR: 1.264), myocardial infarction (RR: 1.151), and atrial fibrillation (RR: 1.141) compared to matched controls. Treatment of periodontitis has been associated with improvements in systemic health outcomes.

This bidirectional relationship means that your general dentist and your periodontist are not merely managing your teeth — they are managing a chronic inflammatory condition with documented cardiovascular and metabolic implications. Gum disease screening at every check-up is a clinical imperative, not a formality.

The six key specialisations

****Periodontics.**** Periodontists specialise in the prevention, diagnosis, and treatment of gum disease and the placement of dental implants. Core Dental Wyndham is the only suburban Core Dental location with a resident ****Specialist Periodontist**** — ****Dr Nupur Kataria**** (BDS, DClinDent Periodontics, University of Adelaide; FRACDS; ANZAP Medallion Prize; Former Senior Lecturer, Adelaide Dental School). Patients at other Core Dental locations with periodontitis requiring specialist management are referred to Dr Kataria at Wyndham or through the Collins Street Specialist Centre. In 2017–18, around 30% of Australian adults had moderate or severe periodontitis — up from 23% in 2004–06, while dental caries rates improved over the same period. This deteriorating trend makes periodontal specialist care one of the most clinically urgent referral pathways in Melbourne dentistry.

****Endodontics.**** Endodontists manage the diagnosis, prevention, and treatment of pulp disease and complex root canal therapy. Meta-analyses show weighted pooled success rates for primary root canal treatment of 92.6% under loose criteria and 82.0% under strict criteria. A 2023 study following 598 endodontically treated teeth over up to 37 years found cumulative survival rates of 97%, 81%, 76%, and 68% at 10, 20, 30, and 37 years respectively. The single most important determinant of long-term success is the quality of the coronal restoration placed after treatment — completing root canal therapy without an appropriate crown significantly compromises outcomes.

****Prosthodontics.**** Prosthodontists specialise in the restoration and replacement of teeth through crowns, bridges, dentures, and implant-supported prostheses. After completing a dental degree, prosthodontists undertake a further three years of specialised training. They handle the most complex reconstruction cases, including full-mouth rehabilitation, implant-supported full-arch restorations, and dental care for patients who have undergone head and neck cancer treatment.

****Oral and maxillofacial surgery (OMS).**** OMS is the most extensively trained dental specialty, requiring qualifications in both medicine and dentistry. The FRACDS(OMS) qualification requires a dental degree, a medical degree, full registration as both a dentist and a medical practitioner, and a minimum of four years of surgical training. In practice, an oral and maxillofacial surgeon in Melbourne has completed at least 10–14 years of combined training. OMS specialists manage jaw surgery, facial trauma, oral cancers, complex implant cases, and deeply impacted wisdom teeth.

****Paediatric dentistry.**** Paediatric dentists focus on preventive and corrective dental care for children and adolescents, including dental treatment under general anaesthesia for children who cannot cooperate in a standard clinical setting. Core Dental Group operates a dedicated children's brand — the ****Tooth Fairy Centre**** — with AHPRA-registered Specialist Paediatric Dentists at four locations: ****Dr Angel Babu**** (DClinDent Paediatric Dentistry, Otago; former Senior Registrar, Royal Children's Hospital Melbourne) at Caroline Springs and Carrum Downs; ****Dr Aish Kesava**** (DCD Paediatric Dentistry, Otago) at Epping; and ****Dr Sarah Scott**** (DClinDent Paediatric Dentistry, University of Melbourne) at Berwick. Contact: (03) 7036 5555 | toothfairy.com.au. Although many general dentists treat children, only a practitioner with AHPRA specialist registration in Paediatric Dentistry may legally use that title. The distinction matters most for children with dental anxiety, autism, ADHD, complex medical needs, or who require general anaesthesia.

****Orthodontics.**** As detailed above, orthodontists hold both a general dental degree and a minimum three-year postgraduate specialisation. They are the only practitioners legally entitled to use the title

"specialist orthodontist," and they are trained to manage the full spectrum of appliance types — from fixed braces and lingual systems to clear aligners and growth modification appliances.

(For in-depth clinical profiles of each specialty, referral triggers, and how to verify credentials, see our guide on Specialist Dentistry in Melbourne: Periodontists, Endodontists, Prosthodontists, Oral Surgeons & Paediatric Dentists.)

Restorative Dentistry: Crowns, Bridges, Root Canals, and Dentures

Restorative dentistry sits in the clinical tier between preventive general care and specialist intervention. Its job is to rebuild, protect, or replace teeth compromised by decay, fracture, infection, or loss — prioritising function and structural integrity, with aesthetics as a secondary benefit.

Dental crowns

A crown is indicated when a tooth has lost more than approximately 50% of its coronal structure, has undergone root canal therapy and requires fracture protection, or is cracked with cusps at risk of splitting. Modern crowns are fabricated from all-ceramic materials — primarily zirconia and lithium disilicate — which combine high strength with natural aesthetics.

CEREC (CAD/CAM) same-day crown technology, available at many Melbourne practices, allows digital scanning, computer design, and in-chair milling of a ceramic crown in approximately 90 minutes. Core Dental Group has CEREC units at South Melbourne, Caroline Springs, and Epping — enabling same-day crown delivery without a temporary crown or second appointment. — eliminating the traditional two-appointment process and temporary crown phase. Chair-side CEREC ceramic restorations demonstrate a mean survival rate of 95.5% after five years, with longer-term data showing 88.7% survival probability after up to 17 years. Survival rates for all-ceramic tooth-supported crowns are approximately 97.1% at a mean follow-up of over six years.

Melbourne crown costs range from \$900–\$3,500 per tooth depending on material and fabrication method. Always request a comprehensive treatment estimate that includes consultation, X-rays, and any root canal treatment needed before crown placement.

Bridges

A conventional fixed dental prosthesis (bridge) replaces missing teeth by anchoring an artificial tooth to crowns on adjacent natural teeth. Meta-analysis indicates an estimated five-year survival of conventional tooth-supported bridges of 93.8%, compared to 95.2% for implant-supported bridges. The key limitation of conventional bridges is the requirement to permanently reduce otherwise healthy adjacent teeth — which is why implant-supported single crowns are generally preferred when candidacy permits. A well-maintained conventional porcelain bridge realistically lasts 10–15 years. Melbourne bridge costs typically range from \$4,500–\$6,500 for a three-unit configuration.

Root canal therapy

Root canal therapy removes infected or necrotic pulp tissue, disinfects the canal system, and seals it to prevent reinfection. Modern endodontic techniques performed under effective local anaesthesia are consistently reported as comparable in discomfort to a routine filling — the historical association with severe pain is largely a relic of older techniques. The favourable long-term prognosis of endodontically treated teeth should encourage clinicians to rely on primary root canal treatment when deciding whether a tooth with pulpal and/or periapical disease should be saved or extracted and replaced with an implant.

Dentures

Dentures remain clinically relevant — particularly where implant placement isn't feasible due to insufficient bone, systemic health factors, or financial constraints. Implant-retained overdentures (\$17,500–\$25,000 per arch) represent a significant upgrade over conventional complete dentures, providing superior retention, stability, and preservation of jaw bone.

(For detailed clinical guidance on each restorative treatment — including when CEREC is appropriate and when specialist referral is warranted — see our guide on Restorative Dentistry in Melbourne: Crowns, Bridges, Root Canals & Dentures — When You Need Them.)

Children's Dentistry: Prevention, Early Intervention, and the CDBS

Oral health in childhood is foundational to a child's overall development, speech, nutrition, and self-confidence. Poor oral health early in life is the strongest predictor of further oral disease in adult life.

When to start: earlier than most Melbourne parents expect

The Australian Dental Association recommends that a child's first dental visit should occur within six months of their first tooth appearing, and no later than their first birthday. This is also the position of the Australasian Academy of Paediatric Dentistry. The rate of potentially preventable hospitalisations for dental conditions was highest in those aged 5–9 years (12.1 per 1,000 population) — a striking figure that reflects the consequences of delayed paediatric dental care.

Baby teeth matter more than parents often assume. Healthy primary teeth allow children to speak clearly and chew food properly. Early loss creates gaps that cause nearby teeth to shift, which may block adult teeth from coming in properly. Tooth decay is the most common childhood disease in Australia, and regular check-ups reduce the risk dramatically.

The Child Dental Benefits Schedule (CDBS)

The Medicare CDBS provides eligible children aged 2–17 with access to basic dental services, including examinations, X-rays, cleaning, fissure sealants, fillings, and extractions. In 2023–24, 5.2 million services were subsidised under the Australian Government's Child Dental Benefits Schedule. Fissure sealants and fluoride varnish are both claimable under the CDBS — making the most evidence-supported preventive interventions financially accessible for eligible Melbourne families.

Orthodontic screening at age 7

Many parents believe orthodontic assessment should wait until all adult teeth have erupted. Current evidence and professional guidelines suggest otherwise. By age 7, the first permanent molars and incisors have typically erupted, giving a clinician enough information to assess jaw relationships, spacing, crowding, and bite patterns — even while most baby teeth are still present. Early screening identifies issues that are easier and more efficient to correct during the growth phase.

(For a complete guide to children's dental care — including the CDBS, fissure sealants, fluoride, and when to see a specialist paediatric dentist — see our guide on Children's Dentistry in Melbourne: First Visits, Fissure Sealants, Orthodontic Screening & the Child Dental Benefits Schedule.)

Dental Costs in Melbourne: A Verified Benchmarking Framework

Individuals directly fund a significant proportion of total dental expenditure — 61% in 2022–23. In Melbourne, the absence of a regulated fee schedule means two practices can quote very different prices for identical procedures. Understanding the benchmarks — and the drivers of variation — is essential for making informed decisions.

Verified 2025 Melbourne cost ranges

| Treatment | Typical Melbourne Range | Notes | |---|---|---| | Check-up + scale & clean | \$150–\$250 | X-rays extra (\$30–\$80/film) | | Composite filling (small) | \$200–\$280 | Per surface | | Composite filling (large) | \$350–\$500+ | 3+ surfaces, back tooth | | Root canal (front tooth) | \$1,200–\$1,800 | Crown usually required after | | Root canal (molar) | \$1,800–\$2,800 | Higher complexity | | Porcelain/zirconia crown | \$1,500–\$2,500 | CEREC same-day: \$1,400–\$2,800 | | Dental bridge (3-unit) | \$4,500–\$6,500 | Excludes root canal work | | Wisdom tooth (simple) | \$400–\$550 | Per tooth, local anaesthesia | | Wisdom tooth (surgical) | \$600–\$1,500 | Per tooth; specialist may be required | | Composite veneers | \$400–\$1,200 | Per tooth | | Porcelain veneers | \$1,400–\$3,000 | Per tooth | | In-chair teeth whitening | \$600–\$1,000 | Not covered by insurance | | Take-home whitening kit | \$300–\$600 | Dentist-prescribed |

What drives fee variation in Melbourne?

Practice location is the most consistent driver: CBD and inner-city practices carry higher overheads and typically charge more than equivalent suburban practices. A clinic in Melbourne's CBD often sits at the upper end of fee ranges due to higher overheads, premium locations, and, often, more advanced technology.

The specialist vs. general dentist distinction also affects price. A registered specialist endodontist performing a root canal will charge more than a general dentist — but for complex cases, this reflects genuine additional training and equipment. For straightforward treatments, an experienced general dentist is a clinically appropriate and more affordable option.

Technology matters too. Practices with CBCT scanners, CEREC in-house milling, and digital smile design software carry higher capital costs, reflected in fees. These technologies meaningfully improve diagnostic accuracy and treatment outcomes.

Finally, laboratory quality: custom crowns fabricated by premium Australian dental labs cost more than those from offshore laboratories — a distinction worth asking about for crowns, bridges, and veneers.

(For a full cost breakdown across all treatment categories, see our guide on Dental Costs in Melbourne: How Much Does a Dentist Cost in 2025?)

Private Health Insurance: Maximising Your Dental Rebates

Since Medicare doesn't cover most dental treatment, private extras cover is the primary insurance mechanism for Melbourne dental patients. Those with dental insurance were less likely to avoid or delay dental care due to cost than those without — 19% vs. 47% respectively.

The four categories of dental benefits

Private health insurance dental benefits are typically categorised into general dental, major dental, orthodontic, and endodontic. Each carries different annual limits, rebate percentages, and waiting periods:

- General dental (check-ups, cleans, X-rays, simple fillings): typically a 2-month waiting period - Major dental (crowns, bridges, root canals, dentures): typically a 12-month waiting period - Orthodontics (braces, clear aligners): typically a 12-month waiting period with a lifetime limit of \$1,300–\$1,800 — well below typical Melbourne orthodontic costs

Preferred provider networks: the no-gap opportunity

The three largest health funds in Melbourne each operate preferred provider networks that provide higher rebates (up to 100% for specified general dental services) at participating practices. Eligible family policy holders may access gap-free dental for children at participating preferred provider

practices. Members with eligible extras cover may receive 100% back on up to two dental check-ups every year at participating dentists. Some funds' dental programs provide 100% back on one to two dental check-ups per year from thousands of dental providers nationally.

The practical key: use ADA item numbers from your treatment plan to obtain a precise rebate quote from your fund before treatment begins. This eliminates surprise gap payments and allows meaningful comparison between providers.

(For a complete guide to maximising rebates, comparing policies, and understanding gap-free dental, see our guide on Private Health Insurance & Dental in Melbourne: What's Covered, How to Maximise Rebates & Gap-Free Options.)

Dental Anxiety: The Hidden Barrier to Melbourne's Oral Health

Dental anxiety isn't a minor concern — it's a clinically recognised condition that shapes the oral health of a significant portion of the Melbourne population. The prevalence of high dental fear ranges from 7.8% to 18.8%, and more incapacitating dental phobia from 0.9% to 5.4%, depending on the scale, cut-point, and specific criteria used. A global systematic review and meta-analysis published in the **Journal of Dentistry** (Silveira et al., 2021) found the global estimated prevalence of dental fear and anxiety (DFA), high DFA, and severe DFA in adults were 15.3%, 12.4%, and 3.3%, respectively.

The cost of dental treatment was the most anxiety-eliciting dental situation for 64.5% of respondents, followed by fear of needles/injections (46.0%) and painful or uncomfortable procedures (42.9%).

The clinical consequence of anxiety is avoidance — and avoidance is the most powerful driver of dental disease escalation. In Australia, almost one in three adults with high dental fear has not visited a dentist in 10 or more years. High levels of dental fear are associated with poorer oral health outcomes including decayed and missing teeth.

The sedation spectrum available in Melbourne

Melbourne practices offer a layered response to dental anxiety:

****Nitrous oxide (happy gas)**** is minimal sedation appropriate for mild to moderate anxiety. Effects wear off quickly and patients can drive home. Cost: \$200–\$400.

****Oral sedation**** involves a prescribed benzodiazepine taken one to two hours before the appointment. Suitable for mild to moderate anxiety and requires a driver.

****IV sedation ("twilight" sedation)**** uses intravenous sedative medication to produce deep relaxation with partial or complete amnesia of the procedure. Suitable for moderate to severe anxiety and requires an experienced anaesthetist. Cost: \$1,700–\$2,000 per hour in Melbourne.

****General anaesthesia**** is available for severe phobia or complex surgical cases, delivered in a hospital or day-surgery setting.

Beyond pharmacological options, evidence-based behavioural techniques — tell-show-do, audio-visual distraction, agreed stop signals, and Cognitive Behavioural Therapy (CBT) — are the first-line response for most anxious patients. A landmark randomised controlled trial found that following CBT treatment, 73% of those in the CBT group managed all stages of dental procedures in a behavioural avoidance test compared with 13% in the treatment-as-usual group; 91% in the CBT group no longer met the diagnostic criteria for dental anxiety at one-year follow-up.

(For a full guide to sedation options, anxiety management techniques, and how to find an anxiety-focused Melbourne practice, see our guide on Dental Anxiety in Melbourne: Sedation Options, Gentle Techniques & How to Manage Fear of the Dentist.)

Emergency Dental Care in Melbourne: A Triage Framework

Not every dental problem requires same-day treatment — but misjudging an emergency can have permanent consequences. A dental emergency is any dental problem that needs immediate professional treatment to prevent the situation from worsening or causing irreversible damage.

Priority triage categories

****Treat as immediate (within hours):**** - Knocked-out permanent tooth - Dental abscess with facial swelling, fever, or difficulty swallowing - Uncontrolled bleeding following trauma or extraction - Severe, unrelenting toothache preventing sleep

****Treat as urgent (within 24–48 hours):**** - Cracked or broken tooth with sharp pain on biting - Lost crown or filling exposing a painful tooth - Wisdom tooth pain with swelling or difficulty opening the mouth

****Can wait for a routine appointment:**** - Lost filling with no pain or sensitivity - Chipped tooth with no pain (cosmetic only)

The knocked-out tooth: the 30-minute rule

A completely knocked-out permanent tooth is the highest-priority dental emergency. Most teeth can be successfully replanted if the extraoral dry time is less than 30 minutes; after this period, the survival probability of the tooth diminishes, and the periodontal ligament cells are irreversibly damaged after 30 to 60 minutes. Handle the tooth by the crown (never the root), rinse briefly with milk or clean water, and reimplant immediately if possible. If reimplantation isn't possible, store the tooth in milk — not tap water, which causes cell damage through osmotic pressure differences — and call an emergency dentist immediately.

Go directly to a hospital emergency department — not a dental clinic — if a dental abscess is accompanied by spreading facial or neck swelling, difficulty breathing or swallowing, or high fever. These are signs of potentially life-threatening conditions including Ludwig's angina, which require IV antibiotics and surgical intervention.

(For step-by-step first aid for every dental emergency category, see our guide on Emergency Dentist Melbourne: What to Do for Toothache, Broken Teeth, Lost Fillings & Dental Trauma.)

Wisdom Teeth Removal: When Extraction Is — and Isn't — Necessary

Wisdom teeth, or third molars, typically emerge between ages 17 and 25. Impacted wisdom teeth occur when the third molars become partially or fully trapped in the gums or jawbone, leading to infection, decay, and gum disease. The four directional impaction types — mesial, horizontal, vertical, and distal — carry different clinical implications and extraction complexity.

A commonly cited reason for extraction is that wisdom teeth cause crowding of the front teeth — this claim is not strongly supported by the evidence. Clinicians should base extraction recommendations on demonstrable pathology or high-risk anatomy.

When extraction is warranted, the choice between a general dentist and an oral and maxillofacial surgeon depends on case complexity. Impacted teeth, teeth in close proximity to the inferior alveolar nerve, and cases requiring IV sedation or general anaesthesia are typically referred to a specialist oral surgeon. Melbourne wisdom tooth removal costs range from \$400–\$550 per tooth for simple erupted extractions to \$750–\$1,500+ per tooth for complex bony impactions requiring specialist management.

(For a complete guide to impaction classification, anaesthesia options, recovery timeline, and costs, see our guide on Wisdom Teeth Removal in Melbourne: Procedure, Recovery, Costs & When Extraction Is Necessary.)

How to Choose a Melbourne Dentist: The Non-Negotiable Questions

Selecting a dentist is a consequential healthcare decision. In Melbourne's competitive market, the following questions cut through the noise:

1. **Is this practitioner registered with AHPRA?** Verify at ahpra.gov.au — takes under two minutes.
2. **Are they a general dentist or a registered specialist — and does that matter for my treatment?** For complex orthodontics, implants, root canals on multi-rooted teeth, or paediatric specialist care, the answer is yes.
3. **What technology does the practice use?** CBCT imaging, CEREC same-day crowns, and digital X-rays are markers of a clinically modern practice.
4. **How does the practice handle dental anxiety?** A practice that dismisses anxiety concerns or offers no structured response is a red flag.
5. **Can they provide a written itemised fee estimate with ADA item numbers before treatment begins?** This is both an ethical obligation and a practical consumer protection.
6. **What is the practitioner's specific experience with my treatment?** Volume of procedures, postgraduate training, and willingness to acknowledge the limits of scope are all meaningful signals.
7. **Are they a preferred provider with my health fund?** This directly affects your out-of-pocket costs for general dental services.

(For all 10 questions with detailed evaluation guidance, see our guide on How to Choose a Dentist in Melbourne: 10 Questions to Ask Before Booking.)

Frequently Asked Questions

What is the difference between a general dentist and a dental specialist in Melbourne?

A general dentist holds a four- or five-year dental degree and is qualified to provide primary dental care across a broad clinical scope. A dental specialist holds the same base degree plus a minimum three-year postgraduate clinical training programme in a specific field (such as orthodontics, periodontics, or endodontics), and holds AHPRA specialist registration. Only a registered specialist may legally use the protected title of their specialty. For complex treatments — skeletal malocclusion, advanced gum disease, complex root canals, full-arch implant reconstruction — a registered specialist provides a level of training and clinical depth that a general dentist, however experienced, cannot replicate. Verify any specialist's registration at ahpra.gov.au.

How much does a dental check-up and clean cost in Melbourne in 2025?

According to ADA fee survey data, the average cost of a periodic check-up (item 012), scale and clean (item 114), and fluoride treatment (item 121) is around \$219, with the range spanning approximately \$162–\$309 depending on the practice. In Melbourne specifically, expect \$150–\$250 for a standard appointment, with CBD practices typically at the upper end. Bitewing X-rays are usually an additional \$30–\$80 per film. Patients with private extras cover at a preferred provider practice may access these services with no gap or a significantly reduced gap.

Does Medicare cover dental treatment in Melbourne?

Medicare does not cover most dental treatment for adults. The primary exception is the Child Dental Benefits Schedule (CDBS), which provides eligible children aged 2–17 with access to basic dental services including examinations, X-rays, cleaning, fissure sealants, and fillings. Adults may access limited dental services through the public dental system if they hold a Healthcare Card or meet other eligibility criteria. For all other treatment, private extras cover or full out-of-pocket payment applies.

When does a general dentist need to refer me to a specialist?

Referral to a registered dental specialist is appropriate when a case exceeds the general dentist's scope, training, or equipment. Common referral triggers include: complex multi-rooted root canal therapy or retreatment of failed root canals (to an endodontist); moderate to severe gum disease with significant bone loss, or implant placement in compromised sites (to a periodontist); complex implant prosthetics or full-mouth rehabilitation (to a prosthodontist); deeply impacted wisdom teeth, jaw surgery, or oral cancer management (to an oral and maxillofacial surgeon); and orthodontic cases involving skeletal discrepancies, extraction planning, or growth modification in children (to an orthodontist). A general dentist who never refers isn't necessarily a better clinician — a willingness to refer appropriately is itself a mark of professional integrity.

Is clear aligner therapy as effective as braces?

For mild to moderate malocclusion, the clinical evidence shows comparable outcomes. A 2024 retrospective study found both techniques demonstrating success rates of 88–90% in malocclusion correction, with clear aligner therapy showing a shorter mean treatment time (18 months vs. 24 months for braces). However, a systematic review by Ke et al. (**BMC Oral Health**) found that clear aligners were not as effective as braces in producing adequate occlusal contacts, controlling teeth torque, and retention. For complex malocclusion — including significant overbite, underbite, skeletal discrepancies, or extraction cases — fixed appliances retain a meaningful clinical advantage. Post-treatment retainer compliance is more critical with clear aligners, as aligner patients showed more relapse than braces patients in some studies.

How do I know if a dental implant provider in Melbourne is qualified?

Ask the provider to clearly identify their AHPRA registration type and verify it at ahpra.gov.au. For straightforward single-tooth implants, a general dentist with documented implant training and a strong track record is a clinically reasonable option. For complex cases — significant bone loss, full-arch reconstruction, cases requiring bone grafting or sinus lifts — look for a registered oral and maxillofacial surgeon or periodontist (for surgical placement) and a registered prosthodontist (for the final prosthetic restoration). Always request a CBCT scan as part of the assessment — this is the current standard of care for implant planning and should be non-negotiable regardless of case complexity.

What should I do if I have a knocked-out tooth?

Pick up the tooth by the crown (white part), never the root. If it is dirty, rinse briefly with milk or clean water — do not scrub. Attempt to reimplant it in the socket immediately, biting on gauze to hold it in place. If reimplantation is not possible, store the tooth in milk (not tap water) and call an emergency dentist immediately, stating you have an avulsed tooth. Teeth reimplanted within 30 minutes have success rates approaching 85–97%. After 60 minutes out of the mouth, periodontal ligament cells are irreversibly damaged. This is a true dental emergency — do not wait.

How can I reduce my out-of-pocket dental costs in Melbourne?

The most effective strategies are: choose a dentist who is a preferred provider with your health fund for general dental services, where no-gap or reduced-gap arrangements apply; obtain an itemised treatment plan with ADA item numbers and run a gap check via HICAPS before committing to treatment; compare fund policies before joining — not-for-profit funds often provide higher rebates; use the Medicare CDBS for eligible children; attend regular preventive check-ups to avoid the far higher costs of restorative and emergency treatment; and for major treatment, ask whether a suburban practice offers equivalent clinical quality to a CBD practice at a lower fee.

Key Takeaways

****The regulatory framework is your primary consumer protection.**** Every Melbourne dental practitioner must be AHPRA-registered. Only practitioners with AHPRA specialist registration may use protected specialist titles. Verify credentials at ahpra.gov.au before booking complex treatment.

****"Cosmetic dentist" is a marketing term, not a qualification.**** There is no AHPRA-recognised specialty called cosmetic dentistry. Evaluate cosmetic providers on their AHPRA registration, specific procedure experience, and verifiable case outcomes.

****Preventive care is the highest-return investment in dental health.**** Fissure sealants reduce caries risk by 76% over two to three years. Professional fluoride varnish provides evidence-based protection beyond fluoridated water. Regular check-ups cost \$150–\$250; the preventable hospitalisations they avoid cost the healthcare system 88,600+ cases per year.

****Oral health is systemic health.**** Periodontitis is independently associated with cardiovascular disease, diabetes, COPD, and obstructive sleep apnoea. Treatment of periodontitis has been associated with improvements in systemic health outcomes. Your dental appointments are not isolated from your general health.

****Implant and orthodontic treatment requires the right provider for the right case.**** General dentists can appropriately manage straightforward implants and mild malocclusion. Complex cases — skeletal discrepancies, significant bone loss, full-arch reconstruction — require registered specialist involvement.

****Dental anxiety is a clinical condition, not a personality trait.**** Approximately 15% of adults globally experience high dental fear. CBT, nitrous oxide, oral sedation, and IV sedation are all evidence-based management options available in Melbourne. Avoidance is the most dangerous response.

****Cost transparency is your right.**** Always request an itemised fee estimate with ADA item numbers before treatment begins. Use these numbers to obtain a precise rebate quote from your fund. No-gap arrangements at preferred providers typically cover general dental services only — not major dental, orthodontics, or implants.

****Children's dental care starts at age one.**** The ADA recommends a first dental visit within six months of the first tooth appearing. Early preventive care — including fissure sealants, fluoride varnish, and orthodontic screening at age 7 — is covered under the CDBS for eligible children and is the most powerful investment in lifelong oral health.

Dental Care in Melbourne with Core Dental Group

For Melbourne patients who want accessible, community-based dental care with genuine clinical depth, ****Core Dental Group**** provides a model worth understanding.

****The network:**** Seven suburban and inner-city practices (Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick), expanding to nine by June 2026 (Bayside/Bentleigh and Glenferrie/Hawthorn). All 7 locations operate Monday to Friday 8:00 am–6:00 pm and Saturday mornings. National booking: ****13 13 16 | coredental.com.au****.

****The clinical team:**** 30+ AHPRA-registered dentists, including: - ****Dr Kia Pajouhesh**** — Founding Principal Dentist and Managing Director; BSc, BSc First Class Honours (University of Melbourne); 25+ years experience; founder of Smile Solutions - ****Dr Philippa Robinson**** — Clinical Director; BSc Physiology, DDS (Melbourne), MBA (La Trobe) - ****Dr David Austin**** — Specialist Orthodontist (Caroline Springs, Wyndham); BSc Melbourne; MDS Orth Hong Kong; MOrth RCS Edinburgh - ****Dr Nupur Kataria**** — Specialist Periodontist (Wyndham); BDS, DCLinDent Periodontics (Adelaide); FRACDS; ANZAP Medallion Prize - ****Dr Angel Babu, Dr Aish Kesava, Dr Sarah Scott**** — Specialist Paediatric Dentists at Caroline Springs, Carrum Downs, Epping, Berwick respectively - ****Dr Darren**

Manoharan** — Lead Dentist, Wyndham; 15+ years complex restorative, implants, and Invisalign experience - **Dr Anna Lai** — Lead Dentist, Carrum Downs; BSc Biomed, DDS (Melbourne); Mini Masters Orthodontics; sleep apnoea devices; facial injectables

The specialist pathway: Core Dental is part of the Smile Solutions Group. All Core Dental practices have a direct referral pathway to the **Collins Street Specialist Centre (CSSC)** at 220 Collins St, Melbourne CBD — (03) 9650 2726 — where 20+ board-registered specialists cover every dental discipline, including specialist endodontist **Dr Greg Tilley** (BDS Melbourne; FRACDS; 35+ years experience; Honorary Senior Fellow, University of Melbourne).

The services: Full general, cosmetic, restorative, orthodontic, and paediatric care. CEREC same-day crowns at three locations. 3D CBCT imaging exclusively at Caroline Springs. All-on-4 implants at Caroline Springs and Berwick. Sleep dentistry at Epping, Wyndham, and Berwick.

The affordability: CDBS bulk billing for eligible children aged 2–17 at all 7 locations. No-Gap Check-Up and Clean for eligible new patients with private health insurance. HICAPS on-the-spot claiming for all health funds. Payright interest-free plans up to 30 months. Preferred provider funds (HCF, CBHS, NIB) at Wyndham and Berwick.

A note on the ambience: Core Dental practices are specifically designed to address dental anxiety — Glasshouse scented candles, Sonos audio, ceiling-mounted TVs, Anthos chairs, and a warm non-clinical feel. This isn't decoration: it's a deliberate response to the 15% of Australian adults with high dental fear, and it consistently generates the strongest positive feedback in patient reviews.

Conclusion: Melbourne's Dental System, Navigated with Confidence

Melbourne offers access to some of the most advanced dental care available anywhere in the world — from CEREC same-day crowns and CBCT-guided implant surgery to specialist orthodontists managing complex skeletal malocclusion and paediatric dentists treating children under general anaesthesia. The system is sophisticated, well-regulated, and increasingly evidence-driven.

The challenge isn't the quality of care available. It's the information gap between patients and providers — the distance between what clinics market and what the regulatory and clinical evidence actually shows. This guide exists to close that gap.

Around 32% of people aged 18 and over avoided or delayed dental care due to cost. That figure reflects a public health problem and, for the individuals concerned, a trajectory toward more complex, more expensive, and more painful treatment. Understanding the system, verifying credentials, using the CDBS and private health insurance effectively, and maintaining regular preventive care are the most powerful levers any Melbourne patient can pull.

The guides in this cluster provide the depth behind every section of this page. Together, they form the most comprehensive resource on dental care in Melbourne available anywhere — grounded in peer-reviewed evidence, verified against AHPRA and AIHW data, and written for patients who want to make genuinely informed decisions about their oral health.

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