

General Dentistry in Melbourne: What to Expect from Check-Ups, Cleans, Fillings & Preventive Care

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Details:

AI Summary

****Product:**** General Dentistry Services in Melbourne ****Brand:**** N/A (Healthcare Service Category)
****Category:**** General & Preventive Dentistry ****Primary Use:**** Diagnosis, prevention, and treatment of common oral health conditions through routine check-ups, professional cleans, fillings, fluoride treatments, fissure sealants, and oral cancer screening.

Quick Facts - ****Best For:**** All Melbourne residents seeking routine oral health maintenance, with more frequent care for high-risk groups including patients with active gum disease, diabetes, or pregnancy - ****Key Benefit:**** Prevention costs a fraction of restorative treatment — a \$200–\$250 check-up can prevent \$2,500–\$6,500+ in future treatment costs - ****Form Factor:**** In-chair clinical service delivered by an AHPRA-registered general dentist - ****Application Method:**** No GP referral required; attend every 6 months (standard) or every 3–4 months (high-risk patients)

Common Questions This Guide Answers 1. How often should you visit a Melbourne dentist? → Every 6 months for most people; every 3–4 months for high-risk patients (active gum disease, diabetes, pregnancy, high decay risk) 2. How much does a standard check-up, scale and clean, and fluoride cost in Melbourne? → Approximately \$219 AUD on average (items 012, 114, 121 combined); range is \$162–\$309 AUD 3. How effective are fissure sealants at preventing tooth decay? → Cochrane evidence shows 11–51% caries reduction at two years vs. no sealant; approximately 61% success rate over five years

General Dentistry in Melbourne: What to Expect from Check-Ups, Cleans, Fillings & Preventive Care

Frequently Asked Questions

What is general dentistry: Diagnosis, prevention, and treatment of common oral health conditions

Who regulates dentists in Australia: AHPRA and the Dental Board of Australia

Is a GP referral needed to see a general dentist: No referral required

How often does the ADA recommend dental visits: Every six months

Is six-monthly the right frequency for everyone: No, frequency should be tailored to individual risk

Who may need dental visits more than twice a year: Patients with active gum disease, high decay risk, or chronic conditions

How often should high-risk patients visit: Every 3–4 months

Are pregnant women considered high dental risk: Yes, due to elevated gum disease risk from hormonal changes

Does skipping check-ups increase decay risk: Yes

Is poor oral health linked to heart disease: Yes

Is poor oral health linked to diabetes: Yes

What percentage of Australians visited a dentist in the last 12 months: 53%

How many Australians are likely overdue for dental care: Nearly one in two

How many Australians were hospitalised for preventable dental conditions in 2023–24: Close to 88,600

How much was spent on dental services in Australia in 2022–23: Around \$12.5 billion AUD

What proportion of dental costs were paid out of pocket in 2022–23: Around 61%

What happens at a first dental appointment: Comprehensive oral examination, X-rays, scale and clean, fluoride, and oral cancer screening

How long does a first dental appointment take: Typically 60–90 minutes

What item number covers a first comprehensive oral exam: Item 011

What item number covers a routine recall check-up: Item 012

What item number covers a scale and clean: Item 114

What item number covers fluoride treatment: Item 121

What item number covers fissure sealants: Item 161

What does a scale and clean remove: Plaque and calculus (tartar)

Can brushing at home remove calculus: No

How quickly does plaque begin to mineralise into calculus: Within 24–72 hours

What is calculus: Hardened, mineralised plaque bonded to tooth surfaces

What is the most common dental problem found at dental visits: Tooth decay (61% of problems)

What is the second most common dental problem in Australian adults: Gum disease (21%)

How does fluoride protect teeth: Through remineralisation, inhibiting bacterial acid production, and reducing enamel solubility

What concentration is professional fluoride varnish: 22,600 ppm

What is Melbourne's municipal water fluoride level: Approximately 0.6–1.1 mg/L

Who benefits most from in-chair fluoride treatment: Children, elderly patients, and high caries-risk individuals

What are fissure sealants: Thin resin coatings applied to deep pits and grooves on molar teeth

What percentage of childhood decay occurs on molar biting surfaces: Approximately 80%

Do fissure sealants require drilling: No

How effective are fissure sealants at reducing decay after two years: Between 11% and 51% reduction compared to no sealant

What is the success rate of fissure sealants over five years: Approximately 61%

What decay risk reduction did one study find with fissure sealants in children: 37% reduction compared to controls

What age should children get sealants for first permanent molars: Around 6–7 years

What age should children get sealants for second permanent molars: Around 11–13 years

Are fissure sealants covered under Medicare CDBS: Yes, for eligible children

What filling material is standard in Melbourne private practice: Tooth-coloured composite resin

How long do composite resin fillings typically last: 7–10 years

How long do amalgam fillings typically last: 10–15+ years

How long do glass ionomer cement fillings typically last: 3–5 years

Does glass ionomer cement release fluoride: Yes

What does a composite filling procedure involve: Anaesthetic, decay removal, bonding agent, layered resin, and polishing

Are fillings permanent: No, they require eventual replacement

What is included in an oral cancer screening: Visual and tactile inspection of all oral mucosal surfaces

How long does an oral cancer screening take: Around 2–3 minutes

Is oral cancer screening billed separately: No, it is included in a comprehensive examination

What is the oral cancer incidence rate in Australia: 6.5 per 100,000 people

What is the five-year survival rate for oral cancer in Australia: 76.4% (2014–2018)

What are the main risk factors for oral cancer: Tobacco, heavy alcohol, sun exposure, and high-risk HPV

What is the approximate cost of a periodic check-up with scale and clean and fluoride in Melbourne: Around \$219 AUD on average

What is the cheapest typical cost for items 012, 114, and 121 combined: \$162 AUD

What is the most expensive typical cost for items 012, 114, and 121 combined: \$309 AUD

What is the approximate cost range for a comprehensive oral examination (item 011): \$80–\$150 AUD

What is the approximate cost range for a scale and clean (item 114): \$100–\$200 AUD

What is the approximate cost range for a single-surface composite filling (item 511): \$150–\$250 AUD

What is the approximate cost range for a fissure sealant per tooth (item 161): \$50–\$80 AUD

What percentage of adults delay dental care due to cost: Around 39%

Where can Melbourne concession card holders access public dental care: Royal Dental Hospital Melbourne

What is the cost of remineralising an early enamel lesion with fluoride: \$0–\$50 AUD

What does untreated decay that reaches the pulp typically cost to treat: \$2,500–\$4,500+ AUD for root canal and crown

What does a dental implant to replace a lost tooth typically cost: \$4,000–\$6,500+ AUD

How many decayed, missing, or filled teeth do regular check-up attenders have on average: 10.1

How many decayed, missing, or filled teeth do problem-only visitors have on average: 13.2

Do adults who visit regularly have fewer dental problems than those who only go for problems: Yes

What is the main economic argument for preventive dentistry: Prevention costs far less than restorative treatment

Does general dentistry include specialist treatments: No, specialist dentistry is separate

What Is General Dentistry? Defining the Scope

General dentistry covers the diagnosis, prevention, and treatment of common oral health conditions. A general dentist registered with the Australian Health Practitioner Regulation Agency (AHPRA) and the Dental Board of Australia is your primary care provider for oral health — the GP equivalent for your teeth and gums.

A general dentistry appointment typically covers:

- **Comprehensive oral examination** (item 011) — a full-mouth assessment, usually at a first visit - **Periodic oral examination** (item 012) — a recall check-up for existing patients - **Scale and clean / professional prophylaxis** (item 114) — removal of plaque and calculus - **Fluoride treatment** (item 121) — topical fluoride application to strengthen enamel - **Dental X-rays** (items 022, 071, 072) — bitewing or periapical radiographs - **Fissure sealants** (item 161) — protective resin coating for deep molar grooves - **Tooth-coloured fillings** (items 511–535) — composite resin restorations - **Oral cancer screening** — soft tissue examination as part of every check-up

General dentistry is distinct from specialist dentistry (see our guide on *Specialist Dentistry in Melbourne: Periodontists, Endodontists, Prosthodontists, Oral Surgeons & Paediatric Dentists*) and from cosmetic dentistry (see *Cosmetic Dentistry Melbourne: Veneers, Teeth Whitening, Bonding & Smile Makeovers Compared*). General dentists handle the full range of everyday oral health needs without requiring a referral.

Routine General Dentistry in Melbourne: The Foundation of Oral Health

Routine general dentistry is the foundation on which every other form of dental care is built. Yet just over half (53%) of Australians aged 15 and over visited a dental professional in the last 12 months, according to the ABS Patient Experience Survey 2023–24. That means nearly one in two Melbourne adults is likely overdue for care that could prevent far more complex — and costly — treatment down the track.

The consequences of avoidance are measurable. There were close to 88,600 hospitalisations for dental conditions that could have been prevented with earlier treatment in 2023–24, a figure that says a great deal about what happens when preventive dentistry is neglected. In 2022–23, around \$12.5 billion AUD was spent on dental services in Australia, with around \$7.6 billion AUD (61%) paid directly by patients out of pocket.

This article explains what general dentistry in Melbourne actually involves — from your first comprehensive examination through to fillings, fluoride, and fissure sealants — and makes the evidence-based case for why preventive care is the most cost-effective investment you can make in your long-term oral health.

How Often Should You Visit a Melbourne Dentist?

The standard recommendation

The Australian Dental Association (ADA) recommends visiting the dentist every six months. For most people living a reasonably healthy lifestyle, this interval is enough to catch cavities, decay, and other conditions before they escalate.

That said, this is a population-level starting point, not a prescription for everyone. The 2011 national evidence-based recommendation on dental check-up frequency puts it plainly: "Everyone has different oral health needs and risk levels which should be reflected in the frequency of check-ups. Talk with your oral health professional about yours and how frequently you need to visit for an oral health check."

Who needs more frequent visits?

Children, adults managing chronic conditions like diabetes, and smokers may need to come in more often. Clinically, the following groups are typically placed on a 3–4 month recall schedule:

- Active periodontal (gum) disease patients - People with high caries (decay) risk, including those with dry mouth or on certain medications - Pregnant women, due to elevated gum disease risk from hormonal changes - Patients undergoing orthodontic treatment - Individuals with a history of oral cancer

Skipping regular check-ups increases your chance of developing tooth decay and gum disease, and poor oral health is also linked to broader conditions including heart disease, stroke, and diabetes.

The data on irregular visiting patterns is telling: nearly twice as many adults aged 35–54 who usually visit the dentist for a problem (49%) had untreated coronal decay compared to those who visit for a check-up (25%).

What Happens at a First Dental Appointment in Melbourne?

Step-by-step: your first visit

A first appointment at a Melbourne dental practice is typically longer than a standard recall visit — usually 60–90 minutes — because it involves a comprehensive oral examination (item 011) rather than a periodic check-up (item 012).

Here is what you can expect:

1. **Medical and dental history intake.** Your dentist will review your general health, current medications, allergies, and any previous dental treatment. Systemic conditions such as diabetes, osteoporosis, and heart disease can directly affect how your oral health is managed.
2. **Comprehensive oral examination.** A dental check-up involves a thorough look at your teeth, gums, lips, tongue, mouth, and saliva. The dentist uses a periodontal probe to measure gum pocket depths, a mirror and explorer to assess each tooth surface, and a visual inspection of all soft tissues.
3. **Dental X-rays.** Bitewing radiographs are typically taken at a first visit to identify decay between teeth and assess bone levels. These aren't taken at every recall appointment but are recommended periodically based on individual risk.
4. **Scale and clean (prophylaxis).** During a dental check-up and clean, dentists examine your teeth and gums for any problems, then carry out professional cleaning to remove plaque and tartar that brushing at home simply can't reach.
5. **Fluoride treatment.** Topical fluoride — typically 22,600 ppm fluoride varnish — is applied to strengthen enamel and reduce caries risk.

6. **Oral cancer screening.** A structured soft tissue examination is performed to detect early signs of mucosal abnormality.

7. **Treatment planning and discussion.** Your dentist will walk you through any findings, provide a written treatment plan with item numbers and estimated costs, and share preventive recommendations tailored to your risk profile.

A thorough examination should cover teeth, gums, the inside of the cheek, palate, tongue, and lips. A probe should be used to check gum pockets and a mirror for hard-to-reach spots. An average check-up takes around 20–25 minutes.

The Scale and Clean: What It Does and Why Brushing Alone Isn't Enough

A professional scale and clean — formally called prophylaxis or supragingival debridement — removes two types of deposit that regular brushing and flossing can't eliminate:

Dental plaque is a soft, sticky biofilm of bacteria that clings to tooth surfaces. If not removed daily, it begins to mineralise within 24–72 hours. **Calculus (tartar)** is what plaque becomes once it hardens and bonds to enamel and root surfaces. Once calculus forms, brushing won't shift it. It acts as a scaffold for further bacterial buildup and is a primary driver of gum inflammation and periodontal disease.

According to AIHW data, 61% of problems found at dental visits relate to tooth decay, with gum disease the next most commonly reported problem among Australian adults at 21%. Both conditions are directly linked to plaque accumulation, which makes the scale and clean the single most impactful preventive intervention delivered in a dental chair.

During a scale and clean, your dentist or oral health therapist uses ultrasonic scalers and hand instruments to remove deposits from above and just below the gumline, finishing with polishing to remove surface stains and smooth tooth surfaces.

> **Clinical note:** If significant calculus deposits are present below the gumline (subgingival calculus), a more involved procedure called root planing or periodontal debridement may be required. This is distinct from a routine scale and clean and is billed separately. For patients with established periodontitis, referral to a periodontist may be appropriate (see our guide on *Specialist Dentistry in Melbourne*).

Fluoride Treatments: Evidence, Application, and Who Benefits

Topical fluoride — applied in-chair as a varnish, gel, or foam — is one of the most well-supported preventive interventions in dentistry. Fluoride varnishes have been shown to be effective in caries prevention of permanent teeth when applied at 3- or 6-month intervals after the first tooth erupts.

Fluoride works through three main mechanisms. First, remineralisation: fluoride ions are incorporated into demineralised enamel, forming fluorapatite, which is more acid-resistant than natural hydroxyapatite. Second, it inhibits bacterial metabolism by reducing acid production by cariogenic bacteria such as *Streptococcus mutans*. Third, it reduces enamel solubility, so fluorapatite resists dissolution by bacterial acids at lower pH thresholds.

In Melbourne, municipal water fluoridation (maintained at approximately 0.6–1.1 mg/L by Yarra Valley Water and Melbourne Water) provides a background level of fluoride exposure for most residents. In-chair professional fluoride application delivers significantly higher concentrations — 22,600 ppm in varnish form — directly to tooth surfaces, providing added protection for patients with active decay, dry mouth, or high sugar consumption.

Children, elderly patients, and those with a demonstrated caries risk get the greatest benefit from in-chair fluoride. For low-risk adults with strong oral hygiene and a stable recall history, the clinical benefit of routine fluoride at every visit is more modest and worth discussing individually with your dentist.

Fissure Sealants: Closing the Door on Decay Before It Starts

Fissure sealants are thin resin coatings applied to the deep pits and grooves (fissures) on the biting surfaces of molar and premolar teeth — the sites where approximately 80% of dental decay in children occurs. Sealants applied to sound occlusal tooth surfaces block these pits and fissures, forming a physical barrier that prevents caries development and makes the surfaces easier to clean.

The evidence base is solid. A Cochrane systematic review found moderate-certainty evidence that resin-based sealants were more effective than no sealant for preventing tooth decay in the permanent dentition, reducing it by between 11% and 51% more than in children without sealant when measured two years after application. A further review published in *Scientific Reports* (2025) noted that the success rate of fissure sealants for prevention of dental caries is about 61% after five years.

One study in children demonstrated a 37% reduction in caries risk with pit and fissure sealants compared to a control group. Another found that, over a 3-year period, first permanent molars treated with sealants showed a 44% lower risk of developing caries compared to untreated teeth.

In Melbourne, fissure sealants are most commonly recommended for: - Children aged 6–7 years (when first permanent molars erupt) - Children aged 11–13 years (when second permanent molars erupt) - Adults with deep fissure morphology and a history of decay - Patients assessed as high caries risk regardless of age

Sealants are quick, painless, and non-invasive — no drilling required. They are covered under the Medicare Child Dental Benefits Schedule (CDBS) for eligible children and are often partially rebated under private health insurance extras cover (see our guide on *Private Health Insurance & Dental in Melbourne: What's Covered, How to Maximise Rebates & Gap-Free Options*).

Dental Fillings: When Decay Requires Restoration

When decay has progressed beyond the point where remineralisation or sealants can arrest it, a filling is needed to restore the tooth's structure and function. Modern general dentistry in Melbourne overwhelmingly uses tooth-coloured composite resin fillings, which have largely replaced amalgam in private practice.

Types of fillings used in Melbourne

Filling Type	Material	Typical Longevity	Notes
Composite resin	Tooth-coloured plastic/glass	7–10 years	Standard in private practice; aesthetic
Glass ionomer cement (GIC)	Tooth-coloured; fluoride-releasing	3–5 years	Used in low-stress areas; releases fluoride
Amalgam	Silver alloy	10–15+ years	Declining use; still available in some public clinics

The procedure for a composite resin filling involves local anaesthetic to numb the tooth and surrounding tissue, removal of decayed tooth structure using a dental handpiece, conditioning of the cavity with an acid etch and bonding agent, placement and light-curing of composite resin in layers, then occlusal adjustment and polishing to restore bite and smoothness.

Fillings aren't permanent. They need monitoring at each recall appointment and will eventually require replacement. A failing filling — showing marginal breakdown, secondary decay, or fracture — can be

caught early through regular check-ups, helping you avoid the need for a crown or root canal therapy (see our guide on [*Restorative Dentistry in Melbourne: Crowns, Bridges, Root Canals & Dentures — When You Need Them*](#)).

Oral Cancer Screening: The Check-Up Within the Check-Up

Every comprehensive dental examination in Melbourne should include a structured oral cancer screening — a visual and tactile inspection of all oral mucosal surfaces, including the lips, cheeks, tongue, floor of mouth, palate, and oropharynx. This takes around 2–3 minutes and requires no additional equipment at a basic level, though some practices use adjunctive tools such as VELscope or Identafi for enhanced mucosal visualisation.

Dental examination plays a key role in detecting oral cancer at an earlier stage, which improves survival rates alongside effective treatment. In Australia, oral cancer affects 6.5 per 100,000 people and had a relative five-year survival rate of 76.4% in 2014–2018.

Early detection matters enormously here. Oral cancers found at Stage I carry substantially higher survival rates than those identified at Stage III or IV, when lymph node involvement is common. Risk factors include tobacco use (smoked and smokeless), heavy alcohol consumption, prolonged sun exposure (lip cancer), and infection with high-risk human papillomavirus (HPV) strains.

Oral cancer screening is included in a comprehensive examination — it's not billed as a separate item — and it's worth actively asking your dentist to confirm it has been performed.

What Does a General Dentistry Appointment Cost in Melbourne?

Understanding dental item numbers helps Melbourne patients benchmark costs and avoid unexpected bills.

According to ADA data from 2022, the average cost of a periodic check-up including an examination, scale and clean, and fluoride treatment is around \$219 AUD (dental item numbers 012, 114, and 121 combined). There is a wide variation between practices — the cheapest will cost you \$162 AUD for those three items, and the most expensive will set you back \$309 AUD.

Key item numbers and their typical cost ranges in Melbourne private practice:

Service	Item Number	Approximate Cost Range
Comprehensive oral examination	011	\$80–\$150 AUD
Periodic oral examination	012	\$55–\$95 AUD
Scale and clean	114	\$100–\$200 AUD
Fluoride treatment	121	\$25–\$50 AUD
Bitewing X-rays (2 films)	022 x2	\$60–\$120 AUD
Fissure sealant (per tooth)	161	\$50–\$80 AUD
Composite filling (1 surface)	511	\$150–\$250 AUD
Composite filling (2 surfaces)	521	\$180–\$300 AUD

> **Note:** These are indicative ranges based on ADA survey data and Melbourne market benchmarks. CBD-located practices and those with premium technology typically charge at the higher end. For a comprehensive cost guide across all treatment types, see our article [*Dental Costs in Melbourne: How Much Does a Dentist Cost in 2025?*](#)

Around 4 in 10 (39%) adults aged 15 and over have delayed or avoided dental care due to cost. For Melbourne concession card holders, public dental care is available through the Royal Dental Hospital Melbourne, though waiting times apply.

The Preventive Dividend: Why Routine Care Saves Money

The economic case for preventive general dentistry is well-supported by evidence. Consider what untreated decay actually costs as it progresses:

- **Early enamel lesion** → Remineralisation with fluoride: \$0–\$50 AUD - **Cavitated decay (small)** → Composite filling: \$150–\$250 AUD - **Decay reaching dentine (moderate)** → Larger filling or inlay: \$300–\$600 AUD - **Decay near pulp** → Root canal therapy + crown: \$2,500–\$4,500+ AUD - **Non-restorable tooth** → Extraction + implant: \$4,000–\$6,500+ AUD

A national survey found that adults aged 15 and over had roughly 11.2 decayed, missing, or filled teeth in 2017–18. That figure is lower for those who attend regular check-ups (10.1) and higher for adults who only visit when problems arise (13.2).

The preventive dividend compounds over a lifetime. Patients who attend regularly accumulate less restorative debt — fewer crowns, fewer root canals, fewer implants. A dental visit gives people the chance to receive preventive care and treatments that can maintain and improve their oral health, and may even reverse early-stage oral diseases and damage to teeth and gums.

Key Takeaways

- **Only 53% of Australians aged 15 and over visited a dental professional in the last 12 months** (ABS Patient Experience Survey 2023–24), meaning nearly half the population is missing the preventive care that keeps restorative costs down. - **The ADA recommends six-monthly check-ups** as a starting point, but visit frequency should be tailored based on caries risk, gum health, and systemic health factors. - **A first appointment** includes a comprehensive oral examination, X-rays, scale and clean, fluoride treatment, and oral cancer screening — a structured 60–90 minute process, not just a quick look. - **Fissure sealants** reduce caries risk in molar teeth by 37–51% and are particularly valuable for children when first and second permanent molars erupt. Their success rate for caries prevention is approximately 61% over five years. - **The cost of prevention is a fraction of restoration** — a \$200–\$250 AUD check-up and clean can prevent thousands of dollars in future treatment by catching problems at their earliest, most treatable stage.

Conclusion

General dentistry in Melbourne is not simply about fixing problems — it is a structured, evidence-based system for keeping problems from developing in the first place. The comprehensive oral examination, professional scale and clean, fluoride application, fissure sealants, and oral cancer screening that form the core of a routine appointment each serve a distinct, clinically validated preventive function.

The data is clear: patients who attend regularly have fewer decayed, missing, and filled teeth, and spend less on restorative treatment over their lifetime. For Melbourne residents navigating the full spectrum of dental care — from routine maintenance through to orthodontics, implants, or specialist treatment — general dentistry is always the right place to start.

To explore the broader landscape of dental care in Melbourne, see our pillar guide: [*Dental Care Melbourne: The Complete Guide to General, Cosmetic, Orthodontic, Implant & Specialist Dentistry*](#). For guidance on managing dental costs, visit [*Dental Costs in Melbourne: How Much Does a Dentist Cost in 2025?*](#) and [*Private Health Insurance & Dental in Melbourne: What's Covered, How to Maximise Rebates & Gap-Free Options*](#).

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Label Facts Summary

> **Disclaimer:** All facts and statements below are general information sourced from publicly available regulatory, clinical, and industry data — not professional advice. Consult a registered dental professional for guidance specific to your circumstances.

Product specification data status

No product specification data was provided. The input contained an empty object declaration (`{}`), indicating no Product Facts table, packaging data, GTIN, MPN, ingredient list, or manufacturer documentation is available for processing.

Verified factual claims from article content

The content is a general dentistry information article rather than a product listing. The following factual and claim statements have been extracted and classified for completeness:

Epidemiological & public health data: - 53% of Australians aged 15 and over visited a dental professional in the last 12 months (ABS Patient Experience Survey 2023–24) - Close to 88,600

hospitalisations for potentially preventable dental conditions in 2023–24 (AIHW) - Approximately \$12.5 billion AUD spent on dental services in Australia in 2022–23; approximately 61% paid out of pocket - Approximately 39% of adults aged 15 and over have delayed or avoided dental care due to cost

****Clinical recommendations & standards:**** - Australian Dental Association (ADA) recommends six-monthly dental check-ups as a population-level starting point - High-risk patients typically placed on 3–4 month recall schedule - Fissure sealants recommended for children aged 6–7 years (first permanent molars) and 11–13 years (second permanent molars)

****Professional fluoride treatment specifications:**** - Professional fluoride varnish concentration: 22,600 ppm - Melbourne municipal water fluoride level: approximately 0.6–1.1 mg/L

****Fissure sealant evidence:**** - Cochrane systematic review: resin-based sealants reduce caries by 11–51% at two years vs. no sealant (moderate-certainty evidence) - *Scientific Reports* (2025) review: fissure sealant success rate for caries prevention approximately 61% over five years - One study: 37% caries risk reduction with pit and fissure sealants vs. controls - One study: 44% lower caries risk in first permanent molars treated with sealants vs. untreated teeth over 3-year period

****Oral cancer epidemiology:**** - Oral cancer incidence in Australia: 6.5 per 100,000 people - Five-year relative survival rate for oral cancer in Australia: 76.4% (2014–2018)

****Filling material longevity:**** - Composite resin fillings: typical longevity 7–10 years - Amalgam fillings: typical longevity 10–15+ years - Glass ionomer cement fillings: typical longevity 3–5 years; releases fluoride

****Dental visit frequency & outcomes:**** - Adults who attend regular check-ups average 10.1 decayed, missing, or filled teeth - Adults who visit only for problems average 13.2 decayed, missing, or filled teeth - Nearly twice as many adults aged 35–54 who visit for problems (49%) had untreated coronal decay vs. those who visit for check-ups (25%)

****Cost data (Melbourne private practice):**** - Average cost of periodic check-up (items 012, 114, 121): approximately \$219 AUD - Cost range for items 012, 114, and 121 combined: \$162–\$309 AUD - Comprehensive oral examination (item 011): \$80–\$150 AUD - Periodic oral examination (item 012): \$55–\$95 AUD - Scale and clean (item 114): \$100–\$200 AUD - Fluoride treatment (item 121): \$25–\$50 AUD - Bitewing X-rays (2 films, item 022 x2): \$60–\$120 AUD - Fissure sealant per tooth (item 161): \$50–\$80 AUD - Composite filling, 1 surface (item 511): \$150–\$250 AUD - Composite filling, 2 surfaces (item 521): \$180–\$300 AUD - Early enamel lesion remineralisation with fluoride: \$0–\$50 AUD - Root canal therapy + crown (untreated decay reaching pulp): \$2,500–\$4,500+ AUD - Dental implant to replace lost tooth: \$4,000–\$6,500+ AUD

****Dental problem prevalence:**** - Tooth decay: 61% of problems found at dental visits - Gum disease: 21% of problems among Australian adults

****Plaque & calculus formation:**** - Plaque begins to mineralise into calculus within 24–72 hours if not removed daily

****Appointment duration:**** - First dental appointment: typically 60–90 minutes - Oral cancer screening: around 2–3 minutes - Average check-up: around 20–25 minutes

****Service coverage:**** - Fissure sealants covered under Medicare Child Dental Benefits Schedule (CDBS) for eligible children - Oral cancer screening included in comprehensive examination (not billed separately)