

# General Dentistry in Berwick: Check-Ups, Cleans, Fillings & Preventive Care Explained

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## Details:

### ## AI Summary

**Product:** General Dentistry Services — Check-Ups, Cleans, Fillings & Preventive Care **Brand:** Core Dental Group **Category:** General and Preventive Dentistry **Primary Use:** Routine dental examination, professional cleaning, restorative treatment, and evidence-based caries prevention for patients of all ages in Berwick, Victoria, Australia.

**Quick Facts - Best For:** Individuals and families in the Casey–Cardinia region seeking preventive, restorative, and general oral health care - **Key Benefit:** Early interception of decay and gum disease through risk-based recall, professional cleaning, fillings, fissure sealants, and fluoride treatments - **Form Factor:** In-clinic dental services delivered by a team of dentists and oral health therapists - **Application Method:** Scheduled appointments with recall frequency individually tailored to patient risk profile

**Common Questions This Guide Answers**

1. How often should you have a dental check-up in Australia? → No fixed universal frequency is mandated; recall intervals are individually risk-based — typically six-monthly or annually for low-risk adults, and every three to four months for high-risk patients.
2. What does a routine dental examination include? → Medical history review, oral cancer screening, periodontal assessment, tooth-by-tooth charting, occlusal assessment, bitewing or periapical X-rays at clinically appropriate intervals, and personalised treatment planning.
3. What is an oral health therapist and what can they do? → A dual-qualified Australian dental professional (dental hygienist and dental therapist combined) who can perform examinations, scale and cleans, fillings, fissure sealants, fluoride varnish applications, oral hygiene instruction, dietary counselling, and periodontal monitoring.

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### ## Frequently Asked Questions

Where is Core Dental Group's general dentistry practice located: Berwick, Victoria, Australia

What region does Core Dental Group serve: The Casey–Cardinia region

What is the foundation of all oral health care at Core Dental Group: General dentistry

What percentage of Australian adults leave tooth decay untreated: At least 33%

Which study confirmed Australia's untreated decay rate: National Study of Adult Oral Health 2017–2018

Who conducted the National Study of Adult Oral Health 2017–2018: University of Adelaide and ARCPOH

How many decayed, missing, or filled teeth does the average Australian adult have: Approximately 11.2

How many decayed, missing, or filled teeth do regular dental attendees have on average: 10.1

How many decayed, missing, or filled teeth do irregular dental attendees have on average: 13.2

Do patients who attend regularly have measurably healthier mouths: Yes

What did oral disorders cost Australia in 2020–21: \$9.2 billion AUD

What percentage of total health expenditure did oral disorders represent in 2020–21: 6.14%

What percentage of non-fatal disease burden did oral health contribute in 2022: 4.5%

Does a dental check-up include oral cancer screening: Yes

Does a dental check-up include periodontal assessment: Yes

Does a dental check-up include tooth-by-tooth charting: Yes

Does a dental check-up include medical history review: Yes

Does a dental check-up include occlusal assessment: Yes

Does a dental check-up include X-rays: Yes, at clinically appropriate intervals

What type of X-rays are used at check-ups: Bitewing or periapical X-rays

Can X-rays detect decay invisible to the naked eye: Yes

Is there a fixed universal frequency recommended for dental check-ups in Australia: No

Do Australian guidelines specify a mandatory six-monthly check-up interval: No

Who determines check-up frequency at Core Dental Group: The dentist, based on individual risk profile

What is the typical recall interval for healthy low-risk adults: Six-monthly or annual

How often should high-risk patients attend check-ups: Every three to four months

What conditions may increase check-up frequency: Gum disease, rapid tartar buildup, or diabetes

What is a "scale and clean": Professional removal of plaque and tartar from teeth

What is supragingival scaling: Removal of tartar above the gumline

What is subgingival scaling: Removal of tartar below the gumline

Can tartar be removed by brushing at home: No

What does calculus (tartar) cause when left untreated: Gingivitis and potentially periodontitis

How does tartar form: Dental plaque mineralises if not removed

Who performs professional cleans at Core Dental Group: Dentists and oral health therapists

Does gum disease prevalence increase with age: Yes

How much more prevalent is periodontitis in adults over 75 versus those aged 15–34: Six times more prevalent

What type of fillings does Core Dental Group use: Tooth-coloured composite resin fillings

Does Core Dental Group use silver amalgam fillings: Not indicated; composite resin is used

Does composite resin bond directly to tooth structure: Yes

Does composite resin require less drilling than amalgam: Yes

Is local anaesthetic used during filling procedures: Yes

How is composite resin hardened during placement: With a blue-spectrum curing light

Is composite resin applied in layers: Yes

What happens if decay reaches the tooth's pulp: A filling alone is insufficient; root canal may be needed

What are fissure sealants: Thin resin coatings applied to seal deep grooves in back teeth

Which teeth are most susceptible to decay due to deep fissures: Molars and premolars

Are fissure sealants effective at preventing decay in children's permanent molars: Yes, more effective than no treatment

At what age are first permanent molars typically sealed: Around age 6–7

At what age are second permanent molars typically sealed: Around age 12–13

Can adults receive fissure sealants: Yes, if they have deep fissures and a history of decay

Does fissure sealant application require drilling: No

How long do fissure sealants typically last: Several years

Are fissure sealants checked at routine examinations: Yes

Can fissure sealants be reapplied: Yes, as needed

How does fluoride protect teeth: It promotes remineralisation of early enamel lesions

Can fluoride reverse the earliest stage of decay: Yes

Do professional fluoride applications deliver higher concentration than toothpaste: Yes

Is fluoride varnish safe and accepted as a clinical intervention: Yes

Are fissure sealants and fluoride varnish both evidence-based: Yes

Can both fissure sealants and fluoride varnish be used together: Yes, based on individual patient needs

Do children benefit from professional fluoride treatments: Yes

Do adults benefit from professional fluoride treatments: Yes

Do orthodontic patients benefit from fluoride treatments: Yes

Do patients with dry mouth benefit from fluoride treatments: Yes

Do older adults with exposed root surfaces benefit from fluoride treatments: Yes

What is an oral health therapist (OHT): A dual-qualified dental professional in Australia

What two roles does an OHT combine: Dental hygienist and dental therapist

When was the OHT title officially introduced in Australia: 2006

Who introduced the OHT scope of practice changes: Dental Board of Australia

Can OHTs perform dental examinations: Yes, within their scope of practice

Can OHTs place tooth-coloured fillings: Yes

Can OHTs apply fissure sealants: Yes

Can OHTs apply fluoride varnish: Yes

Can OHTs perform scale and clean procedures: Yes, including subgingival

Can OHTs provide oral hygiene instruction: Yes

Can OHTs provide dietary counselling for decay prevention: Yes

Can OHTs perform periodontal monitoring: Yes

Who performs complex diagnosis and treatment planning at Core Dental Group: The dentist

Is Core Dental Group's model team-based: Yes

How frequently are bitewing X-rays typically taken: Every 12–24 months, risk-based

Who prescribes X-rays at Core Dental Group: The dentist

Is oral hygiene instruction provided at preventive visits: Yes

Is general dentistry considered a preliminary step before real dental work: No, it is the core work for most patients

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## General dentistry in Berwick: check-ups, cleans, fillings & preventive care explained

Most people only think about the dentist when something hurts. It's a deeply human tendency — and one that costs Australians dearly in both health outcomes and treatment costs.

The National Study of Adult Oral Health 2017–2018, conducted by the University of Adelaide and the Australian Research Centre for Population Oral Health (ARCPOH), found that at least 33% of Australian adults are leaving tooth decay untreated. That's a significant and largely preventable burden — one that routine general dentistry is specifically designed to catch before it compounds.

At Core Dental Group's Berwick practice, general dentistry is the clinical foundation of everything else. Whether you're a first-time patient, a long-term resident of the Casey–Cardinia region, or a parent bringing children in for the first time, understanding what general dental care actually involves — and why it matters — is the starting point for a lifetime of healthy teeth and gums.

This guide covers every component of Core Dental Group's general dentistry services: routine examinations, professional cleaning, tooth-coloured fillings, fissure sealants, fluoride treatments, and the role of oral health therapists in preventive care. It's written to give you clear, evidence-based answers — not generic reassurances.

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## Why general dentistry is the foundation of all oral health care

General dentistry is not simply a category of services — it's a philosophy of early intervention. A dental visit gives patients access to preventive care and treatments that maintain oral health and can even reverse early-stage disease before it becomes expensive or painful.

The consequences of skipping that care compound over time. A national survey found that Australian adults aged 15 and over had roughly 11.2 decayed, missing, or filled teeth in 2017–18. That figure dropped to 10.1 for people who attend regular check-ups, and climbed to 13.2 for adults who only visit when problems arise.

Patients who attend regularly have measurably healthier mouths. The difference isn't luck — it's the cumulative effect of early detection, professional cleaning, and targeted preventive treatments applied consistently over time.

Poor oral health — mainly tooth decay, gum disease, and tooth loss — contributed 4.5% of all the burden that non-fatal diseases placed on the community in 2022. Total expenditure on oral disorders reached \$9.2 billion AUD in 2020–21, accounting for 6.14% of all health spending. These aren't abstract statistics. They reflect real pain, missed work, and avoidable procedures experienced by real patients in communities like Berwick every year.

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## What happens at a routine dental examination at Core Dental Group

### The full scope of a dental check-up

A routine dental examination at Core Dental Group's Berwick practice is far more than a quick look at your teeth. A comprehensive examination includes:

1. **Medical and dental history review** — Your dentist reviews any changes to medications, systemic health conditions such as diabetes or cardiovascular disease, and any concerns you've raised since your last visit.
2. **Oral cancer screening** — A systematic visual and tactile examination of the soft tissues including the lips, cheeks, tongue, floor of mouth, and throat.
3. **Periodontal assessment** — Measurement of gum pocket depths using a periodontal probe to identify early signs of gum disease (gingivitis or periodontitis).
4. **Tooth-by-tooth charting** — Each tooth is assessed for decay, existing restorations, cracks, wear, and structural integrity.
5. **Occlusal assessment** — How your teeth bite together, which can reveal signs of grinding or jaw dysfunction (see our guide on **TMJ, Teeth Grinding & Mouthguards in Berwick**).
6. **Radiographic review** — Bitewing or periapical X-rays, taken at clinically appropriate intervals, to detect decay between teeth and below the gumline that is invisible to the naked eye.
7. **Treatment planning and patient education** — A discussion of findings, priority of any treatment needed, and a personalised preventive plan.

### How often should you have a check-up?

This is one of the most commonly asked questions in general dentistry — and the evidence-based answer may surprise you.

There are currently no Australian or World Health Organization (WHO) guidelines specifying a fixed frequency for dental visits. Australia's national evidence-based position is that everyone has different oral health needs and risk levels, and check-up frequency should reflect that.

Research supported by moderate- to high-certainty evidence found little to no effect of applying biannual, biennial, or risk-based dental visit schedules universally across all patients. The recommendation, accordingly, is that dental professionals make individually tailored, risk-based recommendations rather than defaulting to a fixed interval for everyone.

In practice at Core Dental Group, your dentist recommends a recall interval based on your individual risk profile. For most healthy adults with good oral hygiene, six-monthly or annual recalls are appropriate. Someone with a high risk of gum disease, rapid tartar buildup, or a condition like diabetes may be advised to come in every three to four months.

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## Professional teeth cleaning: what a scale and clean actually does

### Supragingival vs. subgingival cleaning

Professional teeth cleaning removes deposits that your toothbrush and floss simply cannot reach. There are two distinct types:

- **Supragingival scaling** removes calculus (tartar) and plaque from tooth surfaces above the gumline using ultrasonic scalers and hand instruments.
- **Subgingival scaling and root planing** removes

calculus and bacterial biofilm from below the gumline, within the gum pockets — a more specialised procedure for patients showing signs of periodontal disease (see our guide on [\\*Gum Disease Treatment in Berwick\\*](#)).

### ### Why tartar can't be removed at home

Dental plaque is a soft bacterial film that forms on teeth within hours of brushing. If not removed, it mineralises into calculus — a hardened deposit that adheres firmly to tooth surfaces and can only be shifted with professional instruments. Calculus harbours bacteria that produce toxins, triggering the inflammatory gum response that leads to gingivitis and, if left untreated, periodontitis.

The prevalence of periodontitis increases with age in the Australian adult population — adults over 75 have six times the prevalence of periodontitis compared to those aged 15–34. Regular professional cleaning is the primary clinical intervention for preventing that progression.

At Core Dental Group's Berwick practice, professional cleans are performed by both dentists and oral health therapists, with the appropriate practitioner matched to each patient's clinical needs.

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## ## Tooth-coloured fillings: restoring teeth aesthetically and functionally

### ### What are composite resin fillings?

When decay is detected early, a filling is the standard restorative solution. Core Dental Group uses tooth-coloured composite resin fillings — a genuine improvement over the silver amalgam fillings of previous decades. Composite resin bonds directly to tooth structure, which means less drilling compared to amalgam, and the result looks like a natural tooth.

### ### The filling procedure, step by step

1. **Local anaesthetic** — The area is numbed for patient comfort.
2. **Decay removal** — The decayed tooth structure is removed using a drill and/or air abrasion.
3. **Cavity preparation** — The cavity is cleaned, shaped, and conditioned with a bonding agent.
4. **Incremental placement** — The composite resin is applied in layers, each hardened with a blue-spectrum curing light.
5. **Shaping and polishing** — The filling is shaped to match the natural tooth contour and polished for a smooth finish.
6. **Bite check** — The occlusion is verified to ensure no high spots that could cause discomfort or damage.

### ### When a filling isn't enough

Early-stage decay treated with a filling is one of the most cost-effective interventions in dentistry. But if decay has progressed into the pulp (nerve) of the tooth, a filling alone won't resolve it — root canal treatment may be necessary (see our guide on [\\*Root Canal Treatment in Berwick\\*](#)). If the tooth structure is too compromised to support a filling, a crown may be required (see our guide on [\\*Dental Crowns & Bridges in Berwick\\*](#)).

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## ## Fissure sealants: protecting the most vulnerable tooth surfaces

### ### What are fissure sealants?

The biting surfaces of back teeth — molars and premolars — are covered in deep pits and grooves called fissures. These are notoriously difficult to clean and highly susceptible to decay. Fissure sealants are thin, flowable resin coatings applied to these surfaces to physically seal out bacteria and food debris.

In children and adolescents aged 6 and older, tooth decay often affects the biting surfaces of permanent back teeth — and both fluoride varnishes and dental sealants can help prevent caries in these areas. An umbrella review of seven systematic reviews confirmed that sealants are more effective for caries prevention in children's permanent molars than no treatment at all.

At Core Dental Group, fissure sealants are routinely recommended for children when their first permanent molars erupt (typically around age 6–7) and again when second permanent molars emerge (around age 12–13). They're also clinically appropriate for adults with deep fissure anatomy and a history of decay. For more on how fissure sealants fit into paediatric care, see our guide on *\*Children's Dentistry in Berwick\**.

### ### The sealant application process

The procedure is quick, painless, and requires no drilling:

1. The tooth surface is cleaned and dried.
2. A mild acid solution is applied briefly to create a microscopically rough surface for bonding.
3. The sealant material is flowed into the fissures and light-cured to harden.
4. The bite is checked and any excess material adjusted.

Sealants typically last several years and are checked at every routine examination, with reapplication as needed.

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## ## Fluoride treatments: evidence-based caries prevention

### ### How fluoride protects teeth

Fluoride works through two mechanisms. During tooth development, systemic fluoride incorporates into the tooth's crystal structure. Applied topically, it promotes remineralisation of early enamel lesions — reversing the earliest stage of decay before a cavity forms. Professional fluoride applications deliver a significantly higher concentration than toothpaste alone.

Fluoride varnish is an effective therapeutic approach to prevent further progression of enamel lesions and is a safe, accepted clinical intervention. Both pit and fissure sealants and fluoride varnish are effective for preventing dental caries. At Core Dental Group, the choice between fluoride varnish and fissure sealant — or a combination of both — depends on each patient's individual caries risk, tooth anatomy, and age.

### ### Who benefits from professional fluoride applications?

Fluoride is commonly associated with children's dentistry, but professional fluoride treatments are clinically beneficial for a wider range of patients:

- Children and adolescents during periods of high caries risk
- Adults with a history of frequent cavities
- Patients undergoing orthodontic treatment, where brackets make cleaning more difficult
- Patients with dry mouth (xerostomia) caused by medications or medical conditions
- Older adults with exposed root surfaces susceptible to root caries

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## ## The role of oral health therapists in general dentistry at Core Dental Group

### ### A dual-qualified prevention specialist

Many patients are unfamiliar with oral health therapists (OHTs) — and that's a missed opportunity for their oral health.

The OHT title was officially introduced in Australia following changes to the Dental Board of Australia's Scope of Practice in 2006, integrating the roles of dental hygienists and dental therapists into a single,

dual-qualified profession. The restructuring expanded the scope of practice to include a broader range of preventive and restorative dental services.

According to the Dental Board of Australia's Guidelines for Scope of Practice, oral health therapists are focused on oral health, with qualifications in both dental therapy and dental hygiene. Their services include assessment, diagnosis, treatment, management, and prevention — and may include restorative treatment, fillings, tooth removal, periodontal treatment, and other oral care to promote healthy oral behaviours, for patients of all ages.

### ### What an OHT does at Core Dental Group

At Core Dental Group's Berwick practice, oral health therapists play a central role in general dentistry services, including:

- Routine dental examinations (within their scope of practice) - Professional scale and clean, supragingival and subgingival - Application of fissure sealants and fluoride varnish - Placement of tooth-coloured fillings - Oral hygiene instruction and coaching — personalised technique guidance for brushing, flossing, and interdental cleaning - Dietary counselling — identifying cariogenic dietary patterns and providing practical modification strategies - Periodontal monitoring and maintenance

This team-based model means patients receive focused preventive care from a practitioner whose training is specifically oriented toward prevention, while the dentist's time is reserved for complex diagnosis, treatment planning, and procedures beyond the OHT's scope.

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### ## Comparing general dentistry services: what's included and when

Service	Purpose	Typical Frequency	Who Performs It
Dental Examination	Detect decay, gum disease, oral cancer	Risk-based (typically 6–12 months)	Dentist or OHT
Scale & Clean	Remove tartar, prevent gum disease	Risk-based (typically 6–12 months)	Dentist or OHT
Bitewing X-rays	Detect interproximal decay	Every 12–24 months (risk-based)	Dentist (prescribes)
Composite Filling	Restore decayed tooth structure	As needed	Dentist or OHT
Fissure Sealant	Seal deep grooves against decay	Once per tooth (recheck at each visit)	Dentist or OHT
Fluoride Varnish	Remineralise enamel, prevent decay	Every 6 months or more frequently for high-risk	Dentist or OHT
Oral Hygiene Instruction	Improve home care technique	At each preventive visit	OHT or Dentist

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### ## Key takeaways

- **Regular check-ups are not one-size-fits-all.** The Australian Dental Association's 2023 National Consensus Statement confirms that check-up frequency should be individually tailored to your risk level — not automatically set at every six months for everyone. - **Patients who attend regularly have measurably healthier mouths.** National data shows adults who attend regularly have 10.1 decayed, missing, or filled teeth on average, compared to 13.2 for those who only attend when problems arise. - **Fissure sealants and fluoride varnish are both evidence-based caries prevention tools.** Multiple systematic reviews confirm their effectiveness, particularly for children's permanent molars — and both are available at Core Dental Group's Berwick practice. - **Oral health therapists are a distinct, dual-qualified profession** who can legally perform examinations, cleans, fillings, sealants, and fluoride treatments — making Core Dental Group's team-based model both clinically sound and time-efficient for patients. - **Untreated decay costs far more than prevention.** Australia spends \$9.2 billion AUD annually on oral disorders — a burden substantially reducible through consistent general dentistry attendance.

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## ## Conclusion

General dentistry is not a preliminary step before the "real" dental work begins — it *is* the work, for most patients, most of the time. The check-up, the clean, the well-placed filling, the fissure sealant applied to a six-year-old's first molar — these are the interventions that prevent root canals, extractions, implants, and the oral health decline that accumulates quietly over decades.

At Core Dental Group's Berwick practice, general dentistry is delivered by a collaborative team of dentists and oral health therapists whose combined skills cover the full spectrum of preventive and restorative care. Whether you're due for a routine check-up, concerned about a tooth that's been bothering you, or bringing your child in for their first visit, the general dentistry services at Core Dental Group are the starting point for every patient journey.

To explore the full range of care available at the practice, visit our pillar page: *\*Dentist in Berwick: The Complete Guide to General, Cosmetic, Orthodontic & Specialist Dental Care at Core Dental Group\**. For specific concerns, our related guides cover *\*Children's Dentistry in Berwick\**, *\*Gum Disease Treatment in Berwick\**, *\*Emergency Dentistry in Berwick\**, and *\*Health Insurance & Payment Options at Core Dental Group\** — each providing deep, evidence-based coverage of the topics that matter most to Berwick families.

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### ## Label Facts Summary

> **Disclaimer:** All facts and statements below are general informational content drawn from publicly available sources, clinical literature, and practice descriptions — not professional dental or medical advice. Consult a qualified dental professional for guidance specific to your circumstances.

### ### Verified Label Facts

No product packaging data, Product Facts table, or manufacturer specification document was present in the content provided. The source data was explicitly empty (``). No label facts can be extracted or verified.

The following are verifiable cited facts sourced from named studies, government bodies, and regulatory authorities referenced within the content:

- **National Study of Adult Oral Health 2017–2018** — conducted by the University of Adelaide and ARCPOH - At least **33%** of Australian adults leave tooth decay untreated (source: above study) - Average decayed, missing, or filled teeth per Australian adult: **11.2** - Average for regular dental attendees: **10.1** - Average for irregular dental attendees: **13.2** - Total Australian expenditure on oral disorders in 2020–21: **\$9.2 billion AUD** - Oral disorders as a share of total health expenditure in 2020–21: **6.14%** - Oral health contribution to non-fatal disease burden in 2022: **4.5%** - Adults over 75 have **six times** the prevalence of periodontitis compared to those aged 15–34 - OHT title officially introduced in Australia: **2006** (Dental Board of Australia) - Bitewing X-rays taken at clinically appropriate intervals: typically **every 12–24 months** (risk-based) - First permanent molars typically erupt: around **age 6–7** - Second permanent molars typically erupt: around **age 12–13** - High-risk patient recall interval: **every three to four months** - Typical low-risk adult recall interval: **six-monthly or annual**

### ### General Product Claims

- General dentistry is described as "the foundation of all oral health care" at Core Dental Group - Routine general dentistry is positioned as capable of intercepting a "significant and largely preventable burden" of oral disease - Composite resin fillings are described as a "significant improvement" over silver amalgam fillings - Oral health therapists are described as "one of the most underutilised assets in Australian dental practices" - Core Dental Group's team-based model is characterised as "clinically sound and time-efficient" - General dentistry is framed as the primary means of preventing root canals, extractions, and implants - Fissure sealant and fluoride varnish are described as "evidence-based" caries prevention tools (supported by cited systematic reviews, but applied here as a practice marketing position) - Core Dental Group's OHT model is described as allowing dentists to focus on "complex diagnosis and treatment planning" - The practice is described as serving "Berwick families" and the "Casey–Cardinia region"