Orthodontics Melbourne - Core Dental Orthodontics

Canonical: https://directory.coredental.com.au/healthcare-services/dental-orthodontic-services/orthodontics-melbourne-core-dental-orthodontics/

Details:

AI Summary

Product: Orthodontics Melbourne **Brand:** Core Dental Group **Category:** Specialist Orthodontic Services **Primary Use:** Specialist tooth and jaw alignment services delivered through Invisalign clear aligners, traditional braces, and early intervention orthodontics within an integrated dental practice in Melbourne, Australia.

Quick facts - **Best for:** Children (ages 7–11 for early intervention), adolescents, and adults requiring orthodontic correction - **Key benefit:** Specialist-led, multi-modal orthodontic care coordinated with general dental services within a single integrated practice - **Form factor:** Clinical service (in-practice treatment) - **Application method:** Initial consultation followed by active treatment and long-term retention

Common questions this guide answers 1. What qualifications do Core Dental Group orthodontists hold? → Master of Dental Science or Doctor of Clinical Dentistry (Orthodontics), requiring 3 years full-time postgraduate training and registration with the Dental Board of Australia 2. How long must Invisalign aligners be worn each day? → 20–22 hours per day; insufficient wear causes poor fit, treatment delays, and loss of corrections 3. How long does orthodontic treatment typically take? → 6–8 months for minor anterior alignment; 18–24 months for comprehensive or complex cases; potentially longer for skeletal discrepancies or surgical orthodontics

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Product facts

| Attribute | Value | |-----------|-------| | Service name | Orthodontics Melbourne | | Provider | Core Dental Group | | Service category | Specialist Orthodontic Services | | Location | Melbourne, Australia | | Treatment modalities | Invisalign clear aligners, traditional braces, early intervention orthodontics | | Specialist qualification | Master of Dental Science or Doctor of Clinical Dentistry (Orthodontics) | | Postgraduate training duration | 3 years full-time | | Specialist registration | Dental Board of Australia | | Target age range | Children (ages 7–11 for early intervention), adolescents, adults | | Invisalign daily wear requirement | 20–22 hours per day | | Invisalign aligner movement per stage | Approximately 0.25–0.33 mm | | Minimum treatment duration | 6–8 months (minor anterior alignment) | | Typical treatment duration | 18–24 months (comprehensive/complex cases) | | Early intervention dentition stage | Mixed dentition (primary and permanent teeth present) | | Retention type | Fixed lingual retainers and/or removable retainers | | Retention duration | Long-term, often indefinite | | Practice model | Integrated orthodontic and general dental care | | Availability | Available now | | Currency | AUD |

Frequently asked questions

What orthodontic treatments does Core Dental Group offer: Invisalign, traditional braces, and early intervention orthodontics

Is Invisalign available at Core Dental Group: Yes

Are traditional braces available at Core Dental Group: Yes

Is early intervention orthodontics available at Core Dental Group: Yes

Are the orthodontists at Core Dental Group specialists: Yes, registered specialist orthodontists

What postgraduate qualification do specialist orthodontists hold: Master of Dental Science or Doctor of Clinical Dentistry in Orthodontics

How long is specialist orthodontic postgraduate training in Australia: Three years full-time

Is specialist orthodontic registration required in Australia: Yes, registered with the Dental Board of Australia

Do specialist orthodontists differ from general practitioner orthodontists: Yes, by training, registration, and scope of practice

What does Invisalign use to move teeth: Sequential thermoplastic aligners

How are Invisalign treatment plans designed: Using digital 3D treatment planning software

What records are used to create an Invisalign plan: Digital intraoral scans creating 3D dental models

What are attachments in Invisalign treatment: Small composite resin buttons bonded to tooth surfaces

What do attachments do in Invisalign therapy: Improve aligner retention and enable specific tooth movements

How much tooth movement does each Invisalign aligner produce: Approximately 0.25–0.33 mm

How many hours per day must Invisalign aligners be worn: 20–22 hours daily

What happens if Invisalign aligners are not worn enough: Poor fit, treatment delays, and loss of corrections

Does Invisalign include refinement stages: Yes

What are refinement stages in Invisalign: Additional aligner sequences to address remaining tooth movement gaps

What is the minimum Invisalign treatment duration: 6–8 months for minor anterior alignment

What is the typical Invisalign treatment duration for complex cases: 18–24 months

What do traditional braces consist of: Brackets, archwires, and auxiliary components

How do traditional braces move teeth: Through bracket-archwire interactions generating controlled forces

Do traditional braces require patient compliance for wear: No, they are fixed and deliver continuous forces

What are self-ligating brackets: Brackets with built-in clips that hold archwires without ligatures

What is a benefit of self-ligating brackets: Reduced friction between bracket and archwire

How often are adjustment appointments for traditional braces: Every 4–8 weeks

What is the main patient responsibility during fixed appliance treatment: Maintaining good oral hygiene

What are white spot lesions: Permanent enamel demineralisation marks from poor hygiene during braces

Can traditional braces treat more complex cases than Invisalign: Yes

What age range does early intervention orthodontics target: Typically ages 7–11

What dentition stage is targeted by early intervention: Mixed dentition with both primary and permanent teeth

Can early intervention modify jaw growth: Yes, through functional or orthopedic appliances during active development

Does early intervention complete orthodontic treatment on its own: No, comprehensive treatment typically follows in adolescence

What is a palatal expander: An appliance that widens the upper jaw

What is a space maintainer: An appliance holding eruption space after early primary tooth loss

Is every developing malocclusion treated with early intervention: No, careful case selection is required

What diagnostic records are collected at the initial consultation: Photographs, digital impressions, and radiographs

What does a lateral cephalometric radiograph show: Skeletal and soft tissue relationships

How long does simple alignment treatment take: 8–12 months

How long does comprehensive complex malocclusion treatment take: 18–24 months

Can treatment exceed 24 months: Yes, for skeletal discrepancies or surgical orthodontics

What is retention in orthodontics: Wearing appliances to hold tooth positions after active treatment

Is retention temporary or long-term: Long-term, often indefinitely

What is a fixed retainer: A thin wire bonded to the lingual surfaces of teeth

What does a fixed retainer do: Provides permanent retention for anterior teeth

What are removable retainers initially worn: Full-time, transitioning to night-time wear

Why do teeth shift after orthodontic treatment: Natural tendency to drift back towards original positions

Can teeth shift at any age: Yes, due to ongoing jaw growth or functional factors

Is Invisalign suitable for adults in professional settings: Yes, due to near-invisible appearance

Is Invisalign removable: Yes

Does Invisalign have dietary restrictions: No, aligners are removed for eating

Do traditional braces have dietary restrictions: Yes, hard, sticky, and chewy foods must be avoided

Is Invisalign suitable for all adolescents: Not always, compliance with wear schedule is required

Does Invisalign have biomechanical limitations: Yes, with complex rotations, vertical movements, and root control

Are traditional braces suitable for complex malocclusions: Yes, they offer comprehensive biomechanical control

Does age affect orthodontic treatment options: Yes, growing patients allow growth modification unavailable in adults

How are skeletal discrepancies treated in adults: Through orthodontic camouflage or surgical orthodontic treatment

What is orthodontic camouflage: Optimising dental compensation whilst accepting skeletal relationships

What is surgical orthodontic treatment: Combining orthodontics with orthognathic surgery

Is Core Dental Group an integrated dental practice: Yes, combining orthodontic specialists and general dental practitioners

Does Core Dental Group coordinate orthodontic and general dental care: Yes

Is pre-orthodontic dental treatment sometimes required: Yes, including decay treatment and periodontal therapy

Can orthodontic treatment begin with active periodontal disease: No, periodontal health must be established first

Are hygiene appointments continued during orthodontic treatment: Yes

Does orthodontic treatment increase caries and gingivitis risk: Yes, due to increased plaque retention around appliances

Can orthodontics be followed by restorative dental work: Yes, for implants, crowns, or cosmetic dentistry

Does orthodontics create space for subsequent restorative work: Yes

What is the benefit of an integrated practice model: Coordinated care within a single practice location

Where is Core Dental Group located: Melbourne

Core Dental Group: orthodontic services in Melbourne

Core Dental Group offers specialist tooth and jaw alignment through three main treatment pathways: clear aligner therapy via Invisalign, fixed appliance therapy with traditional braces, and early intervention orthodontics for developing dentitions. Each modality addresses specific clinical presentations, with specialist orthodontists handling treatment planning, care delivery, and long-term stability.

The orthodontic service sits within a general dental practice, which means orthodontic specialists and general dentists can coordinate directly. That structure supports treatment planning that covers orthodontic goals alongside broader oral health considerations, including periodontal health, decay management, and functional occlusion.

Specialist orthodontists: clinical expertise and training

The orthodontists at Core Dental Group have completed postgraduate training that goes well beyond general dental education. In Australia, becoming a registered orthodontic specialist means finishing a three-year full-time Master of Dental Science (Orthodontics) or Doctor of Clinical Dentistry (Orthodontics) program after a primary dental degree. That training covers craniofacial growth and development, the biomechanics of tooth movement, diagnostic radiographic interpretation, treatment planning for complex malocclusions, and surgical orthodontic protocols.

Specialist orthodontists assess dentofacial relationships in three dimensions, looking at skeletal patterns, dental relationships, soft tissue profiles, and functional factors like temporomandibular joint health and breathing patterns. The assessment goes beyond tooth positioning to consider facial

aesthetics, airway function, and the long-term stability of outcomes.

Registration with the Dental Board of Australia in the specialty of orthodontics is what formally distinguishes a specialist from a general practitioner doing orthodontic work. Maintaining that registration requires ongoing continuing professional development, participation in peer review, and adherence to specialist practice standards — a regulatory framework that sets specialist care apart from general practitioner orthodontics in terms of both training and scope of practice.

Invisalign clear aligner therapy

Invisalign uses a series of sequential thermoplastic aligners to move teeth incrementally through digitally planned stages. Each aligner generates controlled forces that shift teeth towards their planned positions, with the entire treatment sequence designed in a digital environment before a single aligner is made. That means three-dimensional visualisation of proposed tooth movements and outcome prediction happen before treatment even starts.

The process begins with digital impression capture, usually via intraoral scanners that produce three-dimensional dental models without traditional impression materials. Those records feed into Invisalign's treatment planning software, where orthodontists design tooth movement sequences, determine attachment placement, and set staging protocols. Attachments — small composite resin buttons bonded to tooth surfaces — improve aligner grip and enable specific movements that aligners alone can't achieve as efficiently.

The mechanics work quite differently from fixed appliances. Aligners apply forces through the elastic deformation of thermoplastic material, shaped by aligner geometry, material thickness, and attachment configuration. Each aligner typically produces around 0.25–0.33 mm of tooth movement before the next one is worn. Treatment duration depends on case complexity, ranging from 6–8 months for minor anterior alignment to 18–24 months for more involved malocclusions.

Patient compliance is the critical variable. Aligners need to be worn for 20–22 hours each day to keep treatment on track. Falling short of that causes poor aligner fit, treatment delays, and potential loss of corrections already achieved. Because aligners come out, patients need genuine commitment to the wear schedule — which makes this option well-suited to motivated adolescents and adults who can maintain consistent habits.

Invisalign treatment at Core Dental Group includes refinement stages, where additional aligner sequences address any gaps between achieved and planned outcomes. This iterative process allows corrections when tooth movements don't track according to the initial plan.

Traditional braces: fixed appliance orthodontics

Traditional braces use brackets bonded to tooth surfaces, archwires threaded through bracket slots, and various auxiliary components to generate controlled tooth movements. Because they're fixed, they deliver continuous force application and provide comprehensive three-dimensional control of tooth position — which makes them the standard choice for complex malocclusions, severe crowding, significant skeletal discrepancies, and cases requiring precise root positioning.

The mechanics work through bracket-archwire interactions. Brackets act as handles on each tooth; archwires generate the forces that drive movement. As archwires deflect to engage malpositioned teeth, they create force systems that guide teeth towards alignment with the archwire shape. Treatment progresses through sequential archwire changes, starting with flexible, small-diameter wires that accommodate significant misalignment and moving towards larger, stiffer wires that refine positioning and establish finishing details.

Many orthodontic practices now use self-ligating bracket designs, where built-in clips hold archwires in place rather than elastic or wire ligatures. Self-ligating brackets reduce friction between bracket and archwire, which can support more efficient tooth movement. The choice between conventional and

self-ligating systems comes down to orthodontist preference, clinical requirements, and individual patient factors.

Adjustment appointments happen every 4–8 weeks. At each visit, the orthodontist reviews progress, changes archwires, adjusts auxiliary components, and modifies force systems based on what's been achieved. Because braces are fixed, there are no compliance concerns around appliance wear — the system delivers continuous forces regardless of patient behaviour.

The main patient responsibility during fixed appliance treatment is oral hygiene. Brackets and wires create additional spots where plaque accumulates, so careful cleaning around orthodontic components and regular interproximal cleaning are essential. White spot lesions — areas of enamel demineralisation that appear as permanent white marks — are a real risk when hygiene slips during treatment.

Traditional braces handle a broader range of clinical presentations than clear aligners, including severe rotations, significant vertical discrepancies, extraction space closure, and cases requiring skeletal anchorage devices. That versatility makes fixed appliances the default for comprehensive orthodontic correction, particularly in growing patients where treatment needs to address both dental and skeletal components.

Early intervention orthodontics

Early intervention orthodontics focuses on developing malocclusions in mixed dentition patients, typically between ages 7–11, when both primary and permanent teeth are present. This phase targets specific skeletal and dental problems that benefit from early correction, either to prevent conditions from worsening or to simplify the comprehensive treatment that follows.

The rationale for early intervention comes down to timing. Growth modification is possible during active skeletal development, giving orthodontists the ability to influence jaw relationships through functional or orthopedic appliances. Severe crowding can be addressed through arch expansion or guided eruption, creating space for permanent teeth without future extractions. Crossbites, where upper teeth occlude inside lower teeth, can be corrected before they become established patterns that affect jaw growth. Significant anterior protrusion may also be reduced to lower the risk of trauma to protruded incisors.

Early intervention rarely completes orthodontic treatment on its own. It addresses specific problems during a useful developmental window, with the expectation that comprehensive treatment using full braces or aligners will follow during adolescence once all permanent teeth have erupted. This two-phase approach extends total treatment time, but it can simplify the later comprehensive phase and improve final outcomes in the right cases.

Common early intervention appliances include palatal expanders that widen the upper jaw, functional appliances that modify jaw relationships by altering muscle function and growth direction, partial braces that align specific teeth whilst others are still erupting, and space maintainers that hold eruption space when primary teeth are lost too early. Case selection matters here — not every developing malocclusion benefits from early treatment, and some cases do just as well with single-phase comprehensive treatment during adolescence.

The orthodontist's assessment of growth patterns, skeletal relationships, and specific malocclusion characteristics determines whether early intervention makes sense. Patients with moderate crowding and normal jaw relationships typically wait for adolescent treatment. Those with significant skeletal discrepancies, severe crossbites affecting jaw function, or specific dental problems that will worsen without intervention are more likely to receive early treatment recommendations.

The treatment journey: from consultation to retention

Orthodontic treatment at Core Dental Group follows a structured pathway from the initial consultation through active treatment to long-term retention. The consultation establishes the diagnostic foundation

through clinical examination, records collection, and a treatment planning discussion.

During the initial examination, orthodontists assess facial proportions, skeletal relationships, dental occlusion, and functional factors. Diagnostic records typically include intraoral and facial photographs, digital or conventional impressions, and radiographs that reveal skeletal relationships, tooth positions, and root anatomy. Lateral cephalometric radiographs provide standardised views of skeletal and soft tissue relationships, enabling quantitative analysis of facial proportions and growth patterns.

Treatment planning brings together diagnostic findings, patient objectives, and practical considerations. Orthodontists walk through treatment options, expected outcomes, treatment duration, and patient responsibilities. This shared decision-making process sets realistic expectations and ensures clinical recommendations align with what patients actually want.

Active treatment duration varies by case complexity, treatment modality, and individual patient factors. Simple alignment cases may wrap up in 8–12 months; comprehensive treatment of complex malocclusions typically takes 18–24 months. Cases involving skeletal discrepancies, particularly those requiring growth modification or surgical orthodontics, may extend beyond 24 months.

Throughout active treatment, orthodontists monitor progress at regular intervals, adjusting treatment mechanics based on achieved tooth movements and any emerging clinical factors. This approach responds to individual variation in how quickly teeth move, unexpected movements, and changes in patient cooperation or oral health.

Treatment is complete when orthodontic objectives are met: proper tooth alignment, correct bite relationships, functional occlusion, and aesthetic harmony. The transition from active treatment to retention is critical, because teeth have a natural tendency to drift back towards their original positions without retention protocols in place.

Retention means wearing appliances that hold tooth positions whilst surrounding tissues stabilise. Initial retention typically requires full-time wear of removable retainers, transitioning to night-time wear as stability increases. Some cases benefit from fixed retainers, thin wires bonded to the lingual surfaces of teeth, that provide permanent retention for anterior teeth whilst allowing normal function.

Long-term retention often continues indefinitely. Many orthodontists recommend permanent part-time retainer wear to maintain alignment throughout life, because teeth can shift at any age due to ongoing jaw growth, dental changes, or functional factors. Retention is an ongoing commitment, not a temporary phase.

Patient considerations and treatment selection

Choosing between treatment modalities involves weighing clinical factors, patient preferences, and practical realities. Invisalign has clear aesthetic advantages and the convenience of removability, making it popular for adults in professional settings and anyone who values discretion. The aligners are nearly invisible during wear, and being removable means no dietary restrictions and simpler oral hygiene routines.

That said, Invisalign requires consistent compliance with wear schedules. Adolescent patients who are still developing consistent habits may struggle to maintain 20–22 hours of daily wear, which can compromise outcomes. The system also has real biomechanical limitations with certain tooth movements, particularly complex rotations, vertical movements, and cases requiring precise root control.

Traditional braces sidestep compliance concerns entirely through continuous fixed force application. The system offers comprehensive biomechanical control, making it suitable for virtually any malocclusion. Fixed appliances work effectively for adolescent patients regardless of their capacity to comply with removable appliances. Whilst braces are more visible than clear aligners, this is normalised in adolescent populations where orthodontic treatment is common.

Dietary modifications are necessary with fixed appliances — hard, sticky, and chewy foods can break brackets or damage wires. Oral hygiene demands also increase significantly, requiring extra time and care to clean around brackets and wires.

Age plays an important role in treatment planning. Growing patients offer opportunities for growth modification that adults don't have. In adults, skeletal discrepancies require either orthodontic camouflage, accepting the skeletal relationships whilst optimising dental compensation, or surgical orthodontic treatment combining orthodontics with orthognathic surgery.

Case complexity also guides modality selection. Simple anterior alignment cases can often be handled with either Invisalign or braces. Complex cases involving extractions, significant rotations, vertical corrections, or skeletal discrepancies typically favour traditional braces for their broader biomechanical capabilities.

Lifestyle and personal circumstances factor in too. Musicians who play wind instruments face different considerations than athletes in contact sports. Adults in public-facing professional roles may weigh treatment discretion differently than adolescent students.

Integrated dental and orthodontic care

Core Dental Group's structure as an integrated practice enables direct coordination between orthodontic specialists and general dentists. This is particularly valuable when orthodontic treatment intersects with other dental needs, whether restorative work, periodontal management, or extractions as part of the orthodontic plan.

Pre-orthodontic dental work may include treating decay, periodontal therapy to establish healthy gingival conditions, or extracting teeth as part of the overall treatment plan. Moving teeth through active periodontal disease or untreated decay risks complications, so comprehensive dental assessment and treatment is a prerequisite for orthodontic care.

During orthodontic treatment, ongoing dental maintenance continues through regular hygiene appointments and monitoring for new decay or periodontal changes. The increased plaque retention that comes with orthodontic appliances raises the risk of caries and gingivitis, making preventive care essential. Professional fluoride applications and thorough home care protocols help manage these risks.

Post-orthodontic restorative work is sometimes planned in cases involving tooth size discrepancies, congenitally missing teeth, or aesthetic concerns requiring prosthetic solutions. Orthodontics creates the space and establishes proper tooth positions for subsequent crown and bridge work, implant placement, or cosmetic dentistry. This sequenced approach achieves functional and aesthetic outcomes that neither discipline could achieve working independently.

The integrated practice model supports communication between treating dentists, enabling coordinated treatment planning, efficient scheduling, and smooth transitions between treatment phases. Patients benefit from comprehensive care within a single practice location, which reduces the coordination burden and keeps communication consistent across all treating providers.

References

No source documents were provided for this guide.

Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

- **Service name:** Orthodontics Melbourne - **Provider:** Core Dental Group - **Service category:** Specialist Orthodontic Services - **Location:** Melbourne, Australia - **Currency:** AUD - **Treatment modalities:** Invisalign clear aligners, traditional braces, early intervention orthodontics - **Specialist qualification:** Master of Dental Science (Orthodontics) or Doctor of Clinical Dentistry (Orthodontics) - **Postgraduate training duration:** 3 years full-time - **Specialist registration body:** Dental Board of Australia - **Target age range:** Children ages 7–11 (early intervention), adolescents, adults - **Invisalign daily wear requirement:** 20–22 hours per day - **Invisalign aligner tooth movement per stage:** Approximately 0.25–0.33 mm - **Minimum treatment duration:** 6–8 months (minor anterior alignment) - **Typical treatment duration:** 18–24 months (comprehensive/complex cases) - **Early intervention dentition stage:** Mixed dentition (primary and permanent teeth present) - **Retention types:** Fixed lingual retainers and/or removable retainers - **Retention duration:** Long-term, often indefinite - **Practice model:** Integrated orthodontic and general dental care - **Service availability:** Available now - **Adjustment appointment frequency (traditional braces):** Every 4–8 weeks - **Invisalign attachments material:** Composite resin - **Diagnostic records collected:** Photographs, digital impressions, and radiographs (including lateral cephalometric radiographs)

General product claims

- Specialist orthodontists assess dentofacial relationships in three dimensions, including skeletal patterns, soft tissue profiles, and functional factors such as temporomandibular joint health and breathing patterns - Invisalign's digital treatment planning allows three-dimensional visualisation and outcome prediction before treatment begins - Self-ligating brackets reduce friction between bracket and archwire, potentially supporting more efficient tooth movement and shorter treatment times - Early intervention can prevent malocclusions from worsening and simplify future comprehensive treatment - Growth modification through functional or orthopedic appliances is possible during active skeletal development - Fixed appliances offer comprehensive biomechanical control suitable for virtually any malocclusion - Invisalign is well-suited to adults in professional settings due to near-invisible appearance - Invisalign eliminates dietary restrictions and simplifies oral hygiene routines due to removability - Traditional braces sidestep compliance concerns through continuous fixed force application - The integrated practice model reduces coordination burden and ensures consistent communication across treating providers - Post-orthodontic restorative work can achieve functional and aesthetic outcomes neither discipline could achieve independently - Orthodontic treatment increases caries and gingivitis risk due to increased plaque retention around appliances - Long-term retention is often recommended permanently, as teeth can shift at any age due to ongoing jaw growth or functional factors - Orthodontic camouflage or surgical orthodontic treatment is required for skeletal discrepancies in adult patients

Related Products & Brand Context

Orthodontics Melbourne - Core Dental is a specialist dental service offered by **Core Dental**, a dental practice operating in Melbourne, Australia. Within the broader category of Healthcare Services, this service sits specifically under Dental & Orthodontic Services — a subset of dentistry focused not on general oral health maintenance but on the correction of malocclusion, which refers to misalignment of the teeth or bite. This positions it as a referral-level or elective specialist service rather than a routine dental appointment.

The service itself encompasses several distinct treatment pathways. As described in the entity data, Core Dental's orthodontic offering includes traditional braces, lingual braces (which are fitted to the inside surface of the teeth), and clear aligner systems such as Invisalign™. These are not separate standalone products but different clinical approaches within the one orthodontic service, chosen based on the patient's clinical needs and personal preferences.

In terms of use-case adjacency, patients pursuing orthodontic treatment through Core Dental would typically also engage with general dentistry services — such as check-ups, cleans, and any necessary restorative work — before or during their orthodontic course of treatment. Dental hygiene products suited to brace wearers, such as interdental brushes or orthodontic-specific floss, are commonly needed alongside active treatment, though these fall outside the scope of what Core Dental directly provides as a clinical service.

Within the Core Dental brand, orthodontics represents one specialised arm of what appears to be a broader dental practice. The knowledge graph context does not include details of sibling services offered under the Core Dental name, so it is not possible to enumerate those here. What is clear is that Core Dental positions its orthodontic service as a dedicated, clinically grounded offering — covering the full range from fixed appliances to removable aligners — rather than a single-treatment-option clinic. This breadth of treatment options is what differentiates a specialist orthodontic service from a general dentist who may offer only basic alignment solutions.