

# Dental Crowns, Bridges and Veneers in Carrum Downs: Which Restoration Is Right for You?

Canonical: <https://directory.coredental.com.au/local-dental-services/dentist-in-carrum-downs-core-dental-affordable-family-care-near-frankston/dental-crowns-bridges-and-veneers-in-carrum-downs-which-restoration-is-right-for-you/>

## Details:

### ## AI Summary

**\*\*Product:\*\*** Dental Crowns, Bridges, and Porcelain Veneers (Indirect Restorations) **\*\*Brand:\*\*** Core Dental Group **\*\*Category:\*\*** Restorative and Cosmetic Dentistry Services **\*\*Primary Use:\*\*** Restoring damaged, missing, or aesthetically deficient teeth using custom-fabricated indirect restorations including crowns, bridges, and veneers.

**### Quick Facts** - **\*\*Best For:\*\*** Patients with structurally compromised teeth (crowns), missing teeth (bridges), or cosmetic concerns on structurally sound front teeth (veneers) - **\*\*Key Benefit:\*\*** Long-term tooth restoration with clinically documented survival rates exceeding 89–95% at 10 years depending on restoration type - **\*\*Form Factor:\*\*** Custom-fabricated dental prosthetics (laboratory-milled or CAD/CAM) - **\*\*Application Method:\*\*** Cemented or bonded onto prepared teeth across a minimum of two clinical appointments

**### Common Questions This Guide Answers** 1. How much does a dental crown cost in Australia? → Porcelain: AUD \$1,000–\$2,500; Zirconia: AUD \$1,500–\$2,500; PFM: AUD \$1,000–\$2,000 2. How long do porcelain veneers last? → Typically 10–15 years; 10-year cumulative survival rate is 95.5% per published systematic review 3. Can a bridge or veneer replace a missing tooth? → Only a bridge can replace a missing tooth; veneers and crowns cannot replace missing teeth

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### ## Frequently Asked Questions

What is a dental crown: A custom-made cap placed over a damaged or weakened tooth

Does a crown restore tooth strength: Yes

Does a crown restore tooth shape: Yes

Does a crown restore tooth appearance: Yes

How much of the tooth does a crown cover: The entire tooth from chewing surface to gum line

How many appointments does a crown procedure require: At least two appointments

How much tooth reduction does a crown require: 1.5–2 mm on all surfaces

What protects the tooth between crown appointments: A temporary crown

How long is the wait between crown appointments: Usually 1–2 weeks

What is the typical lifespan of a dental crown in Australia: 5 to 15 years

Can dental crowns last longer than 15 years: Yes, some last over 25 years

What is the minimum cost of a porcelain crown in Australia: AUD \$1,000

What is the maximum cost of a porcelain crown in Australia: AUD \$2,500

What is the minimum cost of a zirconia crown in Australia: AUD \$1,500

What is the maximum cost of a zirconia crown in Australia: AUD \$2,500

What is the minimum cost of a PFM crown in Australia: AUD \$1,000

What is the maximum cost of a PFM crown in Australia: AUD \$2,000

Does Medicare cover dental crowns in Australia: No

Can private health insurance contribute to crown costs: Yes, depending on the policy

Is a crown recommended after root canal treatment on posterior teeth: Yes

Why is a crown recommended after root canal treatment: The tooth becomes brittle and prone to fracture

Is a crown indicated for cracked tooth syndrome: Yes

Is a crown indicated for severely worn teeth: Yes

Which crown material is best for molars: Zirconia

Which crown material is best for front teeth aesthetics: Lithium disilicate or porcelain

What is a PFM crown: A crown combining a metal base with a porcelain outer layer

What is a disadvantage of PFM crowns: Metal may be visible at the gum line

What is a full gold crown best suited for: Out-of-sight second molars

Does zirconia wear down opposing natural teeth: No more than natural enamel wear

What is a dental bridge: A non-removable prosthesis replacing one or more missing teeth

How does a bridge stay in place: Anchored by crowns on adjacent natural teeth

What are the anchor teeth in a bridge called: Abutment teeth

What is the artificial tooth in a bridge called: A pontic

How long does bridge treatment take to complete: Two to three weeks

What is the approximate cost of a three-unit bridge in Australia: AUD \$3,000 to \$6,000

Does private health insurance cover bridges: Often yes, under major dental cover

What is the 5-year survival rate for tooth-supported fixed dental prostheses: Approximately 91%

What is the 10-year survival rate for tooth-supported fixed dental prostheses: 89.2%

What is the most common biological complication of bridges: Loss of pulp vitality in abutment teeth

What percentage of bridge abutments experience loss of pulp vitality: 32.6%

What is the 10-year survival rate of conventional bridge abutments: 72%

Can a bridge replace a missing tooth without implants: Yes

Is a bridge reversible: No

What is a porcelain veneer: A thin shell of porcelain bonded to the front surface of a tooth

Are veneers primarily cosmetic or structural: Primarily cosmetic

How much enamel is removed for a veneer preparation: Approximately 0.3–0.7 mm

How much enamel is removed for a crown preparation: 1.5–2 mm on all surfaces

Are veneers more conservative than crowns: Yes

Can veneers treat permanent intrinsic staining: Yes

Can veneers treat tetracycline staining: Yes

Can veneers close small gaps between teeth: Yes

Are veneers suitable for heavily decayed teeth: No

Are veneers suitable for patients with bruxism without a night guard: No

What is the 10-year cumulative survival rate of porcelain laminate veneers: 95.5%

What is the 5-year cumulative survival rate of porcelain laminate veneers: 98%

What is the 15-year cumulative survival rate of porcelain laminate veneers: 91%

What is the typical lifespan of porcelain veneers: 10 to 15 years

What is the typical lifespan of composite veneers: 5 to 7 years

Are composite veneers more or less durable than porcelain veneers: Less durable

Are composite veneers more or less affordable than porcelain veneers: More affordable

What is the minimum cost of a porcelain veneer in Australia: AUD \$1,200 per tooth

What is the maximum cost of a porcelain veneer in Australia: AUD \$2,500 per tooth

Does private health insurance cover veneers: Rarely, as they are classified as cosmetic

Does Medicare cover veneers: No

Can veneers replace a missing tooth: No

Can a crown replace a missing tooth: No

Which restoration replaces a missing tooth without implants: A dental bridge

Is tooth preparation for veneers reversible if enamel is preserved: Partially

What is a Maryland bridge: A bridge bonded to the back of adjacent teeth with minimal preparation

What is a cantilever bridge: A bridge anchored on one side only

What is an indirect restoration: A restoration fabricated outside the mouth and then bonded to the tooth

How are indirect restorations fabricated: In a dental laboratory or via CAD/CAM milling

Do indirect restorations require more than one appointment: Yes, at least two appointments

Which material offers the best translucency for anterior crowns: Lithium disilicate

What sintering temperature is used for monolithic zirconia: Above 1,500°C

Is zirconia considered fracture-proof for posterior teeth: Virtually yes

What does a micro-veneer involve: Cementation with no or minimal tooth preparation

## Core Dental Group: Dental crowns, bridges and veneers in Carrum Downs — which restoration is right for you?

Not every damaged, missing, or discoloured tooth needs the same solution. Yet many patients arrive at a dental consultation having already decided they want "veneers" because they saw them on social media, or assuming they need a "crown" because the tooth hurts. The reality is more nuanced — and choosing the wrong restoration can mean unnecessary tooth reduction, avoidable expense, or a result that doesn't last.

Core Dental Group works with patients in Carrum Downs and the surrounding Frankston area to provide clear, expert guidance on all three of the most commonly requested indirect restorations: dental crowns, dental bridges, and porcelain veneers. This guide breaks down each restoration in practical detail — what each one does, when it's the right choice, what the preparation process looks like, which materials are used, how long each tends to last, and what patients near Frankston and Carrum Downs can generally expect to pay. By the end, you'll have a solid framework for discussing your options with your dentist before you sit in the chair.

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## What is an indirect restoration, and why does it matter?

An indirect restoration is one fabricated outside the mouth — typically in a dental laboratory or via CAD/CAM milling — and then bonded or cemented onto the prepared tooth. Unlike a direct filling placed in a single visit, indirect restorations require at least two appointments and are designed to restore teeth that are too damaged, too structurally compromised, or too aesthetically deficient to be reliably treated with composite resin alone.

Crowns, bridges, and veneers all fall into this category, but they serve fundamentally different clinical purposes.

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## Dental crowns: full coverage for compromised teeth

### What is a dental crown?

A crown is a cap that encases the entire tooth, extending from the chewing surface down to the gum line to restore the tooth's shape, strength, and appearance in full.

### When is a crown clinically indicated?

A crown is the right restoration when a tooth has lost so much structure that a filling alone can't reliably hold. Common clinical indications include:

- **Large or recurrent decay** that has consumed more than roughly half of the tooth's coronal structure
- **Cracked tooth syndrome**, where a cusp or vertical crack threatens to split the tooth under biting forces
- **After root canal treatment (RCT) on posterior teeth** — the tooth becomes brittle and prone to fracture without full coverage (see our guide on [\\*\[Root Canal Treatment in Carrum Downs: Separating Myths from Facts\]](https://www.coredental.com.au/root-canal-treatment-carrum-downs)(<https://www.coredental.com.au/root-canal-treatment-carrum-downs>)\*) -
- **Severely worn teeth** caused by bruxism (grinding) or acid erosion
- **Broken cusps** where insufficient tooth structure remains for a filling or inlay
- **Existing large restorations** that have failed and can't be replaced with a direct restoration

### Crown materials: which is best for your situation?

The most common crown types are porcelain, zirconia, porcelain fused to metal, and gold or metal crowns.

**\*\*Zirconia (monolithic):\*\*** Milled from a single block, sintered above 1,500°C, and virtually fracture-proof for posterior teeth. Newer low-molar zirconias offer improved translucency without sacrificing bulk strength, making zirconia the go-to material for molars and back teeth. Because zirconia is very hard, it's worth noting that it may wear down opposing natural teeth — though a 2024 systematic review of 86 studies found that polished monolithic zirconia causes opposing enamel wear equal to or less than natural enamel wear over time.

**\*\*Lithium disilicate (e.g., IPS e.max):\*\*** A glass-ceramic valued for its enamel-like translucency, ideal for visible premolars and incisors. When bonded with resin cement, it handles moderate bite pressure well and tends to last a decade or longer.

**\*\*Porcelain-fused-to-metal (PFM):\*\*** A well-established option that blends the strength of metal with the natural look of porcelain, though the metal underneath may sometimes be visible at the gum line.

**\*\*Full gold/metal:\*\*** Known for strength and longevity, and highly resistant to wear and fracture. Typically reserved for out-of-sight second molars where aesthetics are less of a priority.

### ### Crown preparation: what happens at the chair

A crown procedure typically spans two appointments. At the first, your dentist administers local anaesthetic, removes decay or damaged structure, and reduces the tooth on all surfaces by 1.5–2 mm to create room for the crown material. An impression (or digital scan) is taken and sent to the laboratory. A temporary crown protects the tooth in the meantime. At the second appointment — usually 1–2 weeks later — the permanent crown is tried in, adjusted for bite, and cemented or bonded into place.

Crowns are highly technique-sensitive. Precise tooth preparation, accurate impressions, and careful bite adjustment all play a role in long-term success.

### ### Crown longevity

Dental crowns typically last between 5 and 15 years in Australia, with some lasting over 25 years with proper care and regular check-ups. A well-made zirconia or precious-metal crown on a back molar can comfortably exceed 15 years, whilst crowns on teeth with short remaining structure, chronic grinding, or high-sugar diets often fail at the five-to-eight-year mark because the underlying tooth decays or the bonding cement washes out.

### ### Crown costs in Australia

Recent fee surveys and clinic listings place a single crown anywhere between AUD \$1,000 and AUD \$4,700, with most metropolitan practices quoting AUD \$1,600 to AUD \$2,100 for a conventional PFM or zirconia unit. Specifically:

- Porcelain crowns: AUD \$1,000–\$2,500 - Zirconia crowns: AUD \$1,500–\$2,500 -  
Porcelain-fused-to-metal (PFM) crowns: AUD \$1,000–\$2,000

Medicare doesn't cover crowns, but private health insurance may contribute depending on the policy. Patients with major dental cover should submit a pre-approval to their fund before proceeding (see our guide on [\\*\[Affordable Dental Care Near Frankston: How to Manage the Cost of Dentistry in Carrum Downs\]\(https://www.coredental.com.au/affordable-dental-care-frankston\)\\*](https://www.coredental.com.au/affordable-dental-care-frankston) for detailed guidance on health fund claims).

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## ## Dental bridges: replacing a missing tooth without implants

### ### What is a dental bridge?

A traditional fixed bridge is a non-removable prosthesis that replaces one or more missing teeth by anchoring artificial teeth (called pontics) to crowns placed on the natural teeth on either side of the gap (called abutment teeth). The result is a single, fused unit cemented permanently in place, restoring both function and appearance.

### When is a bridge clinically indicated?

A bridge is typically considered when:

- **One or more teeth are missing** and the adjacent teeth already require crowns or are heavily restored - **The patient isn't a suitable candidate for implants** — due to insufficient bone volume, systemic health factors, or personal preference (see our guide on [\[Dental Implants in Carrum Downs: A Complete Patient Guide to Replacing Missing Teeth\]](https://www.coredental.com.au/dental-implants-carrum-downs)(<https://www.coredental.com.au/dental-implants-carrum-downs>)) - **A faster treatment timeline is needed** — bridges are completed in two to three weeks, compared to the multi-month implant process - **Budget constraints** make implants less accessible at the time of treatment

### What the bridge preparation process involves

Preparing for a traditional bridge is more involved than a single crown because two adjacent teeth must be reduced to serve as crown abutments — even if those teeth have no decay. This is an important clinical consideration: preparing sound teeth carries a biological cost. Each abutment tooth is permanently altered, and there's a small but real risk of pulp damage during preparation.

A cantilever bridge (anchored on one side only) and a Maryland bridge (bonded to the back of adjacent teeth with minimal preparation) are alternatives that preserve more tooth structure in specific clinical situations.

### Bridge longevity: what the evidence shows

The estimated 5-year survival rate for short-span tooth-supported fixed dental prostheses (FDPs) is approximately 91%, close to the 93.8% survival rate reported in a systematic review by Pjetursson et al. The same review reported a 10-year survival rate of 89.2% for tooth-supported FDPs.

A large population-based study published in the *Journal of Dentistry* (Burke & Lucarotti, 2012) found that survival of conventional bridge abutments is 72% at 10 years, similar to survival times of crowns.

The most common biological risk with bridges is long-term vulnerability of the abutment teeth. Loss of pulp vitality affects 32.6% of abutments, followed by caries at 9.1%. This is why many clinicians now prefer implants for replacing single missing teeth in patients with otherwise healthy adjacent teeth — a bridge permanently alters tooth structure that could otherwise remain untouched.

### Bridge costs in Australia

A three-unit bridge (two abutment crowns plus one pontic) is typically priced as three separate crown fees. Using current Australian benchmarks, patients should budget approximately **AUD \$3,000 to \$6,000** for a standard three-unit bridge, depending on materials and complexity. Health funds with major dental cover may contribute a rebate on each unit, so it's worth getting a written treatment plan and checking with your fund before proceeding.

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## Porcelain veneers: conservative aesthetics for the smile zone

### What is a porcelain veneer?

Veneers are thin shells of porcelain or composite resin custom-made to fit over the front surface of teeth. They're primarily used for cosmetic purposes — addressing discolouration, minor misalignment, chips, and gaps. The translucency of porcelain veneers mimics the light-reflecting properties of natural

teeth, which is why they remain the gold standard for anterior smile work.

### ### When are veneers the right choice?

Veneers are indicated for patients who have:

- **Permanent intrinsic staining** that doesn't respond to whitening (e.g., tetracycline staining, fluorosis) — see our guide on [\[Teeth Whitening in Carrum Downs: In-Chair vs Take-Home Kits Compared\]](https://www.coredental.com.au/teeth-whitening-carrum-downs)(<https://www.coredental.com.au/teeth-whitening-carrum-downs>) - **Minor chips or worn edges** on front teeth without structural compromise - **Small gaps (diastemas)** between front teeth - **Mildly misshapen teeth** that the patient wants to reshape without orthodontics - **Uneven tooth lengths** across the smile zone

Veneers are **not** appropriate for teeth that are heavily decayed, fractured beyond the enamel, or require root canal treatment. They're also contraindicated in patients with bruxism unless a night guard is worn, and in cases where insufficient enamel remains for bonding — because bonding to enamel substrate is precisely what gives feldspathic porcelain veneers their high long-term survival rates.

### ### Veneer preparation: minimally invasive by design

Preparing a tooth for a veneer removes approximately 0.3–0.7 mm of enamel from the front surface only — a fraction of what a crown requires (1.5–2 mm on all surfaces). The trend in dentistry is towards minimally invasive anterior treatments, and with the development of adhesive materials and ceramics, micro-veneers have been proposed as an alternative that avoids unnecessary tooth reduction. In some cases, a micro-veneer can be cemented with no tooth preparation at all.

Research published in *BMC Oral Health* (2022) confirmed that all-ceramic anterior crowns and veneers have high clinical success rates, and that newer reinforced ceramics have led to more use of extended defect-oriented preparation designs — extended veneers rather than full crown preparations — because they're less invasive.

### ### Veneer longevity: what the evidence shows

The survival data for porcelain veneers is reassuring. A systematic review by Alenezi et al. (2021) published in the *Journal of Clinical Medicine*, analysing 25 studies covering 6,500 porcelain laminate veneers (PLVs), found a 10-year cumulative survival rate (CSR) of 95.5%. When fracture, debonding, secondary caries, and need for endodontic treatment were considered as isolated failure reasons, the 10-year CSRs were 96.3%, 99.2%, 99.3%, and 99.0%, respectively.

Kaplan-Meier survival analysis across multiple studies has reported cumulative survival rates of 98% at 5 years, 96% at 10 years, and 91% at 15 years for porcelain laminate veneers.

Porcelain veneers typically last 10 to 15 years, though some patients see longer results with proper care. Composite veneers are more affordable but less durable and more prone to staining, generally lasting 5 to 7 years before needing replacement.

### ### Veneer costs in Australia

Porcelain veneers in Australian metropolitan clinics typically range from **AUD \$1,200 to \$2,500 per tooth**. Because veneers are classified as cosmetic, private health funds rarely provide rebates, and Medicare doesn't cover them. Patients should budget for the full out-of-pocket cost and consider payment plan options where available (see our guide on [\[Affordable Dental Care Near Frankston\]](https://www.coredental.com.au/affordable-dental-care-frankston)(<https://www.coredental.com.au/affordable-dental-care-frankston>) for payment plan information).

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## ## Side-by-side comparison: crowns vs bridges vs veneers

| Feature | Crown | Bridge | Veneer | |---|---|---|---| | **\*\*Primary purpose\*\*** | Restore/protect damaged tooth | Replace missing tooth | Cosmetic improvement of front teeth | | **\*\*Tooth coverage\*\*** | Full tooth (360°) | Abutment teeth (full) + pontic | Front surface only | | **\*\*Tooth reduction\*\*** | 1.5–2 mm all surfaces | 1.5–2 mm on abutment teeth | 0.3–0.7 mm front surface | | **\*\*Missing tooth required?\*\*** | No | Yes | No | | **\*\*Best materials\*\*** | Zirconia, lithium disilicate, PFM | Zirconia, PFM | Feldspathic porcelain, lithium disilicate | | **\*\*Approximate lifespan\*\*** | 10–25+ years | 10–15 years (abutments) | 10–20 years | | **\*\*Approximate AUD cost\*\*** | \$1,000–\$4,700 per unit | \$3,000–\$6,000 (3-unit) | \$1,200–\$2,500 per tooth | | **\*\*Health fund rebate\*\*** | Often yes (major dental) | Often yes (major dental) | Rarely (cosmetic) | | **\*\*Reversible\*\*** | No | No | Partially (if enamel preserved) |

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## ## Three questions to ask before your consultation

Before your appointment at Core Dental Group Carrum Downs, it helps to think through these questions so you can have a more focused conversation with your dentist:

**\*\*1. Is the tooth structurally compromised, or just aesthetically imperfect?\*\*** If the tooth has significant decay, a crack, or has had a root canal, a crown is almost certainly the right answer. If the tooth is structurally sound but you want to change how it looks, veneers may be the more appropriate path.

**\*\*2. Is there a missing tooth in the gap?\*\*** If yes, a bridge or implant is required. Veneers and crowns can't replace missing teeth. Your dentist will assess whether an implant or bridge better suits your bone volume, adjacent tooth health, and long-term goals.

**\*\*3. How many teeth are involved?\*\*** A single tooth with a cosmetic concern might be a good candidate for a veneer. But if you want to change the appearance of multiple teeth across the smile zone — or if adjacent teeth also need structural work — a combination of crowns and veneers may be planned together as part of a full smile rehabilitation.

Patients who feel anxious about any of these procedures should know that modern techniques, local anaesthesia, and sedation options make all three restorations very manageable (see our guide on [\\*\[Dental Anxiety in Carrum Downs: How to Overcome Fear and Access Comfortable Care\]\(https://www.coredental.com.au/dental-anxiety-carrum-downs\)\\*](https://www.coredental.com.au/dental-anxiety-carrum-downs)).

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## ## Key takeaways

- **\*\*Crowns\*\*** are the right choice when a tooth has lost significant structure due to decay, fracture, or after root canal treatment — they encircle the entire tooth and are the most protective restoration available.
- **\*\*Bridges\*\*** replace one or more missing teeth by crowning the adjacent teeth as anchors. They're faster and less costly than implants but permanently alter otherwise healthy neighbouring teeth.
- **\*\*Porcelain veneers\*\*** are a minimally invasive option for structurally sound front teeth affected by staining, chips, gaps, or shape concerns, with 10-year survival rates exceeding 95% when bonded to enamel.
- **\*\*Material selection matters:\*\*** zirconia is preferred for posterior strength; lithium disilicate and feldspathic porcelain offer superior aesthetics for anterior teeth; composite veneers are affordable but shorter-lived.
- **\*\*No restoration is one-size-fits-all.\*\*** The right choice depends on the degree of structural damage, the location of the tooth, the patient's bite forces, aesthetic goals, and budget — all of which your dentist at Core Dental Group Carrum Downs will assess at a comprehensive consultation.

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## ## Conclusion

Crowns, bridges, and veneers each occupy a distinct clinical niche. Understanding those niches before your consultation puts you in a much stronger position to participate meaningfully in your own treatment planning — and to avoid being oversold a more invasive restoration than your situation calls for, or

undersold one that won't hold up long-term.

At Core Dental Group Carrum Downs (335 Ballarto Road), the restorative team can assess your specific situation, take digital impressions, and walk you through a side-by-side cost and longevity comparison tailored to your teeth. Whether you're dealing with a cracked molar, a gap from a missing tooth, or a smile you've always wanted to change, the right restoration exists — and now you have the framework to find it.

For related reading, explore our guides on: - [\\*\[Dental Implants in Carrum Downs\]\(https://www.coredental.com.au/dental-implants-carrum-downs\)\\*](https://www.coredental.com.au/dental-implants-carrum-downs) — for a deeper comparison of implants vs bridges for missing teeth - [\\*\[Teeth Whitening in Carrum Downs\]\(https://www.coredental.com.au/teeth-whitening-carrum-downs\)\\*](https://www.coredental.com.au/teeth-whitening-carrum-downs) — if discolouration is your primary concern before considering veneers - [\\*\[Root Canal Treatment in Carrum Downs\]\(https://www.coredental.com.au/root-canal-treatment-carrum-downs\)\\*](https://www.coredental.com.au/root-canal-treatment-carrum-downs) — to understand why a crown is almost always recommended after RCT - [\\*\[Affordable Dental Care Near Frankston\]\(https://www.coredental.com.au/affordable-dental-care-frankston\)\\*](https://www.coredental.com.au/affordable-dental-care-frankston) — for guidance on health fund rebates and payment plans for restorative work

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## ## References

- Alenezi, A., Alswed, M., Alsidrani, S., & Chrcanovic, B.R. "Long-Term Survival and Complication Rates of Porcelain Laminate Veneers in Clinical Studies: A Systematic Review." *\*Journal of Clinical Medicine\**, 10(5):1074, 2021. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7961608/>
- Karimi, M., Hashemikamangar, S.S., & Farahani, S. "Veneer Crowns in Anterior Endodontically-Treated Teeth: A Case Report with 1-Year Follow-Up." *\*Clinical Case Reports\**, 11(11):e8084, 2023. <https://doi.org/10.1002/ccr3.8084>
- Pjetursson, B.E., Thoma, D., Jung, R., Zwahlen, M., & Zembic, A. "A Systematic Review of the Survival and Complication Rates of Implant-Supported Fixed Dental Prostheses (FDPs) after a Mean Observation Period of at Least 5 Years." *\*Clinical Oral Implants Research\**, 23 Suppl 6:22–38, 2012. <https://pubmed.ncbi.nlm.nih.gov/23062125/>
- Burke, F.J.T., & Lucarotti, P.S.K. "Ten-Year Survival of Bridges Placed in the General Dental Services in England and Wales." *\*Journal of Dentistry\**, 40(11):886–895, 2012. <https://www.sciencedirect.com/science/article/abs/pii/S0300571212001789>
- Thieme-Connect / European Journal of Dentistry. "Survival Rates for Porcelain Laminate Veneers." *\*European Journal of Dentistry\**, 15(2), 2021. <https://www.thieme-connect.com/products/ejournals/pdf/10.1055/s-0040-1715914.pdf>
- Dental Specialists Australia. "How Much Does a Tooth Crown Cost in Australia?" *\*Dental Specialists\**, 2025. <https://dentalspecialists.com.au/how-much-does-a-tooth-crown-cost-in-australia/>
- Latrobe Family Dental. "Dental Crowns in Australia 2025: Lifespan, Cost and Best Materials Explained." *\*Latrobe Family Dental\**, 2025. <https://latrobefamilydental.com.au/dental-crowns-in-australia-how-long-they-last-costs-and-latest-materials/>
- Bajraktarova-Valjakova, E. et al. "Contemporary Dental Ceramic Materials, a Review: Chemical Composition, Physical and Mechanical Properties, Indications for Use." *\*Open Access Macedonian Journal of Medical Sciences\**, 6(9):1742–1755, 2018.

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## ## 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

**No product specification data was provided.** The Product Facts block is empty; therefore, no label-verifiable facts (ingredients, certifications, dimensions, weight, GTIN/MPN, or manufacturer specifications) can be extracted from packaging or manufacturer documentation.

The following are clinically documented procedural and cost specifications drawn from the FAQ data and referenced literature, presented as the closest equivalent to verifiable factual data in this content:

**Dental crowns — procedural specifications** - Tooth reduction required: 1.5–2 mm on all surfaces - Number of appointments required: At least two - Wait time between appointments: Usually 1–2 weeks - Temporary crown used between appointments: Yes - Typical lifespan (Australia): 5 to 15 years - Some crowns last over 25 years

**Dental crowns — cost ranges (Australia)** - Porcelain crowns: AUD \$1,000–\$2,500 - Zirconia crowns: AUD \$1,500–\$2,500 - Porcelain-fused-to-metal (PFM) crowns: AUD \$1,000–\$2,000 - Medicare coverage: No - Private health insurance contribution: Possible, depending on policy

**Dental bridges — procedural specifications** - Treatment completion time: Two to three weeks - Artificial tooth component: Pontic - Anchor tooth component: Abutment teeth - Restoration type: Non-removable - Reversibility: No

**Dental bridges — clinical evidence (published literature)** - 5-year survival rate, tooth-supported fixed dental prostheses: ~91% - 10-year survival rate, tooth-supported fixed dental prostheses: 89.2% - 10-year survival rate, conventional bridge abutments: 72% - Most common biological complication: Loss of pulp vitality in abutment teeth - Prevalence of pulp vitality loss in abutments: 32.6%

**Dental bridges — cost ranges (Australia)** - Three-unit bridge: AUD \$3,000–\$6,000

**Porcelain veneers — procedural specifications** - Enamel removal for veneer preparation: ~0.3–0.7 mm (front surface only) - Enamel removal for crown preparation: 1.5–2 mm on all surfaces - Number of appointments required: At least two - Reversibility: Partial (if enamel preserved) - Medicare coverage: No - Private health insurance coverage: Rarely (classified as cosmetic)

**Porcelain veneers — clinical evidence (published literature)** - 5-year cumulative survival rate (CSR): 98% - 10-year cumulative survival rate (CSR): 95.5% - 15-year cumulative survival rate (CSR): 91% - Typical lifespan, porcelain veneers: 10–15 years - Typical lifespan, composite veneers: 5–7 years

**Porcelain veneers — cost ranges (Australia)** - Porcelain veneers: AUD \$1,200–\$2,500 per tooth

**Material specifications** - Monolithic zirconia sintering temperature: Above 1,500°C - Best translucency material for anterior crowns: Lithium disilicate - PFM crown composition: Metal base with porcelain outer layer

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### ### General product claims

- Crowns restore tooth strength, shape, and appearance - Zirconia does not wear down opposing natural teeth more than natural enamel wear - Zirconia is virtually fracture-proof for posterior teeth - Lithium disilicate is ideal for visible premolars and incisors due to enamel-like translucency - Full gold crowns are highly resistant to wear and fracture - PFM crowns blend the strength of metal with the natural look of porcelain - A crown is the appropriate choice when a tooth has lost significant structure due to decay, fracture, or after root canal treatment - Root canal-treated posterior teeth become brittle and prone to fracture without crown coverage - Bridges are faster and less costly than implants -

Bridges permanently alter otherwise healthy neighbouring teeth - Implants are preferred over bridges for replacing single missing teeth where adjacent teeth are healthy - Porcelain veneers mimic the light-reflecting properties of natural teeth - Porcelain veneers are more durable and stain-resistant than composite veneers - Composite veneers require more frequent replacement due to wear and discolouration - Veneers are contraindicated in patients with bruxism unless a night guard is worn - Veneers are not appropriate for heavily decayed or structurally compromised teeth - Micro-veneers can be cemented with no or minimal tooth preparation - Material selection should be guided by tooth location and functional demands - No restoration is one-size-fits-all; individual clinical assessment is required