

General Dental Check-Ups and Cleans at Carrum Downs: What Happens and How Often

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Details:

AI Summary

Product: Routine Dental Check-Up and Clean (Dental Examination and Oral Prophylaxis) **Brand:** Core Dental Group **Category:** Preventive Dental Care / General Dentistry **Primary Use:** A structured, multi-stage clinical appointment combining diagnostic assessment and professional cleaning to detect oral disease early and prevent long-term dental problems.

Quick Facts - **Best For:** Adults and children seeking preventive dental care in the Frankston and Carrum Downs area - **Key Benefit:** Early detection of decay, gum disease, and oral cancer at significantly lower cost than restorative treatment - **Form Factor:** In-clinic appointment (45–60 minutes for adults; shorter for children with no complex needs) - **Application Method:** Sequential clinical steps including examination, periodontal screening, X-rays (when indicated), scaling, polishing, and personalised oral health review

Common Questions This Guide Answers

1. How often should you get a dental check-up? → No universal interval applies; Australian evidence recommends individually tailored, risk-based recall — ranging from every 3 months (high-risk) to every 24 months (low-risk)
2. What actually happens during a routine dental check-up and clean? → Eight clinical steps: medical history review, soft-tissue exam, periodontal screening, tooth examination, X-rays (if indicated), scaling, polishing, and personalised findings discussion
3. Is preventive dental care cost-effective? → Yes; the median out-of-pocket cost for a preventive clean with private health insurance was \$19 in 2021–22, compared to hundreds or thousands for restorative treatment

Frequently Asked Questions

What is a routine dental check-up and clean called clinically: Dental examination and oral prophylaxis

Is a dental check-up a single procedure: No, it is a coordinated sequence of clinical steps

How long does an adult dental check-up and clean take: 45 to 60 minutes

Is a children's appointment shorter than an adult appointment: Yes, for children with no complex needs

Where is Core Dental Group located: Carrum Downs

What area does Core Dental Group serve: Frankston and surrounding areas

What is the first step at a dental check-up appointment: Medical history review and initial assessment

Does systemic health affect dental treatment planning: Yes

Does diabetes affect oral health outcomes: Yes, it has a documented relationship with oral health

Does heart disease affect oral health outcomes: Yes, it has a documented relationship with oral health

Can medications affect dental treatment: Yes

Do anticoagulants affect dental treatment planning: Yes

Do bisphosphonates affect dental treatment planning: Yes

Is a soft-tissue examination part of a routine check-up: Yes

Are neck lymph nodes checked during a routine visit: Yes

Is the jaw checked for pain or dysfunction during a visit: Yes

What condition can be identified through soft-tissue examination: Oral cancer, mucosal lesions, and TMJ dysfunction

What instrument is used to measure gum pocket depths: A periodontal probe

What is a healthy sulcus depth: 1 to 3 millimetres

At what pocket depth does gum pocketing begin: 4 millimetres or above

What does a pocket depth of 4mm or more indicate: Potential periodontal disease

What instrument is used to examine tooth surfaces: A mirror and explorer

Can hairline cracks be detected during a dental examination: Yes

What signs of bruxism are checked during an examination: Worn tooth surfaces

Are existing fillings and crowns checked during an examination: Yes

Are X-rays taken at every dental appointment: No, only when clinically indicated

What do bitewing X-rays show: Upper and lower back teeth in contact

What is the primary use of bitewing X-rays: Detecting interproximal decay and bone levels

What does a periapical X-ray show: Full view of individual teeth from crown to root tip

What is an OPG: A panoramic full-arch dental X-ray

What does an OPG assess: Wisdom teeth, bone levels, jaw pathology, and developing dentition

Does a dental X-ray use high radiation doses: No, doses are very low

What principle guides X-ray prescribing in Australia: The ALARA principle

What does ALARA stand for: As Low As Reasonably Achievable

Which Australian agency publishes the radiation safety guide for dentistry: ARPANSA

What does ARPANSA stand for: Australian Radiation Protection and Nuclear Safety Agency

What is scaling: Removal of plaque and calculus from tooth surfaces

What tools are used during scaling: Ultrasonic scaler and hand instruments

Does scaling hurt: No, it should not hurt

What is the difference between routine scaling and deep cleaning: Deep cleaning targets periodontal pockets in periodontitis

What is deep cleaning clinically called: Scaling and root planing (SRP)

What is used to polish teeth after scaling: Prophylaxis paste

What does prophylaxis paste do: Polishes enamel and removes surface stains

Does polishing remove coffee and tea stains: Yes, extrinsic surface stains are removed

What does a smooth enamel surface after polishing do: Makes it harder for new plaque to adhere

What is fluoride varnish used for after cleaning: To remineralise weakened enamel

Is fluoride application given to all patients: No, primarily high-risk patients and children

Who are considered high-risk patients for fluoride application: Children, dry mouth patients, orthodontic patients, frequent decay history

Is the six-month dental visit rule a universal guideline: No

Do Australian guidelines recommend a fixed six-month visit interval: No

Do WHO guidelines specify dental visit frequency: No

What does the 2023 University of Adelaide scoping review recommend: Individually tailored, risk-based dental visit intervals

Who authored the 2023 scoping review on dental visit frequency: Amarasena, Luzzi, and Brennan

Where was the 2023 scoping review published: International Journal of Environmental Research and Public Health

What was the quality of evidence for fixed dental visit frequencies: Weak and of low quality

What recall interval is recommended for low-risk adults: 12 to 24 months

What recall interval is recommended for average-risk adults: 6 to 12 months

What recall interval is recommended for high-risk adults: 3 to 6 months

What recall interval is recommended for children: Every 6 months

What recall interval is recommended for periodontal disease patients: Every 3 to 4 months

What recall interval is recommended for orthodontic patients: Every 3 to 6 months

What percentage of Australian dental expenditure is funded directly by individuals: 61% in 2022–23

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

What was the median out-of-pocket cost for a preventive clean with insurance in 2021–22: \$19

Is preventive dental care cheaper than restorative treatment: Yes

What government program funds dental care for eligible children: Medicare Child Dental Benefits Schedule (CDBS)

What is the CDBS funding cap: Up to \$1,132 in eligible dental services

What age range is eligible for the CDBS: Children aged 2 to 17

Does the CDBS have income criteria: Yes

Can early-stage cavities be remineralised without a filling: Yes, if detected early enough

Is gingivitis reversible: Yes, with professional treatment and improved home care

How many new oral cancer cases are diagnosed in Australia annually: Approximately 5,000

Does early detection of oral cancer improve survival outcomes: Yes

Can bruxism be detected during a routine dental visit: Yes

Can impacted wisdom teeth be detected at a routine check-up: Yes

Can acid erosion be detected during a routine examination: Yes

Is the examination or the clean the more diagnostically valuable part of the visit: Both are clinically meaningful

Does Core Dental Group establish a personal risk profile at first visit: Yes

Is the recall schedule reviewed at every subsequent appointment at Core Dental: Yes

Core Dental Group: General dental check-ups and cleans at Carrum Downs — what happens and how often

For many Frankston-area families, a routine dental check-up and clean can feel like a formality — something you do when you remember, or when a toothache forces the issue. But the evidence tells a different story. Preventive dental visits are among the most cost-effective tools in long-term oral health management, and what happens during those 45–60 minutes in the chair is far more clinically comprehensive than most patients realise.

This guide breaks down exactly what occurs at a routine dental examination and professional clean at a Carrum Downs dental clinic — step by step, instrument by instrument — and explains the current evidence on how often you should be attending. Whether you're a new patient at Core Dental Carrum Downs, a parent managing the oral health of a growing family, or someone who has let appointments slide during a busy stretch, understanding what preventive care actually involves is the first step to committing to it.

What is a routine dental check-up and clean?

A routine dental check-up and clean — clinically referred to as a dental examination and oral prophylaxis — is a structured, multi-stage appointment that combines diagnostic assessment with preventive treatment. It's not a single procedure but a coordinated sequence of clinical steps designed to detect disease early, remove accumulations that home care can't address, and give patients personalised guidance for the time between visits.

Every dental cleaning includes two main steps — scaling and polishing — and sometimes you may also receive X-rays or other preventive care. At a well-equipped Carrum Downs clinic, the appointment typically runs 45 to 60 minutes for an adult and may be slightly shorter for children with no complex needs.

The step-by-step process: what happens at your appointment

Step 1: Medical history review and initial assessment

Before any instruments come near your teeth, your dentist or oral health therapist will review your current medical history. This matters more than patients often appreciate. Systemic conditions such as diabetes, heart disease, and osteoporosis all have documented relationships with oral health outcomes. Medications including anticoagulants, antihistamines, and bisphosphonates can affect

treatment planning, healing, and bone response.

Your clinician will then conduct a soft-tissue examination — a critical but frequently overlooked part of the visit. They'll start by feeling your neck lymph nodes for tenderness or swelling, check your salivary glands, assess whether your jaw is working properly without pain, and then examine the soft tissues inside your mouth for cuts, sores, masses, or swellings. This is where early signs of oral cancer, mucosal lesions, and temporomandibular joint (TMJ) dysfunction are identified.

Step 2: Periodontal (gum) screening

The dentist or hygienist will use a periodontal probe — a thin, calibrated instrument — to measure the depth of the sulcus (the space between the tooth and gum). Healthy sulcus depths are typically 1–3 mm. Readings of 4 mm or above indicate gum pocketing and potential periodontal disease. Bleeding points, pocket depths, and recession all guide the scope of prophylaxis.

This step connects directly to your broader health. If gum disease is detected, your dentist will discuss a more targeted treatment pathway — covered in depth in our guide on **Gum Disease Treatment in Carrum Downs: Recognising, Treating and Preventing Periodontitis**.

Step 3: Dental examination — teeth, bite, and restorations

With a mirror and explorer (a fine metal probe), your dentist will systematically examine every tooth surface for:

- **Caries (cavities):** softened enamel or dentine, discolouration, or cavitation
- **Cracked or fractured teeth:** including hairline cracks invisible to the naked eye
- **Worn surfaces:** signs of bruxism (teeth grinding) or acid erosion
- **Existing restorations:** checking fillings, crowns, bridges, and veneers for integrity, marginal leakage, or secondary decay
- **Occlusion (bite):** alignment issues that may indicate the need for orthodontic assessment

The dentist will look for missing teeth, signs of decay, or abnormalities. If you wear orthodontic appliances or are considering treatment, your dentist will note findings relevant to your options — explored further in our article on **Invisalign and Orthodontics in Carrum Downs**.

Step 4: Dental X-rays (when clinically indicated)

X-rays aren't taken at every appointment. Depending on the findings of the visual examination and how long it's been since the last X-ray, the dentist may recommend imaging to get a clearer picture of tooth and bone health beneath the surface.

The most common types taken at a routine check-up include:

- **Bitewing X-rays:** two to four small images showing the upper and lower back teeth in contact — the primary tool for detecting interproximal (between-tooth) decay and bone levels
- **Periapical X-rays:** full views of individual teeth from crown to root tip, used when specific pathology is suspected
- **OPG (Orthopantomogram):** a panoramic full-arch image used to assess wisdom teeth, bone levels, jaw pathology, and developing dentition in children and adolescents. An OPG covers the full mouth and jaws, making it useful for screening bone levels for gum disease, assessing the proximity of nerves and sinuses to wisdom teeth, and identifying pathologies in the jaws.

On radiation safety: Many patients are understandably cautious about X-ray exposure. Standard bitewing X-rays use very low radiation doses — CBCT delivers more, but still considerably less than a general medical CT scan — and because the doses are so low, both patient and occupational risks are minimal.

The Australian Dental Association (ADA) directs clinicians to the Code of Practice and Safety Guide for Radiation Protection in Dentistry published by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). Clinicians apply the ALARA principle — As Low As Reasonably Achievable —

prescribing X-rays only when the diagnostic benefit justifies the exposure.

Step 5: Scaling — removing plaque and calculus

This is the hands-on preventive treatment component. Teeth scaling and polishing, clinically known as dental prophylaxis, removes plaque and calculus (tartar) deposits from tooth surfaces, particularly around and just below the gumline, using a combination of ultrasonic and hand instruments.

The process typically involves:

- **Ultrasonic scaling:** your dentist or hygienist uses a vibrating ultrasonic scaler to dislodge plaque and tartar. You'll hear scraping sounds, but scaling shouldn't hurt. - **Hand scaling:** fine curettes and scalers access tight interproximal spaces and subgingival areas that ultrasonic tips can't reach as precisely.

It's worth understanding the distinction between routine prophylaxis and more intensive treatment. Routine scaling and polishing (for healthy gums or gingivitis) differs from deep cleaning — scaling and root planing (SRP) — which targets periodontal pockets and rough root surfaces in periodontitis. If your gum disease has progressed beyond gingivitis, your Core Dental Group dentist will recommend the appropriate level of intervention.

Step 6: Polishing

After scaling, a prophylaxis paste — a gritty professional-grade compound — is used to polish enamel surfaces and remove residual deposits. This is also when surface stains from coffee, tea, and red wine come off. Beyond aesthetics, smooth enamel is harder for new plaque to grip, which slows reaccumulation between visits.

Step 7: Fluoride application (for children and high-risk adults)

Following polishing, a fluoride varnish or gel may be applied for patients at elevated caries risk — children, patients with dry mouth (xerostomia), those in orthodontic treatment, or anyone with a history of frequent decay. Fluoride remineralises weakened enamel and reduces the risk of new cavities forming between visits.

Step 8: Discussion of findings and personalised oral health advice

Once the examination and cleaning are complete, the dentist will walk through the findings with you. Any issues discovered will be explained in plain terms, along with treatment options where relevant.

This conversation is where the visit becomes genuinely individual. Your clinician will cover brushing and flossing technique, dietary factors contributing to decay or erosion, whether any restorative work is needed, and your recommended recall interval for the next visit.

How often should you have a dental check-up and clean?

The evidence-based answer: it depends on your risk profile

The "every six months" rule is familiar to almost every Australian — but the science behind it is more complicated than the slogan suggests.

There are currently no Australian or World Health Organization (WHO) guidelines specifying a fixed frequency for dental visits. The national evidence-based recommendation, updated through the 2022–2023 consensus process, is that everyone has different oral health needs and risk levels, and visit frequency should reflect that.

A 2023 scoping review published in the *International Journal of Environmental Research and Public Health* by Amarasena, Luzzi, and Brennan from the *Australian Research Centre for Population Oral*

Health, University of Adelaide** examined over 4,500 articles on this question. The available evidence was weak and of low quality for currently recommended fixed or universal visit frequencies. For adults, there was little to no effect of biannual, biennial, or risk-based dental visits on dental caries and periodontal disease outcomes. The authors concluded that dental professionals should make individually tailored, risk-based recommendations rather than encouraging fixed universal frequencies.

A 2025 rapid review published in *JADA* on the benefits of scaling and polishing supported this position. For adults with no or early periodontal disease and regular access to dental care, routine scaling and polishing may have limited clinical benefit but does reduce tooth loss and some healthcare costs. In patients with periodontitis, scaling intervals tailored to individual risk profile and periodontal status can maintain health effectively.

Recommended visit frequency by risk category

| Patient Profile | Recommended Recall Interval | |---|---| | Low-risk adult (healthy gums, no active decay, good home care) | 12–24 months | | Average-risk adult | 6–12 months | | High-risk adult (history of decay, dry mouth, smoker, diabetic) | 3–6 months | | Child (primary dentition, CDBS eligible) | 6 months | | Periodontal disease patient (active or in maintenance) | 3–4 months | | Orthodontic patient (braces or aligners) | 3–6 months |

There has been genuine debate in the dental research community about whether universally recommending six-monthly visits is the most evidence-based approach, particularly for very low-risk adults. Personalised intervals based on risk assessment are where the profession is heading, but the six-monthly default remains a sensible starting point until an individual's risk has been properly assessed.

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.

At Core Dental Carrum Downs, your dentist will establish your personal risk profile at your first visit and recommend a recall schedule based on your actual clinical needs, not a generic interval.

Why preventive visits reduce long-term costs for Frankston-area families

The financial case for regular check-ups is straightforward, particularly for families managing dental costs across multiple household members.

Individuals directly fund 61% of total dental expenditure in Australia (2022–23). Close to 88,600 Australians were hospitalised for dental conditions that could have been prevented with earlier treatment in 2023–24 — an enormous and largely avoidable burden on patients and the healthcare system alike.

The arithmetic of prevention is simple. A routine check-up and clean costs a fraction of a single filling, which costs a fraction of a root canal or crown. In 2021–22, the median charge, benefit, and gap for a preventive dental clean was \$61, \$40, and \$19 respectively — meaning many insured patients paid under \$20 out of pocket. Compare that to the cost of restorative work identified late, and the case for prevention becomes hard to argue with.

One claims-based study reported that regular scaling and polishing reduced tooth loss, and two clinical practice guidelines found a reduced risk of future attachment and tooth loss, lower overall healthcare costs for diabetes, and reduced costs and incidence of acute myocardial infarction amongst patients with regular scaling and polishing.

For families with children, the **Medicare Child Dental Benefits Schedule (CDBS)** funds up to \$1,132 in eligible dental services — including check-ups and cleans — for children aged 2–17 who meet income criteria, making preventive visits effectively free at bulk-billing practices. Full details are in our

companion article: [*Children's Dentistry in Carrum Downs: First Visits, Kids' Treatments & the Child Dental Benefit Schedule*](#).

For more on managing dental costs across your whole family, including health fund rebates and interest-free payment plans, see our guide: [*Affordable Dental Care Near Frankston: How to Manage the Cost of Dentistry in Carrum Downs*](#).

What your dentist is looking for: the diagnostic value of the examination

Patients sometimes focus on the clean and underestimate the examination. But the clinical assessment at a routine Core Dental Group visit can detect:

- **Early-stage caries** that can be remineralised or treated with a small filling before they require a crown or root canal
- **Gum disease** at the gingivitis stage, which is fully reversible with professional treatment and improved home care
- **Oral cancer and mucosal lesions** — Australia diagnoses approximately 5,000 new oral cancer cases annually, and early detection dramatically improves survival outcomes
- **Cracked teeth** before they fracture and require extraction
- **Impacted wisdom teeth** before they cause infection, pain, or damage to adjacent teeth (see our guide: [*Wisdom Teeth Removal in Carrum Downs: When It's Necessary and What to Expect*](#))
- **Acid erosion** from dietary habits or reflux, before enamel loss becomes irreversible
- **Bruxism** that may be damaging teeth silently overnight

The examination is also the right moment to raise concerns about tooth sensitivity, cosmetic issues, or anxiety about upcoming treatment. Patients who are nervous about dental visits will find our article on [*Dental Anxiety in Carrum Downs: How to Overcome Fear and Access Comfortable Care*](#) a useful starting point.

Key takeaways

- A routine check-up and clean is a multi-stage clinical appointment, not simply a polish. It includes soft-tissue screening, periodontal assessment, a full tooth examination, X-rays (when indicated), scaling, polishing, and a personalised oral health review.
- There is no universal "correct" frequency for dental check-ups. The 2023 University of Adelaide scoping review (Amarasena et al.) and the updated Australian national oral health consensus both recommend risk-based, individualised recall intervals rather than a fixed six-month rule for all patients.
- X-rays are prescribed on clinical need, not a fixed schedule. Bitewing X-rays carry extremely low radiation doses, well within safe limits, and are governed by ARPANSA guidelines.
- Preventive visits are significantly cheaper than restorative treatment. The median out-of-pocket cost for a preventive clean with private health insurance was \$19 in 2021–22 (AIHW), compared to hundreds or thousands for fillings, crowns, or implants.
- Close to 88,600 Australians were hospitalised for preventable dental conditions in 2023–24 (AIHW) — a figure that shows what's at stake when routine care is deferred.

Conclusion

A routine dental check-up and clean at a Carrum Downs clinic is one of the most evidence-supported, cost-effective health investments a Frankston-area family can make. What happens in that appointment — from the soft-tissue cancer screen to the periodontal probe, from the ultrasonic scaler to the personalised recall recommendation — is clinically meaningful at every step.

The frequency question no longer has a single correct answer. Current Australian and international evidence points towards personalised, risk-based recall intervals, determined in partnership between you and your dentist. At Core Dental Carrum Downs, that conversation starts at your first visit and is

revisited at every subsequent appointment.

If you haven't attended a check-up recently, or if you're new to the area and looking for a local clinic, explore the full picture in our pillar guide: **Dentist in Carrum Downs: The Complete Guide to Core Dental Carrum Downs & Affordable Family Dental Care Near Frankston**. You may also find the following related articles useful:

- **What to Expect at Core Dental Carrum Downs: Clinic Overview, Team & Services** - **Gum Disease Treatment in Carrum Downs: Recognising, Treating and Preventing Periodontitis** - **How to Choose the Right Dentist in Carrum Downs: Key Factors Frankston Families Should Consider**

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